Public-Private Partnerships Handbook

Guidelines for PPPs in the veterinary domain



World Organisation for Animal Health
Founded as OIE

PVS Pathway

All WOAH publications are protected by international copyright law. Extracts may be copied, reproduced, translated, adapted or published in journals, documents, books, electronic media and any other medium destined for the public, for information, educational or commercial purposes, provided prior written permission has been granted by the WOAH.

Foreword

by Director General of the WOAH

If you are curious about the potential of public-private partnership (PPP) in the veterinary domain but still sceptical about benefits for your organisation…

If, on the other hand, you are convinced of the value but face seemingly insurmountable obstacles to make PPP happen…

this WOAH PPP Handbook is for you.

The WOAH has developed this set of guidelines to help you develop impactful and sustainable PPPs in the veterinary domain, whether you operate in the public sector or the private sector.

In more than 10 years of supporting countries to develop their Veterinary Services through the PVS (Performance of Veterinary Services) Pathway, the WOAH has accumulated evidence that the private sector is an important part of the Veterinary Services in many countries. The WOAH PVS Evaluation Tool specifically addresses interaction with interested parties (Chapter III). The role of the private sector varies greatly between countries and there is often potential to improve the Veterinary Services overall, to meet countries' responsibilities as WOAH members, improve animal health and welfare and protect public health, through greater partnership between the public and private sectors. PPP provides a structured approach to developing such partnership to provide services in the veterinary domain whilst ensuring that the public sector retains control of activities for which it is responsible, nationally or internationally. For this reason, the WOAH is taking the initiative to promote PPP and encourage all member countries to consider the potential advantages of enabling and adopting PPP for activities in the veterinary domain, as suggested in Resolution #39 adopted during the 85th WOAH General Session in May 2017.

With the support of the Bill & Melinda Gates Foundation and the collaboration of the French Research Institute for Agricultural Development (CIRAD), the WOAH undertook a large survey of its 181 Member Countries in 2017, recording around 100 success stories of PPPs in the field of veterinary services, reported by both public and private partners. From this large experience base, we drew a typology of PPPs in the veterinary domain, revealing the wide scope of possible fruitful partnerships. We also identified benefits, key success factors and main obstacles.

A group of 40 experts, from a vast array of professional and geographical backgrounds, kindly responded to our solicitation to work with the WOAH to build guidelines based on best practices and testimonies from around the world.

What you have in your hands today is the result of this extensive work and expert consultation.

We wish to express our sincere thanks to all countries which participated in the WOAH PPP survey and all experts who contributed to the development of these guidelines. With this global input and wide consultation, we sincerely hope the WOAH PPP Handbook will prove useful in your environment and you will share it with others with a similar interest in advocating, making strategic decisions and plans, or implementing PPPs in the veterinary domain.

One of WOAH's core missions is to help strengthen Veterinary Services around the world. This work reveals the huge potential offered by PPP, with benefits to the public sector in fulfilling their missions more efficiently, and also to the private sector, by creating the conditions for better, more sustainable business.

This document is short, easy-to-read, and meant to be a call to action!

Together, let us unleash the potential of PPP in the veterinary domain.

Acknowledgements

The WOAH acknowledges the important contribution of all countries and individuals who participated in the WOAH PPP survey in 2017, as well as the invaluable input from the experts from both the public and the private sectors, who contributed to the development of these guidelines in 2018:

Benson AMEDA
(Africa Veterinary Technicians Association)

Marieke AUGUSTIJN-SCHRETLEN
(GD Animal Health, FESASS representative)

Luis BARCOS
(WOAH, Regional Representation for the Americas)

Patrick BASTIAENSEN
(WOAH, Sub-Regional Representation for Eastern Africa)

Andrew BISSON
(USAID)

Pierre-Marie BORNE
(CEVA, H4A representative)

Anja BOSHOFF-DE WITT
(Meat Board of Namibia)

Raymond BRISCOE
(Dutch Committee for Afghanistan)

Ingrid CONTRERAS ARIAS
(WOAH Headquarters)

Alain DEHOVE
(WOAH Headquarters)

Baptiste DUNGU
(M.C.I. Santé Animale)

Rajiv GANDHI
(Hester Biosciences Ltd)

Patrice GAUTIER
(independent consultant and PVS expert)

Francette GERAGHTY-DUSAN
(Animal Health Australia)

Muhammad Andi HIDAYAT
(Directorate of Livestock & Animal Health Services, Min. of Agriculture, Indonesia)

Caitlin HOLLEY
(WOAH, Regional Representation for Asia and the Pacific)

Obai KHALIFA
(Boehringer Ingelheim Animal Health)

Simon KIHU
(Vetworks Eastern Africa)

Moetapele LETSHWENYO
(WOAH, Sub-Regional Representation for Southern Africa)

Edna MASSAY KALLON
(World Bank)

Shannon MESENHOWSKI
(Bill & Melinda Gates Foundation)

Lois MURAGURI
(GALVmed)

Letlhogile OARABILE
(Ministry of Agricultural Development and Food Security, Botswana)

Christie PEACOCK
(Sidai Africa Ltd)

Hervé PETIT
(Agronomes et Vétérinaires Sans Frontières)

Mariline POUPAUD
(CIRAD)

Stéphane RENAUDIN
(WOAH Headquarters)

Hernan ROJAS
(CERES BCA)

Boonyita RUJTIKUMPORN
(C.P. Group)

David SHERMAN
(WOAH Headquarters)

Bewket SIRAW ADGEH
(Agriculture, Knowledge, Learning, Documentation and Policy project, Ethiopia)

John STRATTON
(WOAH Headquarters)

Keith SUMPTION
(EuFMD, FAO)

Emily TAGLIARO
(WOAH Headquarters)

Karim TOUNKARA
(WOAH, Regional Representation for Africa)

Jan VAARTEN
(World Veterinary Association)

Daan VINK
(Intiga)

Hélène VIDON
(Agence Française de Développement)

Henry WAMWAYI
(AU-IBAR)

Laure WEBER-VINTZEL
(WOAH, Sub-Regional Representation for Southeast Asia)

Barbara WIELAND
(ILRI)

Malek ZRELLI
(Direction générale des Services vétérinaires, Min. de l'Agriculture, des ressources hydrauliques et de la pêche, Tunisia)

The initiative was coordinated by Isabelle DIEUZY-LABAYE (WOAH) with technical assistance from Nigel GIBBENS (Itinerant Vets) and Marisa PEYRE (CIRAD). It was made possible through the generous support of the Bill & Melinda Gates Foundation.

Contents

Foreword III

Acknowledgements IV

Contents V

Glossary, acronyms and abbreviations VI

Introduction 2

Part 1 / Strategic rationale 4

A high-level account of the potential benefits and positive impacts of PPP in delivering services in the veterinary domain and the political and organisational commitments essential to delivering them

Part 2 / Executive Briefing 8

The broad spectrum of different PPP approaches and the principles and key success factors for ensuring successful application of PPP to deliver sustainable services in the veterinary domain

Part 3 / Implementation Guide 20

How to make successful PPP happen in practice

Table of annexes 28

Annex 1: Key benefits and positive impacts of PPPs in the veterinary domain 29
Annex 2: Writing a successful business case 30
Annex 3: References for Project Management Practice 32
Annex 4: Fact sheets describing case examples 33

Glossary, Acronyms & Abbreviations

Glossary

BENEFIT: a helpful or good effect directly produced by something, the value of an action/activity.

CATALYSERS: individuals or organisations whose activities support or enable the implementation of PPP.

END USERS: the people who actually use a service or benefit from an activity.

IMPACT: a powerful (and often long term) influence that something, especially something new, has on a situation, especially on major challenges linked to, for example, the economy, health, or societal issues.

LAWFUL: conforming to, permitted by, or recognised by law or rules.

PRIVATE SECTOR: the part of the national economy that is not under direct state control.

PROJECT MANAGEMENT: the practice of initiating, planning, executing, controlling, and closing the work of a team to achieve specific goals and meet specific success criteria at the specified time.

PUBLIC-PRIVATE PARTNERSHIP: a joint approach in which the public and private sectors agree responsibilities and share resources and risks to achieve common objectives that deliver benefits in a sustainable manner.

PUBLIC SECTOR: the part of an economy that is controlled by the state.

SANITARY MANDATE: authority given to private sector bodies or individuals to deliver specified services for a fee paid by Government. Also referred to as «accreditation/authorisation/delegation» in the WOAH PVS Tool.

STAKEHOLDER: a person or body with an interest or concern in something.

TYPOLOGY: classification according to a general type.

VETERINARY AUTHORITY: the Governmental Authority of a Member Country, comprising veterinarians, other professionals and paraprofessionals, having the responsibility and competence for ensuring or supervising the implementation of animal health and welfare measures, international veterinary certification and other standards and recommendations in the *Terrestrial Code* in the whole territory (The glossary of the WOAH *Terrestrial Animal Health Code*).

VETERINARY DOMAIN: all activities that are directly or indirectly related to terrestrial and aquatic animals, their products and by-products, which help to protect, maintain and improve the health and wellbeing of people, including by means of the protection of animal health and animal welfare, and food safety (Article 3.4.2 of the WOAH *Terrestrial Animal Health Code* on veterinary legislation).

VETERINARY SERVICES: the governmental and non-governmental organisations that implement animal health and welfare measures and other standards and recommendations in the WOAH *Terrestrial Animal Health Code* and the WOAH *Aquatic Animal Health Code* in the territory (The glossary of the WOAH *Terrestrial Animal Health Code*).



Acronyms and abbreviations

CAHW: Community-based Animal Health Worker

CIRAD: French Agricultural Research Centre for International Development

EuFMD: European Commission for the control of Foot-and-Mouth Disease

MoU: Memorandum of Understanding

WOAH: World Animal Health Organisation

PPP: Public-Private Partnership

PVS: Performance of Veterinary Services

VPP: Veterinary Paraprofessional



This document is also available on:

www.oie.int/publicprivatepartnerships

Download and print your own version



Introduction

What is Public-Private Partnership (PPP)?

Public-private partnership is a joint approach in which the public and private sectors agree responsibilities and share resources and risks to achieve common objectives that deliver benefits in a sustainable manner[1].

What is the veterinary domain?

The veterinary domain[2] is defined by the WOAH to include all activities that are directly or indirectly related to terrestrial and aquatic animals, their products and by-products, which help to protect, maintain and improve the health and wellbeing of people, including by means of the protection of animal health and animal welfare, and food safety. It includes but is not confined to the work of the Veterinary Services[3], including for example activities to improve animal genetics, nutrition or food production.

Why is PPP important in the veterinary domain?

There is great potential for improved animal health and welfare policy development and the implementation of services in the veterinary domain through PPP. Whilst Governments remain responsible for the policies that they adopt, fully involving relevant private sector stakeholders to provide evidence and share in the design of policy proposals can lead to better policies. Both public and private organisations deliver services in the veterinary domain and the WOAH defines Veterinary Services to comprise all the activities of both the public and private sectors. However, from country to country the relative involvement of each of the two sectors varies considerably and coordination between public and private actors is often limited. The establishment of PPPs contributes to a more efficient and effective use of both public and private sector resources, i.e. to find synergies through an active and structured collaboration. PPPs also help to improve access to services whilst balancing the development and geographical presence and influence of each sector over the country.

Who is this handbook for?

This handbook explains how PPP can be applied in the veterinary domain and how to enable PPP in a wide range of situations. It is written for anyone interested in the potential to secure the benefits of working in partnership to deliver services, from senior leaders to implementers in the field, in both the public and private sectors.

The handbook aims to support:

Policy/strategic leaders (e.g. Ministers, Chief Executives and their financial and veterinary advisers) on determining whether to support the development of PPPs; highlighting the expected benefits and the critical elements to consider to ensure successful implementation.

Executive leaders with responsibility for public or private sector elements of Veterinary Services or of other services in the veterinary domain, and therefore responsible for final decisions on engaging in and securing the benefits of PPP. This handbook will enable these leaders to decide how best to exploit PPP to deliver services in the veterinary domain efficiently, effectively and sustainably. This group includes Chief Veterinary Officers and other senior public executives, technical advisers of politicians, Executive Committee members in private entities, and Heads of Department.

Implementation leaders who are charged with creating successful PPPs to deliver services in the veterinary domain, and so secure the benefits agreed by their organisations.

1. Defined following research by the WOAH on the application of PPP in delivering veterinary services globally.
2. Article 3.4.2 of the *Terrestrial Animal Health Code* says: "Veterinary domain means all the activities that are directly or indirectly related to *ani-mals*, their products and by-products, which help to protect, maintain and improve the health and welfare of humans, including by means of the protection of animal health and *animal welfare*, and food safety." This definition is also applicable to aquatic animal health.
3. The glossary of the *Terrestrial Animal Health Code* says: "VETERINARY SERVICES means the governmental and non-governmental organisa-tions that implement animal health and welfare measures and other standards and recommendations in the *Terrestrial Code* and the WOAH *Aquatic Animal Health Code* in the territory."



How to use this handbook

This handbook is presented in three parts

.1 Policy / Strategic leaders

Read this

1

A Strategic Rationale

A high-level account of the potential benefits of PPP in delivering services in the veterinary domain and the political and organisational commitments essential to delivering them

.2 Executive Leaders

Read this

1 + 2

A Strategic Rationale and An Executive Briefing

Describing the broad spectrum of different PPP approaches and the principles and key success factors for ensuring successful application of PPP to deliver sustainable services in the veterinary domain

.3 Implementation Leaders

Read this

1 + 2 + 3

A Strategic Rationale, An Executive Briefing and An Implementation Guide

How to make successful PPP happen in practice

(a) The core elements applicable in all cases

(b) Issues of particular importance to the three main categories of PPP described in the WOAH PPP typology[4]

LOOK AT THE COLORING ICON CODE TO FIND THE RIGHT WAY TO USE THIS DOCUMENT

4. See www.oie.int/publicprivatepartnerships

Part 1: Strategic rationale

The case for providing services in the veterinary domain through Public-Private Partnership (PPP)[5]

Rationale, a win-win strategy

By working together in partnership to provide or enable services, the public and private sectors can bring greater benefits and long-term positive impact that would otherwise be unattainable by either sector working in isolation.

Effective PPP brings both sectors together to work in synergy, each understanding their role and responsibilities and getting benefits. It mitigates against the risk of unregulated and potentially damaging private sector provision in areas of public sector responsibility or of the public sector providing services outside their responsibilities that would better be done by the private sector.

To make PPP work, the public sector must trust and empower its private sector partners to deliver agreed objectives; it should avoid unnecessary prescriptive regulation or contract obligations in order to allow the private sector flexibility to determine how best to operate. The private sector partner is then responsible to meet its obligations to the partnership, carrying out sufficient and appropriate assurance checks on its activities and the outcomes achieved.

Who are the partners?

To be effective, PPP initiatives must be supported by strategic and executive leaders as well as at the field level in both public and private sectors. The public sector, normally the veterinary authorities must ensure, amongst other things, that the service(s) to be delivered through PPP are within the law, fall within their statutory or political mandate and meet the intention of that mandate. The private sector must identify benefits in the short or longer term, as well as business risks and how they can be mitigated.

There are many potential private sector partners, for example ranging from:

(i) individual veterinary professionals or paraprofessionals delivering a service directly for the Veterinary Authority, through
(ii) producer associations cooperating in design of regulations or support to exports, to
(iii) national or international companies bringing resource to deliver outcomes unattainable by the public sector alone.

What are the benefits and positive impacts? (detailed in annex 1)

Successful PPP will increase the capability and capacity of Veterinary Services to protect, maintain and improve the health and wellbeing of people, including by means of the protection of animal health and welfare, and food safety.

