



*...improving the livelihoods of Kenyans*

# The Kenya Veterinary Association Nairobi Branch

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## FULL REPORT IMPORTANCE OF FOOD SYSTEMS IN PUBLIC HEALTH

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Organizer: Kenya Veterinary Association, Nairobi branch

Partner: Kenya Small Animal Veterinary Association (KESCAVA)

### Overview

The webinar explored how sustainable food systems provide healthy food to people and animals and how they may have direct and indirect impacts on the environment, economy and social systems. 269 people registered for the webinar with 140 participants attending live with average viewership time of 80.05 minutes. 130 participants were from Kenya, with 6 from the USA, 3 from Rwanda and 1 from Uganda. 96 of the participants were veterinary surgeons, 14 veterinary paraprofessionals, 12 students/interns, and 18 others.

### Profile of panelists

#### Dr Joyce Thaiya

Is the current head of the Veterinary Public Health (VPH) section at the Directorate of Veterinary Services. For the past 33 years she has worked in VPH, food and feed policy, standards development, inspection, certification and livestock value chain development.

#### Dr Victor Yamo

Dr Yamo is a Veterinary Surgeon with over 25 years of working within production systems to improve the productivity of farm animals with the aim of improving food security and livelihoods. Dr Yamo currently works as a Humane and Sustainable Agriculture Campaign Manager at World Animal Protection Africa office.

#### Dr John Muchibi

Is a versatile, enthusiastic and competent University of Nairobi trained Veterinarian with over 30-years experience in the veterinary pharmaceutical industry within the broader East African Region and a Member of the Chartered Institute of Marketing (CIM). He has worked in different capacities for all the regional veterinary pharmaceutical giants including Unga, Norbrook and Coopers. Currently serves as the animal health manager at the Elgon Kenya Ltd.

### Dr Maurice Karani

Dr Maurice Karani is a Veterinary Epidemiologist and a researcher at International Livestock Research Institute (ILRI). Maurice is interested in the biology, epidemiology and control of zoonotic disease with a focus on understanding the factors involved in emergence, risk, transmission, persistence, spread, and disease burden of pathogens in both human and animal populations. He has a seven year experience researching on animal source value chains.

### Aggrey Omboki

Is a science and health journalist working for the nation media group. He was also the moderator of the panel discussion.

## **Opening statements by panelists**

### Dr. Joyce Thaiya - What is the impact of COVID-19 on the livestock value chain?

Many countries including Kenya have limited resources in the response against COVID-19. Most sectors, including veterinary services, have been affected due to reallocation of resources to the Ministry of Health to tackle the pandemic. The reallocation of funding has led to a reduction in surveillance due to logistical issues. Some animal-based laboratories have been used for COVID-19 which may affect their normal operations and hence reducing work on animal health. There is shortage of the RNA kits in some areas, since they have been reallocated to COVID-19 and reducing their availability for animal health work. PPEs in some countries have been diverted from animal health to human health. Movement restrictions have affected the animal health activities in some countries. Kenya was fortunate as veterinary services were enlisted as essential services.

Economically, lock down and border controls affected the influx of inputs which are important for production and management of animals. This resulted to a decline in the production and movement of products to the market. In Kenya some food business operators dealing with animal products reduced their production because of movement restrictions. Farmer incomes were also affected and subsequently affecting purchase of necessary farm inputs. Availability of farm labour was also affected including availability of professional services in some countries. Closure of markets for livestock owners led to a decline in the sell of animals and this impacted the availability of financial resources necessary to buy farm inputs that support the production and care of animals.

Other issues accompanying COVID-19 were anxiety created as a result of the zoonotic nature of the disease. Psychological impact has led to an increase of mental health issues which affect livestock actors as well with a potential to impact productivity of animals and productivity of animal value chain actors and care for animals.

