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**REPORT ON TECHNICAL COOPERATION IN  
VETERINARY PUBLIC HEALTH**

## TABLE OF CONTENTS

I - INTRODUCTION .....	5
II - ALLIANCES AND SHARED HEALTH-AGRICULTURAL POLICIES TO ADDRESS HEALTH ISSUES .....	5
A. Reduction of the social and economic burden of diseases in vulnerable groups .....	5
Eradication of Foot-and-Mouth Disease .....	5
Neglected diseases related to poverty .....	6
Human Rabies transmitted by dogs .....	6
Plague .....	7
Leishmaniasis .....	7
Liver Fascioliasis .....	7
Hidatidosis .....	8
Food Safety. Food-borne Diseases .....	8
B. Strengthening of regional and global coordination mechanisms for early warning of and response to health risks .....	9
Health Emergencies .....	9
Laboratory Networks .....	9
Cooperation projects between countries .....	10
III - INSTITUTIONAL DEVELOPMENT AND VPH COOPERATION PROGRAM .....	10
A. Institutional Development .....	10
B. VPH Cooperation Program .....	11

## **I - INTRODUCTION**

1. The technical cooperation project in veterinary public health (VPH) encompasses the areas of Health Surveillance and Disease Prevention and Control (HSD) of the Pan-American Health Organization, the regional office for the Americas of the World Health Organization (PAHO/WHO). Since 2007, project coordination has been a function of the Pan-American Center for Foot-and-Mouth Disease (PANAFTOSA), located in Rio de Janeiro, Brazil.
2. The project forms part of the 2008-2017 Health Agenda for the Americas and the 2008-2012 PAHO/WHO Strategic Plan, and is associated with the health-related objectives of the Millennium Development Goals (MDG).
3. This report is related to Resolution 14 of the 48<sup>th</sup> session of the PAHO Directing Council (CD48. R13), held in Washington, DC, USA, September 29-October 3, 2008. This Resolution incorporates the agreements under the “Rio Declaration” of the 15<sup>th</sup> Inter-American Meeting at Ministerial Level on Health and Agriculture (RIMSA 15): “Agriculture and Health: Alliance for Equity and Rural Development in the Americas,” held in Rio de Janeiro, Brazil, June 11-12, 2008.
4. The report summarizes the achievements of PANAFTOSA's technical cooperation toward the forging of alliances and shared health–agricultural policies to address health issues, the strengthening of regional and global coordination mechanisms for early warning of and response to health risks, and institutional development and strengthening for cooperation in VPH.

## **II – ALLIANCES AND SHARED HEALTH–AGRICULTURAL POLICIES TO ADDRESS HEALTH ISSUES**

### **A. Reduction of the social and economic burden of diseases on vulnerable groups**

5. PANAFTOSA, guided by a global vision, and in compliance with the mandates of the Directing Bodies, has prioritized cooperation to promote, within and among the countries, intersectoral health–agricultural–environmental alliances and action strategies to prevent, eliminate, or eradicate zoonoses, neglected and emergent diseases, food-borne diseases, and animal diseases that hinder food production and trade, so as to counter the social and economic burden that these represent to vulnerable groups.

### **Eradication of Foot-and-Mouth Disease**

6. The Hemispheric Plan for the Eradication of Foot-and-Mouth Disease (PHEFA) was launched in 1988 as a direct consequence of the governments' increased awareness of how onerous it was to live with foot-and-mouth disease, and, particularly, their realization of the strategic importance of eradicating the disease, as this contributes to ensuring food security, diminishes direct economic losses, and facilitates access to the international market for those countries with exportable surpluses.
7. The PHEFA, coordinated by PANAFTOSA and executed by the Ministries of Agriculture through the National Animal Health Services together with rancher organizations, has achieved significant progress in the eradication of the disease. North American, Central American, and Caribbean countries have kept their status as free of the disease.
8. Up until 2011, South America managed to keep approximately 71% of its area, 70% of its herds, and 85% of approximately 350 million heads of cattle foot-and-mouth disease free, with, or without vaccination, as recognized by the World Animal Health Organization (OIE). Thus, in recent years, the availability of beef has increased, while exports have increased fivefold, totaling over 10 billion dollars. These factors lead to sustainable, inclusive, and equitable growth of the agricultural sector, as well as to the economic development and the well-being of the rural population.