The public and private sectors working together in synergy can improve performance and therefore the quality of services delivered and private sector resource, including capital investment in infrastructure, such as abattoirs or quarantine units, will enable more services or greater geographic coverage. It enables the public and private elements of Veterinary Services to focus on activities most central to their respective responsibilities and capabilities and where they are most efficient and effective.

For the private sector, effective PPP presents an opportunity to increase profitability as well as meeting corporate public good commitments (for example in the context of their Corporate Social Responsibility), by providing services to clients, producers and consumers or to public sector Veterinary Services.

Many activities delivered through PPP benefit people directly, for example farmers, exporters, or consumers. Others may yield better and more effective regulation, improving stakeholder satisfaction and compliance. The relationships and capabilities that are developed though PPP may be utilised in emergencies, for example if there is a need to respond to a disease outbreak that exceeds the capacity of the public sector. These immediate benefits will also lead to longer-term positive impacts for all sectors, for example:

5. Public-Private Partnership is a joint approach in which the public and private sectors agree responsibilities and share resources and risks to achieve common objectives that deliver benefits in a sustainable manner.

a. Stronger national ECONOMY: Through the positive impact of improved animal health and other activities in the veterinary domain on livestock productivity, rural livelihoods, and domestic and export competitiveness of the sector.

b. Greater TRUST in Government and private partners: High quality services and other activities delivered through PPP improve the reputation and trust of the service providers (both public and/or private) by end-users. Stakeholders, including end users of improved services, are supportive of the Government's policies and approach, including the use of PPP. Joint development of animal health and welfare policies, such as disease control programmes or enabling exports, lead to wider stakeholder support.

c. Reduced BUSINESS risk and increased opportunities (or the enabling environment) for innovative approaches and sustainable solutions **for the private sector:** Positive working relationships with the public sector at national and local levels. Influence and insight from the Government policy process, leading to policies more supportive of the private sector and the ability to align business strategies to work with Government priorities. Access for private partners to Government contracts and additional income.

d. Improved public HEALTH: Better veterinary services will reduce zoonotic disease risks and increase food security by providing access to affordable proteins for the poorest communities.

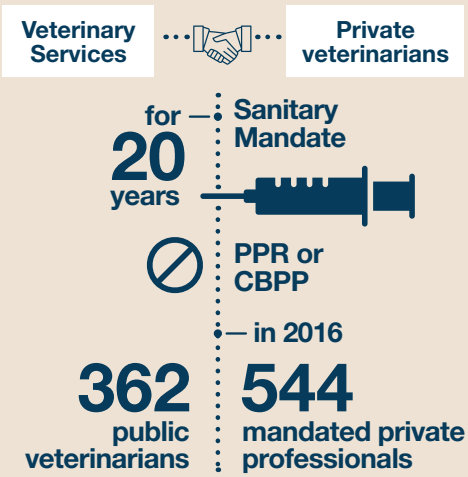
e. Addressing SOCIETAL issues: Livestock is a major asset, important to the livelihood of economically vulnerable communities and often under responsibility of women and youngsters; additional revenues provided by improved animal health will directly contribute to reducing gender inequality and improving the lives and access to education of the poorest.



Case example #1 (detailed in annex 4): Mali

http://www.oie.int/publicprivatepartnerships

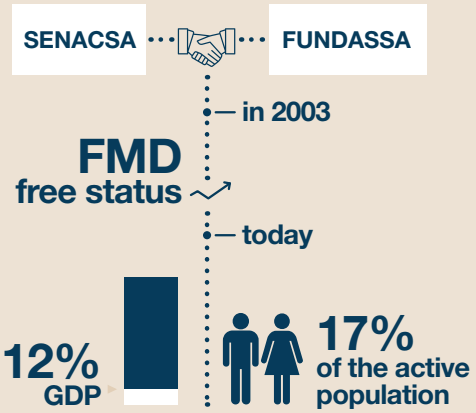
For more than 20 years, Mali has established the Sanitary Mandate, by which private veterinarians are allowed to conduct activities delegated by the Veterinary Services, such as vaccinations against PPR (Peste des Petits Ruminants) or CBPP (Contagious Bovine Pleuropneumonia). In 2016, 544 professionals (including 157 mandated private veterinarians and their support staff) worked alongside 362 public veterinarians, therefore improving vaccination coverage of its livestock population, resulting in better animal health and food security. This is of critical importance in a country where livestock constitutes the main means of subsistence for over 30% of the population.



Case example #2 (detailed in annex 4): Paraguay

http://www.oie.int/publicprivatepartnerships

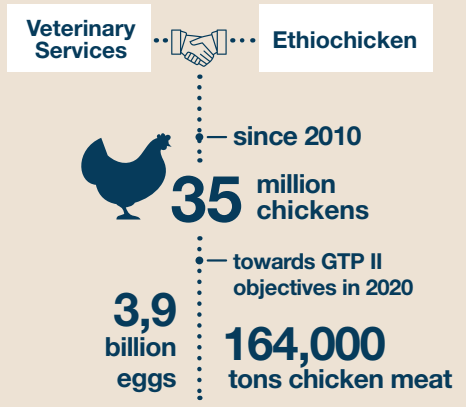
The collaboration between the Veterinary Services of Paraguay (SENACSA) and cattle producers through the Foundation of Animal Health Services (FUNDASSA), initiated in 2003, has allowed Paraguay to reach FMD-free status with vaccination and opened export markets. Today, livestock contributes 12% GDP and employs 17% of the active population. The export of meat, offal and meat by-products has earned over $1.2 billion.



Case example #3 (detailed in annex 4): Ethiopia

http://www.oie.int/publicprivatepartnerships

The private companies AGP Poultry, Mekelle Farms and Andasa Poultry making up Ethiochicken collaborate with the Veterinary Services of Ethiopia to improve poultry production and benefit smallholder farmers. Since 2010, Ethiochicken has distributed over 35 million chickens to rural households in collaboration with the public extension system, thereby contributing to the Ethiopian Second Growth and Transformation Plan (GTP II) to reach 164,000 tons chicken meat production and 3.9 billion eggs by the year 2020 through smallholder farmers from improved breeds.



What is needed for PPP to work well to deliver services in the veterinary domain?

A national policy commitment to enable PPP, including through the appropriate legal framework, is essential, with senior leaders acting as champions to ensure effective and successful delivery.

Goodwill and respect between partners must be complemented by transparency of management, and professional monitoring and evaluation of how and what the partnership delivers, with willingness and flexibility to adapt on the basis of the evidence gathered.

Successful PPPs are founded on true partnership working where public and private partners have:

a. a **mutual appreciation** of respective benefits and goals;

b. a **common understanding** of the outcome to be delivered by the partnership;

c. **respective roles** of the parties defined and understood;

d. **committed resource** and capability to apply **good project management practice** with effective coordination, good communication and joint monitoring; and

e. strong and lasting **leadership commitment** to making the partnership work and be sustainable.

PPP CHARTER:
12 principles for Public-Private Partnership in the veterinary domain

Public-Private Partnership is a joint approach in which the public and private sectors agree responsibilities and share resources and risks to achieve common objectives that deliver benefits in a sustainable manner.

The following principles should be applied when creating Public-Private Partnerships (PPPs) to provide services to end users in the veterinary domain.

1. Public-Private Partnerships may be initiated by either the public or the private sector.
2. The public partner(s) must ensure that the service(s) to be delivered fall within their statutory or political mandate and meet the intention of that mandate.
3. The public partner must ensure that the PPP is lawful and that any legal obligations or constraints are understood and properly implemented by all parties.
4. All parties must ensure that any Public-Private Partnership is developed with appropriate transparency to all stakeholders and that relevant private actors have equal opportunities for engagement, for example by proposing new initiatives or competing in a tender process initiated by the public sector.
5. All parties must agree on the definition of the service(s) to be delivered, how they are to be delivered, and how that delivery is monitored, assured and evaluated.
6. The service(s) delivered by the PPP may have differing impacts and benefits to the public and private sectors.
7. The benefits and impacts of the service(s) delivered must be defined, understood and respected by both parties.
8. The duration of the partnership must be predefined by both partners, with the possibility to extend the period if deemed appropriate following joint evaluation and review.
9. All parties must commit the necessary resources to ensure strong joint governance of the PPP.
10. The private sector partner(s) must have the opportunity to capitalise on the benefits and impacts that accrue through the partnership. This must be transparent to the public partner and must not be to the detriment of the service delivered or realisation of the expected benefits/impacts for the public sector.
11. The terms of the partnership must be set out clearly, either in a formal contract or in an alternative form appropriate to the PPP and agreeable to all parties in the PPP.
12. The PPP must have an agreed stakeholder engagement and communication strategy which includes an appropriate approval process.

Part 2: Executive Briefing

1. Introduction

1.1. Part 1 of this Handbook sets out the high-level case for entering into Public-Private Partnerships (PPP) to better deliver services in the veterinary domain. This second part considers PPP in more detail to help executive-level leaders decide whether PPP can improve the design and/or delivery of the outcomes for which they are responsible and, if so, what actions they should take to make PPP successful and sustainable.

1.2. Successful PPP can be considered in terms of a cycle of key activities that may run sequentially or in parallel:



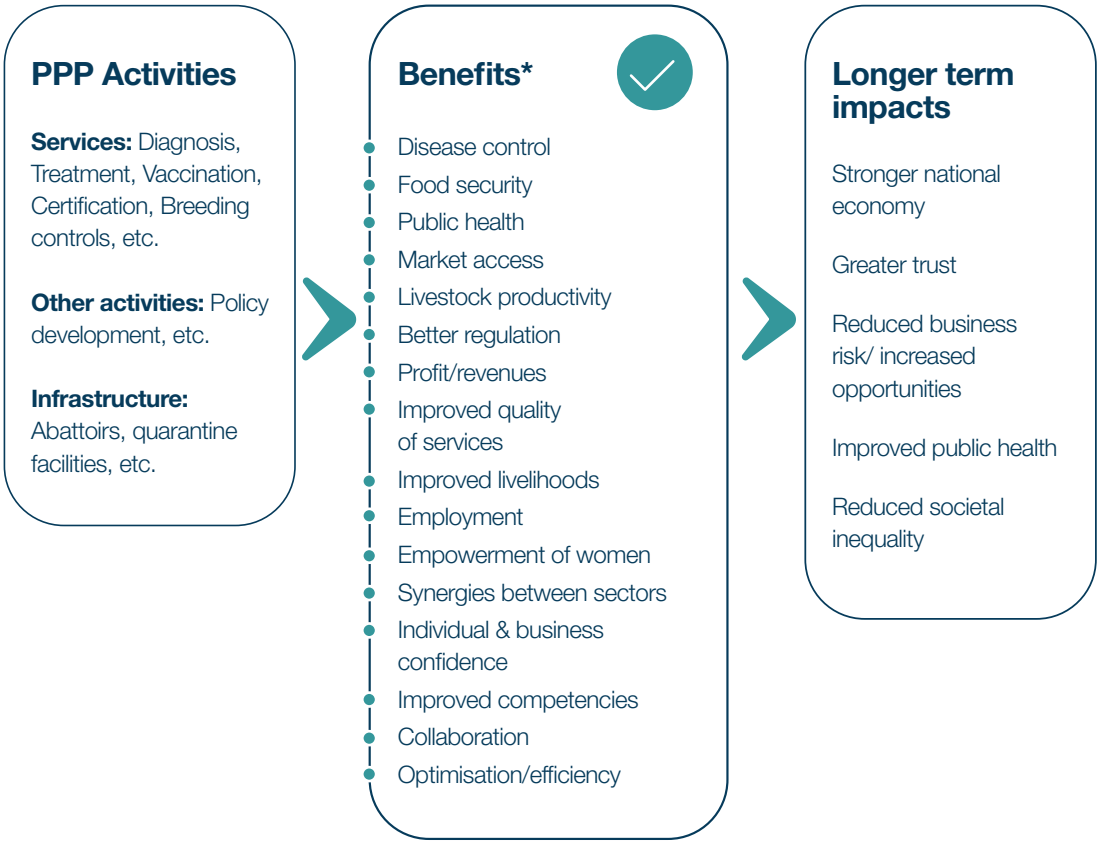
2. Is PPP needed and how are benefits best defined and secured?

2.1. This is a decision for both the public and private sector partners. Either sector may seek to initiate PPP, depending on their interest and the nature of the service or output that is wanted, but partnership can only be successful if both/all partners agree what is to be delivered, and that it will yield outcomes and benefits that meet their respective interests.

2.2. There should be a shared understanding between partners of what each is seeking to achieve. The service or output must be agreed by all parties and there must be shared commitment to delivering it. The expected outcomes, benefits and impacts of a specific PPP may be different for different partners and setting them out clearly will be crucial to the business case for each party. Governance should include regular reviews and a process to enable revision of agreed activities, outcomes and expected impacts in light of experience.

2.3 PPP initiatives will benefit different players, directly and indirectly, and at differing timescales, from immediate to longer term. To be successful PPP activity must benefit, and be wanted by, the end-user of the service or outcome that the PPP provides, for example owners of vaccinated livestock, consumers of meat or milk from PPP abattoirs or dairies, or exporters or importers using PPP quarantine units. At the next level, there may be improvements to farmer livelihoods and rural economies, the profits of private sector providers, and trust in both public and private sector partners. In the longer term, a successful PPP

may improve national animal health status, food security, public health, the national economy and societal well-being, for example through the empowerment of women. These benefits and positive impacts are illustrated below and set out in more detail in annex 1.



2.4. In addition to ensuring realisation of benefits relevant to Government policies, the public sector must ensure that any PPP is lawful and aligns with Government policy.

2.5. In some cases the outcome of a PPP is fully defined by the public sector, e.g. in a contract or sanitary mandate. In less prescriptive PPPs, once the service or outcome that is to be delivered and the benefits that will accrue have been agreed at high level and in outline, prospective partners must develop any PPP proposal in detail and agree what will be done by the public and private sectors. In many cases PPP works because the private sector is enabled to carry out certain activities whilst the public sector meets its responsibilities through the partnership. Each country must decide whether and where PPP is of value to delivering services or outcomes in the veterinary domain on the basis of an assessment of costs and benefits. If PPP offers advantages, but a country's laws prevent this, consideration should be given to the need for legislative change to enable the benefits of PPP to be realised.

