

Health of Ethiopian Animals for Rural Development (HEARD)

Privatization of public veterinary clinics in a public-private-partnership arrangement



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MINISTRY OF AGRICULTURE

Health of Ethiopian Animals for Rural Development (HEARD)

Privatization of public veterinary clinics in a public-private-partnership arrangement

Solomon Gizaw, Dagim Berhanu and Theodore Knight-Jones

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1 Introduction

1.1 Background

Livestock disease is ranked by almost all livestock keepers surveyed in Ethiopia as the most important problem affecting herd productivity. Diseases affect livestock keepers' livelihoods through loss of income resulting from death of marketable animals, low productivity (reduced outputs of meat, milk, work and fertility), and costs incurred for treatment of sick animals and disease control. Diseases also impact public health, including livestock keepers, through zoonotic diseases. Animal health services in Ethiopia include disease control (clinical services such as diagnostics and case treatment), disease prevention (vaccination and strategic deworming and spraying against external parasites), investigating disease outbreaks, surveillance, herd health management, meat inspection, animal health inspection and quarantine, and animal health extension (advice and training).

1.2 Problem definition

Health services are predominantly provided by the government in Ethiopia, with strategic services such as vaccination, disease outbreak investigation, surveillance and extension services exclusively reserved for the public sector. Participation of the private sector in national health service delivery is highly limited. For example, the private clinic coverage in Amhara Region is only about 10%. The policy adopted by the government of Ethiopia (GoE), which has until recently disfavoured the growth of the private sector, and the low capacity of the private sector, which is partly attributed to the GoE policy, are to blame for the low participation of the private sector in service delivery. The overall effect of this situation is unsatisfactory delivery of animal health services in the country.

In Amhara Region, although there is one clinic (known as an animal health post, AHP) in each 'kebele' (the smallest administration unit in Ethiopia), many of these AHPs are currently non-functional, with just a clinic building but no veterinary equipment/furniture and personnel. Furthermore, almost all the 569 private clinics and 447 private pharmacies are in the district towns. This shows that the public sector is unable to sustain animal health services at kebele level.

Recent GoE policy changes have paved the way for improved delivery of animal health services. These include favourable public-private partnership (PPP) proclamations, which facilitate the participation and growth of the private sector, and the veterinary service rationalization roadmap, which delineates the public and private goods in the veterinary domain.

1.3 HEARD project intervention

To pilot the implementation of the rationalization roadmap, the HEARD (Health of Ethiopian Animals for Rural Development) project was initiated in 2018. The European Union-funded project aims to strengthen animal health services involving public and private sectors. This is done through enhancing the quality and reliability of integrated

public and private veterinary service delivery to increase sustainable livestock productivity and improve the marketing of livestock products.

The HEARD project operates in Somali, Amhara and Oromia regions of Ethiopia. Its PPP activities include evaluation of alternative PPP arrangements for improving delivery of health services, including vaccination, kebele-level community-based deworming and spraying services, and other clinical services through collaboration between the public and private sectors (read more [here](#)). The activity reported here (privatization of AHPs through PPP) is one of the eight PPP models. This activity was conducted in Amhara Region, which had expressed interest in the privatization of non-functional AHPs.

1.4 Objectives

The general objective of the PPP initiative for AHPs is to improve delivery of health services at the grassroots level and create job opportunities for unemployed veterinary graduates. Specifically, the activity is aiming to:

- Produce an inventory of the functional status and capacity of AHPs and the unemployed veterinary workforce in Amhara Region;
- Identify alternative PPP modalities to transfer AHPs to unemployed veterinarians and evaluate their feasibility considering the regional government animal health services delivery policy/strategy/plan and the opportunities and challenges for the initiative; and
- Pilot the best PPP arrangement and document the implementation process for adoption by the Amhara regional government for scaling up and adoption elsewhere in Ethiopia as well as in other countries with similar health service delivery settings.