9. The consolidation of veterinary services and epidemiological surveillance systems through the execution of national eradication programs has attained technical and managerial maturity, which allows them to work successfully in areas common to human and animal health, such as zoonoses and food safety, and to face new challenges related to the prevention of exotic, emergent, and re-emergent diseases, in close coordination and joint work with the ministries of health and the environment.
10. Nevertheless, some challenges and incomplete tasks must be recognized, as there are territories not generally involved in the exportation of animals or animal products, where the virus persists. This poses a great risk to the large investments made by the countries in the fight against the disease, an investment that exceeded 1.3 billion dollars in 2011.
11. Acts of solidarity, which include the movement of resources from sectors that have benefited more from eradication towards countries and zones where the disease still remains, are therefore required. It is necessary to extend the benefits of the cattle business to family farming, through the provision of financial and technological support to improve production and productivity. It is imperative to achieve equilibrium and harmony between primary production and food processing and the sustainability and protection of the environment, through an inter-governmental, inter-sector, and multidisciplinary effort.
12. Under the 2011-2020 PHEFA, mechanisms for the acquisition of extra-budgetary resources have been implemented. The Trust Fund was established as a transparent institutional means to mobilize voluntary contributions from countries and other public and private organizations to sustain technical cooperation from PANAFTOSA, which is necessary for the achievement of PHEFA's objectives.
13. Coordination with other international technical and/or financial agencies of global, regional, and subregional scope is being maintained, as well as coordination with organizations committed to the execution of the PHEFA, including the Inter-American Group for the Eradication of Foot-and-Mouth Disease (GIEFA) and the Permanent Veterinary Committee (CVP).

### **Neglected diseases related to poverty**

14. The provision of technical cooperation for the "unfinished health agenda" requires the joint efforts of the different sectors and institutions, so as to efficiently reduce the social, economic, and health burden of some diseases that can be fought with existing tools, to the point that they could stop being considered a public health problem in Latin American and Caribbean countries.
15. Intervention actions for the prevention and control of unattended zoonotic, endemic, or emergent diseases have included advocacy at the highest political levels to promote cooperation and the coordination of the different inter-sector and public/private institutional efforts, which affect social, economic, and political determinants at the health-agricultural-environmental interface.
16. Among these diseases, whose elimination or drastic reduction is feasible, there are several zoonoses – some localized at sub-national levels and others spread nationwide – for whose prevention, control, and elimination PANAFTOSA, together with the countries, has endeavored.

### **Human Rabies transmitted by dogs**

17. Since 1983, when the Program for the Elimination of Rabies in the Americas was launched, there has been a reduction of more than 95% of human and canine cases. This epidemiological situation shows significant progress towards the goal of total elimination of the disease, expected to be achieved by 2015. The 350 cases of human rabies and of 25,000 dogs that tested positive in the early 80's have dropped to an annual average of 17 and 682, respectively, in the 2006-2011 period.
18. Rabies continues to be a disease associated with poverty and extreme poverty. The countries where it still persists are Bolivia, Haiti, the Dominican Republic, and Guatemala. Residual foci of the disease occur along the borders of Guatemala with Mexico, Honduras, and El Salvador; and of Bolivia with

Argentina and Peru; they also occur in the Brazilian Northeast. In these countries and critical areas it is important to ensure in a timely manner the supply of immune-biological products for use in humans and canines, in the quantities and of the quality required for the execution of cost-effective vaccination campaigns.

19. A project of cooperation with the countries is under way to reduce in the short term the occurrence of human and canine rabies in countries and critical areas. This is done in order to consolidate the final goal, related to the continental elimination of the disease on the continent.

## **Plague**

20. In South America, plague is concentrated in Peru, Bolivia, Ecuador and Brazil, and affects mainly populations that live in extreme poverty, in housing that is vulnerable to the entry of rodents and vectors of the disease.
21. Peru, the country with the largest number of cases in the region, recorded 50 cases from 2006 to 2010, with a mortality rate of 14%. In 2009 and 2010, the disease reemerged with epidemic characteristics in the Department of Libertad, after 12 years of epidemiological respite.
22. Cooperation was provided under WHO's coordination for the implementation of a Cooperation Agreement between the Madagascar Pasteur Institute and the National Institute of Health in Peru, to improve epidemiological surveillance based on the application of rapid diagnostic techniques on humans and animals, and on the sharing of experiences in rodent control and of studies on insecticide resistance.