### Dr. Victor Yamo - How can we rethink our relationship with nature through the lens of food?

Over the past few months there has been a growing interest in the relationship between food (especially of animal origin) and nature. This is because COVID-19 is purported to originate from

a wet market in Wuhan, China and current scientific evidence points to the bat as the source of the virus with subsequent spill over to intermediary animals and then ended up in humans.

We need to critically re-evaluate the relationship between nature, food and health and start producing food in a manner that is sustainable with little negative impact on the environment to avert subsequent public health impact. As we progress as a continent we are slowly beginning to see the critical need to have a One Health or One Welfare approach, where we try to look at the intricate connection between the environment, animals and humans, including outcomes of their interaction such as negative health outcomes like zoonoses. Close to 61% of diseases that affect humans originate from animals with 70% of them being emerging and re-emerging diseases with the environment playing a central when it comes to their origin, such as Ebola, COVID-19 and the new strain of swine influenza virus.

In Kenya, the 47 counties are developing, and this could strain our natural resources by transforming forests to settlements and agricultural land, a case example is the Mau forest. This breakdown of nature could facilitate the close interaction of animals (both wild and domestic) and humans with potential spillover and outbreaks of zoonotic diseases in human populations. One of the ways to manage this issue is to manage our animals in ecosystems through the lens of their freedoms. When encroaching into new habitats due to development e.g. building new cities, it is important to manage this situation such that development doesn't impact negatively on public health. A case example is the building of a railway line through the national park, enclosing animals into certain settings so that animals are restricted this may pose a risk of transmission of zoonotic diseases.

There is an on-going outbreak of aflatoxicosis among dogs in some parts of Kenya, a problem that could be as a result of poor management of harvested crops e.g. grains or could be deep rooted grain crisis since animals and humans compete for grain.

With a growing population of humans putting pressure of natural resources our key focus should be to ensure that animals experience their fundamental freedoms. Animals should be fed well, given good quality water and food, free from discomfort etc. If the environment of production is poor then diseases may spread. During disasters such as floods there is a high likelihood of outbreaks of Rift Valley Fever, and we should make use of early warning systems to avert such outbreaks and be better prepared for such outbreaks. Important is to ensure that animals are part

of our emergency response plans for they are a source of livelihoods to the affected communities and prevent further risk of transfer of diseases to populations around them. It is also important to ensure that wildlife are in their natural habitat. The Constitution of Kenya also provides a provision of managing resources with a view of protecting animals (livestock and wildlife), under the fourth schedule.

#### Dr. John Muchibi - What are the effects of antimicrobial growth promoters on public health

Over the last 5 decades we have had a rapid growth of our the Kenyan population (currently over 50 million people) coupled with a rapid urbanization with movement of people from rural areas to cities resulting to an increase in demand of food which promotes intensive production of food (esp. poultry and pigs) to satisfy that growing population.

Antimicrobial growth promoters are products that inhibit the growth of bacteria and are administered in very low sub-therapeutic doses. The initial goal was to try and eliminate microorganisms in the gut of poultry/pigs. The main function of gut is digestion with the ultimate aim of absorption of nutrients to enhance performance and growth of the poultry and pigs. Presence of harmful bacteria, viruses and other parasites would compromise the integrity and health of the gut. This would put pressure on the entire gut with the net effect of reduction of intestinal function especially absorption of nutrients which affects growth and production.

Feed millers decided that it was a good thing to introduce antimicrobial growth promoters in feed to try and keep in check the population of bacteria in intestines of animals to facilitate improved performance of animals. The promoters were meant to control diseases by destroying or inhibiting the growth of bacteria and improve feed conversion and thereby promoting growth of poultry or pigs. Towards the end of the 20<sup>th</sup> century people realized the dangers of using antimicrobial growth promoters and certain countries started banning their usage. One of the first country to ban the use of growth promoters in animals was Sweden, later in 2006 the European Union banned the use of growth promoters in animal feeds.