2 Implementation process

- Situation analysis: The first task in implementing the PPP initiative for AHPs was to document the status of the AHPs and the level of unemployment among young veterinary graduates.
- Consultative process: Each task in the process of implementing the PPP initiative involved continued consultation with stakeholders from the public livestock sector from region to kebele level, regional and 'woreda' (district) offices of the public credit institutions, unemployed veterinarians, and the livestock keepers.
- PPP models: Alternative PPP models for privatization of AHPs were identified in consultation with stakeholders and their feasibility evaluated.
- Governance: Arrangements were made to govern the PPP, including defining the PPP arrangement, formation of a 'kebele PPP forum' (as a sort of board), legal status (registration of the private business), and MoU signing among partners.
- Piloting: The best PPP model was piloted in one kebele in each of the five woredas and two zones of the region.
- Evaluation and documentation: The final stage of the project was evaluating the pilots, and documenting lessons and recommendations for implementing the best model at scale.

3 Situation Analysis

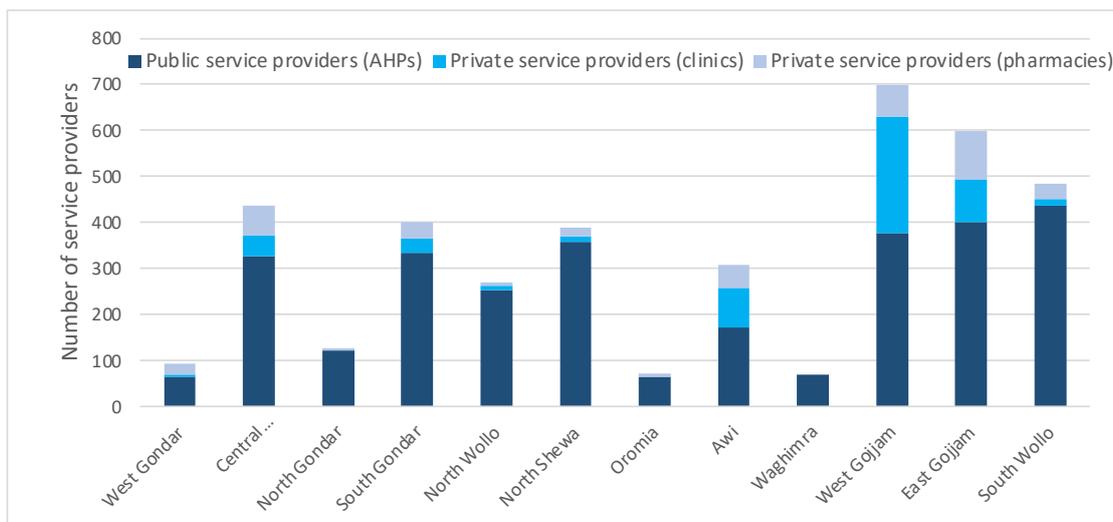
The first step in the implementation of the activity was a baseline situation analysis of the opportunities and challenges, status of the AHPs, and unemployment rate of veterinary graduates (Annex I). The methods followed included assessment of opportunities and challenges, including review of government policies and strategies in health service delivery, and region-level synthesis of secondary data on the status of AHPs and unemployed veterinarians. In addition, there were field visits to sample zones (Central Gondar, West Gojjam and South Wollo), districts (Gondar Zuria, West Denbiya, Jabitehnan, Dembecha, Woreillu and Legehida) and 13 kebele AHPs, and key informant interviews at various administration levels with public and private sector stakeholders as well as focus group discussions with farmers.

3.1 Status of AHPs

In Amhara Region, there are about 3,166 woreda public veterinary clinics and kebele AHPs, 569 private clinics and 447 private pharmacies (Figure 1). Most of the private clinics and drug shops are located in urban areas (district towns). The public animal health service coverage in the region is 84%, varying from 64.6% in South Wollo Zone to 90.6% in West Gojjam. The private clinic coverage is about 10%. However, service coverage is computed based on the presence of health service providers in the kebeles and assuming that an AHP can serve the entire livestock population in the kebele, and does not consider the actual animal health services and respective demand.

About 336 of the AHPs (12.6% of the region's AHPs; Figure 2) are not currently functioning, the main reason being lack of budget to staff the AHPs. However, almost all the non-functioning AHPs are not equipped with any veterinary equipment and office furniture, some of the AHP buildings are not fit for animal health provision or the construction was suspended unfinished. Yet, some of the AHPs are fit for service provision with two rooms for clinical services and attached a two-room living quarter for residence.