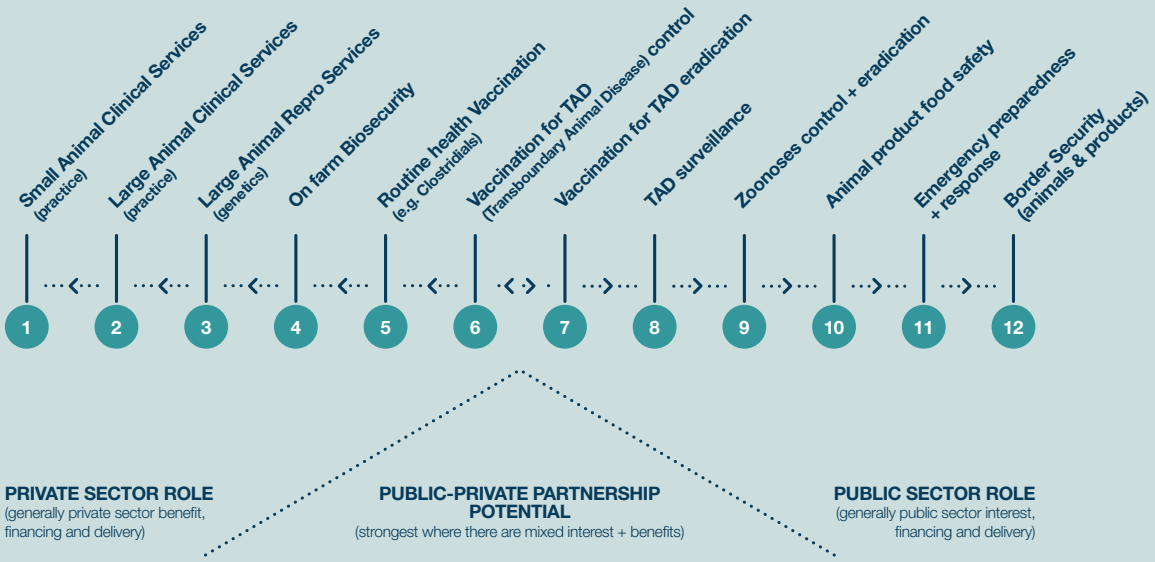
2.6. PPP in the veterinary domain covers activities broader than those of the Veterinary Services, including for example breeding and nutritional services. However, national Veterinary Services provide a good example of the considerations to be applied in deciding whether PPP is appropriate. Veterinary Services include both the public and private bodies providing animal health and welfare activities. This covers a spectrum of activities from those provided exclusively by the public sector to those provided only by the private sector.

* identified by the 2017 WOAH PPP survey

6. The glossary of the *Terrestrial Animal Health Code* states: "VETERINARY SERVICES means the governmental and non-governmental organisations that implement animal health and welfare measures and other standards and recommendations in the *Terrestrial Code* and the WOAH *Aquatic Animal Health Code* in the territory."

2.7. The figure/box below illustrates how activities may be apportioned but this varies greatly between countries for both practical and historical reasons.

POSSIBLE CONTINUUM OF PUBLIC AND PRIVATE SECTOR ROLES IN VETERINARY SERVICES



Important note: The above diagram is a continuum and is provided for indicative purposes only. It is therefore provided only as a tool to stimulate discussion and analysis by both public sector and private sector actors in Veterinary Services (either separately or together). Countries may like to map their current situation, discuss the rationale behind current roles and opportunities for PPPs, or even changing roles and emphasis. Useful tools or concepts to consider in this regard might be beneficiary analysis and the notion of market failure.

2.8. Public sector veterinary authorities should consider the potential to apply PPP in all areas under their responsibility. This should include whether the public and private elements of the national Veterinary Services are together effectively and efficiently delivering their country's requirements for activities in the veterinary domain. If not, they should then consider where PPP can offer an improvement. This analysis must assess not only the impact of PPP on provision of services to end-users (farmers, consumers, exporters, etc) but also on the sustainability of both the public and private organisations providing veterinary activities. An important additional benefit of establishing PPP in the national Veterinary Services is the ability to use the relationships and capabilities that were developed for future engagements, for example if there is a need to respond to an animal health emergency that exceeds the capacity of the public sector.

2.9. The public sector may be reluctant to allow private sector activity for many reasons, including lack of confidence that the private sector will be effective. In some areas, the public sector veterinary authorities will need to retain responsibility for, and control over, certain functions performed by the private sector and this can be set out in formal PPP governance. PPP opportunities should be considered on the strengths of the benefits offered and ruled out only if there are compelling reasons to reserve activities to the public sector.

Case example #4 (detailed in annex 4): Indonesia

The national information system ISIKHNAS provides a reporting facility that connects farmers or district animal health workers with local officials to report illnesses in livestock so they can receive treatment immediately and reduce losses. Currently registering more than 3 million private producers, ISIKHNAS allows the Indonesian government to conduct surveillance of animal diseases on a large territory that they would otherwise have difficulties to cover, hence allowing better decision making. In turn, farmers and private veterinarians benefit from improved health services.

Case example #5 (detailed in annex 4): United Kingdom

Through an on-going collaboration between the Department for Environment, Food and Rural Affairs (Defra) and its Animal and Plant Health Agency (APHA) with the British Poultry Council and its Primary Breeders Group, the UK has implemented compartmentalisation since 2010 to enable exports of poultry breeding stock of high genetic value globally during times when WOAH Avian Influenza country freedom is temporarily lost. To date, the UK breeding poultry compartment has been recognised by New Zealand, Japan and South Africa. UK exports from the high biosecurity poultry sector are protected in the event of an outbreak of avian influenza in the UK and importing countries benefit from maintained supplies of essential poultry replacement stock.

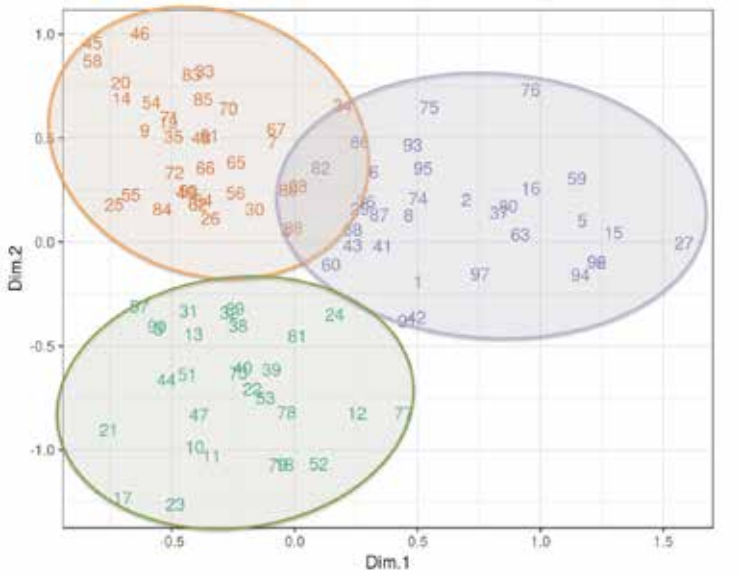
3. What is PPP in the veterinary domain?

3.1. Research led by the WOAH and funded by the Bill & Melinda Gates Foundation has shown that PPPs typically fall into one of the following three broad categories or clusters:

TRANSACTIONAL PPP | **COLLABORATIVE PPP** | **TRANSFORMATIVE PPP**

These are not exclusive and other arrangements should be developed if needed, but they show the breadth of approaches that have already been taken. As the diagram below shows, there is a degree of overlap and some successful PPPs may have elements from more than one of these categories; this typology should not be seen as a constraint to innovative approaches to PPP. The PPP types are mainly differentiated by the type of private partner, initiation and funding, and typical governance.

Mapping of the 97 PPP cases reported in the 2017 WOAH PPP survey and analysed by Multiple Correspondence Analysis (MCA)



Transactional

Collaborative

Transformative

TRANSACTIONAL PPP

- **Transactional PPP:** Government procurement of specific animal health/sanitary services from **private veterinary service providers,** usually private veterinarians and veterinary paraprofessionals (VPPs), Community-based Animal Health Workers (CAHWs) and/or their associations. It is **initiated and funded by the public sector,** possibly with further payment from the producer who benefits from the service. The governance is a client (Government)/private provider relationship. The **private provider is contracted or given a sanitary mandate** and trained/monitored by the public sector. The activities and intended outcomes are primarily defined by the public sector and contracts set out effective monitoring and evaluation and mechanisms for remedial action, if needed. However, good liaison and communication and a partnership approach are key to delivering optimal outcomes for both parties.

Case example #6 (detailed in annex 4): Afghanistan

In Afghanistan, the public sector is engaging private Veterinary paraprofessionals for the national control of PPR (Peste des Petits Ruminants) and other diseases. The partnership, formalized through Letters of Agreement and proper legislation, has resulted in 12.5 million sheep and goats vaccinated against PPR from the pastoralist community and information generated on health and production parameters. It also provides additional income to 358 private sector service providers, thereby ensuring sustainability.

Case example #7 (detailed in annex 4): Tunisia

Subcontracting of prophylactic programs to the private sector was launched in 2006 in Tunisia. At the beginning, there were 10 private veterinarians in six pilot governorates. Today, it involves 260 mandated veterinarians. Vaccination coverage against notifiable diseases, listed according to the program of the Tunisian National Vaccination Campaign, has steadily increased, as well as disease reporting. Furthermore, the duration of vaccination campaign has been shortened by half: 60 days with the private sector against 120 days for the public sector alone.

COLLABORATIVE PPP

- **Collaborative PPP:** Joint commitment between the public sector and end-beneficiaries, often **producer associations, sometimes a consortium of producer associations and a range of other interested private organisations such as veterinary associations**, to deliver mutually agreed policies/outcomes. Collaborative PPPs may be **initiated by either the public or private sectors and jointly resourced,** possibly by non-monetary commitments such as personnel. In the WOAH PPP survey, examples of collaborative PPPs were often driven by trade interests, however can also be joint programmes, e.g. for AMR control. **Governance ranges from regulated by legislation (e.g. joint delivery programmes, strong governance) to non-official agreement (e.g. consultation on animal health policies, light-touch governance)**, and decision making is shared between the collaborating parties.

Case example #8 (detailed in annex 4): Australia

Animal Health Australia (AHA) is a partnership between multiple levels of government, livestock industries and other stakeholders set up as a not-for-profit public company, to protect animal health and the sustainability of the Australian livestock industry. Among others, the partnership provides agreed Emergency Animal Disease (EAD) response strategies, EAD response training to members, as well as services in the areas of biosecurity, traceability, surveillance and animal welfare standards. The collaboration minimises the risk of EAD occurrence and provides the ability to respond quickly and effectively to an EAD incident should one occur.

Case example #9 (detailed in annex 4): Namibia

Through an on-going collaboration between the Meat Board of Namibia (MBN) and the Directorate of Veterinary Services, an outbreak of Foot and Mouth Disease was rapidly contained in 2015 and interests of the livestock and meat industry sustained. N$7 million were mobilized by the MBN to support awareness campaigns, hiring veterinarians and FMD experts, providing rations to road block staff and assisting farmers to patrol, maintain and repair sanitary fences.

TRANSFORMATIVE PPP

- **Transformative PPP:** Establishment of sustainable capability to deliver otherwise unattainable major programmes. **Often initiated by the private sector** but sanctioned by, and working with, the national Veterinary Services. **Funded by national or multinational private sector companies** (perhaps initially enabled by international development assistance, national/international or the philanthropic/charitable sector) to achieve long-term sustainable business returns and/or deliver on a public good commitment of the private partner. There is **joint governance, such as Memorandum of Understanding (MoU), with the public partner.**

Case example #10 (detailed in annex 4): India

Hester Biosciences is collaborating with the Government of Jharkhand, an Indian State, to create a sustainable supply chain for animal vaccines. Under this partnership, initially supported by GALVmed, 751 private service providers, mostly women, were trained and vaccinated around 1 million birds against Newcastle Disease and 76,000 goats against PPR. The PPP is now expanding to serve more areas in Jharkhand and other Indian States.

Case example #11 (detailed in annex 4): Kenya

Sidai, a private enterprise in Kenya, is pioneering PPPs in the veterinary domain with a number of different partnerships with the Director of Veterinary Services and with local governmental authorities. In one of these initiatives, Sidai and the County Government of Marsabit, a County in the north of Kenya, have established a partnership to make quality animal health products and extension services available to pastoralists at sustainable prices all year-round. The partnership involves training on quality products, law enforcement around sub-standard or illegal drugs, cold chain maintenance, job opportunities and diagnostic services.



3.2. The type of PPP instigated will vary with the intended service or outcome and with the particular country situation. Whoever initiates the project, whether the public or private sector partner, the interests of both must be met by the nature of the partnership and the governance arrangements that will make it work.

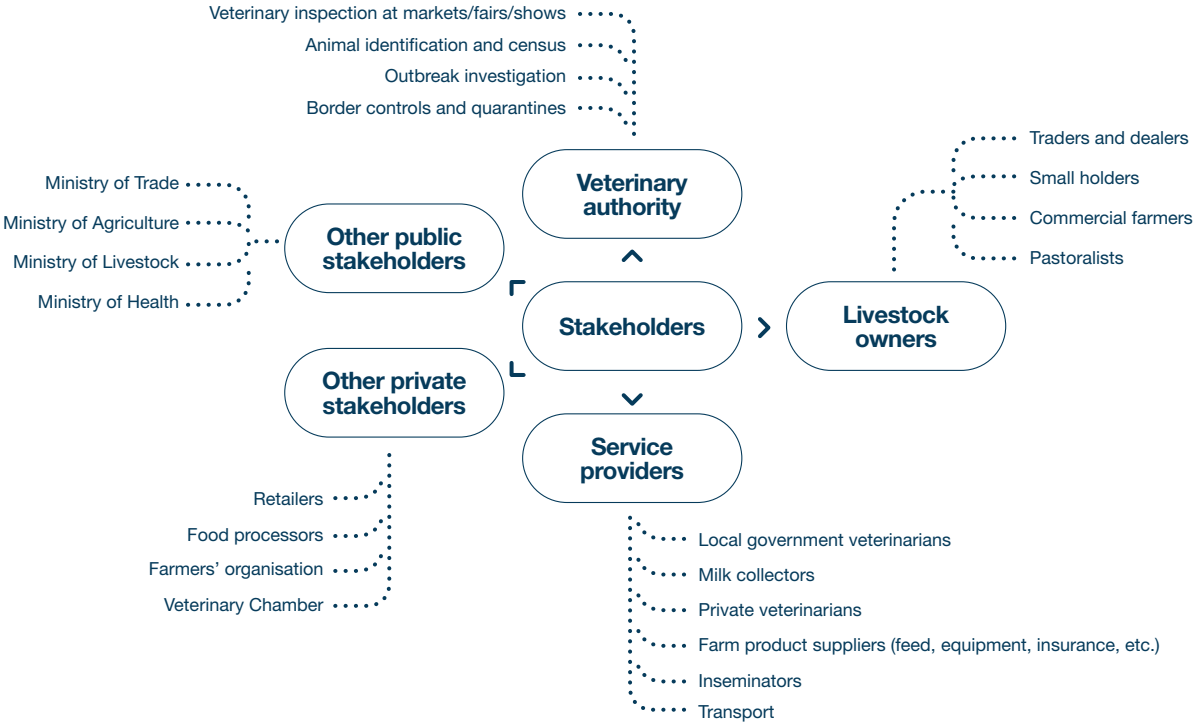
3.3. The initiator of the PPP will need to propose how the partnership will work, as well as what it will deliver and the intended benefits to the partners and stakeholders.

4. Engaging stakeholders and establishing support for PPP

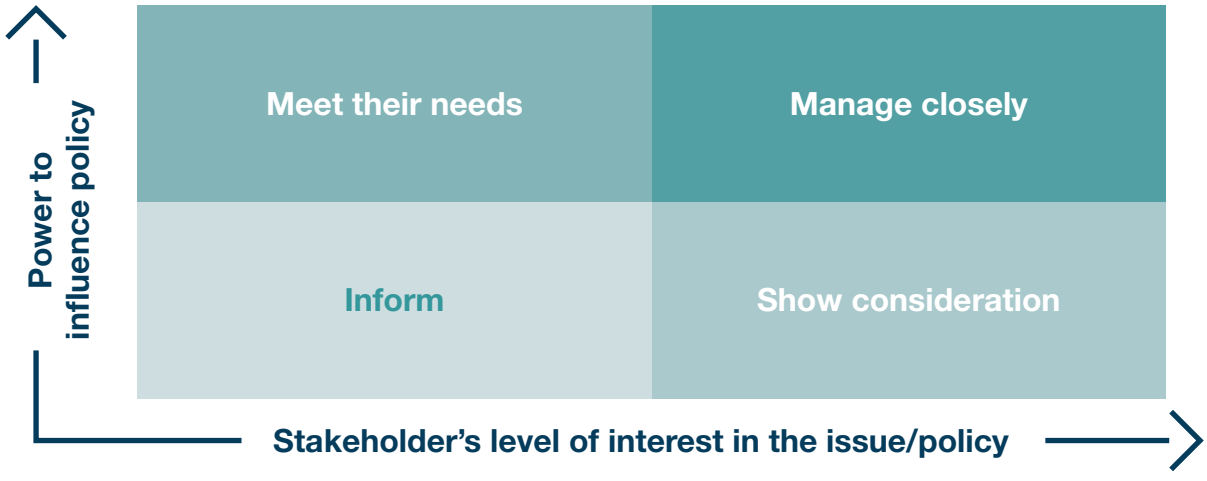
General

4.1. Everyone with an interest in a proposed PPP and the services or outcomes that it is intended to deliver is a stakeholder. Not all stakeholders have the same importance to the success of PPP but this should be considered carefully according to the particular situation.

