Report on Indaba 2019

The South African Veterinary Council (SAVC) hosted a successful Annual Indaba that was held on Thursday, 19 June 2019 at Pheasant Hill, in Centurion. The theme of this year’s Indaba focused on Primary Animal Health Care (PAHC) and its importance as a vehicle for delivering veterinary services to communities and to the agricultural sector as a whole. Different speakers and key stakeholders from various sectors were invited to participate in the Indaba.

The guest speaker, Mr Thabo Olivier, gave an inspirational presentation using a practical example of how gardening can be used to inspire hope and achievement. Thabo showed how there will always be hope if you are innovative and prepared to work. The power of a pumpkin seed was a good example of what can be achieved by planting one seed, through mentoring and sharing with others, can end up with trillions of pumpkins in six years. Thabo’s application of practical skills in gardening can also be learned and applied when implementing PAHC. In his approach to building resilience and food security, he talks earnestly about, “how to identify re-usable, waste, recycled and re-purposed material, how to plan and start a food garden, how to use recycled water, how to make organic compost, how to make organic pesticide, how to make a micro greenhouse, how to grow seedlings in waste material how to care for an urban food garden and how to harvest and preserve the produce. Thabo, in using King Moshoeshoe of the Basotho nation as an example of good leadership, he says leadership should be by the people, and for the people.

Dr Jacques van Rooyen, shared through a presentation that was played screen, demonstrated, how the ‘Herding-for-Health’ project operates and the role of herdsmen as the first line of defence within the disease cascade. By paying attention to the grazing, moving the cattle at the correct time and kraaling the cattle, the farmers could look after their cattle better and thus get better prices for them when slaughtering and selling the meat. Mobile abattoirs were set up to slaughter the animals. The ‘One Health’ concept is important as it brings together animals, humans and the environment.

Dr Thireshni Chetty, SAVC Councillor is an active proponent of community development. She presented the role of PAHC for Compulsory Community Service (CCS) veterinarians working in resource-poor areas. She raised key questions regarding the delivery of PAHC within the CCS program and also mentioned factors and role players that are important in the development of resource-poor areas e.g. agro-economists prediction for 2050, Department of Agriculture, Land Reform and Rural Development [DALRRD] budget, the role of the veterinary team in pathways out of poverty, food safety and food security, rural development, conflict and political instability. Dr Chetty believes the solution should be found in the National Veterinary Strategy, as this, according to her, equals PAHC + CCS. The different stages of veterinary care and costing were explained as follows: Primary health being defined as interventions before disease or injury (cheapest and easiest to implement immediately); and Secondary health, defined as interventions implemented after a disease has begun, before clinical signs are seen (increased cost to DALRRD). Tertiary health, interventions implemented after a disease is established (expensive and unrestraining).
The principles of practice in resource-poor areas encompass a number of issues such as effective communication, problem identification, identification of actual problem vs. perceived problem, problem and interdisciplinary approach; and focus is also on prevention and management by understanding the concepts of farm-to-fork, biosecurity, contextual advisory capacity, training and livestock owners vs farmers vs veterinary team vs other state departments. Dr Chetty concluded with a historical oversight of the legacy of apartheid and the difference between growth mind-set versus fixed mind-set.

Mr Titus Makgato, on behalf of the South African Association of Animal Health Technicians, presented on the role of animal health technicians [AHTs] in PAHC in rural areas pointing out the value of an AHT as a veterinary team member as being the first line of defence in preventing animal diseases in the country. Veterinary services depend on AHTs for accurate and timeous reporting and action for disease control. Without vigilance of AHTs, disease control will not be effective. In terms of Rule 2.14, AHTs render PAHC to resource-poor communities. The AHT profession is a competent and formidable force in ensuring delivery of PAHC in rural areas. Food security is an apex agenda of government’s National Development Plan and AHTs can play a role by improving the contribution of livestock to the rural poor. Livestock is a driving force for food security and sustainable development. AHTs are currently involved in PAHC via veterinary extension and awareness. They skill and empower rural farming communities, invest in prevention measures, keep a veterinary database, assess risk profiles, treat minor livestock ailments, collect samples, give advice and referrals, identify areas for community clinics for CCS vets as part of sterilization campaigns, and are also involved in vaccination for non-controlled animal diseases. The tools that are required for an effective PAHC programme are planning, resources, public, private partnerships, continuous training, education & professional development, teamwork. In conclusion, Mr Makgato stated that PAHC offers an excellent opportunity for direct interaction with rural communities and offers benefits such as enhancing accessibility and affordable services by poor rural farmers, as well as guaranteed sustainable outcomes of treatment by competent personnel as compared to services rendered by laypersons. It is a bridge to the existing gap for the need of veterinary services to disadvantaged and poor communities.