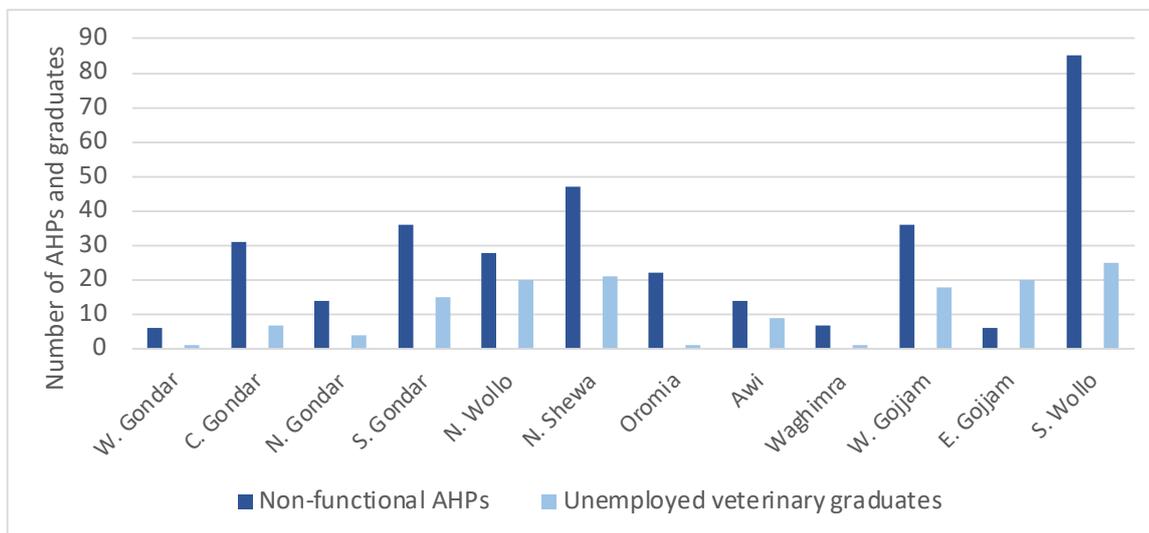
Figure 1. Number of public (AHPs) and private (clinics and pharmacies) animal health service providers in the 12 administrative zones of Amhara Region, Ethiopia.



3.2 Unemployed veterinary workforce

There are about 158 jobless veterinary graduates (Figure 2) in Amhara Region. Staffing the currently non-operational AHPs by employing veterinary graduates as public service providers in the near future is unlikely, and certainly not in the coming fiscal year (2016 Ethiopian Calendar, EC) as officially declared by the government due to budget deficits. On the other hand, unemployment is a critical issue among the youth. Most of the jobless veterinarians surveyed in this study have been unemployed for 2–4 years, having graduated in 2011, 2012 and 2013 EC.

Figure 2. Number of currently non-functional public kebele AHPs and unemployed veterinary graduates in the 12 administrative zones of Amhara Region, Ethiopia.



3.4 Opportunities and challenges

Please see Annex I for opportunities and expected challenges in implementing the PPP initiative.

4 Designing PPP models

4.1 Alternative PPP models

Eight alternative PPP modalities for the transfer/leasing of AHPs to unemployed veterinarians were identified through consultation with stakeholders from the public and private sectors. The PPP types were differentiated by the types of partners involved, initiation, funding and governance of the partnership. According to the World Organisation for Animal Health (OIE/WOAH) designation in 'The OIE PPP Handbook: Guidelines for Public-Private Partnerships in the veterinary domain' (2019), the PPP arrangements could be 'collaborative' (Models I, II, III and IV in Table 1), 'transactional' (Model V) or 'transformative' (Models VI, VII and VIII).

The validity of the identified models was triangulated by presenting them to the various partners and holding a stakeholder validation workshop. The most acceptable models to the stakeholders were I and V. Model acceptability may differ depending on the partners/stakeholders involved in a locality and more than one model could be adopted for a single location. The best suited model(s) for each locality will be selected through consultation with the actual partners in the intervention planning process.

