



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **14th INTER-AMERICAN MEETING, AT THE MINISTERIAL LEVEL, ON HEALTH AND AGRICULTURE**

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### **PLAN OF ACTION FOR THE PAN AMERICAN FOOT-AND-MOUTH DISEASE CENTER, 2006-2007**

Presented herein is plan of action for technical cooperation to be undertaken by the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) during the biennium 2006-2007. PANAFTOSA, created in 1951, is an integral part of the Veterinary Public Health Unit of the Pan American Health Organization (PAHO) within its area of Disease Prevention and Control.

Since May 1998, under a mandate from the Governing Bodies of PAHO/WHO, PANAFTOSA has provided technical cooperation on zoonoses that have an impact on human health and the economies of countries.

The technical cooperation strategy presented here has been developed within the framework of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease and the programs for the prevention and elimination eradication of rabies, brucellosis, tuberculosis, hydatidosis, and other zoonoses, with special emphasis on coordination between the health and agricultural sectors.

The countries and PAHO/PANAFTOSA are faced with the impressive challenge of fulfilling the specific recommendations arising from the Houston Declaration in reference to the final stage of the Plan of Action under the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA 2005-2009).

For the biennium 2006-2007, PANAFTOSA has drawn up a proposal for technical cooperation based on the execution of six projects: (1) Foot-and-Mouth Disease and Vesicular Diseases; (2) Zoonoses; (3) Epidemiology; (4) Reference Laboratories; (5) Technical Management; and (6) Administrative Management.

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**Proposed Plan of Action for Technical Cooperation  
by the Pan American Foot-and-Mouth Disease Center (PANAFTOSA)  
2006-2007**

**Background**

***Institutional History***

1. The Pan American Foot-and-Mouth Disease Center (PANAFTOSA) is an integral part of the Unit on Veterinary Public Health within the Area of Disease Prevention and Control (DPC) of the Pan American Health Organization (PAHO). PANAFTOSA was created in 1951 as a technical cooperation project of the Organization of American States (OAS), administered by the Pan American Sanitary Bureau (PASB), to support countries affected by foot-and-mouth disease. In 1968 the governing bodies of the two organizations decided that PANAFTOSA should become a regular PAHO/WHO program, serving as a technical cooperation component within the Program on Veterinary Public Health.

2. Since May 1998, under a mandate from the Governing Bodies of PAHO/WHO, PANAFTOSA has provided technical cooperation on zoonoses that have an impact on human health and the economies of countries.

3. For the technical cooperation activities carried out by PANAFTOSA, PAHO has received advice from such bodies as the Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA), the Hemispheric Committee for the Eradication of Foot-and-Mouth Disease (COHEFA), and the South American Commission for the Control of Foot-and-Mouth Disease (COSALFA). These bodies provide analysis and consultation with regard to strategic and programmatic orientations.

4. PANAFTOSA serves as a reference center for FAO and the OIE on vesicular diseases in the American Hemisphere.

***Organizational Structure***

5. The structure of PANAFTOSA includes the Office of the Director and four technical units: Vesicular Diseases, Epidemiology, Zoonoses, and Laboratory, plus the Administrative Unit, with a total of 92 staff members. The technical staff comprises 10 international professionals and 7 national professionals.

### ***Mandates***

6. In 1987, Resolution RIMSA5.R13 called upon the Pan American Health Organization (PAHO) and the South American Commission for the Control of Foot-and-Mouth Disease (COSALFA) to develop the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA), including adequate mechanisms for its implementation. This meeting also approved establishment of the Hemispheric Committee for the Eradication of Foot-and-Mouth Disease, to be responsible for political and technical orientation as well as the monitoring of PHEFA.

7. Based on this mandate, the main objective of PANAFTOSA has been to provide technical cooperation to the countries of the Americas for the eradication of foot-and-mouth disease in compliance with the guidelines of PHEFA and the recommendations of the advisory agencies COHEFA and COSALFA.

