

DISEASE CONTROL AND RISK MANAGEMENT

7.1 TOBACCO (TOB)

Supporting the development and implementation of public policies to reduce tobacco consumption.

ISSUES AND CHALLENGES

- > Although tobacco use is responsible for a large proportion of presentable morbidity and mortality in most countries (one-third of all cancer and cardiovascular deaths in the Americas, for example), only three countries in the Region have comprehensive policies addressing tobacco use.
- > The tobacco industry maintains a powerful political influence in many countries, while civil society advocacy for tobacco control is weak. This situation presents an obstacle to building the political will of governments to implement effective tobacco control policies.
- > The Framework Convention on Tobacco Control (FCTC), supported by most countries in the Region, provides a unique opportunity to strengthen government and civil society capacity to implement effective policies and programs.

AREA OF WORK GOAL/AREA OF WORK OBJECTIVE(S)

AREA OF WORK GOAL

The countries of the Region design and implement cost-effective policies and programs to reduce mortality attributable to tobacco use.

AREA OF WORK OBJECTIVE(S)

National capacity strengthened for the promotion of risk management, including tobacco use prevention, providing the necessary elements to influence other sectors responsible for reducing risks that can damage health.

STRATEGIC APPROACH

- > Emphasize the creation of smoke -free environments as a public health entry point for more comprehensive tobacco control approaches.
- > Promote the implementation of the FCTC through assessment and strengthening of current national tobacco control policies and programs.
- > Provide training to strengthen capacity of communities (national or subnational) to advocate for smoke -free environments and of governments to implement effective policies.
- > Develop guidelines and information to support implementation of policies and programs.
- > Support and strengthen capacity for research directly relevant to achieving policy goals.

- > Provide specialized technical cooperation on request, with priority to those countries committed to implementing effective tobacco control policies.
- > Support and strengthen capacity for evaluation and monitoring to assess progress toward goals.

EXPECTED RESULTS**INDICATORS**

1. National capacity to implement smoke-free environments in public places and workplaces will be increased in all countries.	<ul style="list-style-type: none"> • Publications of guidelines, research, and evidence developed by PAHO, and disseminated to and used by countries. • Technical cooperation interventions in eight countries. • Financial resources mobilized to four countries to create smoke-free environments.
2. Countries will have increased capacity to implement effective tobacco control policies.	<ul style="list-style-type: none"> ▪ Guidelines, evidence and research published and disseminated to countries to support effective policies. ▪ Technical cooperation interventions to ten countries to support implementation of effective policies.
3. Countries will have produced surveillance data pertaining to youth tobacco use, exposure to second hand smoke or tobacco control policies.	<ul style="list-style-type: none"> • Thirty countries with published reports from the Global Youth Tobacco Survey (GYTS), National Tobacco Information Online System (NATIONS) or Environmental Nicotine Exposure Surveillance System (ENESS)

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		259,400	1,117,400	1,376,800
Total 2004-2005		827,900	69,000	896,900
Percentage of estimated Expenditure	Country	1%	0%	1%
	Intercountry	99%	100%	99%
	Regional	-	-	-

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7.2 ENVIRONMENTAL RISK ASSESSMENT AND MANAGEMENT (ERA)

Promoting the use of risk assessment and risk management concepts to foster safe, sustainable and health-enhancing environments, including the protection from biological, chemical and physical hazards, and the prevention of violence.

ISSUES AND CHALLENGES

- > Environmental and occupational risks contribute to a large proportion of morbidity and mortality in the Region, but few countries have comprehensive policies to perform analysis and establish public policies to manage it. These risks affect the present and future generation due to their long-term health effects.
- > It has been estimated that every year 5 million occupational accidents occur in Latin America, of which 90,000 are fatal, equivalent to 300 deaths daily. However, only three countries have established national surveillance systems for occupational accidents directed to preventive interventions.
- > It is estimated that 150 million occupational diseases occur every year in the world, however, in Latin America only 1% to 5% of occupational diseases are reported.
- > An estimated 500 million people worldwide are exposed daily to highly contaminated air in the home, and about 2 million children under 5 die every year from acute respiratory infections. Indoor and outdoor air pollution is a major factors associated with acute and respiratory diseases. It is estimated that approximately 20 million children are working under conditions that affect their physical, mental, social and spiritual development, and the health aspects of the problem has not been addressed properly within the health system.
- > Latin America is one of the areas of the world in which there is major consumption of pesticides (e.g., Central America imported 1.5 kg of pesticides per habitant, which is 2.5 times higher than the world average). There is still import of banned pesticides in many countries of Latin America. There is a need for more stringent national and international legislations, and comprehensive interventions.
- > There is an increase in recognition on the deleterious health effects from POPs, heavy metals such as lead, mercury and others. However, there are no information systems that permit to analyze risks and disseminate knowledge about the identification control and/or elimination of these risks nor the other previously mentioned.