4.2. First identify all the people or groups with an interest in the proposed PPP initiative as illustrated below:



4.3. Then categorise them into groups in order to plan engagement to best respond to their level of interest and to gain and maintain their support where that is important to the success of the initiative. A matrix with a possible approach to categorising stakeholders is shown below. Engaging stakeholders of all categories may be vital for PPP progress, not just the "high interest" stakeholders but potentially powerful potential "blockers of change" also.



4.4. These illustration and matrix are drawn from guidance on stakeholder engagement from the EuFMD Commission. Further examples can be found in standard management textbooks and training materials. Executive leaders will need to be assured that any PPP proposal has taken account of stakeholder views, needs and likely support and, if PPP is taken forward, that ongoing stakeholder engagement is effective and sustainable.

Strategy level stakeholders

4.5. Before initiating a proposal for PPP or before responding positively to a PPP proposal initiated by a potential partner, the executive leader in either the public or private sector must engage and gain the support of a key stakeholder – their boss! In the public sector, this will be the most senior officials and Ministers; in the private sector, Chief Executives and their management Boards.

4.6. High-level endorsement in principle is essential to enable PPP. At country level support for PPP should be reflected in published policy and enabling laws if needed. Part 1 of this Handbook provides a starting point for a proposal to seek the support of senior strategic leaders for PPP. If adjusted to recognise country or company specifics, and with the addition of quantified examples provided with this guide, it can be adapted to form a briefing or submission to gain support for a general policy (of government or company) to engage in PPP.

4.7. Strategic level agreement to specific PPP proposals will depend on a good business case, dealt with in more detail in Part 3, and a summary document in the form appropriate to the specific Government or business way of working. This should include the key facts from the (more detailed) business case and an assessment of stakeholder views, needs, likely support and deliverability.

4.8. Small scale implementation of the proposed PPP should be considered as a way of gathering evidence and support for wider roll-out. Successful implementation of PPP should create a positive feedback loop whereby successive PPP projects build support for further application of PPP, applying the lessons learned in each case.

End users

4.9. It is critical to both parties to establish that a proposed service is wanted by the end user, for example livestock keepers. If PPP partners have evidence that the service will be of benefit, but this is not recognised by the intended beneficiaries, the PPP project must include a strategy to ensure uptake of the service and ultimate realisation of the benefits. This will be an essential component for the sustainability of the initiatives.

Partners in PPP

4.10. The partners in PPP are key stakeholders and it is essential to ensure that all partners are fully engaged, and willing and able to work together. Executive leaders in public and private sectors should take active steps to ensure that they and their teams:

- Provide leadership, commitment at organisational level and continuity of key individuals;
- Understand what is important to and drives the other partners – benefits sought, ways of working, flexibilities and constraints, red lines, etc;
- Understand their own and other partners' responsibilities;
- Recognise the importance of communication and key relationships – formal, structured, and less formal, and ensure there are processes in place to deliver effective communication.





Catalysers

4.11. PPP may be enabled by a variety of catalysers, ranging from research and knowledge partners, facilitating discussions and agreements or providing capacity development for different actors involved, to resource partners and investors, such as national or international Non-Governmental Organisations (NGOs) or foreign Government development assistance programmes. These are key stakeholders, but not partners included in formal or informal governance arrangements and will be referred to in this Handbook as “catalysers”. The nature and timespan of support from catalysers will be important to the feasibility of particular PPP projects, and public and private partners must ensure that their business case provides an exit strategy from catalyser funding, if PPP is to be sustainable in the long term.

Identifying resources to plan and run PPP

4.12. PPP projects have the potential to bring new resource to carry out activities but they also need commitment of resources from partners to ensure that they are well run and successful. It is important to avoid the illusion that PPP is a way of transferring cost to the private sector at no cost to the public sector. There must be clarity and agreement within the partnership of resource commitment and the expected returns.

4.13. Public sector budgets are unlikely to be increased to support PPP and so budgets must be re-prioritised to enable PPP, or if resources are freed up by the positive impact of PPP at least some must be retained to initiate, develop and support the PPP over time.

4.14. The private sector will only invest in PPP if there is a high likelihood of a positive return on that investment, whether that is directly through increased profits or through other benefits such as trade or disease management opportunities. In transformational PPP projects where risks are high, or a loss is likely in the short term, these risks may be offset by external funding from catalysers. Catalyser funding is very unlikely to be long term and public and private partners will need to plan for such projects to become self-sustaining, in particular by possibly involving support from end-beneficiaries once they are convinced of the benefits of the rendered services.

National Platform for PPP

4.15. To facilitate PPP a “National Platform” could be set up to enable advocacy for the principle of PPP and provide a forum for different stakeholders to get to know each other, build trust and work towards engagement in PPP projects. This would be a novel approach and is not an essential precursor to PPP but may help it to become established or more widely adopted.

4.16. Such a platform could include potential partners in PPP and key stakeholders such as public sector leaders at executive and implementing levels, counterparts in private sector businesses, veterinary, veterinary paraprofessional (VPP) and producer associations, and other bodies specific to the country situation.

Case example #12 (detailed in annex 4): Vietnam

In 2013, CEVA Santé Animale, an international animal vaccine producing company partnered with CIRAD, the French Agricultural Research Institute for International Development, to compare the effectiveness of different vaccination strategies against avian influenza. The work, implemented in Vietnam in partnership with the Vietnam National University of Agriculture (VNUA) and in concertation with the Department of Animal Health (DAH), has modelled the predictive protection conferred by the different hatchery vaccination strategies. The partnership has disseminated the results of this study to decision makers at the Department of Animal Health to be considered in the elaboration of avian flu control strategy, thereby illustrating the value of PPPs and catalysers such as academic partners.

5. Establishing PPP initiatives

5.1. Specific PPP projects must be planned and executed carefully to ensure success. The following key principles should be followed to ensure successful and ethical PPP projects:

PPP CHARTER:
12 principles for Public-Private Partnership in the veterinary domain

Public-Private Partnership is a joint approach in which the public and private sectors agree responsibilities and share resources and risks to achieve common objectives that deliver benefits in a sustainable manner.

The following principles should be applied when creating Public-Private Partnerships (PPPs) to provide services to end users in the veterinary domain.

1. Public-Private Partnerships may be initiated by either the public or the private sector.
2. The public partner(s) must ensure that the service(s) to be delivered fall within their statutory or political mandate and meet the intention of that mandate.
3. The public partner must ensure that the PPP is lawful and that any legal obligations or constraints are understood and properly implemented by all parties.
4. All parties must ensure that any Public-Private Partnership is developed with appropriate transparency to all stakeholders and that relevant private actors have equal opportunities for engagement, for example by proposing new initiatives or competing in a tender process initiated by the public sector.
5. All parties must agree on the definition of the service(s) to be delivered, how they are to be delivered, and how that delivery is monitored, assured and evaluated.
6. The service(s) delivered by the PPP may have differing impacts and benefits to the public and private sectors.
7. The benefits and impacts of the service(s) delivered must be defined, understood and respected by both parties.
8. The duration of the partnership must be pre-defined by both partners, with the possibility to extend the period if deemed appropriate following joint evaluation and review.
9. All parties must commit the necessary resources to ensure strong joint governance of the PPP.
10. The private sector partner(s) must have the opportunity to capitalise on the benefits and impacts that accrue through the partnership. This must be transparent to the public partner and must not be to the detriment of the service delivered or realisation of the expected benefits/ impacts for the public sector.
11. The terms of the partnership must be set out clearly, either in a formal contract or in an alternative form appropriate to the PPP and agreeable to all parties in the PPP.
12. The PPP must have an agreed stakeholder engagement and communication strategy which includes an appropriate approval process.

5.2. The following questions are a checklist for executive leaders and their implementing teams. They should all be addressed, but they are not a flow chart to be dealt with sequentially. They are a guide to best practice and not barriers to implementing PPP, each should be approached with a view to enabling the proposed project. Part 3 of the Handbook provides more detailed guidance on how these questions can be addressed.

The enabling environment

1. Do the laws of the country permit the PPP or does the project identify and address change to the law to enable the PPP?
2. Is there a supportive Government policy for PPP or does the project have plans to gain support?
3. Has strategic level agreement been obtained to PPP in principle and/or the specific project or is there a strong case prepared?

Exploring the need for PPP, and benefits and positive impacts to be achieved

4. Who is delivering the service or other activity now, or is it not being done at all? What is the problem with the current situation?
5. Is there a good case that the service should not be exclusively delivered by either public or private sector? i.e. is there a clear comparative advantage for a PPP?
6. Has the service or outcome been clearly defined and the need established and agreed?
7. Is there end user demand for the proposed service or outcome or does the project include a plan to create positive demand?

Determining the type of PPP, partners and governance

8. Have the right partners been identified and engaged? Who are the partners and catalysers who have committed themselves? And those who have not?
9. Are the proposed governance arrangements appropriate to the type of PPP project?

Identifying resources to plan and run PPP

10. Have the partners committed to provide the necessary resources?
11. If the project relies on funding from catalysers, is there an exit strategy to ensure sustainability?

Creating a business case and securing agreement to proceed

12. Is there a sound business case?
13. Are the projected benefits well identified and realistic?
14. Is there strong leadership support from all partners, committed to championing and supporting the project?

Programme and project management

15. Have project management principles been applied and is ongoing project management planned and resourced?
16. Are the organisational capabilities of the partners, and appropriately skilled people in place, and sufficient to support the project, for example on project management or procurement and contracts?

Stakeholder engagement

17. Have the right stakeholders been engaged and proper consideration given to their needs and feedback?
18. Is there a plan for initial and ongoing communication, internally to the partners and externally to stakeholders including strategic leaders?

Barriers to implementation

19. Have economic, cultural or other factors, for example loss of individual status or remuneration, that might cause resistance from people in either the public or private sector been considered, and are there plans to address any issues?
20. Have unintended consequences, for example loss of critical mass in the public sector to enable it to meet other responsibilities or negative reactions from trading partners, been considered, and are there plans to address any issues?
21. Have conflicts of interest and risks of corrupt behaviour or fraud been considered and mitigated?

Monitoring and Evaluation

22. Is there a Monitoring and Evaluation plan agreed by all partners?
23. Is there an agreed mechanism to address poor performance by any of the partners, including timescales for corrective actions, with appropriate sanctions set out to be applied if needed?
24. Does the project provide for flexibility to review and adjust on the basis of evaluation?

6. Review of PPP initiatives

6.1. Many PPP projects will have a defined end or review point. Transactional PPPs may be set up through a procurement and contract process with time limited contracts. Contracts will need to be periodically renewed or re-tendered through a new procurement process. Collaborative PPPs may be set up to deliver a defined outcome, such as new animal health guidelines/regulations or disease eradication and once this is done will cease to exist or will need to be repurposed. The benefits and impact of initiatives must be evaluated before establishing further PPPs, to ensure lessons learned from implementation are captured and utilised.

6.2. However, others may be ongoing, for example a transactional PPP in the form of a "sanitary mandate" authorising individual veterinary professionals and paraprofessionals to deliver specified services for a fee paid by Government, a collaborative PPP that supports export trade facilitation, or a transformational PPP whereby a private partner delivers an ongoing service. These PPP projects should be monitored to assure delivery of the defined services and periodically evaluated by the public sector to assess value for money and whether the benefits projected are being realised. The governance arrangements should specify review periods, mechanisms for remedial action or sanctions where necessary, and the terms for adjusting or terminating a PPP where appropriate.

6.3. The public sector is recommended to implement cost-effective evaluation of PPP initiatives, in cooperation with, and avoiding unnecessary burdens on, private sector partners: i) before their implementation (during the planning phase) to identify expected benefits and impact; ii) while they are ongoing to assess value for money, whether the benefits projected are being realised and to identify corrective actions if needed; and iii) after the end of the partnership, to assess if the expected positive impacts have been reached and to draw lessons for subsequent PPP implementation. The private sector is recommended to engage positively with the evaluation process, to ensure that it is effective for the partnership and meets their individual, corporate or association needs.



Part 3: Implementation Guide

1. Introduction

1.1. Part 1 of this Handbook sets out the high-level case for entering into Public-Private Partnerships (PPP) to deliver better services in the veterinary domain. Part 2 considers PPP in more detail to aid decisions by executive-level leaders on the use of PPP.

1.2. This third part should be read after Parts 1 and 2. It describes the activities and capabilities that are key to implementing effective PPP, that is sustainable for the intended period of operation, whether time-limited or ongoing. It will deal first with those elements common to all PPP and then look in more detail at those of particular importance to the three main types of PPP – transactional, collaborative and transformative.

2. The essentials

2.1. This section deals with issues that are common to all types of PPP. It looks first at the enabling environment – "external key success factors" and then considers features that will lead to the success of specific PPP projects – "internal key success factors".

External key success factors that enable successful PPP: the enabling environment

2.2. These factors relate to whether the general situation or environment in the country and within the public and private sectors supports the introduction of PPP. Ideally a number of enabling factors are in place. If they are not, this need not prevent PPP but action will be needed to improve the situation or work with the potential barriers.

2.3. The national legal framework may provide for PPP. This is not essential: provided private engagement is not specifically prevented, PPP can be implemented with good governance and contracts if applicable.

The general framework of law and business practice is also important to the likelihood of success of PPP, for example corruption, restrictive bureaucracy, ease of operating private business, taxation, foreign investment, import and export duties and tariffs etc. If there are legal or other significant barriers, then executive leaders will need to advocate for a policy to support PPP and ultimately secure a change to the law.

