

FINAL REPORT AND PROCEEDINGS

14th INTER-AMERICAN MEETING,
AT THE MINISTERIAL LEVEL,
ON HEALTH AND AGRICULTURE
(RIMSA 14)



**AGRICULTURE AND HEALTH:
SYNERGY FOR LOCAL DEVELOPMENT**

Mexico, D.F., 21-22 April 2005

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Agriculture and Health:
Synergy for Local Development

MEXICO CITY, MEXICO, 21-22 APRIL 2005



**Pan American
Health
Organization**

*Regional Office of the
World Health Organization*

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525 Twenty-third Street, NW • Washington, DC 20037, USA
20037

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PREFACE

The 14th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA 14) took place at the Ministry of Foreign Affairs of Mexico in Mexico City, on 21 and 22 April 2005, at a time when the Pan American Health Organization was embarking upon a period of institutional transformation aimed at enabling it to respond better to the needs of countries and utilize new modalities of technical cooperation. The overarching theme of RIMSA 14 was "Agriculture and Health: Synergy for Local Development." The aim in selecting that theme was to promote stronger intersectoral partnerships in order to meet, through local development, the Millennium Development Goals related to the eradication of extreme poverty and hunger.

An intersectoral approach to health and agriculture is crucial in order to understand and to take action to prevent and control zoonotic diseases that pose a potential threat to the public health and economy of countries — in particular emerging diseases such as avian influenza, which was one of the topics discussed during the meeting. In the past decade, 75% of the new diseases that have affected human beings have been caused by pathogens originating in animals or animal products. Accordingly, the agenda for the meeting included topics related to trade in food and the International Zoosanitary Code.

In addition to the new threats, the Region is faced with an unfinished agenda of neglected zoonotic diseases that affect mainly vulnerable and underserved populations. This situation constitutes a challenge for the achievement of the Millennium Development Goals, although efforts in that regard may well receive a boost from the renewed commitment to the Alma-Ata Declaration on primary health care, another topic discussed at the meeting.

During the meeting, the delegates also received the recommendations of the 4th Meeting of the Pan American Commission for Food Safety (COPAIA 4) and the 10th Meeting of the Hemispheric Committee for the Eradication of Foot-and-Mouth Disease (COHEFA 10). RIMSA 14 was marked by very positive discussions and debates in regard to veterinary public health. The meeting adopted eight resolutions.

Remarkable progress has been achieved on issues relating to foot-and-mouth disease, canine-transmitted rabies, and food safety, but much remains to be done in order to control other zoonoses and carry out new mandates. The strengthening of intersectoral work is already a reality in the Americas, however. Today, we have new institutional mechanisms, such as the Inter-American Group for the Eradication of Foot-and-Mouth Disease (GIEFA), which involves both the private and the public sectors, and provides support for the eradication of foot-and-mouth disease in the Americas. Another mechanism is COPAIA, which also brings together representatives of both the public and the private sectors in an effort to improve food safety through an integrated food-chain approach.

I should like to express my deep gratitude to His Excellency Vicente Fox, President of Mexico, for the support of his Government and for his personal participation in the meeting. I also want to thank Mexican Government ministers Dr. Luis Ernesto Derbez, Minister of Foreign Affairs; Dr. Julio Frenk, Secretary of Health; and Dr. Javier Usabiaga, Minister of Agriculture. I am grateful, as well, to the President of RIMSA 13, Dr. Jaime Alfonso Quiroga, Minister of Agriculture of Chile, and to the RIMSA 14 delegates for the support provided for this important forum.

It is my pleasure to present this publication, which continues the series of RIMSA reports that PAHO has been publishing for 37 years.

Mirta Roses Periago,
Director
Pan American Health Organization



OPENING SESSION

ADDRESS BY HIS EXCELLENCY VICENTE FOX QUESADA, PRESIDENT OF MEXICO



In 1948 the Universal Declaration of Human Rights established very clearly that “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care, and necessary social services.”

Indeed, health is one of the fundamental rights of human beings. Health for All is not just a goal, but an obligation that we have to our fellow human beings — an obligation that we can only fulfill with the necessary urgency through the broadest possible union of our efforts, through true team work, with due coordination.

I am therefore very pleased to bid all of you a most cordial welcome to Mexico. I am sure this encounter of ministers of health and agriculture from the countries of the Americas, and the exchange of knowledge and experiences that will take place here, will enable our countries to forge closer cooperation for the benefit of the health of the women and men of the hemisphere.

Through the years, this high-level regional forum for collaboration and coordination in health and agriculture has enabled us to work together and to achieve results in the prevention, control, and eradication of agricultural diseases. It has also enabled us to join forces to control and eradicate diseases such as foot-and-mouth disease,

which is now virtually non-existent in the hemisphere. Nevertheless, the challenges that remain are considerable.