## **Leishmaniasis**

23. Leishmaniasis is a public health issue because of its high morbidity rate and wide geographic distribution and because it occurs in different clinical forms that can cause mutilation, segregation, and death.
24. In 2011, with the launching of the Regional Program for Leishmaniasis in the Americas, PAHO committed itself to support the structuring and strengthening of national control programs in endemic countries.
25. Of particular note among the cooperation activities was the gathering and consolidation of regional data, risk stratification, the drafting of the Guide to Leishmaniasis in the Americas, and the development of the first module of a distance education course on skin and mucous leishmaniasis, its diagnostic and treatment.

## **Liver Fascioliasis**

26. Bolivia and Peru are two of the six countries that are part of the global initiative to control this zoonosis. Under PAHO coordination, support has been given to the implementation of projects to control the disease in rural communities in the Altiplano, based on the coordination of health, agriculture, and the environment.
27. Several laboratory diagnostic techniques have been validated, which allow the improvement of epidemiological surveillance and the establishment of the disease's baseline, and the deparatizing of schoolchildren.
28. In some areas, intervention has managed to decrease the infection's prevalence in schoolchildren from 27% to 5%, thus contributing to the fight against child malnutrition and to the improvement of the population's quality of life.

## **Hidatidosis**

29. The Subregional Project for Hidatidosis Control and Surveillance in the Southern Cone – Argentina, Brazil, Chile, and Uruguay, and now encompassing Peru and Bolivia – has been in operation since 2004, and has made significant progress. Of particular note is the elimination of the disease in the Province of Tierra del Fuego, Argentina, and Chile's 12<sup>th</sup> Region. It's a health-agriculture-environment integrated action strategy.

## **Food Safety, Food-borne Diseases**

30. The establishment of food safety and food-borne diseases (FBD) prevention systems has been promoted. These are based on five basic components: Legislation; food control management; inspection services; laboratories; and information, communication, education, and training, which in turn rest on the integrated “farm-to-table” concept, as well as on risk analysis, transparency, and the evaluation of regulatory effects.
31. In conjunction with the Inter-American Institute for Agricultural Cooperation (IICA) the Performance, Vision, and Strategy (PVS) tool was applied to strengthen national food safety systems based on self-evaluation of one's own technical capacity; human and financial capital; interaction with the private sector; and access to markets. It has been applied in Uruguay, Paraguay, Brazil, Colombia, Venezuela, Bolivia, Peru, Ecuador, and Jamaica, in the Caribbean.
32. To prepare authorities that are competent in food safety as independent organizations that have at their disposal a comprehensive legal framework encompassing from production to consumption, teaching material was prepared in conjunction with the Brazilian Health Surveillance Agency (ANVISA) for strengthening the countries' capabilities for using risk analysis.
33. “eLearning” was incorporated into the work process of those authorities responsible for managing food safety in the countries. In cooperation with the Agencia Santafesina de Seguridad Alimentaria, Santa Fe Province, Argentina, an “electronic government” strategy was developed: 17 virtual seminars with 1,488 participants. The implementation of a public consultation was done with the help of ANVISA: one virtual seminar with 152 participants.
34. The Codex Alimentarius Committee for Latin America and the Caribbean (CCLAC) has received support, in coordination with FAO, to develop common positions in the region vis-à-vis the Codex norms and guidelines. Of note are the seminars on risk-based inspection systems held during the 16<sup>th</sup> CCLAC Meeting in 2008, and the 2010 seminar on the international risk-evaluation process and the development of standards.
35. The strengthening of national capabilities in the use of modern inspection and audit methods based on the principles of good practices and HACCP, has continued. In coordination with OIRSA in Central America, the National Institute of Food and Drug Monitoring (INVIMA) in Colombia, and ANVISA in Brazil applied training events were held. The teaching material used is available in three languages at the virtual food safety library.
36. Support was given to the Colombian Integrated Antimicrobial Resistance Surveillance Program (COIPARS), an initiative coordinated by the agriculture sector (CORPOICA and ICA), with the participation of public and private institutions. Among the latter are the Colombian Poultry Federation (FENAVI) and food distribution chains. Similar programs are being developed in Argentina, Uruguay, Paraguay, Ecuador, and Venezuela.
37. Studies on the morbidity burden of diarrheal diseases in the Caribbean were undertaken. Eight countries of the subregion: Jamaica, St. Lucia, Dominica, Trinidad and Tobago, Bermuda, Guyana, Barbados, and Grenada have completed their studies. During the WHO-GFN workshop in July 2012, “issues briefs” and “policy briefs” to guide food safety policy in these countries were developed.