The main dangers of growth promoters is the constant exposure of bugs to sub-therapeutic levels of antimicrobials resulting to resistance. This resistance is the one of the bugs to the drugs and not vice versa. Some of the drugs that were being used as growth promoters were also being used to treat human beings. Humans could, therefore, be potentially exposed to these low doses of the drugs through drug residues in food (milk, eggs and meat); hence constantly treating animals with sub-optimal doses impacts negatively in controlling the same pathogens in humans. It is estimated that by the year 2050 more people will be dying of antimicrobial resistance (AMR) than cancer. It is projected that we will lose close to 10 million people to AMR annually with a current estimate that 700,000 people die annually due to AMR.

It has therefore become important that we manage gut health in a different way. Today, there are different products being used to manage the health of the gut in animals. A lot of them are organic acids, pro-biotics, pre-biotics, enzymes etc. and are being adopted strongly to avoid the use of antimicrobials in enhancing the health of the gut.

In the early times chloramphenicol was also being used as a growth promoter but the same drug was being used in the management of Typhoid. Keeping off these drugs from the food chain is not only beneficial to the food chain, but also to the companies that develop these molecules as it is a resource-intensive investment to develop a new drug molecule; early resistance means that the companies are not able to re-coup their investments.

Dr. Maurice Karani - What is the role of research and One Health in averting future pandemics?

It's timely that we are having this discussion amidst a pandemic that possibly broke out from a wet market far away. There are currently over 2 million cases with half a million confirmed deaths and devastation of the economy. To an untrained eye this pandemic will seem as novel and unprecedented but scientists predicted such scenarios in the past and this is because a perfect

storm has been brewing for some time, this is because the world is more interconnected than before with an intricate interaction among humans, animals and the environment.

In the past there have been other outbreaks of zoonotic diseases such as Ebola, HIV/AIDS, H1N1, H1N5 and Zika. These diseases started from different parts of the world with a commonality that they all come from animals, hence are referred as zoonoses (diseases which can be transmitted from animals to humans and vice versa) and can be best addressed through a One Health approach i.e. collaborative working at the human, animal and environment interfaces.

In the past 100 years we have had a four-fold increase in human population. It is predicted that by 2030 there will be an extra 2 billion people on earth who will lead to an increased demand for animal protein e.g. beef, poultry, fish and wildlife and this will lead to unsustainable intensive poultry, pig farming and increased exploitation of wildlife because of protein and compounded by climate crisis. This will mean that COVID-19 may not be the last pandemic on planet earth because the world is becoming like a crucible for disease transmission and emergence.

The solution lies in the problem and the problem is close interaction between people, animals and the environment and the solution is a One Health approach where the human, animal and environmental specialists come together to work to predict future pandemics, to stop, if possible, and mitigate their impact. Clearly, the current pandemic has shown that we are ill equipped to stop pandemics. To achieve this there is need to map the hotspots of zoonotic disease transmission e.g. in Africa, Asia, South America. Research has shown that up-to 60% of emerging diseases are zoonotic in nature; and 70% of them originate from wildlife. There is need to have surveillance in such hotspots. Scientists should work as disease detectors and go ahead of the curve by working in pristine environments to understand how viruses, bacteria and other pathogens are evolving before the assortments and reassortment of their genetics to humans.

The current COVID-19 outbreak may sound novel, but every year the world loses up-to 2 million people due to neglected disease that disproportionately affect the poor in low- and middle-income countries. We need to keenly rethink about these diseases since they affect humans and animals as well. COVID-19 touched everyone's imagination without minding their social economic status. It is imperative for us to remember that NTDs mostly affect the poor.

Research will help us get ahead of the game and lessen the impact of global diseases which are leading to loss of lives and economic shutdowns. In Kenya One Health has taken shape, there are structures, but they need to be strengthened. What is missing is mainly working with the environment sector. In 2018 this One Health multisectoral approach helped avert the impacts of the RVF outbreak, what is missing is the environmental component to help cement the working of One Health in Kenya.

## **Q AND A SESSION WITH ATTENDEES**

**Question 1:** At what point do wildlife matters engage a veterinarian? With efforts to reclaim forest land currently high on the agenda, is the wildlife corridor being considered?