Table 1. Alternative models for introducing PPP in AHPs and scoring at a stakeholders' validation workshop (Annex II)

Models	Acceptance level by stakeholders		
	Public sector	Private sector	Farmers
I. Leasing non-functioning AHPs to unemployed vets in PPP arrangement for clinical and artificial insemination (AI) services	High	High	High
II. Running non-functional AHPs as a joint venture between unemployed graduates and the community	High	medium	High
III. Leasing non-functional AHPs to private service providers to be run as private business	High	High	Medium
IV. Transferring well-functioning AHP to unemployed vets	Medium	High	Medium
V. Mobile herd health management consultancy service for smallholders	High	High	High
VI. Provision of herd health program and animal health consultancy services to commercial livestock farms	NA	NA	NA
VII. Unemployed vets in model livestock enterprises and meat inspection services (demonstration of improved livestock production, besides vet service)	Medium	High	High
VIII. Share company (private ltd) for veterinary services involving unemployed graduates as shareholders or employees	NA	NA	NA

4.2 Feasibility analysis

Feasibility of the alternative models was evaluated by stakeholders considering the criteria listed below:

- The policy of the Amhara regional government;
- Acceptability by the partners (public offices at various levels, livestock keepers and private service providers);
- Financial feasibility of the private business, which is determined by the market volume and service charge, which is to be negotiated between the PPP partners;
- The condition of the non-functional AHPs (whether buildings are fit for service, equipped with veterinary equipment and furniture); and
- Start-up capital for the private business (if it is to be provided by the unemployed vets, credit or other source of support).

The government policy is highly supportive of PPP in AHPs, according to the key informant interviews at various levels. Acceptability of models varies. For instance, livestock keepers in one of the surveyed kebeles would like more control in the operation of the AHP (Model II), whereas such an arrangement was less acceptable among the graduates.

Financial viability of a business depends on the market volume and net benefits. It is important to consider the livestock population and other factors affecting the market volume, as well as the willingness of the service users to agree on reasonable service charges. A financial analysis in the pilot kebeles indicates a moderate to high return on investment (Annex I). Most of the AHP buildings in the surveyed locations are in good condition, but all are without veterinary equipment and furniture. Start-up capital would thus be a major challenge for the graduates.

5 Piloting

5.1 Pilot sites

Based on the findings of the situation analysis study (see Section 3), one kebele in each of the five woredas in the two administrative zones was selected to pilot the privatization of AHPs (Table 2). The criteria for selecting the pilot sites included the priorities of the woreda livestock offices, willingness of the livestock keepers to participate in the PPP arrangement in the kebeles selected by the woreda offices, the market volume, which is determined by the livestock population and the demand for veterinary services and which in turn determines the economic viability of the private clinic business, and the condition of the clinic buildings. All the AHP clinic and residential buildings were in good condition (Figure 3), but all lacked veterinary equipment and furniture, which the HEARD projet provided (Figure 4 and 5). High service demand is expected in all the sites as they are located in remote locations (some are located as far as 50 km off main roads).

Figure 3. Left: The Wereillu Woreda livestock office head with veterinarians recruited to provide services outside a non-functional AHP in O2 Kebele. Right: Veterinarians recruited to provide services at Qendamo Kebele of Dembecha Woreda being coached by HEARD staff on the installation and use of a microscope donated by the project (photo credit: ILRI/Solomon Gizaw).



Figure 4. Left: The veterinarian recruited to provide services at the AHP in O2 Awatel Kebele of Legehida Woreda stands inside the clinic during its launch. Right: The Legehida Woreda administrator hands over the AHP key to the veterinarian recruited to provide services at Qendam Kebele (photo credit: ILRI/Solomon Gizaw).



Figure 5. Left: The AHP opening ceremony at Qendam Kebele of Dembecha Woreda. Right: HEARD staff show kebele and woreda representatives the veterinary equipment donated by the project to the AHP (photo credit: ILRI/Solomon Gizaw).