8. Since May 1998, under a mandate from the Governing Bodies of PAHO/WHO, PANAFTOSA has provided technical cooperation on zoonoses that have an impact on human health and the economies of countries.

9. In 2004, pursuant to a mandate from RIMSA 13 and in coordination with the United States Department of Agriculture (USDA), the Hemispheric Conference on the Eradication of Foot-and-Mouth Disease was held in Houston, Texas, and produced the Houston Declaration, which made specific recommendations to the countries and PAHO/PANAFTOSA with reference to the final stage of the PHEFA Plan of Action (2005-2009).

10. As a result of this conference, the Inter-American Group on Eradication of Foot-and-Mouth Disease (GIEFA) was created to prepare a new version of the Plan of Action corresponding to the period in question. This plan provides for strengthening national veterinary health care structures, increasing cooperation between the public and private sectors, and concentrating action at the local level.

### **Cooperation Strategy**

11. The technical cooperation strategy for foot-and-mouth disease and animal health in general is implemented within the framework of the Hemispheric Program for the Eradication of Foot-and-mouth Disease (PHEFA), which encompasses regional health action divided into six subregional projects: North America, Central America, the Caribbean, the Andean Area, the Southern Cone, and Amazon and non-Amazon Brazil. These projects focus their action on the execution of integrated programs at the level of international borders.

12. Priority is given to the promotion and support of various forms of social organization that can be incorporated into the work of PHEFA. An example is the joint venture of the public and private sectors in the implementation of foot-and-mouth disease eradication projects in the countries of South America through local Foot-and-Mouth Disease Eradication Committees.

13. As part of this cooperative undertaking, it is intended to strengthen veterinary health care systems at the local level within the context of Productive Municipios, in order to strengthen epidemiological surveillance systems geared toward identifying and addressing priority constraints on health and animal production that affect the development and well-being of the community.

14. Cooperation on the execution of programs for the prevention, elimination, and eradication of rabies and other priority zoonoses places special emphasis on the coordination of action between the health and agricultural sectors.

### **Program Components**

15. For the biennium 2006-2007, PANAFTOSA has prepared a technical cooperation proposal based on the implementation of six projects: Foot-and-Mouth Disease, Epidemiology, Zoonoses, Reference Laboratories, Technical Management, and Administrative Management.

### ***Project on Foot-and-Mouth Disease and Vesicular Diseases***

#### *Analysis of the Situation*

16. Significant progress has been made in the control and eradication of foot-and-mouth disease, especially since the implementation of PHEFA, as witnessed by the sharp reduction in morbidity and mortality rates and the steady decline in the number of foci in the South American region (see country situation reports for 2003 and 2004 presented at COSALFA 31 and 32, respectively).

17. Taking into account the progress achieved in combating the disease, the Houston Conference was convened under the auspices of USDA and PAHO. Held in March 2004, it brought together most of the ministers and vice ministers of agriculture and chiefs of veterinary health services in the Region. This conference produced the Houston Declaration, which, in addition to reiterating the commitment to eradicate foot-and-mouth disease from the Hemisphere, called for creation of the Inter-American Group for the Eradication of Foot-and-Mouth Disease (GIEFA) and entrusted it with preparing, applying, and monitoring fulfillment a Plan of Action (PHEFA 2005-2009) aimed at ensuring the attainment of this objective.

18. Within the context of PHEFA, the countries that have been free of foot-and-mouth disease in Central America, North America, and the Caribbean have maintained their disease-free status.

19. In January 2005 the International Office of Epizootics (OIE) restored the status of “disease-free with vaccination” to Paraguay, and to Argentina north of the 42nd parallel. In addition, the Scientific Committee of the OIE approved applications for recognition as “FMD- free with vaccination” from territories of Brazil (Acre) and Colombia (part of the Atlantic area and part of the southern area) and as “FMD-free without vaccination” from the southern area of Peru. These territories added to the existing ones correspond to 50.5% of the geographical expanse of the Hemisphere and contain 51.8% of its herds and 77.2% of its cattle. The final ratification of this recognition (delivery of the certificates) will take place in May at the time of 73rd Regular Assembly of the OIE.