Today, various regions of the world are seeing the emergence of new animal diseases that pose a threat to human health. This phenomenon constitutes a new risk for our Region, which we must seek to prevent, to anticipate, and to take action against without delay, since pests and diseases know no international boundaries. It is therefore essential to link phytosanitary and agricultural development strategies and policies with policies on human health.

It is also essential to deepen cooperation among our countries in order to achieve better results and ensure food security in the Americas, while also keeping the hemisphere free of pests and diseases. In addition, we must promote the broadest possible scientific and technical cooperation among the public, private, and academic sectors. To that end, we need as much technical and financial support as possible from international institutions.

It is not just a matter of protecting the agricultural production and trade of our countries — although agriculture is crucial to all the economies of the Americas — but also, and above all, of protecting the health of our people. These two objectives are complementary, and they foster a positive synergy. By protecting population health, we help to improve people's well-being and raise their productivity. This, in turn, has a positive impact on all sectors of economic activity, notably agricultural production, thus creating a virtuous circle.

In Mexico, we have found that working intensely on plant and animal health and food safety in order to achieve individual and population health generates a virtuous circle that yields high dividends. We have seen this in the growth of national food production, in the increase in food exports, and in the rise in income for rural populations. We have also made significant headway towards closing the income gap between urban and rural areas, and I believe that this achievement is in no small measure attributable to animal and plant health policies.

In Latin America, more than 220 million people live in poverty, and almost half of them, more than 100 million, live in extreme poverty, despite the social progress that has accompanied the democratization of the Region, and despite the efforts put forward by all the countries. In Mexico, in recent years we have succeeded in reducing extreme poverty — as measured by the proportion of people living on less than one dollar a day — by 65%. Whereas before 10.5% of Mexican families were classified as extremely poor, earning less than one dollar a day, today only 4% fell into that category. The proportion of the population in the combined categories of moderate and extreme poverty has also decreased by 35% in recent years, owing largely to work undertaken in the rural milieu and to the significant reduction in the income gap.

Democracy, in the final analysis, means a set of freedoms; democracy also means the rule of law and respect for the rule of law, social justice, and opportunities for the citizens of our nations. A complete democracy implies that people are able to fully exercise their economic, social, and cultural rights; democracy means, among

other things, health and high-quality foods for all. Today, we have the duty and the opportunity to build this type of democracy, founded on the rule of law, the full enjoyment of freedoms, the promotion of human rights, and the assurance of opportunities for all families — a truly comprehensive social policy.

The future development of our nations will depend on whether we are able to ensure that all inhabitants of the hemisphere have the opportunities they need to develop their talents and capabilities for their own benefit and for the benefit of their communities. The stability, security, tranquility, and peace of our countries depend on our capacity to promote development that will benefit all men and all women.

I am convinced that development is the new name for peace and that peace, the health and nutrition of the population, and international security have a huge impact on the human development of our countries.

Albert Einstein said: "There is a driving force more powerful than steam, electricity, or atomic energy: will." I invite all of us, during this important gathering, to transform our political will into a new partnership for health and high-quality food for all men and women, and to reaffirm our commitment to development and peace in the Americas.

Thank you for your participation in this forum, and thank you for coming to visit us here in Mexico. I wish you all the best in this work that we, the countries of the Americas, are undertaking together. We will look forward to receiving your resolutions in order to put them into practice immediately.

WELCOMING REMARKS

Mirta Roses Periago

Director, Pan American Health Organization

I want to express my pleasure at the honor of having President Fox here with us today at the opening of the 14th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA 14). Despite his numerous official commitments, he set aside time to be here to preside over this ceremony and welcome this assembly of ministers of health and agriculture. That is a clear reflection of the interest and importance that his Government attaches to social and health issues, and to primary production and agroindustry — all areas of tremendous importance for our countries in the Americas.

On behalf of the Pan American Health Organization, I also want to thank the Government of Mexico for hosting this meeting and express our gratitude for the magnificent and generous support we have received in organizing the meeting from the Ministries of Foreign Affairs, Health, and Agriculture.

Mexico has a long history of leadership in hemispheric initiatives on issues relating to health and agriculture. It was one of the 11 signatory countries present at the creation of the Pan American Sanitary Bureau in 1902, represented on that occasion by Dr. Eduardo Liceaga, a brilliant physician and scientist who, among other contributions, introduced the rabies vaccine in Mexico shortly after its discovery by Louis Pasteur in 1885. Mexico, through its delegate, Dr. Alfonso Pruneda, also played an active role in the deliberations leading to the adoption of the Pan American Sanitary Code in 1924. This instrument was of vital importance in ridding the Region's ports of diseases such as yellow fever, cholera, and plague, which were hindering the circulation of ships and therefore impeding trade in the Americas. Today, the International Health Regulations are taking on increasing importance and are being updated by WHO in order to address new challenges posed by emerging diseases, most of them of animal origin, which call for greater effectiveness and coordination among countries in prevention and control activities.