Dr Jubie Muller, a rural private veterinarian from Bergville, talked about the role of rural veterinarians in PAHC, highlighting the problems of communication and learning, as there is limited knowledge of disease prevention and understanding of disease outbreaks, veterinary treatment, appropriate shelter and nutrition of animals in the rural areas. A lack of awareness of animal needs, overgrazing and reading material in African languages on animal diseases also contributes to the problems of PAHC. To overcome these shortcomings, visual aids are used to explain the many facets of PAHC. Farmers are taught to take blood smears and do basic post-mortem. The value of herd health programmes and vaccination of animals are taught. With healthier animals, the farmers are able to market their animals at auctions and thus getting better prices for their livestock. Dr Muller also holds discussion groups on a regular basis to give new information and inform farmers on relevant diseases and vaccination programmes.

Dr Alfred Kgasi, Chair in PAHC at the Faculty of Veterinary Science, University of Pretoria, looked at the trends in veterinary education on PAHC and asked the key questions as, “are we preparing students enough in PAHC?”, “Are we getting them excited and confident about PAHC?”. PAHC requires a different approach. PAHC should focus on resolving the problem of access to
animal health knowledge and skills. Universities need to work with community-based practices, animal charities and state veterinary clinics to expose students to PAHC focused caseloads. In doing that, PAHC must still ensure good quality service, cost-effectiveness, animal welfare and fulfilment of community expectations. PAHC should be a community empowerment project. A PAHC programme should establish a veterinary extension methodology that empowers the farmer with a structured approach for early disease identification and treatment (the basis of PAHC).

Dr Njabulo Moyo presented the Role of CCS veterinarians in PAHC whose main goals are: clinical services, awareness, education and development of rural communities. The Primary animal health procedures were mainly, vaccinations, parasite control (worms, ticks, fleas, mites), surgical sterilisation of cats and dogs, nutrition, clinical services, clinical campaigns, education, school talks, career days, study groups, agricultural shows, individual farmer consultation (with the aim of promoting responsible livestock ownership, improving production, reproduction and farming efficiency). Currently, the CCS, NGOs such as the SPCA (small animals), and other non-profit organisations (mostly small animals) have to serve the 2.3 million people in a rural area (Temba Clinic (Hammanskraal)). Dr Moyo also expanded on the trends and needs of PAHC.

Dr Vuyo Magadla, a Director from the Gauteng Department of Agriculture and Rural Development, spoke about the role of the veterinary team in PAHC in communal farming areas. She mentioned that animal production is responsible for 41 – 49% of agricultural output. Nearly 80% of agricultural land in South Africa is mainly suitable for extensive livestock farming. The livestock industry is the largest contributor to the national agricultural sector’s output; “we need to demonstrate that we are capable of unlocking the potential that lies in the emerging sector.” The benefits of functioning as a Veterinary team are numerous: A public veterinary service that is better able to carry out its responsibilities: and engender an environment where you can access passive surveillance information from farmers, is required. A functioning veterinary farmer support system that is able to support both developing and commercial sectors, rural and urban communities is required. She was concerned that teams are not working as optimal as they should because of in the introduction of the CCS created fears within para-veterinary professionals and their role in the new envisaged team. She mentioned that unfortunately veterinarians are not known to be team players, and thus as managers they need to “up their game” in actively playing their role as part of the veterinary team in communities. Such a role will gather the veterinary team budgetary support.