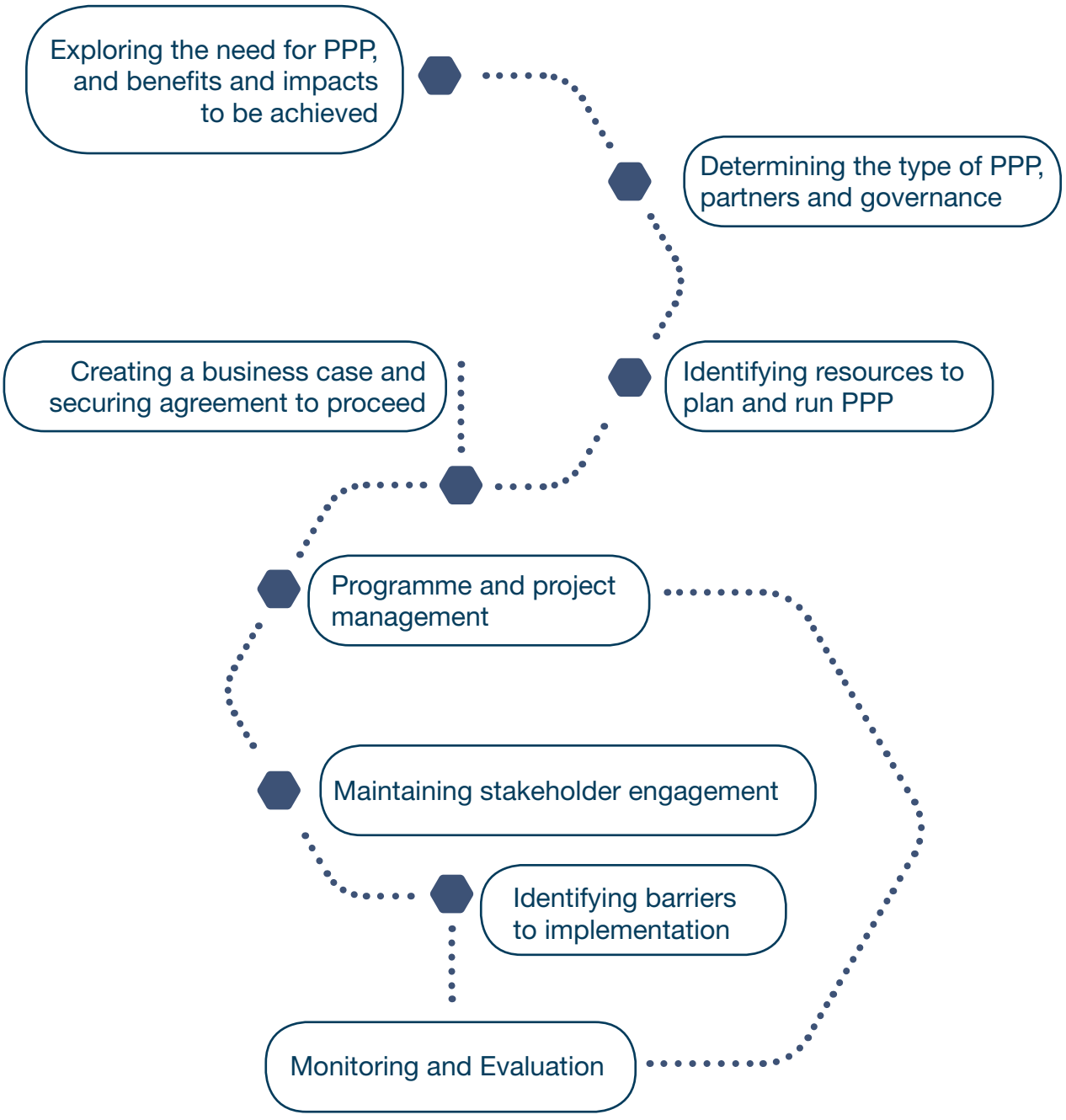
2.4. Policies of government at national or regional level, businesses and relevant associations should be supportive of PPP. If not, advocacy for PPP will be needed. A "National Platform for PPP" as described in Part 2, paragraph 4.15, could enable advocacy for the principle of PPP and provide a forum for different stakeholders to get to know each other, build trust and work towards engagement in PPP projects.

2.5. Institutional and organisational capability to engage with PPP is needed in both the public and private sectors. The capabilities needed include specific skills, such as procurement and contract management, or ways of working/operating, such as the presence, leadership and ability of cooperative groups or associations to represent their stakeholders. The skills needed also include the public and private sectors each having an understanding of the other – culture, drivers, ways of working etc., and how to work together. These capabilities could be developed through a national platform for PPP or through initial engagement in simple PPP projects, such as collaborative work on developing animal health policies.

2.6. Resources such as staff time must be available to engage with PPP and specific resource may be needed for particular projects, such as infrastructure and transport or access to materials such as good quality medicines or vaccines. Policies conducive to PPP should enable prioritisation to make resource available, and PPP projects may themselves improve access to materials and transport.



Internal key success factors for implementing individual PPPs



Exploring the need for PPP, and benefits and positive impacts to be achieved

2.7. The public sector should consider the potential to apply PPP in all areas under their responsibility, including for example policy development, trade facilitation, and disease control. This should include the activities that they are required to deliver and whether they are effectively achieved, including geographical coverage and ability to meet stakeholder needs outside of campaigns or specific seasons. An assessment of where there are gaps or shortfalls will reveal the potential to engage in PPP.

2.8. Private sector partners may have a range of reasons to initiate or engage with a PPP proposal. For example:

- To secure services or outcomes needed to facilitate their business, for example to access export markets;
- To deliver services that will increase business returns;
- To meet corporate or societal responsibilities or obligations;
- Other areas where working with the public sector to deliver an agreed service or outcome will advance short or long-term business goals.

2.9. Initial consultation of relevant stakeholders is needed to test the proposal and verify the need and value from the perspective of the end user as well as likely partners.

2.10. Once a service or outcome is identified, the benefit of delivering it through PPP should be defined. In some cases, such as a collaborative PPP to develop new animal health policies, this may be a narrative for agreement, but for most the benefits and impacts should be quantified as part of a business case.

Determining the type of PPP, partners and governance

2.11. Three broad types of PPP are described in Part 2, paragraph 3.1 of this Handbook and at www.oie.int/publicprivatepartnerships where there are brochures and videos. The nature of the service or outcome will determine the type of PPP needed to deliver it, the partners in the PPP, and in many cases whether the public or private sector initiates the partnership.

2.12. Paragraph 5.1 of part 2 sets out key principles that should be understood and followed to ensure successful and ethical PPP projects.

2.13. At the initiation stage, public partners must ensure fair opportunity for involvement for all relevant private sector actors. If a proposal is initiated by the private sector, fair access is still a consideration for the public sector, subject to the specificity of the project and the laws of the country. As a minimum, the public sector should ensure that all relevant private sector actors are aware of the possibility of engaging in a PPP.

2.14. Agreement in principle between partners to set up or engage in a PPP is a crucial step. Regardless of which partner initiates the proposal, all partners must agree to take it forward to more detailed planning and to gain final agreement. This initial agreement is likely to be taken at the executive level. A business case may underpin this decision, but if not, it will be an important next step. In the case of a simple transactional PPP, the decision for the private partner may be simply whether to engage with a procurement process initiated by



the public sector. For other types of PPP, a process of iterative co-design is likely to be needed.

2.15. Whatever type of PPP is initiated, governance arrangements must be agreed between the partners. Governance should be appropriate to the type of PPP, ranging from formal contracts to recorded agreements in meetings.

Identifying resources to plan and run PPP

2.16. It is crucial that all partners commit to provide sufficient resource to manage the partnership as well as to deliver the activities that the PPP initiative is set up to achieve. This commitment must be made at the Executive level at the time that the PPP is initiated. Commitments may be financial or to supply or share other resources. They must be fully documented in the business case as well as in formal agreements that underpin the partnership.

2.17. If a PPP is initiated on the basis of catalyser funding and it is intended to be ongoing, the business case must include a plan for the project to become self-sustaining once catalyser funding is withdrawn.

Creating a business case and securing agreement to proceed

2.18. Developing a formal business case will ensure that the proposed PPP is well described and costed, with outcomes, benefits and impacts defined. It will also consider issues such as likelihood of successful implementation, and the risks to the project and how they are to be mitigated.

2.19. Annex 2 gives guidance on writing a business case. A compelling business case can then be used to secure the necessary agreements to proceed at the appropriate level in all partner organisations.

Programme and project management

2.20. Programme and project management is a systematic approach to implementation that helps ensure that projects are successful. Amongst other things it translates key elements of the business case into practical and recorded actions, providing assurance to senior managers.

2.21. Good project management will cover all the key internal success factors and address the questions in the checklist for executive leaders at paragraph 5.2 of Part 2. Annex 3 gives references for guidance on project management.

Stakeholder engagement

2.22. Working effectively with stakeholders (stakeholder engagement) is crucial to the success of any PPP project. Even the simplest transactional PPP will be of interest to people outside the partnership, for example farmers receiving free or subsidised vaccination of their stock care about the quality of delivery. Stakeholder input will ensure that the context is taken into account during planning, so the PPP is more likely to succeed. Supportive stakeholders may ensure success whilst negative groups may derail a PPP project or create unnecessary work to allay their concerns.

2.23. Stakeholder engagement is a key element of good project management. Useful guidance relevant to stakeholder engagement in the veterinary domain is provided by the EuFMD Commission (see paragraph 4.4 of Part 2).

Barriers to implementation

2.24. Systematic identification of risks and issues that threaten projects is essential. It is important that this process is thorough and that any problems identified are addressed.

2.25. Barriers or unintended consequences of specific PPP initiatives may not be obvious to senior leaders and project managers. For example, economic, cultural or other factors, such as loss of individual status or remuneration, might cause resistance from people in either the public or private sector. These issues should be identified through careful consultation with staff and stakeholders and this may be helped by social scientists. The project may need to take specific transitional or longer-term measures, such as ensuring that actors like field staff who lose power or revenue as a result of a PPP initiative are included or compensated.



Monitoring and Evaluation

2.26. Monitoring and Evaluation are part of good project management and should be included in the PPP project planning. They should be jointly planned and agreed by all partners, with both the public and private sector partners accountable for their commitments in the partnership agreement. Each partner should take responsibility to monitor its own performance, at all levels of their organisation, in relation to how they work together in the partnership as well as the activities carried out.

2.27. Monitoring is relevant to PPP projects that deliver services and is needed to ensure that the service is delivered in the way and to the quality agreed. There should be an agreed mechanism to address poor performance by any of the partners, including timescales for corrective actions, with appropriate sanctions set out to be applied if needed. For example, in the case of transactional PPPs that deliver services that remain the responsibility of the public sector, this will be set out in tender documents for the procurement process and reflected in a contract.

2.28. Measures to mitigate the risk of conflicts of interest or corrupt practices will be an important element of many PPPs. Examples of such measures include quality controls, impartiality statements or other guarantees. These will provide necessary assurance to the partners and to stakeholders, including national and international trading partners. Effective monitoring of these measures must be independent and well executed, for example including unannounced inspections where appropriate.

2.29. Periodic evaluation during the implementation period, not only at the end, is important for all PPP projects to ensure the agreed outcomes will be or have been, delivered, and to provide timely opportunities for making changes to the approach if this is not the case.

2.30. PPP evaluation, incorporating socioeconomic impact analysis if possible, will provide the basis for advocating in favour of sustaining the PPP in the long-term or using similar mechanisms to secure different services and outcomes in the veterinary domain.

3. Key issues for consideration when setting up a transactional PPP

Transactional PPP: Government procurement of discrete animal health/sanitary services from **private veterinary service providers**, usually veterinary businesses, veterinary paraprofessionals and CAHWs, or their associations. It is **initiated and funded by the public sector**, possibly with further payment from the producer who benefits from the service. The governance is a client (Government)/private provider relationship. The **private provider is contracted or given a sanitary mandate**. Good liaison and communication are essential to delivering optimal outcomes for both parties.

3.1. In many countries there is a "sanitary mandate" whereby the public sector authorises private veterinarians or veterinary paraprofessionals to carry out official duties on behalf of the public sector, often in return for payment from Government. In others the sanitary mandate has been replaced by contracts between the public sector and businesses or groups of businesses to deliver defined services.

3.2. The public sector must define the service to be delivered and either provide or specify appropriate training (and be assured that it is done to the required standard). Monitoring is needed to confirm that services are delivered properly and this must be cost-effective to both public and private partners. If standards are not met, in the case of a sanitary mandate retraining may be required or individual authorisations withdrawn. If the work is under contract, the remedy must be set out in the contract with sanctions applied at individual or company level.

3.3. Where contracts are let, fair access should be ensured by a procurement process. The services must be specified along with other relevant requirements such as ways of working, for example biosecurity protocols. Contracts must be worded carefully to serve the interests of both parties. The public sector should invest in specialist skills in procurement and contracts to ensure this.

3.4. The rigours of contracts and authorisations are not sufficient to ensure that transactional PPP is successful. The private partner must commit to deliver the contracted activities to the required standard, but the public partner must itself commit to regular and timely payment and set a fair price for the work done. Extracting the lowest possible cost through a tender process can result in a poor quality or unsustainable service and damage the private sector partners. The public partner must also be sensitive to the challenges facing their private sector partners, such as suppliers of counterfeit drugs or vaccines that remove demand for the activities under the PPP, especially if there is a failure of enforcement of national regulation. There should be a partnership approach to ensure that both parties achieve their projected benefits, with strong working relationships and regular communication between parties.



COLLABORATIVE PPP

4. Key issues for consideration when setting up a collaborative PPP

Collaborative PPP: Joint commitment between the public sector and end-beneficiaries, often producer associations, sometimes a consortium of **producer associations and a range of other interested private organisations such as veterinary associations**, to deliver mutually agreed policies/outcomes. Collaborative PPPs are often driven by trade interests, therefore often **jointly initiated and funded**, possibly with payment by commitment of resources other than cash. **Governance ranges from regulated by legislation (e.g. joint delivery programs, strong governance) to non-official agreement (e.g. consultation on animal health policies, light-touch governance)**, and decision making is shared between the collaborating parties.

4.1. This type of PPP is usually focused on mutually agreed outcomes, such as improving productivity, achieving disease-free status, securing export opportunities or developing better regulations, rather than services. The resource commitment of the private sector partners varies and for example may not extend beyond staff time. Lightweight collaborative PPP may provide a helpful stepping stone, building relationships to enable further PPPs requiring greater levels of commitment in future.

4.2. The potential for this type of PPP may be limited by the lack of representative bodies or their limited capability to engage with the public sector. However, initiating a lightweight form of this type of PPP may provide the stimulus for representative bodies to be created and to gain support and influence.

4.3. To be successful, there must be co-construction of the partnership with mutual respect, avoiding an assumption of primacy by either the public or private sector, and thus building trust. There must be a meaningful outcome such that the input of the private sector is seen to have had a positive impact.



TRANSFORMATIVE PPP

5. Key issues for consideration when setting up a transformative PPP

Transformative PPP: Establishing sustainable capability to deliver otherwise unattainable major programmes. **Often initiated by the private sector** but sanctioned by, and working with, the national Veterinary Services. **Funded by national or multinational private sector companies** (possibly initially enabled by international development assistance, national/international or the philanthropic/charitable sector) to achieve long-term sustainable business returns and/or a public good commitment of the private partner. **Joint governance, such as MoU, with the public partner.**

5.1.This type of PPP has great potential but may be challenging for public sector partners because of the potential challenge to traditional ways of working. The partnership must ensure that the public sector is able to retain responsibility and discharge their statutory and political mandate whilst enabling the benefits offered by private sector involvement.

5.2. Public and private sector executive leaders must be advocates and champions and will need to be supported and briefed to do so. Public and private sector teams need to work together and learn from each other and the project should include opportunities and mechanisms to facilitate this. Individual leaders and relationships are crucial. Continuity and succession planning will be important to maintaining successful projects.

5.3. Where there is support from catalysers, both public and private sector partners should plan for the project to be sustainable when that funding is withdrawn, for example payment for services by livestock owners once the project has improved their income. Ideally this should be planned in advance, but if not the issue should be reconsidered at each evaluation point.