**Response (Dr Yamo):** The question of engaging veterinarians in human-wildlife conflict is something that vets are best placed to answer. We have vets working in wildlife, some with

expertise and experience working on human-wildlife scenarios. Veterinarians need to make themselves relevant to the needs of the society. The days that we waited to sit somewhere and be called to offer expertise and skills are long gone and it is for us to create a niche in this matter. We have a whole veterinary services department at KWS and KVA has a wildlife branch which came up to address the emerging issues which are critical for the survival of the profession and country at large.

**Question 2:** Where are we as a country in the usage of sub-therapeutic doses of antimicrobials in poultry and pigs considering they is over the counter sell of therapeutic products in Kenya and there is minimal control of agrovets activities in the country?

**Response (Dr Muchibi):** It is common knowledge that the management of over the counter drugs in our entire region is a disaster. The closest neighbour that has something that resembles proper management of over the counter drugs South Africa. Ideally a farmer should not walk into a drug store and walk away with a prescription only medicine. Any medicine inscribed as POM should not be in the hands of the farmer. Unfortunately, in our entire region, all countries neighbouring Kenya, a farmer will walk into the shop, buy a product and walk out; this is where the misuse starts. It is a task that calls for a regulator that has capacity. The only way to manage the situation is by making sure that agrovets are properly licensed and owned by technical people who are available all the time. There are cases where agrovets are owned by technical people but they are never there and people left are non-technical to attend to the farmers. It is a very tough balance, and the pharmaceutical side are also to blame because they pump products into the agrovets because multinationals want to sell and then agrovets also want to sell. Hence a regulator has a huge task. It is a good step forward in Kenya that we have a regulator for veterinary drugs who will dedicate all their effort and resources in proper usage of veterinary drugs. The Veterinary Medicines Directorate (VMD) needs to populate and have inspectors who should be vets and posted across all counties when they have the resources to do so as initial steps.

**Question 3:** There are concerns in the transmission of disease when handling animal products such as meat, eggs, fish; is there a way to keep products safe from the COVID-19 virus?

**Response (Dr Thaiya):** Current research does not show that COVID-19 is transmitted through animal products. However, just like any surfaces that the virus can land on and may be transmitted through contact, there is a possibility of that any animal product handled by an infected person could potentially transmit the virus. Important is hygienic practices e.g. washing hands, washing products, and do not mix raw and cooked food.

**Question 4:** There is need to look closely at the environment, most diseases enumerated by Dr Karani, including HIV are due to environmental factors and emissions due to industrialization etc.

**Response (Dr Karani):** It has been shown there is a benefit of tackling diseases holistically and not just at the pathogen level but also addressing the social and environmental drivers, since they also play a huge role in the spread of the disease. For example COVID-19 has been shown that failure to wear masks can drive the spread of the disease.

**Question 5:** Where there is human-wildlife conflict what the role of the veterinarian in addressing human population growth e.g. should we allow humans to populate themselves at the expense of animals?

**Response (Dr Yamo):** We need to be part and parcel of problems which are around us. It is not a question of humans taking precedence over animals, it is a question of what works? Someone talked about sustainability, and SDGs talk about sustainable cities, sustainable ecosystems, sustainable farming systems etc. The challenge we have had as vets is that we have restricted ourselves to matters relating to just treatment. We need to broaden our role in human-wildlife conflicts. For instance, what is our role in urbanization? Natural land is being converted to urban cities, a case example, is what is happening in the 47 counties where each county is trying to build a county headquarter. Therefore, where does this leave us in terms of sustainability especially when the county is next to a wildlife ecosystem. An interesting observation during the COVID-19 pandemic is that wildlife are reclaiming spaces. Yesterday's in news channels a bear was walking in peoples backyard simply because we have been closed down and bears are taking over what belonged to them. Our constitution talks about land use policy, the key question we should ask ourselves is what does our land use policy say about these issues? It's not just about wildlife it is also about converting arable land to real estate. In Kiambu, farmers who used to keep poultry are finding it sensible to invest in real estate rather than a poultry investment. Another key question in the context of food systems is how will we ensure that the population is food secure when farmers are transitioning to other investments? As kenyans are we then justified to complain when food is coming from Uganda? It is therefore a complex issue.