Dr Anthea Fleming, small animal private veterinarian, dealt with the role of PAHC in small animals practice, paying attention to the main points in the definition of PAHC, i.e. good management practice and maintenance of health and production. One needs to have a healthier and happier animal for longer and not just the need to treat disease or fix what is broken. The importance of annual vaccination and welfare checks must be brought to the attention of pet owners. The value of the veterinary team was discussed and how they should apply wellness through clinical examination, weight and nutritional control, parasite control, sterilisation, dental care, training and socialisation.

Dr Peter Oberem discussed the role of industry in PAHC and the importance of PAHC in the context of changing dynamics of food security in the world. He mentioned that Africa, as a developing and growing nation, will continue to have an increased need for food production. The
problem, however, was that in order to improve production, one needs skills; and skills without access to remedies is useless while equally stock remedies without the necessary skills is dangerous. The industry clearly has control over the availability of stock remedies, however, industry needs to ensure that the stock owners in deep rural areas have access to products. He believes that the new legislative framework Act 36 can be a hindrance to access to remedies. Dr Oberem also supported the use of educational and reading material for farmers to make them understand PAHC. One of the examples of PAHC implementation was the Engcobo Diptank Project in the Eastern Cape province where a big difference was made in training communal farmers in parasite and disease control.

Prof Moritz van Vuuren’s presentation on the value of immunization in the context of one health emphasised that vaccination represents one of a broad spectrum of services in PAHC and is a vital part of primary or preventative health care in all species. Dr van Vuuren also showed the value of vaccination within the one health concept and how it could help reduce the use of antimicrobials and antimicrobial resistance. In conclusion, it was shown that vaccines are key instruments in the veterinary toolbox and that all the challenges, such as availability and access, correct transport, storage and administration, vaccine denialists and the vaccine hesitation movement, should also be addressed.

The farmers should be empowered to be able to do on-going basic disease management on the farm and be able to report promptly on the onset of diseases. Dr Kgasi also shared his experiences with two case studies that illustrated PAHC in action.

After the presentations by different speakers, an open discussion session was held and the following issues we deliberated upon:

- The veterinary team must first understand the community and not the other way round when introducing PAHC;
- Participatory skills in PAHC should be part of the curriculum and the methodology taught to veterinarians. Early exposure to these techniques are important in grasping these skills;
- Communication in the correct language is important, and the team members need to make sure that one of the team is fluent in talking the language to get the message across; However, language should not be seen as a barrier as one is able to do both verbal and non-verbal communication. The veterinary team should involve social workers as many of them have excellent skills in communication and could spread the good about PAHC. When going into a new area, first communicate with the chiefs and indunas to get their buy-in into PAHC project;
- Teamwork is important, but the team needs good communication skills, problem-solving skills, resource management skills and labour skills in order to carry over the message and empower the farmer to notice and treat disease; and call the veterinarian for any secondary and tertiary treatment;
- Cost recovery was an issue that needed to be implemented. The required legislation is being drawn up, and the communities recognise the need for this process. The message still needs to be spread, so that everyone understands its importance to make the service self-sustainable;
• PAHC and its resource management must solve their own problems and provide their own solutions. The value of veterinary services and the value of protein supplementation must be highlighted as this is important for both nutrition and economic gains;

• Individual farmers must work together in groups and communities with the PAHC team to get a healthy animal to sale and get the best price available;

• The Indaba needed more stakeholders present to make it successful. PAHC should also look at the value of aquaculture and how the veterinary team could assist;

• Council should consider giving CPD points to veterinarians who upskill themselves in communication and other soft skills;

• The Minister of Department of Agriculture, Land Reform and Rural Development (DALRRD) should be informed of the importance and value of PAHC and how lives can be changed through this initiative and through the empowerment of communal farmers; and

• The veterinary team is important, and all the team members should know what they must do as well as how all the other team members fit in and what their roles are.

I would like to thank all participants for their spontaneous and thought-provoking interaction and the presenters for sharing their thoughts on this multi-faceted topic of PAHC.