Figure 6. Unemployed veterinarians recruited to provide services in AHPs and the woreda livestock office heads sign memorandums of understanding (MoUs) at Legeambo Woreda (left) and Wereillu Woreda (right) (photo credit: ILRI/Solomon Gizaw and Dagim Berhanu).



Table 2. Pilot sites for evaluating a PPP arrangement (Model I in Table 1) for transferring non-functional AHPs to unemployed veterinary graduates in Amhara Region

Zone	Woreda	Kebele	AHP status
South Wollo	Legambo	013 Qecenbar	Non-functional for 10 years
	Legehida	02 Awatel	Non-functional for 2 years
	Wereillu	02 Mariam	Non-functional for 3 years
West Gojjam	Denbecha	Qendamo	Non-functional for 4 years
	Jabitehna	Berqegn	Non-functional for 4 years

5.2 PPP arrangement

Consultations were held with representatives from the kebele livestock keepers, the woreda and kebele livestock offices, and the kebele administration office, and facilitated by representatives from the zonal livestock office. After discussions to select the best PPP model to run the AHP, the choice was Model I (Table 1) in all the pilot sites. A brief description of the PPP arrangement is as follows:

- Business model
 - The AHP is managed/administered/governed in a partnership arrangement between the private service provider (the unemployed veterinarian recruited by the woreda livestock office and endorsed by the livestock keepers and the kebele offices) and the public sector partners.
 - The AHP is run by the private service provider as a business firm and provides services to the villagers at cost.
 - The public partners play regulatory and supervisory roles.
 - A 'kebele PPP forum' is formed to oversee the operation of the AHP.
 - The kebele PPP forum is composed of the woreda livestock office head as chairperson, the kebele administrator as secretary, and the woreda health department, kebele livestock office, kebele administration office manager, private service provider and about three villagers as members.
- Governance and legal status
 - The AHP service is governed by the kebele PPP forum (as a sort of board).
 - The AHP is a legally registered private business, having obtained a business licence for the veterinary clinic from the woreda livestock office.
 - An MoU is signed to govern the relationships between the partners (Figure 6). During the contract period of three years, the private service providers are required to provide services in the kebele, but if they opt to leave the business, the veterinary equipment and furniture supplied by the HEARD project will remain the property of the kebele. The private service provider can relocate the clinic elsewhere with all the veterinary equipment and furniture after three years.
 - The partners enter a legal agreement at the woreda justice department.
 - The AHP private business is recognized by the regional government (livestock office), which provided a letter of recognition to the PPP business and stamped the MoU to certify it.
 - The service charge for the various clinical services are negotiated between the private service provider and the kebele PPP forum. Tentatively, a 25–30% added value on drugs is agreed upon. The total service charge will include other elements, such as charges for diagnosis and examination.
 - Services provided by the AHP

- Clinical (case treatment and other) services
- Vaccination services, in a PPP with the woreda livestock office
- Artificial Insemination services, in a PPP with the woreda livestock office
- Community-based deworming and external parasite control (spraying) services

Table 3. Roles/responsibilities of partners/stakeholders

Role/responsibility	Partner/stakeholder	Progress
Overseeing AHP operation and governance	Kebele PPP forum	In progress
Signing of MoU	All partners/stakeholders	Signed
Legal contract	Woreda livestock office and service provider	Signed
Providing services at a fair price	AHP private service provider	Started
Recruitment private service provider	Woreda livestock office	Completed
Providing AHP buildings free of rent	Kebele administration, woreda offices, community	Completed
Maintenance (building, crush etc.) of AHP	Kebele administration, community	Completed
Guarding AHP	Kebele administration	In progress
Endorsement of PPP initiative for AHPs	Regional government (livestock agency)	Completed
Setting service charges	Kebele PPP forum	In progress
Providing vaccines, liquid nitrogen and semen	Woreda livestock office	To be started in due course
Community mobilization for village services	Kebele livestock offices	To start in due course
Recognition of PPP initiative by woreda government	Woreda administration	Completed
Launching the AHP	Woreda administration	Launched
Facilitation of the overall process of the PPP	HEARD project	In progress
Baseline and feasibility study of the initiative	HEARD project	Completed
Equipping, furnishing and stocking the AHP with supplies (in-kind start-up capital for service providers)	HEARD project	Completed
Evaluating and documenting the PPP pilot	HEARD project	In progress