Table of annexes

ANNEX 1: Key benefits and impact of PPPs in the veterinary domain

ANNEX 2: Writing a successful business case

ANNEX 3: References for Project Management Practice

ANNEX 4: Fact sheets describing case examples

Annex 1

Key benefits and positive impacts of PPPs in the veterinary domain (as reported from WOAH 2017 PPP survey)

Key word benefits	Detailed benefits	Related IMPACTS
Profit / revenues	Improved private incomes; national and local economy growth	ECONOMY(a), SOCIETAL (e)
Market access	Increased market demand; Increased market access	ECONOMY (a), BUSINESS (c)
Production Food security	Increase in productivity, protein access	ECONOMY (a), SOCIETAL (e), HEALTH (d)
Disease control Food security	Reduced mortality and production losses	HEALTH (d), ECONOMY (a)
Competences	Improved competences	TRUST (b)
Improved service quality, collaboration	Improved quality of the products delivered and/or performances of the action implemented (production; vaccine delivery; surveillance)	TRUST (b)
Synergies, optimization/efficiency	Quiet time PPP favoring emergency actions and collaborations	TRUST (b)
	Synergies of public and private strategies. Optimal use of resources for both sectors	BUSINESS (c), TRUST (b)
Individual and business confidence	Improved confidence (lower risks and stress; safer employment)	BUSINESS (c), TRUST (b), SOCIETAL (e)
Better regulation	Ensure proper and efficient regulation of both private and public activities and prevent risks for both sectors	BUSINESS (c), TRUST (b)
Women empowerment Livelihood, including through employment	Improved livelihood, school access for children, women and youth empowerment	SOCIETAL (e), HEALTH (d), ECONOMY (a)

Annex 2

Writing a successful business case

A **business case** is a document which aims to justify an investment in time or money into a new project. It is written by a team or individual to convince its hierarchy of the project usefulness for the department, the company or the relevant overarching structure. It is a **tactical document,** focused on a short-term opportunity, in comparison with the business plan which is more global, strategic and longer term.

It is meant to be a **concrete, precise and concise document,** focused on the relevant information to drive a go/no go decision.

In the case of supporting the development of Public-Private Partnership (PPP) in the veterinary domain, the following elements could be considered:

Executive summary

A clear and concise formulation of the recommendation and decision to be taken.

1. The case for developing the Public-Private Partnership

This introductory section focuses on the strategic imperatives and elements of the environment that converge towards the need to develop a PPP.

2. What is the problem?

This section sets out which specific services in the veterinary domain the PPP would deliver and how this would improve on the current situation. For example, animal health services that are currently not provided at the necessary level and the opportunities from change for the department, company or relevant overarching structure.

3. What do we want to achieve?

This section puts forward the relevant benefits and long-term impacts (economic, societal, public health, etc.) to be gained from the PPP and provides a few measurable outcomes to be expected.

4. Why partner with the public partner / private partner identified in the PPP?

Here you explain the choice that was made regarding which partner from the other sector (public or private) you have elected to engage with and preliminary reactions if already obtained.

5. The solution: the proposed PPP mechanism

This section succinctly describes the key elements of the PPP: which services/activities are targeted in the veterinary domain, what input from both parties (in-kind and financial), cost-benefit analysis, which governance mechanism, risk mitigation, expected results, etc.

6. How can you help?

This chapter concludes with the request (the “ask”) to the decision-maker targeted by the business case. It focuses on the desired actions and necessary human and financial resources to invest in support to the PPP development.

Annex 3

References for Project Management Practice

- **A Guide to the Project Management Body of Knowledge (PMBOK® Guide):** Project Management Institute's flagship publication and a fundamental resource for effective project management in any industry. It has been updated to reflect the latest good practices in project management.
  See https://www.pmi.org/pmbok-guide-standards/foundational/pmbok

- **Harold Kerzner:** Project Management: A Systems Approach to Planning, Scheduling, and Controlling. See https://www.amazon.fr/Project-Management-Approach-Scheduling-Controlling/dp/1119165350/ref=dp_ob_title_bk

For more reading:

Please review the following article:
https://project-management.com/top-10-best-project-management-books-to-keep-within-reach/

Or consult the following presentation on Project Management Essentials from the World Bank Group:
https://olc.worldbank.org/sites/default/files/Project%20Management%20Essentials%20Materials_0.pdf

Annex 4

Fact sheets describing case examples

CASE EXAMPLE #1: Livestock vaccination and the Sanitary Mandate in Mali

CASE EXAMPLE #2: Eradication and control of FMD and brucellosis in cattle in Paraguay

CASE EXAMPLE #3: Poultry production in Ethiopia

CASE EXAMPLE #4: Developing the National Information System – ISIKHNAS in Indonesia

CASE EXAMPLE #5: Application of Compartmentalisation in the UK

CASE EXAMPLE #6: Engaging private sector Veterinary Paraprofessionals (paravets) in partnership with the public sector for the National control of animal diseases in Afghanistan through a Sanitary Mandate contract scheme

CASE EXAMPLE #7: Sanitary Mandate in Tunisia

CASE EXAMPLE #8: Animal Health Australia

CASE EXAMPLE #9: Emergency animal health fund for Foot and Mouth Disease in Namibia

CASE EXAMPLE #10: Facilitating mass access of veterinary vaccines & products to scale-up backyard and smallholders farming in India

CASE EXAMPLE #11: Sidai Africa Ltd in Kenya

CASE EXAMPLE #12: Assessing the effectiveness of hatchery vaccination against avian influenza in Vietnam (CIRAD- VNUA- DAH – CEVA)

Case example #1:

Livestock vaccination and the Sanitary Mandate in Mali*

Brief description

For more than 20 years, Mali has established the Sanitary Mandate, by which private veterinarians are allowed to conduct activities delegated by the Veterinary Services, such as vaccinations against PPR or CBPP. In 2016, 544 professionals (including 157 mandated private veterinarians and their support staff) worked alongside 362 public veterinarians, therefore improving vaccination coverage of its livestock population, resulting in better animal health and food security. This is of critical importance in a country where livestock constitutes the main means of subsistence for over 30% of the population.

PPP category: Cluster 1 - Transactional

Dates of implementation: Ongoing for more than 20 years

Public partner: Veterinary Services

Private partner: Private veterinarians and the Veterinary Statutory Body

Key challenges and lessons learnt

Shortage of relevant skills, lack of training and limited resources are threatening the sustainability of the activities and the partnership.

* This fact sheet summarises the PPP initiative, outputs, outcomes and impacts as described by the WOAH Delegates and private partners in res-ponse to the WOAH survey in 2017 or during subsequent consultation in 2018 and 2019. The benefits and impacts described therefore reflect their views.

PUBLIC INPUT

- **Legislative responsibility.**
- **Technical expertise.**
- **Personnel.**
- **Paying the private vets to administer vaccination.**

PRIVATE INPUT

- **Personnel.**
- **Technical expertise.**
- **Funding: material and human resources.**



PUBLIC-PRIVATE PARTNERSHIP
Governance Mechanism: Sanitary Mandate contract/legislation

Results for the public sector

Results for the private sector

OUTPUT

Definition of the vaccination strategies

362 public veterinarians involved.

Implementation of the vaccination against CBPP, PPR, Rabies, ND, avian influenza.

OUTCOME

Disease control: Increased livestock vaccination coverage and better control of preventable livestock diseases.

Production: Reduced risk and impact of preventable livestock diseases, leading to greater productivity.

Employment: Private jobs supported (544 people, including 157 mandated private veterinarians and 387 livestock technicians and livestock technical officers).

IMPACT

Public HEALTH: Better food security through improved animal production.

TRUST: Private producers satisfied with the vaccination programmes and supportive of the Veterinary Services.

National ECONOMY: Livestock ensure subsistence of 30% of the population, represent 80% of the revenue of the rural population and 20% of the country total export revenue.

TRUST: Satisfaction of private producers with both public and private elements of the Veterinary Services. Good collaboration between private vets and the public Veterinary Services.

BUSINESS: Improved income for the private veterinarians.

Case example #2:

Eradication and control of FMD and brucellosis in cattle in Paraguay*

Brief description

The collaboration between the Veterinary Services of Paraguay (SENACSA) and cattle producers through the Foundation of Animal Health Services (FUNDASSA) was initiated in 2003 to strengthen vaccination, certification and registration within the national program for eradication of FMD and control, prevention and eradication of brucellosis. FUNDASSA coordinates, co-develops and implements those strategies with the official authorization of SENACSA. This PPP has allowed Paraguay to reach FMD-free status with vaccination and opened export markets. Today, livestock contributes 12% GDP and employs 17% of the active population. The export of meat, offal and meat by-products has earned over $1.2 billion.

PPP category: Cluster 2 - Collaborative

Dates of implementation: Ongoing since 2003

Public partner: Servicio Nacional de Calidad y Salud Animal, SENACSA

Private partner: Fundacion de Servicios de Salud Animal, FUNDASSA

Key challenges and lessons learnt

The PPP has a strong governance, with the cooperation agreement stipulating the type of relationship between the parties, the roles for each in relation to the Public Private Association and the activities inherent to each sector. Possible overlap or confusion of roles requires on-going dialogue and monitoring by public sector, while the private sector keeps close monitoring of costs to the livestock producers. There is also a need for greater specialization of the personnel involved and subsequent training.

* This fact sheet summarises the PPP initiative, outputs, outcomes and impacts as described by the WOAH Delegates and private partners in res-ponse to the WOAH survey in 2017 or during subsequent consultation in 2018 and 2019. The benefits and impacts described therefore reflect their views.

PUBLIC INPUT

- **Regulatory.**
- **Responsibility** (regulation and oversight).
- **Personnel.**

PRIVATE INPUT

- **Personnel.**
- **Technical expertise.**
- **Implement vaccination campaigns and registration.**
- **Funding** (services paid by producers).



PUBLIC-PRIVATE PARTNERSHIP

Governance Mechanism: cooperation agreement

Results for the public sector

Results for the private sector

OUTPUT

Strengthening the organization and execution of vaccination tasks and vaccination certification.

14 millions animals vaccinated (after 3rd round of vaccination in 2016).

4195 personnel employed (Executives, Veterinarians, Vaccination Certifiers and administrative staff).

OUTCOME

Reliability and Robustness of the vaccination system, related to better compliance with the sanitary provisions by ranchers - Increased livestock vaccination coverage. Country FMD free status with vaccination maintained.

Exponential increase of the trained personnel capable of carrying out effective vaccination.

Greater proportion of cattle population protected from FMD, less risk of production losses, greater confidence in cattle sector.

Increased access to export markets for beef.

IMPACT

ECONOMY: Livestock contributes 12% of GDP, employs 17% of the economically active population (about 578,000 people on average), and generates exports worth over $1.2 billion.

TRUST: Joint search of Goals and Objectives that benefit the Livestock Sector and the Country.

BUSINESS: Increased private revenue.

TRUST: Harmonious relationship between the Public and the Private Sectors (Cattle Ranchers association). Participation and empowerment of the productive sector (Livestock Producers) in the execution of animal health programs.

Case example #3:

Poultry production in Ethiopia*

Brief description

Smallholder poultry production creates wealth, empowers women and youth, and improves family nutrition. In Ethiopia, 60% smallholder farmers are engaged in poultry keeping (85% of whom are women), but these farmers lack access to improved genetics, balanced feed, vaccines and training. Ethiochicken produces quality chicks, affordable feed, and provides robust farm management training for rural farmers, thereby driving gains in productivity, empowering women and youth, and creating a more stable and diverse supply of protein at household level. Ethiochicken agents reach smallholder farmers by partnering with government extension workers.

PPP category: Cluster 3 - Transformative

Dates of implementation: Ongoing since 2010

Public partner: Ministry of Agriculture, National and regional offices

Private partner: Ethiochicken company

Key challenges and lessons learnt

This PPP has allowed the increase in chicken production in Ethiopia, however Ethiochicken needs foreign currency to import quality DOC Parent Stock, animal health products and feed; this is threatening the sustainability of the model and this aspect should be considered in the partnership with the Government.

* This fact sheet summarises the PPP initiative, outputs, outcomes and impacts as described by the WOAH Delegates and private partners in res-ponse to the WOAH survey in 2017 or during subsequent consultation in 2018 and 2019. The benefits and impacts described therefore reflect their views.

PUBLIC INPUT

- **Material Resources:** Government chicken production farms, vaccines. Financial loan as start-up money for youth and women.
- **Staff:** Development agents (DAs) (Woreda and Kebele levels).
- **Local network** (between DAs and farmers).

PRIVATE INPUT

- **Material resources:** quality vaccines and feed supply (sourced internationally and locally); improved chicken genetics (imported).
- **Capacity building:** training of public sector staff and farmers on poultry production and health.

PUBLIC-PRIVATE PARTNERSHIP

Governance Mechanism: Contracts with regional governments

	Results for the public sector	Results for the private sector
OUTPUT	DAs deliver Day Old Chickens (DOCs) to agents and 45 day reared chickens to farmers. DAs train farmers in poultry health and production.	Quality DOCs produced. Quality animal health products and feed supply sourced and made available in Ethiopia. Agents (45 day old chicken growers) and DAs trained in poultry health and production.
OUTCOME	**Disease control:** Improved vaccine coverage and lower mortality of chickens. **Production:** Increased productivity of chicken production in Ethiopia.	**Improved service quality:** Ethiochicken quality chickens are produced by agents and finished by farmers using quality medicines and feed supplements. **Employment:** Private jobs are created in some regions to support DAs work.
IMPACT	**Public HEALTH:** Cheap protein is accessible. **SOCIETAL:** Employment opportunities and job creation. **TRUST:** Improved trust between farmers and Veterinary Services due to improved competences.	**BUSINESS:** More private revenue as Ethiochicken and smallholder incomes increase. **SOCIETAL:** Quality of life for smallholder farmers is improved. **TRUST:** Improved trust of consumers in quality of chicken produced.

Case example #4:

Developing the National Information System – ISIKHNAS in Indonesia*

Brief description

Developed in 2012, ISIKHNAS provides a reporting facility that connects farmers or district animal health workers with local officials to report illnesses in livestock so they can receive treatment immediately and reduce losses. Currently registering more than 3 million private producers, ISIKHNAS allows reporting so that all data can be analysed for better decision making by the Government. Farmers and private veterinarians are enrolling voluntarily to the system because of the benefits it gives them (e.g. improved health services, improved capacities and increased trust, productivity data). Currently the system is fully sustained within a PPP between the Indonesian government incurring the running cost and a private Indonesian IT company (PT. Lentera Prevalensi Nusantara) ensuring its maintenance. Catalysing funding was initially provided by Australian Development Aid and an Australian consultant (Ausvet) was hired to develop the system.

PPP category: Combined elements of both Cluster 2 – Collaborative - and Cluster 3 - Transformative

Dates of implementation: Ongoing since 2012

Public partner: Directorate General of Livestock and Animal Health

Private partner: Farmers and private companies

Key challenges and lessons learnt

Communication and trust between farmers and the Government are essential and need to be continuous. A robust program and good leadership play a key role in building this trust with farmers. Currently the IT system is fully funded by the Government, however the possibility to share budget with large private producers is being explored to ensure its long term sustainability.

* This fact sheet summarises the PPP initiative, outputs, outcomes and impacts as described by the WOAH Delegates and private partners in res-ponse to the WOAH survey in 2017 or during subsequent consultation in 2018 and 2019. The benefits and impacts described therefore reflect their views.

PUBLIC INPUT

- **Funding for development, operation and maintenance of the system.**
- **Human resources:** champions/trainers
  Technical expertise to run the system and train private users.