*Purpose*

20. To attain the goals of PHEFA for the eradication of foot-and-mouth disease from the Americas by 2009.

*Expected Outcomes*

21. Cooperation will be taking place with the national programs of the countries free of foot-and-mouth disease in South America on the formulation and implementation of their prevention components and on the evaluation of bi- or multinational border projects, in keeping with the goals of PHEFA.

22. Those countries that have not recorded any clinical presence of foot-and-mouth disease will be receiving support for the development of seroepidemiological studies to verify the absence of viral activity.

23. Cooperation will be taking place to strengthen veterinary health care systems in Bolivia, Ecuador, and Venezuela, countries that have been accorded priority in the Plan of Action for 2005-2009.

24. Development and application of monitoring processes within veterinary health care structures, as well as eradication and prevention.

***Project on the Prevention, Control, and Elimination of Zoonoses***

*Analysis of the Situation*

- *Rabies*

25. The elimination of rabies is one of the mandates of the Organization, and in 1983 the Regional Program for the Elimination of Human Rabies Transmitted by Dogs was established. In that same year 355 cases of human rabies were recorded. By 2004 there were 20 reported cases of rabies transmitted by dogs [Bolivia (4), Brazil (5), El Salvador (2), Haiti (5), Paraguay (1), Venezuela (3)], but there was also an unusual increase in bat-borne rabies (46) in different localities of the Amazon region [Brazil (22), Colombia (14), Peru (8) and Venezuela (2)].

26. In the last five years (2000-2004), among the countries that have been accorded priority by the Organization with regard to human rabies transmitted by dogs, there were 22 recorded cases in Haiti and 16 in Bolivia. Other figures contributing to the total of 151 cases in this same period were reported from Brazil (67), El Salvador (15), Venezuela (6), Guatemala (5), Paraguay (5), Ecuador (5), Dominican Republic (2), Mexico (3), Peru (2), Honduras (1), Colombia (1), and Puerto Rico (1).

27. The recognized determinants that contribute to the occurrence of human rabies are the difficult access to, and the inadequate quality of, rabies prophylaxis for exposed individuals (scarcity of serum and delayed availability of vaccine, insufficient training of health workers, failure of inhabitants to report to health centers that have the capacity to treat them), circulation of rabies among dogs, and vulnerability of communities to assaults by rabid wildlife.

28. The 10th Meeting of Directors of National Rabies Control Programs in Latin America (REDIPRA), held on 28-30 October 2004 in the city of Santo Domingo, Dominican Republic, examined progress under the Strategic Plan for the Elimination of Human Rabies Transmitted by Dogs in Latin America, studied the current status of the different components of the regional Plan of Action, and developed technical cooperation strategies and plans for future activities.

29. Up-to-date information on human and canine rabies can be found in the book *Elimination of Rabies Transmitted by Dogs in Latin America*, published by the Veterinary Public Health Unit for distribution at the time of RIMSA 14. In addition, the proposed new Plan for the Prevention and Control of Rabies in the Americas, prepared jointly with the countries of the Region, will be presented on this occasion.

– *Hydatidosis*

30. South America is among the areas that have the highest prevalence of hydatidosis in the world. The disease is endemic in Regions XI and XII of Chile, the province of Buenos Aires, the Mesopotamia and Cuyana regions of Argentina, Uruguay, the Brazilian state of Rio Grande do Sul, and the central highlands of Peru.

31. The strategies for controlling the disease include canine deparasitization, health education, supervision of the slaughtering process, and control of the canine population. Application of these measures by the countries has made it possible to reduce the prevalence of the disease. However, in a number of areas there is no active participation by the community and no coordination between health and agriculture.