AREA OF WORK GOAL/AREA OF WORK OBJECTIVE(S)

AREA OF WORK GOAL

Countries will use risk analysis/management concepts and shared information to guide decision making to prevent and control environmental and occupational risks.

AREA OF WORK OBJECTIVE(S)

More countries in the Region will conduct environmental and occupational risk assessment, epidemiological surveillance, will develop environmental and occupational health indicators.

STRATEGIC APPROACH

- > To improve the development and training of technical human resources.
- > To develop and/or improve methodologies to evaluate and manage risks and preventive services .
- > Establish information systems to identify, analyze, monitor, and control environmental and occupations risks
- > To develop and strengthen intersectoral and interagency networks.
- > To promote the adequate use of technology to improve the sensitivity and specificity of environmental surveillance.
- > To improve notification and registry of data to develop environmental and occupational indicators
- > To promote a research project.

EXPECTED RESULTS

INDICATORS

1. National technical and institutional capacities strengthened to reduce or eliminate the occupational risks and to control occupational diseases and accidents.		<ul style="list-style-type: none"> • The Information System for notification, registry and occupational surveillance for three sentinel events (osteomuscular, accidents, pesticide poisoning) would have been established and functioning in at least five countries.
2. Regional Plan on Worker's Health implemented in 20% of the Region based on Resolution CD42. R13 (1999).		<ul style="list-style-type: none"> • The joint effort among WHO, EPA, and ILO continues to be active and they carry out at least one regional event. • The National Workers' Health Plans publish progress reports.
3. Projects would have been implemented and supervised on environmental and occupational surveillance, control of environmental health problems, occupational diseases and accidents, and environmental health indicators.		<ul style="list-style-type: none"> • The regional initiative on pesticides and health demonstrates positive progress in the Region. • The studies regarding evaluation of environmental burden are continued and their results are disseminated.
4. A regional network for the promotion of healthy environment for children established.		<ul style="list-style-type: none"> • At least five countries participate in the regional network. • At least three countries would have eliminated the use of lead in the gasoline (monitoring from the Summit of Miami).
5. The Regional network of chemical safety continues operating.		<ul style="list-style-type: none"> • At least one of the recommendations of the Declaration of Bay of the IFCS will have been implemented in three countries.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		6,221,800	4,190,200	10,412,000
Total 2004-2005		4,777,700	-	4,777,700
Percentage of estimated expenditure	Country	37%	-	37%
	Intercountry	63%	-	63%
	Regional	-	-	-

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7.3 TUBERCULOSIS AND EMERGING DISEASES (TED)

Preventing and controlling tuberculosis based on the global DOTS expansion plan and supporting actions to combat other emerging diseases including antibiotic resistance.

ISSUES AND CHALLENGES

- > The numbers of cases of tuberculosis and deaths from it have remained high, making the disease an international priority that demands sustained efforts by the countries and by PAHO.
- > Emerging infectious and reemerging diseases such as the West Nile virus, SARS, and pandemic influenza make it necessary for the countries to develop their capacity to participate effectively in international detection and control activities.
- > Mutation of microorganisms is producing drug resistance in strains of *Mycobacterium tuberculosis*, staphylococci, pneumococci, gonococci, malaria parasites, and other microorganisms, a phenomenon that in turn is becoming a major obstacle to controlling these infections.

AREA OF WORK GOAL/AREA OF WORK OBJECTIVE(S)

AREA OF WORK GOAL

The Member States will advance in their efforts to eradicate, eliminate, prevent, and control diseases.

AREA OF WORK OBJECTIVE(S)

Implementation of programs to prevent and control tuberculosis and emerging and reemerging diseases in the Region of the Americas.

STRATEGIC APPROACH

- > Update and adapt national policies and strategies to protect against communicable diseases.
- > Strengthen the countries' technical capacity to implement strategies to protect against communicable diseases.
- > Strengthen the national infrastructure of health services in order to expand the coverage of strategies to protect against the communicable diseases.
- > Develop national capacity to evaluate progress in the use of strategies to protect against communicable diseases.