PRIVATE INPUT

- **Funding (reporting cost).**
- **Enrolled and trained users.**
- **Maintenance of technical expertise.**

PUBLIC-PRIVATE PARTNERSHIP

Governance Mechanism: governed by decree

	Results for the public sector	Results for the private sector
OUTPUT	Operational data collection system and central database for disease surveillance and animal production. Pilot implementation in 3 districts. Champions trained as trainers on how to use and maintain the system (around 50).	Users trained by Champions. Users have real time access to the revelant information on animal disease and production. Users can request specific information to fit their needs.
OUTCOME	**Improved service quality:** System operational in 94% of the country 10000 veterinarians or para-vet users. **Disease control:** Real time reporting of disease events and animal production variables leading to improved control of infectious and productivity diseases. 0$ donor funding for routine operation (sustainability). 30 information modules including priority diseases.	**Improved collaboration:** More than 3 million farmers enrolled. 60000 data items generated every day (2 SMS per second). **Production:** 30 information modules including farm productivity and artificial insemination.
IMPACT	**ECONOMY:** Livestock accounts for more than 3% of the national economy (GDP) and employs 35% of the population; the system has allowed cattle production in Indonesia to increase. **TRUST:** Improved trust between farmers and local Veterinary Services. Better services delivered through the PPP address the needs of the farmers who provide data of national benefit. **BUSINESS environment:** Broader information source for better policy and regulation.	**BUSINESS (private profits):** Increased income for enrolled users through better health, production management and improved performance and productivity. **TRUST:** Improved trust between farmers and local Veterinary Services. Better services are delivered through the PPP so that farmers benefit directly from using the system.

Case example #5:

Application of Compartmentalisation in the UK*

Brief description

Incidents of Avian Influenza (AI) in poultry can cause importing countries to ban the exports of poultry and poultry products from the whole territory of affected countries, despite provisions for zoning and regionalisation in the *Terrestrial Code*. From 2005 to date, this has had a major impact on UK poultry companies that produce breeding stock of high genetic value – day old chicks and hatching eggs – for export worldwide. The total value to UK based companies of UK breeding stock exports was £200m in 2017. A rough estimate of the financial impact of AI outbreaks in the UK in 2006-8 was 10% loss of expected income to affected companies per year. This was after adapting to supply breeding stock from non-UK sources, so the impact on the UK business alone was proportionately greater. As the UK is one of the two major global suppliers of replacement breeding stock, export restrictions on the UK also damage the poultry sector in importing countries through delays and increased costs. Compartmentalisation in line with Chapter 4.3 of the WOAH *Terrestrial Animal Health Code* was developed to assure UK trading partners that their animal health requirements are met, even if AI virus has been identified on UK territory, and enable supplies to continue.

PPP category: Cluster 2 – Collaborative

Dates of implementation: First compartment approved by Defra in April 2010

Public partner: Department for Environment, Food and Rural Affairs (Defra): Animal and Plant Health Agency (APHA)

Private partner: Aviagen UK Ltd. Cobb UK Ltd

Key challenges and lessons learnt

This project benefited from the clarity of outcome – meeting the standard set by the WOAH. Protocols developed in partnership have joint buy-in and are sustainable, however compartmentalisation demands a strong and consistent focus on biosecurity that costs money and management effort. One of the key challenges is to main-tain the public sector independence and responsibility for negotiating of approval of compartments and export certification, whilst working in partnership to achieve the high biosecurity standards needed. In this case, joint governance and commitment was essential, whilst separation, and thus potential friction, was necessarily main-tained at technical implementation level.

* This fact sheet summarises the PPP initiative, outputs, outcomes and impacts as described by the WOAH Delegates and private partners in res-ponse to the WOAH survey in 2017 or during subsequent consultation in 2018 and 2019. The benefits and impacts described therefore reflect their views.

PUBLIC INPUT

- **Technical expertise:** explaining the WOAH requirements to the private sector; checking and improving private sector biosecurity protocols to meet the WOAH standard.
- **Technical expertise:** Initial approval and regular audit of biosecurity at compartments.
- **Personnel:** promotion and negotiation of bilateral agreements accepting compartmentalisation.
- **Technical expertise:** certification for exports.

PRIVATE INPUT

- **Technical expertise:** developing practical and achievable biosecurity protocols to meet the WOAH standard.
- **Financial:** support to UK promotion of the principle of compartmentalisation applied to avian influenza. Maintaining additional biosecurity, surveillance and testing to conform with rules of the scheme.

PUBLIC-PRIVATE PARTNERSHIP

Governance Mechanism: Export certification user group - joint committee to agree priorities and action to support exports

Results for the public sector		Results for the private sector
Confidence in biosecurity protocols jointly developed with the poultry sector that enable approval of compartments and export certification. **Expertise in application of compartmentalisation.**	OUTPUT	**Improved biosecurity protocols** at high level breeding farms. **High value breeding poultry farms** approved as compartments in line with Chapter 4.3 of the WOAH *Terrestrial Animal Health Code*.
Exports of high value breeding poultry from approved compartments maintained in the face of AI outbreaks in the UK. **Reduced business and political concern** and pressure on Defra/APHA to overturn country-level export bans. Local **employment** in major poultry breeding farms maintained and more secure.	OUTCOME	**Exports of high value breeding poultry** from approved compartments maintained in the face of AI outbreaks in the UK. **Profits maintained/losses avoided.** when AI cases occur in UK. Able to fulfil contracts with trading partners and avoid animal welfare implications of not being able to export chicks once they hatched. **Reduced risk that breeding operations have to be moved from the UK.**
TRUST: Successful assured compartmentalisation through PPP increases UK reputation on animal health and underpins exports to key markets during times when country disease freedom status is lost. Improved relationship with private poultry sector. **Stronger national ECONOMY:** Major international poultry companies choose to remain in the UK, boosting local employment and GDP.	IMPACT	**TRUST:** Improved relationship with Defra/APHA, focused on shared technical understanding, addressing problems and with potential to develop. **Reduced BUSINESS risk:** Security of investment in high value breeding stock in the UK and ability to give clients confidence in supply.

Case example #6:

Engaging private sector Veterinary Paraprofessionals (paravets) in partnership with the public sector for the National control of animal diseases in Afghanistan through a Sanitary Mandate contract scheme*

Brief description

A Sanitary Mandate contract scheme with private Veterinary Field Units (VFUs) has been established in Afghanistan for disease reporting, sample collection and transportation to veterinary laboratories for diagnosis, vaccination of animals for WOAH notifiable diseases and implementation of passive and active surveillances for these notifiable diseases. The Sanitary Mandate contract scheme has been the platform for a partnership to bring the country into stage 2 of the progressive control pathway for PPR control and eradication, as outlined in the FAO and WOAH Global Strategy, and with nomadic pastoralists being identified as the primary target group following a risk assessment approach. Under this part of the Sanitary Mandate contract, the public sector was in partnership with paravets to conduct vaccination campaigns with an agreed payment for the services performed, based upon specific deliverables.

PPP category: Cluster 1 - Transactional

Dates of implementation: Ongoing since 2010

Public partner: Ministry of Agriculture, Irrigation and Livestock

Private partner: Dutch Committee for Afghanistan (DCA), Relief International, Agha Khan Foundation, Madera (Mission d'Aide au Développement des Economies Rurales en Afghanistan)

Key challenges and lessons learnt

The system needs regular and stable funds and a good evaluation system (need for a feedback mechanism in place). The quality, available quantity and proper storage of vaccines, together with a general lack of awareness, are key challenges. Lessons learned pertain to the greater accessibility of pastoralists through the private sector, and the joint monitoring and coordination between both public and private sectors at all levels: national, regional, provincial, and district.

* This fact sheet summarises the PPP initiative, outputs, outcomes and impacts as described by the WOAH Delegates and private partners in res-ponse to the WOAH survey in 2017 or during subsequent consultation in 2018 and 2019. The benefits and impacts described therefore reflect their views.

PUBLIC INPUT
(regulatory and operational)

- **Funds** (40%; the rest is from catalysers, e.g. Government of Japan, World Bank, EU).
- **Regulatory.**
- **Training; Laboratory.**
- **Technical expertise Personnel;** collecting information.

PRIVATE INPUT

- **Use of premises and facilities** such as training centers.
- **Technical expertise and personnel** (358 VPPs engaged).
- **Use of equipment and provision of materials and supplies.**



PUBLIC-PRIVATE PARTNERSHIP
Mechanism: Sanitary Mandate Contracting Scheme

Results for the public sector		Results for the private sector
Preventive vaccination against PPR implemented/successful partnership for future interventions. Extension work undertaken as foreseen by public policies on animal health and production.	OUTPUT	12.5 million sheep and goats vaccinated from the Pastoralist community. Information generated on Health and Production parameters.
Improved quality: Quality data collected on time in the field and at cheaper price. **Improved disease prevention planning.** **Process and benefits of partnership** and the recommendations on PPP of the WOAH PVS (Performance of Veterinary Services) mission understood: strengthened capacity of National Veterinary Services (NVS) and improved animal health systems. **Improved reach, access and visibility** to communities of the NVS.	OUTCOME	**Improved collaboration and synergies:** More awareness of the roles of each sector. **Linkages built between other projects** in the private sector.
ECONOMIC (national): Optimal use of resources (cost-efficiency). **TRUST:** Reach, access and visibility to communities improved; good relations between private and public sector; best practices developed in collaboration with the private sector for policy development and implementation; good and on time service for farmers all over the country.	IMPACT	**BUSINESS (private profits):** Additional income for 358 private sector service providers (VFUs) enables a more financially sustainable service delivery model. **TRUST:** A stronger partnership mechanism developed and understood with public sector; improved communication and trust; systems for improved coordination established; good and on time service for farmers all over the country. Best practices developed in collaboration with the private sector for policy development and implementation. Collaboration and negotiation mechanisms strengthened.

Case example #7:

Sanitary Mandate in Tunisia*

Brief description

The Sanitary Mandate is an agreement between the Government Veterinary Services (GVS) and accredited private veterinarians. Yearly agreements are negotiated between the GVS and individual private practitioners represented by the Veterinary Statutory Body (VSB) and Veterinary Syndicate. The agreements provide for undertaking specific prophylactic programmes, planned and subsidised by government, in a defined area and under specified conditions. The vaccination is free of charge for farmers. The practitioner receives vaccines from the GVS. The mandated veterinarians are paid for the activity performed and controlled by government veterinary inspectors. The Sanitary Mandate initiative in Tunisia started on 2006 in 6 pilot governorates (provinces) and with 10 private veterinarians. There are over 260 mandated veterinarians today and numbers are predicted to increase further. The implementation of the Sanitary Mandate in the different zones was successful and the results are very satisfactory.

PPP category: Cluster 1 - Transactional

Dates of implementation: Ongoing since 2006

Public partner: Ministry of agriculture – General Direction of Veterinary Services

Private partner: Private veterinarians via the Veterinary Statutory Body (VSB and Veterinary Syndicate)

Key challenges and lessons learnt

Better veterinary services can be provided through coordinated efforts between Government Veterinary Services and non-governmental actors. Strong legislation is a key success factor. Key challenges relate to the inter-professional coordination of stakeholders (farmers, practitioners...). Sustainability is conditional on ongoing government financing, and expansion would be facilitated by the creation of a specific animal health fund.

* This fact sheet summarises the PPP initiative, outputs, outcomes and impacts as described by the WOAH Delegates and private partners in res-ponse to the WOAH survey in 2017 or during subsequent consultation in 2018 and 2019. The benefits and impacts described therefore reflect their views.

PUBLIC INPUT

- **Financial support** (budget for the remuneration of the private veterinarians; vaccine costs and supervision).
- **Legislation, strategy.**
- **Vaccines and biological tools.**
- **Personnel and Training.**

PRIVATE INPUT

- **Expertise** (how to vaccinate).
- **Material resources** (cars, syringes, etc.).
- **Breeder advice and awareness.**

PUBLIC-PRIVATE PARTNERSHIP

Governance Mechanism: Sanitary Mandate contract

	Results for the public sector	Results for the private sector
OUTPUT	Increased number of vaccinated animals. Number of declarations of notifiable diseases. Decreased vaccination cost per animal.	Quality of service. Number of veterinary practices.
OUTCOME	**Improved service quality:** Vaccination coverage against notifiable diseases has steadily increased, e.g. from 48% in 2006 to 75% in 2018 for FMD in small ruminants; the duration of vaccination campaign has been considerably shortened: 60 days with the private sector against 120 days for the public sector alone. **Efficiency:** Cost-benefit of vaccinations ($0.045 gain/vaccinated animal according to CIRAD analysis). **Disease control:** The establishment of effective surveillance measures for early detection and rapid response to animal disease outbreaks, resulting in better control of animal diseases.	**Improved service quality:** Restructuring veterinary personnel through privatisation; wider geographical veterinary network as practitioners are encouraged to establish in rural areas. **Synergies, optimisation:** Influence of the private veterinary sector on decision-making.
IMPACT	**Public HEALTH:** Through improved animal health and livestock production. **TRUST:** Close cooperation between the three players in animal health – official Veterinary Services, private veterinarians and breeders. **SOCIETAL:** Employment opportunities for young, recently graduated veterinarians.	**BUSINESS:** Better income for breeders (quality service for a lower cost) and for private practitioners (additional income from mandated activities, as well as further opportunities to sell additional services and technical support to breeders). **SOCIETAL:** The Sanitary Mandate has encouraged young veterinarians to settle in private practices in rural areas. The number of practices has increased from 219 in 2006 to 609 in 2018.

Case example #8:

Animal Health Australia*

Brief description

Animal Health Australia (AHA) is a not-for-profit public company that facilitates innovative partnerships between multiple levels of government, livestock industries and other stakeholders to protect animal health and the sustainability of Australia's livestock industry. There are core programs funded by all members (as described below) however, there are also programs funded by and carried out on behalf of subsets of members (e.g. government only, industry only and government industry partnerships e.g. National Arbovirus Monitoring Program and the Foot-and-Mouth Disease vaccine bank).

PPP category: Cluster 2 - Collaborative

Dates of implementation: Ongoing since 1996, when AHA was incorporated under Australian Corporations Law

Public partner: Commonwealth, state (5) and territory (2) departments of agriculture. Additionally AHA has service providers (the Australian Veterinary Association and CSIRO – Australian Animal Health Laboratory) and associate members (e.g. industry research and wildlife organisations)

Private partner: Producer associations for the majority of Australia's animal industries – covering intensive (poultry meat and eggs, dairy, pigs and feedlots), extensive productions (cattle, sheep meat, wool, goats and alpacas) and equestrian (thoroughbred racing, harness racing, recreational and equestrian sports)

Key challenges and lessons learnt

The partnership requires ongoing funding commitment from and the good will of members. The AHA model embodies the concept of the shared responsibility for biosecurity across the spectrum of preparedness and response activities and this concept now underpins Australia's national and jurisdictional biosecurity legislation. Continued support from government, industry representatives and farmers is essential. Key challenges include:

- Ensuring financial sustainability through industry challenges and changes of government;
- Demonstrating value when Australia has infrequent emergency animal disease incidents;
- Gaining common agreement, which can be time consuming;
- Preserving a wide/adequate membership to provide a critical mass of stakeholders which allows identification and addressing of critical biosecurity issues that have impacts across industries and jurisdictions.

* This fact sheet summarises the PPP initiative, outputs, outcomes and impacts as described by the WOAH Delegates and private partners in res-ponse to the WOAH survey in 2017 or during subsequent consultation in 2018 and 2019. The benefits and impacts described therefore reflect their views.

PUBLIC INPUT

- **Members (Public and Private partners) fund AHA's activities through annual subscriptions** calculated on a formula using the gross value of production (GVP) of the industry or jurisdiction using a 3-year rolling average.
- **Members also contribute to committees, reference groups, working groups and forums.**

PRIVATE INPUT

- **Members (Public and Private partners) fund AHA's activities through annual subscriptions** calculated on a formula using the gross value of production (GVP) of the industry or jurisdiction using a 3-year rolling average.
- **Members also contribute to committees, reference groups, working groups and forums.**

PUBLIC-PRIVATE PARTNERSHIP

Governance Mechanism: Independant Company governed by a skills-based board of directors with the members as shareholders each having equal voting rights.