32. RIMSA 12, in its resolution RIMSA12.R7, issued a mandate to develop “strategies and action plans for the elimination of hydatidosis in the Southern Cone, the Andean Area, and other regions.” This mandate was ratified by the Pan American Sanitary Conference in 2001.

33. In July 2004, PAHO/Uruguay, through its Hydatidosis Focal Point, convened the countries of the subregion of South America, Argentina, Chile, Brazil, and Uruguay for a constitutive meeting to formulate a proposal for the control of hydatidosis. A meeting will be held in March 2005 in Santiago, Chile, to decide on the final form of the proposal, which will be presented at RIMSA 14.

– *Brucellosis*

34. Information about the occurrence of brucellosis in the Americas, both in its reservoirs and in humans, continues to be deficient. In Mexico, Peru, Argentina, Paraguay, and Bolivia, *Brucella melitensis* is endemic in areas inhabited by indigenous populations and characterized by extreme poverty.

35. In the Caribbean subregion there are no signs of *Brucella abortus* or *B. melitensis* infection in susceptible species, but there are occasional reports of *B. suis* in swine.

36. In Central America a low incidence of *B. abortus* is reported from all the countries except Belize, where its presence has not been confirmed.

37. A study of the influence of the production system as a determinant in the patterns of this zoonosis made it possible to create a comprehensive intervention model to control and eliminate the risk for humans, but it is now necessary to revive interest among the public and private parties concerned in order to implement the model.

– *Bovine tuberculosis*

38. There have been no significant changes in the epidemiological status of bovine tuberculosis.

39. Only limited information is available in Latin America on the frequency of tuberculosis in humans originating from infected cattle.

40. PANAFTOSA provides the countries of the Region with standard bovine PPD so that the official national control laboratories can test the potency of their supplies.

– *Other Zoonoses*

41. The abundance of vectors and the vulnerability of certain communities in subtropical and tropical areas set the stage for the transmission of emerging and prevalent zoonoses such as leptospirosis, leishmanioses, rickettsioses, and arbovirus diseases to man.

*Purpose*

42. In coordination with the Program on Veterinary Public Health, the general purpose of this component is to strengthen the capacity of the Member States to prevent, control, and eliminate the main zoonoses in the Region.

*Expected Outcomes*

43. Agreements, strategies, standards, and guidelines will be being developed and implemented to improve the capacity of national and subnational services in their roles of zoonosis surveillance, prevention, and control.

44. Zoonosis information, surveillance, reference, and research systems will be strengthened, and they will include reporting systems, information flow, laboratory diagnosis, and methods and supplies for prophylaxis and treatment of the prevailing, emerging, and re-emerging zoonoses that have the greatest impact on public health.

45. Human resources will be being developed in zoonosis programs, PANAFTOSA, and promotional campaigns.

### ***Project on Epidemiology***

#### *Analysis of the Situation*

46. Progress in the eradication of foot-and-mouth disease has brought new challenges that entail the strengthening of surveillance, information, and analysis systems to allow for the timely incorporation of elements that will make it possible to evaluate the vulnerability and receptivity of the agricultural areas involved and also ensure the timely reporting of progress in the primary and secondary prevention of foot-and-mouth disease.

47. At the same time, the inclusion of zoonoses in the technical mission of PANAFTOSA calls for incorporating, adapting, or creating tools for data collection and epidemiological analysis, as appropriate, that will help to obtain needed knowledge on the patterns of each of them in order to establish or evaluate intervention strategies.

#### *Purpose*

48. To strengthen the capacity of the Member States to perform risk analysis and improve their information and epidemiological surveillance systems.

#### *Expected Outcomes*

49. Information on cases of swine vesicular, nervous, and hemorrhagic syndromes reported to SIVCONT will be available through the Internet, with local, national, and regional integration.

50. Epidemiological research methodologies, interpretation of health information, and risk analysis will be being used by health services at the national and local levels with support from PANAFTOSA.