EXPECTED RESULTS**INDICATORS**

1. Coverage of the strategy for DOTS/TAES (Directly Observed Treatment, Short Course/Strictly Supervised Treatment, Short Course) will be expanded and completed in 25 countries.

- Three additional countries (Argentina, Mexico, and Paraguay) attain total DOTS/TAES coverage and reach WHO goals by the end of 2004, bringing the total number of countries to 18.
- Seven countries (Brazil, Dominican Republic, Ecuador, Colombia, Haiti, Guyana, Suriname) and the English-speaking Caribbean attain total DOTS/TAES coverage and reach WHO goals by the end of 2005, bringing the total number of countries to 24.
- National programs for TB control evaluated annually in 25 countries and the English-speaking Caribbean.
- Extended budget projects to expand the DOTS/TAES strategy in place in 17 countries.

2. Programs will be promoted to contain resistance to antimicrobial drugs, consistent with the international strategy on the topic.

- Four of the nine countries that participate in the initiative to contain antimicrobial resistance have plans in place.
- Clinical guidelines for treatment with antibiotics.

3. The countries will be prepared to confront the West Nile virus, influenza, SARS, and emerging and reemerging diseases.

- Three countries of the Region have laboratory conditions to detect the West Nile virus.
- Fifteen countries of the Region have participated in training activities related to the West Nile virus.
- Three collaborating centers of PAHO/WHO are in a position to support the countries in identifying the West Nile virus.
- Surveillance systems for emerging and reemerging diseases will be providing information to enable countries to detect early and immediately contain the spread of diseases of international health importance.
- AMRO process for adoption of International Health Regulations on track in accordance with the global implementation schedule.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		8,323,200	15,387,900	23,711,100
Total 2004-2005		8,141,600	5,527,500	13,669,100
Percentage of estimated expenditure	Country	51%	20%	39%
	Intercountry	49%	80%	61%
	Regional	-	-	-

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7.4 MALARIA AND OTHER VECTOR-BORNE DISEASES (VEC)

Preventing and controlling vector-borne diseases including dengue, Chagas and filariasis, with emphasis in reducing the burden of malaria.

ISSUES AND CHALLENGES

- > The transmission of malaria continues to be a significant social and economic burden on the least-served population in the Region, and the threat of resistance of the organisms should be monitored.
- > The number of cases of dengue, although varying by country, has continued its upward trend since the second half of the 1970s, with the potential probability of a greater number of cases of dengue hemorrhagic fever.
- > Infestation rates of *T. infestans*, the principal vector of Chagas' disease in the Southern Cone, have been drastically reduced in the last 10 years. However, subregional initiatives are still being developed by the Central American and Andean countries to eliminate transmission of *T. cruzi*.
- > Three of the seven endemic countries of the Region—Trinidad and Tobago, Suriname, and Costa Rica—are near the goal of eliminating filariasis.

AREA OF WORK GOAL/AREA OF WORK OBJECTIVE(S)

AREA OF WORK GOAL

The Member States have made progress with their efforts to eradicate, eliminate, prevent, and control vector-borne diseases.

AREA OF WORK OBJECTIVE(S)

Promote implementation of the overall strategies for vector-borne disease control.

STRATEGIC APPROACH

- > Update and adapt national policies and strategies to protect against communicable diseases.
- > Strengthen the countries' technical capacity to implement strategies to protect against communicable diseases.
- > Strengthen national health infrastructure and services in order to expand the coverage of strategies to protect against communicable diseases.
- > Develop national capacity to evaluate progress in the use of strategies to protect against communicable diseases.