## B. Strengthening of regional and global coordination mechanisms for health risks early warning and response

### Health Emergencies

38. Zoonoses are a major Public Health Emergency of International Concern (PHEIC). The events recorded for the Americas in WHO's Event Management System (EMS) database, under the International Health Regulations (IHR), show that the highest percentage corresponds to diseases of zoonotic origin. This result confirms previous research and recognizes the importance of the human-animal health interface and of inter-sector and inter-agency collaboration.
39. The Systems for Vesicular Disease Surveillance (SIVICONT), Epidemiological Surveillance of Rabies in the Americas (SIRVERA), and Epidemiological Surveillance of Food-borne Diseases (SIRVETA), all coordinated by PANAFTOSA, permit the interaction with National Focal Points in the application of IHR procedures, as well as of OIE standards and regulations on communication of risk events of international importance for both human health and animal health.
40. PANAFTOSA intervened actively in light of the 2009-2012 global emergency of pandemic influenza, working with the countries' health services in the development and evaluation of plans for pandemic preparedness, a component of surveying disease in animals. It cooperated in the training of the staffs of official veterinary services in laboratory diagnosis, organization of blind tests, risk analysis, and regulation of biosecurity measures on farms and in animal production facilities.
41. In recent years, the notification of alerts related to the emergence of wild rabies has become important. There have been outbreaks of human rabies transmitted by vampire bats in several countries of the region. Between 2006 and 2011, 114 deaths were reported, mostly in Peru, Ecuador, Mexico, Brazil, and Colombia, in indigenous communities as well as in informal workers engaged in farming and mining activities.
42. A significant number of leptospirosis alerts have been recorded in recent years in the Americas, many of them related to natural disasters, particularly to floods. It is considered the 10<sup>th</sup> leading global infection risk.
43. PANAFTOSA, in coordination with the Epidemic Disease Alert and Response Unit (HSD / IR) and the FIOCRUZ leptospirosis laboratory in Rio de Janeiro, Brazil, a PAHO/WHO Collaboration Center, has been working with countries in epidemiological surveillance and outbreak control activities in emergency situations. A systematic review of the knowledge gaps that hinder the prevention and control in Latin America and the Caribbean is available.
44. Food safety emergency response guides have been prepared in coordination with FAO and WHO to activate the RSI and the International Food Safety National Authority Network (INFOSAN). Training has been conducted in South and Central America to respond to emergencies. There have been also WHO-GFN network workshops to reinforce INFOSAN Emergency and the National Focal Points during events of international public health importance.

### Laboratory Networks

45. To support prevention and health control programs, the South American Network of Diagnostic Laboratories for Vesicular Diseases has been put into place. It is coordinated by the PANAFTOSA laboratory. Also in progress is the implementation of Inter-American networks of diagnostic laboratories for rabies, leptospirosis and brucellosis. The Center for Disease Control – CDC, Atlanta, USA and the Pasteur Institute of São Paulo, Brazil serve as reference sources for rabies; for leptospirosis, it is the FIOCRUZ laboratory in Rio de Janeiro, Brazil; and for brucellosis, there is the Carlos Malbrán Institute's laboratory in Buenos Aires, Argentina.

46. As part of overall, regional, and national efforts pertaining to the detection, control and prevention of FBD, the Inter-American Network of Food Analysis (INFAL), the WHO Global Network for Food-borne infections (GFN), and the Pulsenet Network for Latin America and the Caribbean have been established. During this period, the following achievements should be noted:
- Under the scope of INFAL, 30 "webinars", with 11,342 participants from 21 countries, were held
  - Proficiency tests were conducted for 86 microbiology laboratories in 20 countries, and physical-chemical and chemical residue analyses were performed for 54 laboratories in 19 countries
  - The workshop on chemical contaminants in food: study on total diet in the case of Chile, was held via "eLearning", with 409 participants from 19 countries.