### ***Projects on Reference Laboratories***

#### *Analysis of the Situation*

51. Within the aforementioned epidemiological context of foot-and-mouth disease, particularly in the case of outbreaks in FMD-free areas or countries, there is an ongoing need to improve methods for detecting and characterizing the FMD virus (FMDV), since it is difficult to differentiate from certain other diseases, as well as diagnostic approaches for the monitoring of viral activity.

52. In this area, it is intended to continue to develop, implement, and share with the countries new, more precise methodological approaches to diagnosis, including tools for characterizing the epidemiology, risk, and endemism of diseases.

53. There are 12 official laboratories for diagnosis and/or vaccine control and research associated with PANAFTOSA, which in turn serves as a reference laboratory recognized by the OIE and FAO.

#### *Expected Outcomes*

54. Laboratories in the Region will be responding effectively in terms of diagnostic quality and the application of new methodologies.

55. A broad network of zoonosis laboratories devoted to vesicular diseases and reference functions will be firmly established, thus optimizing the quality of laboratories.

#### ***Project on Technical Management***

##### *Analysis of the Situation*

56. This component is the articulatory linchpin of PANAFTOSA's cooperation policy and strategy, based on strengthening and promoting the surveillance of existing regional and subregional animal health and zoonosis programs. It is closely related to the search for and application of initiatives for strengthening the quality of health services in the countries and improving the technical quality of their human resources in both official and private structures in association with zoonosis and animal health policies.

57. This component's fundamental emphasis on cooperation is related to the promotion of social organization and participation, as well as the use of communication tools that will facilitate access to and the use of scientific, technical, and technological knowledge, which is essential to improving the health and living conditions of the population.

##### *Purpose*

58. To increase the countries' efficiency in executing their health policies on foot-and-mouth disease and zoonoses as part of a cooperation scheme based on regional programs and projects, the mobilization and exchange of resources, human resources education, dissemination of information, and social participation.

*Expected Outcomes*

59. Countries of the Region will have strengthened their health policies and the management and education of human resources in the area of animal health and zoonoses.
60. Countries of the Region will be using technological information as a resource for administrative management.
61. PANAFTOSA will be sharing knowledge with the countries of the Region about the Center's policies and actions in the area of animal health and zoonoses.
62. With planning strengthened in PANAFTOSA, there will be improved sectoral analysis in veterinary public health, promotion of Technical Cooperation Among Countries, and local development.

***Project on Administrative Management***

*Analysis of the Situation*

63. This project has been conceived as the fundamental supporting axis for an efficient cooperation process which bases its action on continuing modernization of the PANAFTOSA administrative management and financial systems. This includes ongoing training and constant updating of the Center's technical and administrative staff in the aforementioned areas.