EXPECTED RESULTS**INDICATORS**

<p>1. Coverage of the strategy to prevent and control malaria will be implemented and expanded in countries that have the disease and where it is endemic, within the context of the Roll Back Malaria initiative.</p>	<ul style="list-style-type: none"> Continued implementation of the Roll Back Malaria initiative in the 21 endemic countries, including joint activities in areas of common epidemiological interest, and strengthened surveillance of cases imported into countries free of transmission. Systematization and consolidation of common epidemiological and managerial indicators and their use in the 21 endemic countries.
<p>2. The integrated strategy to prevent and control dengue will be implemented, on the basis of Resolution CD43.R4, adopted by the Directing Council in September 2001.</p>	<ul style="list-style-type: none"> Twenty countries of the Region have information on policy, technical, and training aspects of the comprehensive strategy. Evaluations based on the Decalogue of the comprehensive strategy carried out in 10 countries with national dengue programs. Ten countries have case reporting, patient health care, and laboratory systems.
<p>3. Areas of interruption of the transmission of Chagas by <i>T. infestants</i> in the Southern Cone and by <i>Rhodnius prolixus</i> in Central America will be expanded and consolidated, and the initiatives of Mexico, the Andean countries, and the Amazon basin will be fully operational, with control results.</p>	<ul style="list-style-type: none"> Interruption of transmission by <i>T. infestants</i> in five countries of the Southern Cone (Argentina, Brazil, Chile, Paraguay, and Uruguay). Broad control results in Bolivia. Broad area of elimination of <i>R. prolixus</i> in Guatemala, El Salvador, Honduras, Nicaragua, and southern Mexico. Reduction of the seroprevalence of Chagas in schoolchildren in all of Central America. Andean, Amazon, and Mexican initiatives fully functional, with some national control and/or surveillance results. Increase in the coverage and consolidation of the quality and sustainability of Chagas' screenings in blood banks.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		5,217,200	6,192,800	11,410,000
Total 2004-2005		5,191,400	2,785,000	7,976,400
Percentage of estimated expenditure	Country	35%	28%	33%
	Intercountry	65%	72%	67%
	Regional	-	-	-

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7.5 NEGLECTED DISEASES AND RESEARCH (NDR)

Supporting research in tropical diseases and fostering initiatives to deal with the control and elimination of neglected diseases such as meningitis, plague, yellow fever, hemorrhagic fever, hantavirus pulmonary syndrome, viral hepatitis and leprosy.

ISSUES AND CHALLENGES

- > Control measures must be adapted to the sectors of the population that live in precarious conditions in terms of deficient housing, hygiene, food, etc.
- > Geohelminthiasis is a serious health problem that primarily affects the school-age population, preventing proper physical and intellectual development.
- > Coverage of more than 85% must be maintained to interrupt transmission of onchocerciasis.
- > To improve knowledge of communicable diseases and design effective prevention and control measures in this Region, it is critical to promote the countries' research capacity.

AREA OF WORK GOAL/AREA OF WORK OBJECTIVE(S)

AREA OF WORK GOAL

The Member States have made progress in their efforts to eradicate, eliminate, prevent, and control neglected communicable diseases that are susceptible to elimination.

AREA OF WORK OBJECTIVE(S)

The countries implement regional policies to reduce the burden of neglected diseases and improve research capacity.

STRATEGIC APPROACH

- > Update and adapt national policies and strategies to protect against communicable diseases.
- > Strengthen countries' technical capacity to implement the strategies that protect against communicable diseases.
- > Strengthen national health infrastructure and services in order to expand the coverage of strategies to protect against communicable diseases.
- > Develop national capacity to evaluate progress in the use of strategies to protect against communicable diseases.

EXPECTED RESULTS

1. Conditions will be created to carry out strategies for comprehensive control of geohelminthiasis/schistosomiasis within the framework of other ongoing strategies, such as the lymphatic filariasis elimination program, the healthy schools program, micronutrient programs, etc.

INDICATORS

- At least 12 countries of the Region will have a comprehensive and coordinated strategy (in the context of other initiatives) to control geohelminthiasis.

<p>2. Research projects will be designed and carried out to strengthen programs to prevent, control, and eliminate communicable diseases, and to coordinate the WHO Program for the control of Chagas.</p>	<ul style="list-style-type: none"> • The TDR/WHO Program (Special Programme for Research and Training in Tropical Diseases – TDR) coordinated by PAHO. • Development of research on Chagas' disease. • Studies of the effectiveness of intervention measures to prevent and control communicable diseases conducted in 10 countries. • Development of young researchers through the TDR small grant program.
<p>3. Activities to eliminate leprosy, as well as the consolidation and sustainability of those activities, will be promoted and evaluated.</p>	<ul style="list-style-type: none"> • Evaluated countries have 100% coverage of multidrug therapy (MDT), with adequate logistics to provide small quantities. • The disease will be eliminated at the national level in Brazil by the end of 2005 and observatories for analysis of the process of elimination will be in place in 10 states.
<p>4. Strategies will be promoted and implemented to eliminate lymphatic filariasis, onchocerciasis, geohelminthiasis, and schistosomiasis.</p>	<ul style="list-style-type: none"> • Plans for the elimination of lymphatic filariasis under way in the seven endemic countries in accordance with the commitments made at the Annual Meeting of National Program Coordinators. • The criteria to certify elimination of onchocerciasis validated in one more country of the Region. Monitoring and impact assessment of the program in six countries with endemic onchocerciasis will continue in accordance with the schedule established for each program. • A plan for the elimination of schistosomiasis will have been prepared in the Dominican Republic.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		890,400	1,463,500	2,353,900
Total 2004-2005		892,500	500,000	1,392,500
Percentage of estimated expenditure	Country	12%	100%	43%
	Intercountry	88%	0%	57%
	Regional	-	-	-

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7.6 NONCOMMUNICABLE DISEASES (NCD)

Supporting the development of programs for reducing the premature mortality and morbidity related to noncommunicable diseases with particular emphasis in reducing risk factors and improving health care as well as promoting healthy lifestyles. Among others, emphasis will be given to cancer, cardiovascular diseases and diabetes.