### **Cooperation projects between countries**

47. Based on the experiences gathered from local development and productive municipality projects, there has been continued participation in the "Voces, Rostros, y Lugares" (VRL) Initiative, as well as the preparation of Cooperation Between Countries (CBC) projects, which foster local capabilities and contribute to the overall development and improvement of the population's health and quality of life.
48. We participated with the VPH component in the VRL initiative on several projects in several countries, notably the Great South American Chaco, where five key areas of local development related to the MDGs were emphasized: production and nutrition, education, the empowerment of women and indigenous peoples, and the environment.
49. Several CBC projects have been implemented regarding zoonoses control, animal health, FBD prevention, and the strengthening of laboratory networks and quality management systems. Their implementation has led to experiences that make feasible their insertion into subregional development initiatives such as the Central American Integration System (SICA), the Andean Community of Nations (CAN) and South-South cooperation, aimed at institutional strengthening, resource mobilization, and sharing of technology, training, and information.
50. PANAFTOSA maintains alliances and cooperation agreements with other international agencies: OIE, FAO, IICA and other technical and financial cooperation entities at the regional, subregional or national level. Of particular note, among the latter, are cooperation agreements with the Ministry of Agriculture and Food Supply of Brazil (MAPA), the Ministry of Health – Bureau of Health Surveillance (MS / SVS), and the National Beef Cattle Center (CNPC) in Brazil.

## **III – VPH INSTITUTIONAL DEVELOPMENT AND COOPERATION PROGRAM**

### **A. Institutional Development**

51. In 2008 PANAFTOSA, in compliance with the mandates of the Directing Bodies, started a process of institutional development and strategic direction of VPH cooperation, whose goal was to strengthen the management of planning, human resources, and knowledge management in the short term. Extra-budgetary resources were mobilized, which have allowed the strengthening of the cooperation efforts for the continental eradication of foot-and-mouth disease and the reinforcement of national animal health programs.
52. With the cooperation of MAPA and the CNPC in Brazil, the modernization of PANAFTOSA's laboratory has been completed, featuring two technical units: one for diagnostics and the other for the production of reference reactants.



- The FAO/OIE reference diagnostics unit for foot-and-mouth disease and other vesicular diseases has been operating since 2012 as a decentralized unit at the laboratory in Pedro Leopoldo, Minas Gerais, Brazil (MAPA-LANAGRO/MG). There, under NBS4-OIE biosecurity conditions, samples from the countries are processed.
  - The reference reactant production unit operates in the PANAFTOSA laboratory and produces the diagnostic kits required by countries' official animal health services.
53. In December 2011 a Cooperation Agreement with the Bureau of Health Surveillance (MS/SVS) was signed for the implementation of the “Project for the strengthening of health surveillance and improvement of managerial capacity for the reduction of the morbidity and mortality rates of zoonoses, diseases transmitted by water-borne vectors, and food-borne diseases”.

## B. VPH Cooperation Program

54. Through a systematic, collaborative effort, the PANAFTOSA technical-administrative staff formulated the Veterinary Public Health Cooperation Program for the 2013-2017 period.
55. The strategic cooperation framework incorporates those topics which are part of the unfinished agenda: preservation of achievements and how to face new public health challenges, whether they are national, regional, or global, paying particular attention to special population groups and territories. The strategy prioritizes the following three main subject areas:
- eradication of FMD in the Americas and the strengthening of national capabilities for epidemiological animal health surveillance;
  - prevention, control, and elimination of zoonoses and prevention of emergent infectious diseases, and;
  - Safety of food for human consumption and prevention of food-borne diseases.
56. The implementation of the cooperation program as proposed raises a number of strategic, technical, and managerial challenges and opportunities in an environment characterized by a number of factors and processes which influence VPH.
57. At the strategic level, cooperation promotes a participatory way to work at the regional level, encourages and supports partnerships with the public and private sectors and with others entities, aimed at strengthening national capabilities and at contributing to food security and nutritional quality.
58. In the technical sphere, cooperation activities are based on public health-animal health-environment interactions, in conformity with the provisions of the IHR, the Codex Alimentarius Commission, and OIE's international animal health standards.
59. At the managerial level, cooperation is propitious to a flexible, participatory organization to promptly adapt to changing scenarios, with the prospect of becoming a regional specialist center with global projection, which promotes and coordinates joint health-agriculture-environment work, so as to contribute to the overall improvement of the quality of life and well-being of the population.