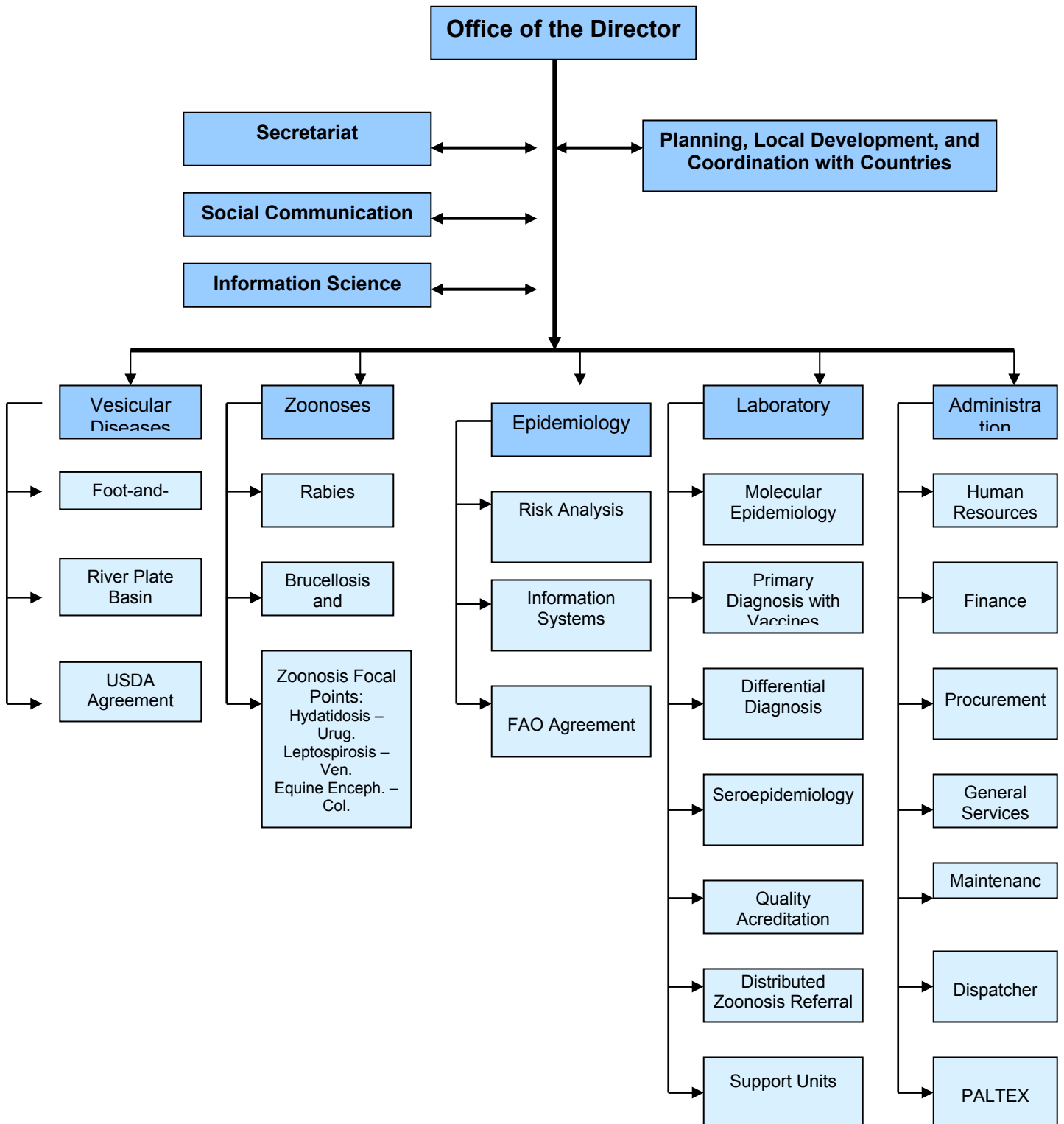
*Purpose*

64. To ensure the ongoing implementation of modern and efficient administrative and financial management, thus facilitating the execution of PANAFTOSA technical cooperation and making it more viable.

*Expected Outcomes*

65. Adequate coordination of administrative and financial cooperation, permitting efficient operation in the countries of the Region in areas within the competence of PANAFTOSA.
66. Coordination for preparation and implementation of the PANAFTOSA Development Plan.

**ORGANIZATION CHART**  
**PAN AMERICAN FOOT-AND-MOUTH DISEASE CENTER**  
PAHO/WHO Veterinary Public Health Unit



**PANAFTOSA STAFF  
by Type of Contract  
2005**

<b>TYPE AND NUMBER OF STAFF MEMBERS</b>	
<b>United Nations Contracts</b>	
International staff assigned to local headquarters	10
National personnel	02
General services personnel	18
<b><i>Subtotal</i></b>	<b>30</b>
<b>Local Contracts</b>	
National professionals (*)	7
Local CLT personnel	55
<b><i>Subtotal</i></b>	<b>62</b>
<b>TOTAL</b>	<b>92</b>

(\*) 1 from PALTEX and 1 from the River Plate Basin Project

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