In the area of agriculture, the scientific contributions of Mexican research institutes under the aegis of the Ministry of Agriculture are well known. One such institute, the National Institute of Forestry and Agricultural Research, developed bovine paralytic rabies control techniques that are being used today throughout Latin America and the Caribbean.

The central theme of RIMSA 14 is promotion of synergy between the health and agriculture sectors in order to make optimum use of human and financial resources to accelerate the development process. Harking back to 1968, the year in which

the first Inter-American Meeting, at the Ministerial Level, on Foot-and-Mouth Disease and Zoonoses Control (RICAZ) was held, we can affirm with pride that the results achieved have been highly satisfactory. Foot-and-mouth disease is in the final phase of eradication, as is dog-transmitted human rabies, which persists in only a few areas of some countries. Once again, Mexico has been at the forefront of this fight, achieving the principal objective, which is to stop the death of citizens from this disease which has existed since antiquity and which still kills nearly 40,000 people a year in other regions of the world. The regional food safety plan, which is being progressively implemented, has contributed to our knowledge of foodborne diseases—which harm health and have a negative impact on tourist areas—and to the modernization of inspection services. These mandates originated within RIMSA, the only forum of its kind in the world.

This meeting brings together 36 ministers, together with delegates from 35 countries, as well as representatives of universities, nongovernmental organizations, international organizations, professional associations, civil society, and the private sector, to identify new strategies and strengthen mechanisms for linking health with agriculture and local development. We will be examining how we can accelerate progress towards the goals of reducing poverty and eliminating hunger, agreed collectively in the Millennium Development Goals and in the Summits of the Americas. We must strive to reduce the social gap, which is still marked in our countries. The health, agriculture, and education sectors are the pillars for increasing the social inclusion of disadvantaged populations, most of whom live in rural areas. We at PAHO are convinced that we can make large-scale agriculture compatible with family farming and thus avoid having our rural populations displaced from their farms by mechanization and automation. Together we can increase assistance for small producers to enable them to produce foods of high quality for self-consumption and also to compete in national and international markets, especially in areas in which human labor is indispensable (I am a supporter of small and medium-sized enterprises and the organization of cooperatives). To that end, PAHO has been supporting various initiatives, such as the healthy and productive communities, healthy markets, and healthy schools initiatives, among others.

Once again, I thank the Government of Mexico for all its support in carrying out this meeting. My thanks also to all the people and institutions — including the Inter-American Institute for Cooperation on Agriculture (IICA), the International Regional Organization for Plant Protection and Animal Health (OIRSA), and the United States Department of Agriculture (USDA) — which have collaborated in various ways in its organization. My special gratitude to the presenters for their willingness to share their knowledge on the important topics to be discussed here, and to all the participants for honoring this event with your presence.

Finally, I hope that this beautiful setting, the *Plaza de las Tres Culturas* (Plaza of Three Cultures), where ancient and modern Mexico converge, will inspire each and every one of us in the quest for new ideas and initiatives that will redound to the benefit of the peoples of the Americas.

WELCOMING REMARKS

Luis Ernesto Derbez

Minister of Foreign Affairs of Mexico

It is an honor for Mexico to welcome the ministers of Health and Agriculture of the Americas and of the European countries that belong to the Pan American Health Organization as Participating and Observer States, as well as the Director and senior officials of the Organization, to the 14th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture. This is the only high-level forum in the Americas for the discussion of topics relating to agricultural policy and public health, areas that play a crucial role in the promotion of sustainable development in all the countries of the hemisphere.

Inter-American meetings of this kind enable intersectoral coordination between the fields of health and agriculture, in order to ensure a safe food supply and the scientific harmonization of rules, regulations, and guidelines, thereby facilitating regional and global trade in these products.

This 14th ministerial meeting will cover a full agenda including topics such as the eradication of foot-and-mouth disease, food safety, the global response to new and emerging zoonoses, the elimination of human rabies, and international cooperation to address emerging problems in the spheres of agriculture, stockbreeding, and health.

All of these topics will be covered in plenary meetings and in three panel discussions with specialists in their respective fields. The meeting's agenda will also focus on the Millennium Development Goals related to the elimination of extreme poverty and hunger in the region.

The topics to be discussed at this meeting are strategic in nature, and they illustrate the importance of promoting multilateral solutions to problems that transcend national borders and that therefore require broad-based international cooperation if they are to be dealt with effectively.

