Exploring governance of bovine viral diarrhoea eradication across the UK and Ireland

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Executive summary and key messages
Bovine viral diarrhoea (BVD) is an endemic cattle disease in the UK and Ireland. Eradication schemes were introduced in Scotland in 2010, Republic of Ireland in 2012, Northern Ireland in 2013, England in 2016 and Wales in 2017. The Irish, Northern Irish and Scottish schemes involve legislation while the Welsh and English schemes are in a voluntary phase. The schemes all involve industry-government partnership design and administration.

The government-industry partnership design of the bovine viral diarrhoea (BVD) eradication scheme was seen by key stakeholders to have advantages in terms of democratic and effective policy design but disadvantages in terms of lack of clarity over distribution of responsibility and what organisation is or should be ultimately responsible for ensuring different stakeholders comply with the scheme.

The main risk to eradication schemes seen by key stakeholders in all 5 countries was farmers retaining persistently infected (PI) animals. None of the schemes compel farmers to cull PI animals because this was seen as problematic in the context of a non-zoonotic, non-notifiable disease. But it was also seen that farmers might not follow epidemiological advice to cull persistently infected animals for different social and economic reasons. Thus in the new domain of industry-government partnerships for a non-zoonotic, non-exotic disease there may be a need to rethink what ‘compliance’ with an eradication scheme means – there may be a gap between compliance with the law and compliance with epidemiological advice.

Summary table of BVD eradication schemes across UK and Ireland

<table>
<thead>
<tr>
<th>Country</th>
<th>Scotland 2010 (compulsory testing)</th>
<th>England 2016 (movement restrictions)</th>
<th>Wales 2017 (compulsory testing within 20 days of birth)</th>
<th>Northern Ireland 2013 (compulsory testing at animal level)</th>
<th>Republic of Ireland 2012 (compulsory testing within 20 days of birth)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing method</strong></td>
<td>Blood test or tag test</td>
<td>Blood test or tag test</td>
<td>Blood test</td>
<td>Tag test</td>
<td>Tag test</td>
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<tr>
<td><strong>Terminology</strong></td>
<td>Negative, non-negative, positive.</td>
<td>Negative, non-negative, positive.</td>
<td>BVD free, BVD present.</td>
<td>Negative, inconclusive, unknown, positive.</td>
<td>Negative, negative herd status (NHS), inconclusive, unknown, positive.</td>
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</tbody>
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Methods
- Twenty five key stakeholder interviews.
- 5 from Ireland, 5 from Northern Ireland, 4 from Wales, 5 from England and 6 from Scotland.
- Interviewees included government employees, private vets, academics and representatives of agricultural organisations involved in the organisation and implementation of eradication schemes.
- Qualitative interviews explore individual people’s perspectives in detail.
- Thematic analysis.

Results
There was disagreement about the extent to which BVD eradication was or was not a public good and the role of government and industry bodies. Interviewee quotes:

Ireland: “The department fund it. The department supports confirmatory testing […], but, it’s one step removed, it’s been delegated to AHI and I think it probably works, because the department definitely doesn’t want to be directly involved with non-regulated diseases”.

Northern Ireland: “I think, economic case for state intervention is difficult, because it’s a production disease […] the economic benefits are for the herd owners. So, the economic case for state intervention on a financial level, if not legislative level, isn’t desperately strong.”

Ireland: “Most certainly it’s a public good, […] If you look at any increased productivity on farms, every additional euro that accrues on the farm has a multiplier effect out into the rural and local and national economies.”

Scotland: “And sometimes it hard to see who’s the actual owner. And there isn’t a single responsible person. […] So there’s a bit of ambiguity there which is not completely comfortable.”

Key stakeholders’ views on the interaction between legitimacy, compliance and epidemiology necessary for successful disease eradication. Threats to any of the links were seen as threats to the success of the scheme.