5.3 Preliminary assessment

- The performance/success of the AHP PPP initiative was assessed based on the commitment and participation of the partners/stakeholders in the planning process and the performance of the AHP since the launch.
- All partners were fully committed to the initiative and actively participated in planning its implementation.
- All the AHPs in the pilot sites were launched and started providing services to the communities (Figure 7). Early assessment of the business performance is encouraging according to the service providers.
- The kebele community and administration celebrated the launching of the AHPs with feasts.
- Legambo Woreda Communication Office post on clinic services after 10 years:<https://www>.

Figure 7. Private service providers offering veterinary services at the Wereillu Woreda AHP.



6 Key findings and lessons

- A PPP arrangement was found to be the best approach for improving animal health service delivery, considering the challenges faced by the public sector and the limitations of the private sector in Ethiopia.
 - Budget deficits crippling the public sector have hindered staff recruitment (aggravated recently by the Ministry of Finance's suspension of new employment in the public sector in the coming fiscal year), purchase of veterinary equipment and stocking of the non-functioning AHPs (all non-functioning AHPs are just empty buildings).
 - On the other hand, the private sector faces challenges of mistrust by livestock keepers and low capacity for delivering efficient services. Livestock keepers are sceptical (some are even wary) of private service providers, complaining of overcharging and low quality of drugs in some of the surveyed kebeles. For most unemployed graduates, start-up capital is a major limitation, and most are unwilling to use credit services because of the high collateral requirements and the risk of losing family assets in the event of business bankruptcy.
 - The PPP initiative for AHPs could circumvent the challenges in both sectors, by relieving the public sector of the burden of providing private goods and leaving it to focus on public goods and its regulatory role (at the same time addressing the concerns of the livestock keepers). Private service providers also gain additional benefits from the PPP arrangement, but not from independent private businesses, such as increased market volume, recognition by the government and reduced investment costs.
 - The public sector at all levels is very keen and ready to recognize and involve the private sector in the PPP initiative.
- An alternative version of the PPP model adopted in this pilot project could be considered for evaluation in future initiatives.
 - A modification suggested during the planning process is that the start-up capital for equipping and furnishing the AHPs be under the control of the kebele office, rather than the private service provider, which could ensure the continuity of services in the event the service provider decides to move the business to another location after the three-year contract ends.
 - Questions to be considered: How likely is the service provider to relocate the business? What would lead to such a decision and could it be addressed in time by the partners? Would such an arrangement disincentivize the unemployed vets from joining the initiative?
 - Equipping the AHPs through a credit system is another model to be tested.
 - It is important to involve all stakeholders, including the local political administration, in the implementation process for legally established partnership initiatives.
 - Selection of private service providers should consider their motives to join the initiative in addition to their background and personality.
 - Selection of AHPs needs to consider factors affecting the viability of the private businesses.

7 Plans (next steps)

- Introducing Herd manager mobile phone application
- Evaluating other alternative models in the current (HEARD I) project regions
- Scaling up the proven models in the current (HEARD I) project regions, in collaboration with regional HEARD components
- Evaluating the PPP initiative in new regions of HEARD II
- Involving NGOs to support unemployed graduates in the PPP initiative for AHPs
- Final evaluation and documentation of the PPP initiative model for scaling up by the Amhara region government, other regions in Ethiopia, and elsewhere where there are similar health service delivery systems

8 Annexes

Annex I. Report on the situation analysis and feasibility of PPP initiative for AHPs

Annex II. Stakeholders' validation workshop report

The Health of Ethiopian Animals for Rural Development (HEARD) project is financed by the European Union.

Among others, one of the objectives of the project, 'improving the technical competencies of veterinary service providers to enable them to deliver better and provide rationalized services', is jointly implemented by the International Livestock Research Institute (ILRI) and the Ethiopian Veterinarians Association (EVA). The lead implementer of the HEARD project is the Federal Democratic Republic of Ethiopia's Ministry of Agriculture.



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