**Question 6:** Has the One Health policy that was drafted been implemented

**Response (Dr Thaiya):** We have the Zoonotic Disease Unit which is responsible for One Health in Kenya. It has been implemented but there is improvement that needs to be done in involving the environmental sector. During the RVF outbreak the ZDU employed a One Health approach to address the problem. The ZDU needs to be strengthened.

**Question 7:** In relation to COVID-19 the situation around the slaughterhouses is wanting, social distancing is a big challenge.

**Response (Dr Thaiya):** This is true, not just in slaughterhouses but in many markets (including meat markets), social distancing is an issue. I would encourage animal health specialists within the slaughter facilities to enlighten the people the importance of social distancing. In every sector the guidelines provided by the Ministry of Health need to be followed by everybody.

**Question 8:** There is a rise of the middle-class keeping pets (dogs, cats and ornamental birds) most of them have little knowledge on how they should be fed, handled and treated. Hygiene and even social distancing is essential between humans and animals to prevent spread of zoonotic diseases and COVID-19, I haven't seen any advice from government and organization in regard to this. Is there a reason to worry?

**Response (Dr Thaiya):** The spread of disease/zoonoses is important and falls among the animal welfare practitioners.

**Response (Dr Mudoga):** Social distancing has been talked about, there is need for government to increase information sharing. Increased awareness to be done on how to keep animals (pets) safe at home to control zoonoses. When COVID-19 began had a meeting with representatives from the DVS and animal welfare teams and are aware of COVID-19 in respect to dogs and cats. In newspapers there are measures put in place but there was caution on what should be shared since there was panic in countries such as South Africa, where information going out was wrong and had to screen it. Presently KEMRI has put a study where they will do testing in humans and animals (including pets). When it comes to teaching people about proper animal welfare there is a large need, as vets we need to see how to work with the media and school curricular. For wild birds, we need to see how to do pamphlets for community. A more centralized messaging approach will work better.

**Question 9:** How can we leverage on the high public awareness on zoonoses as a result of COVID-19 to expand the One Health agenda?

**Response (Dr Karani):** Currently we have momentum and the public are more knowledgeable about zoonotic diseases. The government is also paying attention to One Health working and the Director of Medical embraced One Health working and veterinary laboratories are helping in testing for COVID-19. It is important to push for One Health and mainstream it as an approach of handling disease outbreaks.

**Question 10:** How much effort is the pharmaceutical industry putting on the ground to enlighten the farmers, as end users of products, on good husbandry practices as it is an appropriate way to reduce antimicrobial resistance through disease prevention and control?

**Response (Dr Muchibi):** The questions touches on the heart of the problem where farmers use veterinary products. Using some of the products is not in itself a problem. The main problem, that is among farmers and also observed in humans, is that once farmers buy the drugs they do not use them correctly. They do not get the right advice on dosage and duration of usage. For chicken for example there are farmers who are advised by agrovets to medicate the morning water and after the water is over they do not need to medicate and wait for tomorrow; the birds are therefore exposed to sub-optimal levels of the drugs and ultimately leads to resistance. Pharmaceutical companies have an obligation to ensure that their pharmaceutical products are used properly. It is in their own interest that the products are used properly so that resistance doesn't set in quickly. If pharmaceutical companies do not do that then the shelf life of veterinary products will be very short and soon resistance will set in. A perfect example of drug resistance due to poor use is acaricides. All pharmaceutical companies need to conduct regular training of farmers on the usage of their products and their withdrawal times. A case example, I once attended to farmer with 8000 egg laying chicken and put them on antibiotics and informed the farmer to dispose off eggs during the treatment period. 8000 egg laying chicken will have close to 7500 eggs, treatment is 5 days; and I was therefore informing the farmer that they need to be throwing away around 40,000 eggs but the farmer was reluctant in disposing the eggs. A lot of farmers inject lactating animals are still sell the milk without observing withdrawal periods. It is important to still educate them such that even when they do so, they know they are doing the wrong thing, and for them to be aware that they are not just exposing their neighbours but ultimately that pathogen will cross over the fence and affect them as well. We need to do a lot of extension work to train farmers on