Results for the public sector

OUTPUT

Agreed EAD response strategies (AUSVETPLAN).

Maintenance of the Emergency Animal Disease Response agreement (2002).

Emergency Response training so members understand policies, legal requirements and roles and responsibilities in an EAD.

Biosecurity and animal welfare standards.

Surveillance data.

Communication and partnership activities.

OUTCOME

Strong productive relationships and information flow.

Minimise the risk of EAD occurrence.

Prompt notifiable disease detection.

Ability to respond quickly and effectively to an EAD incident while minimising uncertainty over management and funding arrangements.

Animal health: enhanced, strengthened and protected.

Evidenced based policy development and decision making.

International confidence in the capacity of Australian animal health services.

IMPACT

National ECONOMY: Resilient and sustainable Australian livestock industries. Improved market access and trade.

TRUST: Stronger relationships throughout the production and value chain enhancing the effectiveness of Government veterinary services.

Results for the private sector

OUTPUT

Agreed EAD response strategies (AUSVETPLAN).

Maintenance of the Emergency Animal Disease Response agreement (2002).

Emergency Response training so members understand policies, legal requirements and roles and responsibilities in an EAD.

Biosecurity and animal welfare standards.

Surveillance data.

Communication and partnership activities.

OUTCOME

Strong productive relationships and information flow.

Minimise the risk of EAD occurrence.

Prompt notifiable disease detection.

Ability to respond quickly and effectively to an EAD incident while minimising uncertainty over management and funding arrangements.

Animal health: enhanced, strengthened and protected.

Evidenced based policy development and decision making.

International confidence in the capacity of Australian animal health services.

IMPACT

BUSINESS: Improved market access and trade -Resilient and sustainable Australian livestock industries.

SOCIETAL: Ability of Members to work together to achieve a common outcome. Members have a high level of involvement in the management of all activities and have formal input to the development of company annual and strategic plans through numerous avenues.

Case example #9:

Emergency animal health fund for Foot and Mouth Disease in Namibia*

Brief description

Public-Private Partnership allowed the development of an emergency animal health fund which could be mobilized during an FMD outbreak in 2015. As an emergency response, the Meat Board of Namibia (MBN) could quickly mobilise funds to assist the Directorate of Veterinary Services (DVS) to immediately set up disease control measures (procurement of control equipment and material). Through the platform of the Animal Health Consultative Forum, of which the MBN is the secretariat, the MBN also assisted the DVS through: awareness campaigns country-wide; the appointment of expert consultants in disease control and diagnosis; appointing and coordinating veterinarians to conduct post vaccination sero-surveys; provision of rations to temporary staff manning road blocks; and coordinating, via the farmers associations, the assistance of farmers bordering the Veterinary Cordon Fence to patrol, maintain and repair the fence where necessary (continuously assisting DVS with repairing and maintenance of the fence in areas where elephant movement regularly occur).

PPP category: Cluster 2 - Collaborative

Dates of implementation: Ongoing (long term); (mobilised from July to December 2015)

Public partner: DIRECTORATE VETERINARY SERVICES

Private partner: MEAT BOARD OF NAMIBIA

Key challenges and lessons learnt

Overall, the strong Governance (MoU) defining the role of each partner is important, as well as a strong private involvement: the Meat Board is the secretariat of the Animal Health Consultative Forum (now called the Animal Health Committee) and also administers the Farm Assured Namibian Meat Scheme. Challenges reside in the practical implications of implementation of regulations and standards and possible over-regulation.

* This fact sheet summarises the PPP initiative, outputs, outcomes and impacts as described by the WOAH Delegates and private partners in res-ponse to the WOAH survey in 2017 or during subsequent consultation in 2018 and 2019. The benefits and impacts described therefore reflect their views.

PUBLIC INPUT

- **Technical expertise/contingency plan.**
- **Personnel and appointment** of temporary staff.
- **Emergency disease control measures.**

PRIVATE INPUT

- **Calling Animal Health Consultative Forum meeting** to establish case situation, needs and to coordinate and mobilise assistance.
- **Finances to amount of N$7,000,000 mobilised.**
- **Personnel assistance** (Manager Meat Standards).

PUBLIC-PRIVATE PARTNERSHIP

Governance Mechanism: Animal Health Consultative Forum; MoU

Results for the public sector		Results for the private sector
Availability of funds to implement measures. Support of producers.	OUTPUT	Fast action and containment of outbreak. Maintenance of export livestock and meat markets.
Disease control: Maintenance and improvement of FMD control status. **Improved collaboration, synergy:** Buy-in and support of the livestock and meat industry for implementation of disease control measures.	OUTCOME	**Profit, revenues:** Interests of the livestock and meat industry sustained.
National ECONOMY: Livestock sector contribute 3% to GDP. 70% of population dependent on livestock. Maintenance of trade. **TRUST:** Meat Board can inform but also assist DVS with implementation and compliance to market requirements.	IMPACT	**BUSINESS:** Maintenance of existing and entering new lucrative high value livestock and meat markets. Also more business opportunities through better synergy with Government objectives: Meat Board provides direction to the Industry through projections and observing.

Case example #10:

Facilitating mass access of veterinary vaccines & products to scale-up backyard and smallholders farming in India*

Brief description

Hester Biosciences Limited and GALVmed collaborated with Jharkhand State Livelihood Promotions Society (JSLPS) under the aegis of the Rural Development Department, Government of Jharkhand to create a sustainable supply chain of appropriate and affordable veterinary vaccines (thermo-tolerant ND vaccine-100 dose pack, PPR vaccine-25, 50 and 100 dose pack) and medicines in the state of Jharkhand in India. Under this partnership, 751 women service providers were trained. They vaccinated 995,700 birds against Newcastle Disease and 76,000 goats against PPR. Now Hester Biosciences Ltd is partnering independently with JSLPS to serve more areas of Jharkhand.

PPP category: Cluster 3 - Transformative

Dates of implementation: 1st January 2016 to 30th June 2017

Public partner: Jharkhand State Livelihood Promotion Society (JSLPS) under the aegis of Rural Development Department, Govt. of Jharkhand, India

Private partner: Hester Biosciences Limited

Key challenges and lessons learnt

It takes an immense amount of effort and resources to ensure that continuous work is happening with the community and the unorganized farmers, to show them the importance of this activity and to ensure sustainability. However, once the smallholder farmers see and feel the results in terms of nutritional uptake and thereby a monetary rise in earnings, the volumes of business will sustain the system.

Convincing this unorganized sector to take up vaccines was a key challenge. This was mainly due to the fact that it took some time for the results of the vaccination to show up.

* This fact sheet summarises the PPP initiative, outputs, outcomes and impacts as described by the WOAH Delegates and private partners in res-ponse to the WOAH survey in 2017 or during subsequent consultation in 2018 and 2019. The benefits and impacts described therefore reflect their views.

PUBLIC INPUT

- **Manpower-** Field staff and local women service providers.
- **Infrastructure in the field.**
- **Community mobilisation by the field team.**

PRIVATE INPUT

- **Capacity building programs** and training material to the staff and service providers.
- **Provision of cool boxes, refrigerators** to maintain the cold chain for the vaccines.
- **Appropriate products and support** to the distribution channel partners.
- **Consultancy visits.**

PUBLIC-PRIVATE PARTNERSHIP

Governance Mechanism: Hybrid approach (commercial and development)

	Results for the public sector	Results for the private sector
OUTPUT	Training of 751 women service providers in Jharkhand. Availability of appropriate veterinary vaccines, health and nutritional products in unserved areas. Increased awareness about prophylactic measures among backyard poultry and goat farmers.	Supply chain establishment of veterinary vaccines, health and nutrition products. Sales of ND and PPR vaccines. Sales of anthelmintic products.
OUTCOME	**Improved service quality:** Development of efficient veterinary service providers in rural and tribal areas. **Disease control:** Reduction in disease incidences of PPR and ND; low mortality of birds and goats that encouraged farmers to think seriously on prophylactic and management aspects. **Competences:** Increased number of veterinary service providers for proper training and skill development.	**Market access:** Continuous demand of products and services from large unorganized sector. **Improved service quality:** Encourage us to serve more with customized need-based products. **Disease control:** Vaccination of 995,700 birds against Newcastle Disease and 76,000 goats against PPR.
IMPACT	**National ECONOMY:** A rise in the interest of smallholder farmers to increase the numbers of animals and birds lead to **socioeconomic development.** **Public HEALTH - Food security:** More birds and goats within the households led to increased consumption of protein. **Public health:** Safe food from animal source for all; better quality protein in terms of meat and egg. **SOCIETAL - Poverty reduction:** Increased poultry and goat population that improved financial status of the poor livestock farmers. **Women empowerment:** 751 women service providers trained.	**ECONOMY: Optimal use of resources** – Efficient utilisation of resources and inputs for sustainable livestock products. **BUSINESS:** Transformation of the unorganised livestock sector to organised livestock sector.

Case example #11:

Sidai Africa Ltd in Kenya*

Brief description

1 Sidai was contracted by county governments to provide vaccination services (mostly East Coast Fever – Infection Treatment Method (ECF-ITM) vaccination of dairy cows to be distributed to needy families).

2 Sidai was appointed by the Director of Veterinary Services (DVS) to carry out field trial of first batch of ECF vaccine produced by the African Union Centre for Ticks and Tick-Borne Diseases (CTTBD) Malawi after manufacturing site was moved from the International Livestock Research Institute (ILRI).

3 Sidai was invited by Marsabit County to support disease investigation of unknown camel disease in 2016.

4 Sidai was invited by Marsabit County to support the Rift Valley Fever outbreak investigation in 2018.

5 Sidai supports the DVS by providing internship positions to 30 new-qualified veterinarians/livestock technicians per year.

PPP category: Cluster 3 - Transformative

Dates of implementation: Ongoing since 2015

Public partner: Director of Veterinary Services, County governments of Migori, Elgeyo Marakwet, Isiolo, Marsabit and Wajir, Lake Basin Development Authority

Private partner: Sidai Africa (Kenya) Ltd

6 Sidai has been approved by the Kenya Veterinary Board as an authorized Continuous Professional Development (CPD) training provider.

7 Sidai was contracted by the county government of Wajir to supply insecticide in order to control vectors of Rift Valley Fever in 2018.

Key challenges and lessons learnt

Relationships are ongoing and MoUs are being developed and signed with several county governments. This type of PPP can be reproduced if the private sector is staffed by qualified professionals, committed to high professional standards. One of the key challenges is that payment from the public sector to private sector contractor can be delayed, placing strain on cashflow.

* This fact sheet summarises the PPP initiative, outputs, outcomes and impacts as described by the WOAH Delegates and private partners in res-ponse to the WOAH survey in 2017 or during subsequent consultation in 2018 and 2019. The benefits and impacts described therefore reflect their views.

PUBLIC INPUT

- **Funds for vaccination costs** (vaccines, logistics).
- **Liaison personnel.**
- **Stipend for interns.**

PRIVATE INPUT

- **Professional staff, vaccines, cold chain, equipment, vehicles, fuel etc.**
- **Laboratory facilities** for disease investigation.
- **Work placements** with local supervisor.
- **Professional staff** to provide training.

PUBLIC-PRIVATE PARTNERSHIP

Governance Mechanism: Signed contracts and regular meetings

	Results for the public sector	Results for the private sector
OUTPUT	Vaccinated cattle, protected against ECF, for needy families and gratitude from target families. Evidence to approve new ECF vaccine. Greater knowledge of camel diseases. Trained manpower with field experience and knowledge of business management.	Fast action and containment of outbreak. Maintenance of export livestock and meat markets.
OUTCOME	**Disease control:** Improved livestock disease control and farm productivity. **Competencies:** Improved awareness of camel disease; well-trained qualified manpower.	**Profit:** Increased revenue. **Employment** opportunities for ECF vaccinators. **Market access:** Increased brand awareness. **Competencies and production:** Increased knowledge of camel diseases will help to serve camel keepers better; pool of trained talent from which to recruit or select franchises.
IMPACT	**National ECONOMY:** Increased household incomes of Kenya's farmers. **SOCIETAL:** Employment opportunities with a growing pool of well-trained qualified manpower with experience of the private sector.	**BUSINESS and TRUST:** To grow the business and become the trusted partner of choice for county and national governments.

Case example #12:

Assessing the effectiveness of hatchery vaccination against avian influenza in Vietnam (CIRAD- VNUA- DAH – CEVA)*

Brief description

In 2013 CEVA Santé Animale, an international animal vaccine producing company, partnered with CIRAD, a French Agricultural Research Institute for International Development, to compare the effectiveness of different vaccination strategies against avian influenza using their EVACs© tool (a tool for the economic evaluation of vaccination strategies in animal health). The work, implemented in Vietnam in partnership with the Vietnam National University of Agriculture (VNUA) and in concertation with the Department of Animal Health (DAH), has modelled the predictive protection (vaccination coverage of the national flock) conferred by the different hatchery vaccination strategies. The partnership has disseminated the results of this study to decision makers to be considered in the elaboration of avian flu control strategy. In parallel, Ceva finalized the registration of its AI hatchery vaccine in Vietnam in 2016.

PPP category: Cluster 3 - Transformative

Dates of implementation: 2014 - 2015

Public partner: CIRAD (catalyser) - Vietnam National University of Agriculture (academic partner) - Department of Animal Health (decision maker), Vietnam

Private partner: CEVA Santé Animale

Key challenges and lessons learnt

This PPP has raised awareness of hatchery vaccination for AI control, its condition of implementation for a more productive and sustainable poultry industry. As AI is a regulated disease, PPP allows public decision makers and private actors to evaluate the most appropriate strategy according to the risk level and capacity of implementation.

* This fact sheet summarises the PPP initiative, outputs, outcomes and impacts as described by the WOAH Delegates and private partners in res-ponse to the WOAH survey in 2017 or during subsequent consultation in 2018 and 2019. The benefits and impacts described therefore reflect their views.

PUBLIC INPUT

- **Personnel and technical expertise.**
- **EVACs decision tool** (a tool for the evaluation of animal health vaccination strategy).
- **Local network and partnership.**
- **Capacity building:** training of public staff on evaluation of vaccination strategies.

PRIVATE INPUT

- **In-kind funding** (human resources and field work).
- **Funding for academic work.**
- **Access to private data and private producer network.**



PUBLIC-PRIVATE PARTNERSHIP

Governance Mechanism: Research collaboration contract

Results for the public sector		Results for the private sector
Report of AI vaccination strategy effectiveness in Vietnam. Training and open forum for Vietnamese researchers and public veterinarians on AI vaccination strategies.	OUTPUT	Mapping of the poultry production network. Stakeholder workshop on the effectiveness of different AI vaccination strategies (including small and large private producers).
Improved service quality: Recommendations on efficient AI vaccination strategies.	OUTCOME	**Synergies and collaboration:** Raise awareness of interest of hatchery vaccination technique among decision makers.
TRUST: Served as advocacy tool for AI vaccination.	IMPACT	**TRUST:** Improved trust between Ceva and Public sector.

Public-Private Partnerships Handbook

Guidelines for PPPs in the veterinary domain

12, rue de Prony, 75017 Paris, France
T. +33 (0)1 44 15 18 88
F. +33 (0)1 42 67 09 87
woah@woah.org
www.woah.org
© World Organisation for Animal Health (WOAH)
[09/2023]

World Organisation for Animal Health
Founded as OIE

In collaboration with

cirad

Supported by a grant from

Bill & Melinda Gates foundation