The Covid-19 pandemic spotlighted the deep connection between animals, humans, and the wider environment. As a result, the One Health approach has received increased political attention to solve some of the greatest health threats we face today, such as increasing zoonotic disease emergence, antimicrobial resistance (AMR), and food safety and security.

Yet underinvestment in animal health systems has led to critical shortages in animal health workforces, medicines and vaccines, barriers to service delivery and access, gaps in disease surveillance, and poor animal welfare.

This policy brief presents four key messages and recommendations related to the state of animal health systems in lower and middle income contexts (LMIC). These result from an analysis of data collected from open sources and interviews with donors, United Nations agencies and programmes, and non-governmental organisations.

**One Health**

An integrated, unifying approach that aims to sustainably balance and optimise the health of people, animals and ecosystems. It recognises the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent. The approach mobilises multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development.¹

**Animal health systems**

The organisation of people, institutions and resources that deliver healthcare services to animals and their owners. It includes animal health practitioners (veterinarians and veterinary paraprofessionals), veterinary medicines, surveillance and diagnostics of disease as well as the legal framework and financing of health services.²
1. **Strong animal health services are essential to sustainable development**

Effective animal health systems contribute to sustainable development. Communities across LMICs live closely with animals, which increases their vulnerability to the impact of poor animal health and welfare.

More than 75 per cent of emerging infectious diseases originate in animals. Just 13 of over 200 known zoonotic diseases affect more than 2 billion people and cause 2.4 million human deaths annually (not including COVID-19). Poor livestock care and misuse of antimicrobials in the animal health sector are a major contributor to growing global AMR. 

Many animal owners face threats to their income because of inaccessible quality animal health services, poor welfare, and animal death and disease.

Better animal health and welfare through quality animal health services is vital to global health security, livelihoods, and food security and safety. Livestock, including working animals, in good welfare also act as a buffer against climate shocks.

2. **Animal health services need better legislation, regulation and implementation**

Effective animal health interventions rely on a strong, competent, and appropriately resourced workforce. However, animal health practitioners have varying levels of qualification, including some with no practical training or qualifications. Animal health practitioner education does not always result in graduates meeting basic competencies.

Qualified animal health practitioners lack resources, transportation, and communication tools to effectively conduct their roles. Where there are low ratios of veterinarians per animal, veterinary paraprofessionals (VPPs), agrovets and community animal health workers (CAHWs) provide animal health and extension services.

However, they are often not regulated and communication between practitioners is limited. Communities cannot often access quality primary animal health services, which then affects their trust in these services and results in a lack of demand. Experiences with poorly skilled animal health practitioners may put them off using services.

Governments need to establish statutory bodies to effectively regulate practitioner education and the quality of practitioners. Registration of all animal health practitioners may boost their status, and will help to assess the size, type, and distribution of the animal health workforce. This data should be used to inform national workforce strategies to fill gaps.

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Surveillance of disease is vital to prevent outbreaks. This requires good communication between many different stakeholders. However, there can be lack of collaboration and data sharing between human health and animal health sectors.

National and international animal health systems databases are often decentralised across sectors and stakeholders, and are not always publicly accessible. The quality of the information in these databases depends on a skilled workforce and laboratory capacity. There may not be a sufficiently qualified animal health practitioner or a sufficiently resourced laboratory where a disease outbreak occurs. Diseases could spread undetected or not be diagnosed and reported.

Lack of response to outbreaks discourages farmers and animal health practitioners from reporting disease. Disincentives such as culling people's animals without compensation (where culling is the only available solution) needs to end. Low internet connectivity and lack of digital equipment and digital platforms are also barriers to reporting and response.

Irregular disease surveillance and an incomplete overview of disease prevalence and burden has a knock-on impact for the development of vaccines and medicines. It becomes difficult to make an investment case to the private sector if there is little evidence of the burden of a particular disease.

3. Communication and connection are key to One Health

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4. Animal health needs equitable status in One Health approaches

Although attention to One Health has increased, there remain significant policy and implementation gaps due to a lack of awareness of the public health and economic benefits of addressing animal and environmental health. While One Health has long been advocated for by the animal health sector, some public health stakeholders lack awareness of animal health’s role in global health and sustainable development. This leads to chronic underfunding of animal health systems and lack of resource sharing and decision-making powers.
Recommendations

Animal health must be enabled to play its part in combatting global health threats. The quality and control of animal health education, institutions, workforce, surveillance, vaccines and medicines need strengthening to deliver decent services for all.

This begins by developing appropriate legislation and regulatory frameworks. Better communication and data sharing across the One Health sectors is essential. Finally, communities must be included in animal welfare, disease prevention, and surveillance interventions. Governments, donors, and implementing agencies should invest in animal health to combat global health threats, and for food security, nutrition, climate resilience, and income security.

Support community engagement and access to services

- Build quality animal health services, particularly in rural and pastoral areas, to support people to better care for their animals. Co-design services with communities to meet their needs.
- Boost trust in services by providing animal health practitioners with sufficient resources, technical competence, and knowledge.

Increase and improve the animal health workforce

- Establish a veterinary statutory body to regulate animal health practitioners and meet WOAH competency guidelines for veterinarians, VPPS, and CAHWs.
- Assess the size, type, distribution, and level of training of the animal health workforce. Create a national workforce strategy for workforce recruitment, retention and development.
- Improve workforce data through the World Animal Health Information System (WAHIS) and Performance of Veterinary Services (PVS) Pathway. Invest in acting on the results.

Close the vaccines and medicines gap

- Enforce quality control to prevent substandard products from entering the market.
- Implement an essential veterinary medicines list. Where one does not exist, adopt the Brooke/World Veterinary Association list for livestock and the World Small Animal Veterinary Association (WSAVA) list for cats and dogs.
- Work with stakeholders, such as pharmaceutical companies and regulators, to ensure equitable access to medicines.

Improve animal disease surveillance

- Promote intelligence and data sharing across human health, animal health, and environment sector stakeholders at all levels, including: incentivising communities to report disease; improving data sharing protocols; standardising data indicators; and reporting requirements.
- Immediately report threats through the World Animal Health Information System (WAHIS). Report outbreaks in real time, even before a confirmed diagnosis, for better response.

Enhance collaboration for One Health

- Strengthen existing, and/or establish inclusive multilevel One Health platforms at national, subnational, and local levels.
- Provide flexible funding that promotes equitable decision-making power between human health, animal health, and other stakeholders.
- Include provisions to build strong animal health systems in any new international policies, funds, frameworks, conventions, etc. (e.g. a new pandemic accord) that include a One Health approach.

Full report at actionforanimalhealth.org
Contact us at external.affairs@thebrooke.org

With thanks to Praxis Labs.

Action for Animal Health calls for governments, donors, and implementing agencies to prioritise investment in animal health systems to operationalise One Health as a sustainable development strategy.