usage of products. The main challenge has been getting to all farmers is not an easy thing and can be expensive.

Other than the pharmaceutical industry and farmers out there, it is the responsibility of each veterinarian to safeguard and protect the usage of antimicrobial agents. It is also the duty of the pharmaceutical industry to engage professionals to bring out details of their products to colleagues who are part of the stakeholders who use the products in the marketplace. As a vet after using a product after making a diagnosis, it is you as a vet that should be the first to know which product has not worked. As professionals we are a reflection of our society. Our professional norms will revolve around our societal norms and for a long time it has been a man-eat-man society. Even some of the issues around wildlife encroachment, a lot may not be about population explosion, it is about greed. Where someone who has huge tracks of land somewhere grabs more pieces of land and wants to build. If you buy a product severally and find it doesn't work then you should not buy it.

Our market has become a dumping ground for veterinary products, we have a lot of rubbish products, it is my prayer that regulators on the ground including the feed industry will pay a little more attention to the usage of products and how products perform and naturally kill products that do not work.

My plea to all of us is that if we are to use antimicrobials let us use them appropriately and above all let's practice prevention and only use antimicrobials when the control mechanism breaks down. But we should not inject every animal for the sake of getting an income.

**Question 11:** Extension work and county system

**Response (Dr Muchibi):** I observed that there is a disconnect between the structure from the Directorate of Veterinary Services (DVS) to the County Directors of Veterinary Services. That link has been disconnected and the CDVS's are more responsible to their bosses in the counties than the DVS. A huge number of counties do not allocate sufficient resources to agriculture, yet agriculture is huge in this country and hence do not have extension workers. Lack of extension workers is what makes farmers to go to agrovets to get products to administer themselves. Pharmaceutical companies also need to train people on the ground so as to pass correct knowledge to the farmers.

**Response (Dr Yamo):** There is a disconnect between national veterinary services and county veterinary services and that disconnect is causing us a lot of grief. The first challenge is that even the constitutional provisions have not been implemented as they are needed. In the section 4 of the Constitution of Kenya talks about roles of national government and county governments. Extension is part of what county governments should do and further talks about agriculture extension (crops and animals), and further mentions county veterinary services excluding the regulation of the profession. Those are things that need to thrive and the media need to highlight these gaps in implementation. Veterinarians have concentrated a lot on curative medicine and that is why we have raised medics to a certain level. We forget that you will never have a healthy population unless you have looked at preventive aspects of medical services e.g. is meat wholesome, is the production system (what we eat is what we are). if we eat maize with aflatoxins or milk with mycotoxins then we end up with a problem and that becomes very expensive to treat.

What we need to do is to take a step back and open the county animal husbandry services and veterinary extension services so that we have production that is wholesome that doesn't give us problems at the human level.

Secondly, at the National government we should have developed a National policy which would have addressed issues raised on the connection between county and national government. At some point during the tenure of Dr Ngeiywa we developed guidelines for delivery of veterinary services which were signed by county governments and the next stage was to develop reporting channels from county to national government, unfortunately that did not work since there was no law to back that process. As veterinarians we need to demand for that law to be ratified. We need to have a veterinary policy that explicitly talks about delivery of veterinary services at county and national governments. The guidelines do not have a backing of the law (policy).