ISSUES AND CHALLENGES

- > The magnitude of NCDs and the associated risk conditions is higher among the poor, and is as high in the poorest countries of the Regions as is in those with middle and high income.
- > Chronic noncommunicable diseases and poverty form a two-way street, each potentiating the other.
- > Countries with high burden of NCDs have only limited capacity to respond and often do not have a public health approach. Chronic illness can account for almost 70% of all medical spending.
- > Many countries do not have basic information on NCDs and its risk conditions.
- > Countries implementing programs of unknown efficacy and effectiveness, without proper evaluation.
- > The challenge is to design national programs with a population basis, use of appropriate technology, equitably and accelerate surveillance to support sound policy and program formulation and evaluation.

AREA OF WORK GOAL/AREA OF WORK OBJECTIVE(S)

AREA OF WORK GOAL

Burden of premature mortality and morbidity related to NCDs reduced.

AREA OF WORK OBJECTIVE(S)

Countries would have developed a public health approach to NCD prevention and control, and based on appropriate health information, and including improved standards of care.

STRATEGIC APPROACH

- > Assessment of the burden of NCDs and risk conditions; the policy environment for prevention and care and promote dialogue among stakeholders.
- > Demonstration effect for program development and capacity building.
- > Develop methodological approaches for the evaluation of new interventions and technologies, to assess their cost-effectiveness in different contexts.
- > Strengthen within and between countries networks, such as CARMEN by involving government agencies, academic institutions nongovernmental organizations and civil society in NCD prevention and control strategies.
- > Disseminate information and develop a line of communication by using information technology and intercountry cooperation.

EXPECTED RESULTS**INDICATORS**

<p>1. Integrated community-based NCD prevention programs developed and evaluated, within the framework of the CARMEN network.</p>	<ul style="list-style-type: none"> • Cost-effective models for surveillance, prevention and management of noncommunicable diseases of major public health importance, such as cancer, diabetes and cardiovascular diseases disseminated. • At least 20 countries will be supported in the implementation of a model for integrated prevention of NCDs and will be participating in the CARMEN network by 2005.
<p>2. Interventions for behavior change management of NCDs evaluated.</p>	<ul style="list-style-type: none"> • At least one multicountry NCD evaluation project would be ongoing by 2005.
<p>3. Local surveillance systems for NCDs and its risk conditions established, with particular emphasis on behaviors.</p>	<ul style="list-style-type: none"> • Information on NCD risk conditions from priority countries that have over 30% under-registration of mortality made available. • Five countries would have been supported to implement local continuous surveillance for NCD or risk conditions.
<p>4. Knowledge and information available for NCD program implementation and management.</p>	<ul style="list-style-type: none"> • Virtual library, with bibliographic and other technical resources for the prevention of cervical cancer established by the end of 2004. • Virtual community established within the CARMEN network by the end of 2005.
<p>5. Population-based management models for the detection and control of chronic conditions evaluated in terms of costs and effectiveness, with particular emphasis in, diabetes, hypertension and cervical cancer.</p>	<ul style="list-style-type: none"> • Evaluation of country capacity (technology assessment) for the management of chronic conditions in at least six countries by 2004. • Implementation of innovative models for care of chronic conditions in at least three countries by 2005.
<p>6. A regional program for the prevention of cervical cancer developed.</p>	<ul style="list-style-type: none"> • Evaluation protocol for key programmatic aspects (translational research) defined by mid-2005. • Comprehensive program for prevention and control of cervical cancer with measurable objectives to be attained by the countries and the Secretariat, defined by the end of 2004, and mobilization of resources initiated by the Secretariat. • Plans for resource mobilization.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		4,458,100	5,935,500	10,393,600
Total 2004-2005		4,314,900	1,766,900	6,081,800
Percentage of estimated expenditure	Country	62%	2%	44%
	Intercountry	38%	98%	56%
	Regional	-	-	-

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7.7 VETERINARY PUBLIC HEALTH (VPH)

Preventing and controlling principal zoonoses and foot-and-mouth disease.

