Insufficient healthcare for working equids compromises welfare and results in lost days of animal work.

External interventions often focus on technical knowledge transfer and subsidised treatments, rather than providing support along the service provider (SP) value chain.

This value chain can be described in three sections: inputs, service provision and business development.

Current and potential programmatic activities in each of these sections were collated during a workshop in 2014 with vets from seven low-income countries and are detailed below.

As mobile internet technology becomes ubiquitous SPs can exploit new marketing avenues and payment options.

In Kenya, veterinary pharmacists started stocking equine analgesics when The Brooke linked them to local service providers who demanded them.

Fuel is expensive but essential for enabling SPs to travel from case to case. Credit can make it affordable.

In Pakistan Brooke vets hand over cases to local SPs whenever possible.

Peer learning between farriers in Senegal communicates practical benefits of improved service delivery. These professional links could be strengthened through tailor-made technical resources.

Community-led insurance in India is a nano-finance product that formalises links between equid owners and SPs.

These findings support the need for an integrated approach from animal health economists and academics alongside agencies working directly with SPs.

Most interventions focus on technical capacity building for service provision, potentially because:

1. strategies that strengthen inputs may be underdeveloped because animal health inputs are expensive.
2. inherent difficulties in business development activities within communities with low financial literacy.
3. complicated economic evaluation due to in kind payments and reliance on multiple income streams.

Further exploration of how the whole value chain can be strengthened should be explored and documented.

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