In conclusion, the role of national government (under article 22 of the Constitution of Kenya) talks about protection of the environment and natural resources with a view of establishing a sustainable system of development including (a) fishing, hunting and gathering; b) protection of wildlife. The Constitution of Kenya already highlights the need to have sustainability. Unless we sustainably utilize the natural resources in development esp. fishing, hunting, gathering, protecting animals and wildlife we will end up with challenges. Politicians are hoodwinking us and we need to ask them why have the provisions in the Constitution in regard to veterinary sector not implemented.

**Response (Aggrey):** The UN FAO food security document dated 2010 defines sustainable diets as diets with low environmental impacts, which contribute to food and nutritional security, and that support healthy lives of present and future generations. Further, the document states that sustainable diets are protective and respectful of biodiversity, ecosystems and cultural acceptable, economically fair and affordable, nutritional adequate, safe and healthy while protecting natural and human resources.

**Response (Dr Thaiya):** In as much as the veterinary policy is not yet gazetted, currently there are two pieces of legislation that are being developed that have taken into consideration the role of the county and national veterinary services i.e. the animal health bill and the veterinary public health bill. They have been subjected to the wider stakeholders, including the counties. There have been a lot of consultation with counties especially CEC responsible of animal health. Discussions are still on and role of national and county veterinary services considered and put in place. I believe when these bills are put in place the guideline issues will be put into law and this includes information sharing. When enforced some of the issues will be addressed and the disconnect will be removed with mechanisms of communication put in the legal instruments.

**Response (Dr Yamo):** When you look at schedule 4 of the Constitution of Kenya which talks about separation of duties and responsibilities between county and national government; part 2 which gives responsibilities of the county government, under county veterinary services (section, e) includes veterinary services. A question that I keep grappling with and which the 2 pieces of legislation will probably sort is veterinary services are part of county health services or are they under the traditional Ministry of Agriculture, Livestock and Fisheries. Constitutionally veterinary services at county level should be part of the County Health Services and not part of agriculture.

**Response (Dr Thaiya):** The 2 legal documents address capacity building, standards and that is the key focus of national government. Considering any international treaty that is signed by Kenya becomes part of law and issue of communication through OIE has been put in consideration. Currently, the veterinary sector is under the agriculture sector.

## **PRESS/MEDIA SESSION Q AND A**

**Question 12:** Paul Thiong'o Mbugua (Standard Media Group, Farmers TV): how does the farmer know if they are getting advice from an extension officer and veterinarian? How can they be certain that the kind of advice they are given is correct? is it an unethical issue on the side of vet to administer or inject drugs to animals to make money? How do you regulate this issue?

**Response (Dr Muchibi):** It is required that all agrovets selling drugs have atleast one person trained on animal health matters. The situation on the ground is that the agrovets owners try to save on costs by employing unqualified personnel and have them attend to farmers. The challenge is on the regulatory front, who is young and does not have enough human resource to be out there to be policing for people to do the right thing. Even as a farmer, you can tell someone who is not sure of what they are telling you. We need to be educating our farmers that if they doubt advice from someone or have used a product and has not worked that they should seek a second opinion. It is about education.

On unethical behavior, it is there in the name of getting money and it is regulated by the Kenya Veterinary Board. The board is also not able to be everywhere. We need to educate farmers that if they learn of someone doing unethical "stuff" they need to report the person to the board.

**Response (Dr Derrick):** The media should also try and help to pass a message from the profession to the public that farmers should not expect that a service will be delivered without any compensation in terms of payment. Animal health practitioners have spent a lot of time and money to get themselves in the position they are in and the public is dully expected to remunerate them accordingly. The public should learn to get value for their money many a times the public expecting that they should not be charged for a service rendered should be an idea that should be discarded.

**Response (Dr Muchibi):** Some farmers would like to pay very little fees for services rendered and, in the process, end up in the hands of quarks. Our profession is infested with quarks waiting for this farmer who wants cheap service and will readily offer the service, and these are fellows who will inject water and the farmer pays and at the end of the day they do not benefit. The farmers also need to be aware there is a cost to it and need to pay for the service.