ISSUES AND CHALLENGES

- > The extreme poverty that affects millions of people in the Region of the Americas generates immense inequalities in health, access to public services, and living conditions.
- > Globalization demands that the countries meet their polemic standards for imports and exports of meat and other foods of animal origin.
- > There is a need to adapt foot-and-mouth disease and zoonosis control programs in small communities.
- > The effects of unplanned urbanization and environmental disasters contribute to the emergence and reemergence of zoonoses.

AREA OF WORK GOAL/AREA OF WORK OBJECTIVE(S)

AREA OF WORK GOAL

The Member States will have advanced in their efforts to eradicate, eliminate, prevent, and control the principal zoonoses and foot-and-mouth disease.

AREA OF WORK OBJECTIVE(S)

Member States formulate policies and carry out plans and activities to prevent and control zoonoses, and to eradicate foot-and-mouth disease.

STRATEGIC APPROACH

- > Cooperate with the Member States to develop plans and mobilize resources to eliminate rabies and control other zoonoses that impact public health.
- > Cooperate with the Member Countries to develop plans and mobilize resources to eradicate foot-and-mouth disease.
- > Maintain existing information and surveillance systems, and send periodic reports to the countries.
- > Train human resources.
- > Promote cooperation among countries.
- > Carry out and comply with the recommendations of the Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA), the Commission for the Eradication of Foot-and-Mouth Disease (COHEFA), and the South American Commission for the Control of Foot-and-Mouth Disease (COSALFA).

EXPECTED RESULTS**INDICATORS**

1. Human rabies transmitted by dogs will be eliminated; sylvatic rabies will be epidemiologically monitored; and bovine tuberculosis, brucellosis, and parasitic zoonoses that affect animal and human health will be controlled.

- Elimination of human rabies transmitted by dogs in 70% of the countries of Latin America.
- Canine vaccination campaigns carried out in countries with transmission of the urban cycle of rabies.
- Controlled rabies vaccines in accordance with WHO standards.
- Rabies surveillance systems (SIRVERA) in operation.
- Support provided for Latin American and Caribbean countries in training health services staff to treat people exposed to rabies.
- Holding of a Regional Meeting of National Directors of Rabies Control Programs (REDIPRA).
- Control programs for bovine tuberculosis, bovine and caprine brucellosis, and hydatidosis in operation in priority countries, and a study on the status of *Taenia solium*/cysticercosis concluded.

2. Conditions will be ensured for eradicating foot-and-mouth disease, protecting free areas, and keeping the Region free of “mad cow” disease (Bovine spongiform encephalopathy – BSE).

- Countries of the Southern Cone and Brazil (except for Amazon region) free of foot-and-mouth disease, and countries of the Andean Area have operational eradication plans.
- Epidemiological surveillance system of vesicular diseases in operation.
- Audit of national foot-and-mouth disease programs and design of risk analysis for “mad cow” disease (Bovine spongiform encephalopathy – BSE).
- Holding of the 10th COHEFA and the 31st and 32nd COSALFAs.

3. Systems will be structured for surveillance of equine encephalitis, leptospirosis, and parasitic zoonoses, and for mechanisms for the early detection of animal reservoirs, emerging diseases, and agents of animal diseases with potential use for bioterrorism.

- Surveillance systems structured and operational in priority countries for zoonotic diseases that impact health, in accordance with epidemiological needs.
- Countries provided with a scientific orientation and basis for policy decision-making and preparation of national standards for zoonoses that impact public health and could potentially be used as bioweapons.

4. Biomedical models in vivo and in vitro and ways to conserve and reproduce primates will be developed.

- Availability ensured of biomedical models, particularly neo-tropical primates, for vaccine development and use as sentinel animals.
- Studies conducted to ensure the conservation and reproduction in captivity of these species.

5. Public services for veterinary and animal health will be developed and adapted.

- Development of municipal level services supported in 10 countries.
- Strengthening of veterinary services in countries that request it.
- Strengthened teaching of veterinary public health at veterinary medicine faculties in 10 countries.
- Development of tools for training human resources in planning, management, and leadership.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		12,025,200	2,582,600	14,607,800
Total 2004-2005		9,026,800	1,922,000	10,948,800
Percentage of estimated expenditure	Country	17%	0%	14%
	Intercountry	83%	100%	86%
	Regional	-	-	-