**Question 13:** Paul Mbugua: how can the farmer recognize between a quark and a professional?

**Response (Dr Yamo):** Every registered veterinarian has a registration card that shows his registration number and validity period. All veterinarians must be retained in a register and the register is closed by end of March of every year through a gazette notice. The Kenya Veterinary Board will have a register of all registered veterinary surgeons, veterinary technologists and technicians in the country. Anyone missing in the registered is not validly registered and not allowed to practice. Farmers should also create a rapport with their animal service providers.

Farmers go to the vet when their animal is sick. Farmers should work with their animal health provider throughout the life of the animal, what is called preventive medicine which will save the farmer a lot of money. As a country we have focused more on curative medicine. Farmers should be aware that by the time the animal is sick, it will not generate a lot of money since its productivity will be low. Farmers should start going back to a veterinarian who will look at the feeding habits, environment, housing, hygiene and sanitation, vaccination to avert disease and then treatment which should be at the tail end of the process. Even our very own colleagues it is something that we are encouraging ourselves to do to avoid waiting in our clinics/shops for farmers to come to us with a problem. We need to work with our farming community to deliver service and that is part of extension that is lacking needs to be addressed.

**Question 13:** How much is being done in Kenya by veterinarians in zoonotic diseases and how can we stop the spread of the diseases?

**Response (Dr Karani):** There are various initiatives to address zoonotic diseases in Kenya. What is missing is mainly studies to come up with new vaccines that can prevent those disease due to the changing funding priorities. The key question is how do we mainstream our priority areas? Funding is not much since our priorities do not much the funders priorities. This is a challenge in neglected zoonotic diseases.

## TAKE HOME MESSAGES FROM PANELISTS

**Dr. Maurice Karani:** Emphasized to put to practice One Health working. In Kenya animal and human health structures are fairly good and what needs to be done is to strengthen them as well as mainstream the environmental sector in One Health working. Surveillance systems also need to be set up, since Africa is a hotspot for emergency of novel pathogens. We need cutting edge technologies in surveillance e.g. doing metagenomics, predicting disease before it occurs by surveying in hotspots to be ahead of the curve pertaining in assortment and reassortment of pathogens, to mitigate effect of diseases.

**Dr Joyce Thaiya:** The responsibility for your own health lies on you; responsibility of food safety rests on the food business operators; responsibility for animal health rests with the animal owner; and we are all required to be proactive to engage service providers and make sure we report abuse of responsibility when we spot it. If each one of us plays their role then we will be able to move public health a notch higher.

**Dr. John Muchibi:** If there are any big names that have been repeated a lot in the year 2020, one of them is COVID-19, mental health and antimicrobial resistance. We do not need to use antimicrobials if we practice good animal husbandry. We can tackle infectious diseases by investing our resources in preventive measures like vaccination, spraying etc. Where we have to use antimicrobials let us use them judiciously with the knowledge that someone has invested a lot to come up with the product and hence its proper usage will enhance its lifetime and developer to recoup their investment. When animals eat well, the animal is healthy and the immunity is strong. Above all, let us remember nutrition is the best medicine of all times.

**Dr. Victor Yamo:** A happy animal with all fundamental freedoms well catered for leads to an animal that produces optimally and hence supports livelihoods and ensures food security and

food safety. There is great need to have a collaborative approach in solving most of the public health issues because of the rise in the intensification of farming systems and human population. The One Health Approach and Welfare approach in animal husbandry should be embraced amongst enactors in the Food Value Chain.

## **MEDIA LINKS**

You can view the video recording of the zoom webinar on the KVA Nairobi YouTube channel available at this link <https://youtu.be/zXwc4f0q4Jg>

## **VOTE OF THANKS**

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*This report was compiled and prepared by Dr Kelvin Momanyi for the Kenya Veterinary Association (Nairobi branch) supported by the rapporteur's Dr Pollet Munyiri and Dr Lynne Dorice.*