The work to be undertaken during the two days of the meeting will benefit not only from a hemispheric perspective on the various topics, but also from the contribution of the participating States from Europe, which will give the meeting a broader scope.

I urge all participants in this ministerial meeting to join forces to achieve concrete cooperation results that will justify the trust that our peoples and governments have placed in us and will help to strengthen and consolidate our exchanges as we move towards a joint solution to the challenges facing us.

Let me conclude by reiterating to all of you Mexico's commitment to this international effort to meet the challenges confronting the hemisphere in matters of agriculture and health. I wish you a most pleasant stay in our country.

REMARKS

Jaime Alfonso Campos Quiroga^{*}
Minister of Agriculture of Chile

For Chile, for myself as Minister of Agriculture, and for my country's Minister of Health, who is also here with us today, it has been a great honor to have had the opportunity to preside over RIMSA for the past two years. We want to extend a very special welcome to all the delegations from the ministries of Health and Agriculture of the countries of the Americas, and we want to recognize the work you have done over the past two years in pursuit of the goals and proposals that we set forth in Houston. We also salute the various international organizations, including FAO, WHO, PAHO, OIE, *Codex Alimentarius*, IICA, OIRSA, and PANAFTOSA, for the cooperation they have provided us over this period to help us advance towards our goals. There can be no doubt that this 14th RIMSA, held in Mexico, will give a major boost to the achievement of our shared objectives.

As our period of office comes to a close, we would wish to highlight at least three major points. First, we wish to underscore the value of RIMSA as the only forum in the Americas in which Ministries of Health and Agriculture come together to discuss topics of common interest. And this is no small matter, since, as Minister Derbez has correctly pointed out, the issue of food safety and the expectations that the world and our own consumers have of us in this area demand greater and better levels of coordination among our ministries. Second, RIMSA affords a grand opportunity for the countries of the Americas to coordinate our efforts. We know that our capacity and our resources are limited, because for the most part we are poor countries, and it is only by joining forces, with support from international organizations specializing in these areas, that we will be able to move ahead in addressing our problems and concerns. Lastly, it should never be forgotten that the Region of the Americas is the world's largest food producer. Our countries account for the largest share of agricultural production in the world, and as a region we have a duty to pursue our activities in this area in line with our shared objectives.

Of course we have problems, and I have no doubt that many more will arise in the future. For example, we are witnessing with concern the appearance of emerging diseases which humanity is unable to control and which limit our activities. I believe that we have not made sufficient headway in the harmonization of health regulatory schemes; this is just one of the areas in which we still have work to do. Finally, we note with dismay that despite the fact that the world today is producing more food than ever, there are still 800 million human beings who, appallingly, are living in extreme poverty and are not consuming the food they need to survive.

^{*} President of the 13th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture

Hence, friends, representatives of the Ministries of Health and Agriculture from the countries of the Americas, I believe that the work that we have left to do has only just begun. But if we continue to work together, I have no doubt that we will help to build a better world and contribute in some measure to the well-being of our fellow citizens.

REMARKS

Chelston W. D. Brathwaite
Director General, Inter-American Institute for
Cooperation on Agriculture (IICA)

In the Declaration of Nuevo Leon, signed in Monterrey, Mexico in January of 2004, the Heads of State and Government of the Americas endorsed the Agro 2003-2015 Plan of Action adopted by the Second Ministerial Meeting on Agriculture and Rural Life, held in Panama in November 2003.

In the Declaration, the Heads of State and Government state that the well-being of their peoples depends on the achievement of three objectives: economic growth with equity to reduce poverty, social development, and democratic governance, and they recognize the importance of agriculture for the integral development of nations.

The Declaration reads: "We commit to maintain a sustained effort to improve living conditions for inhabitants of rural areas, by promoting investment and creating a favorable environment to achieve sustainable improvements in agriculture that will contribute to social development, rural prosperity, and food security."

Furthermore, they call upon eight international and regional organizations, including IICA, "to strengthen their coordination, and to continue deepening their support, through their respective activities and programs, and committing appropriate resources to implement and conduct follow-up on the Plan of Action of the Summits of the Americas, and this Declaration, and to assist in preparations for the Fourth Summit of the Americas in 2005."

The Agro 2003-2015 Plan of Action charts the course for arriving at the desired future for agriculture and rural life in 2015, and contains a hemispheric agenda for promoting prosperity in rural communities, food security, poverty alleviation, and the sustainable development of agriculture and the rural milieu.

The proposed strategic actions include the development of competitive enterprises, increased investment in the rural milieu, improved connectivity and greater access to information, environmental management in non-agricultural economic chains, enhanced participation of the rural population, conditions conducive to agribusiness development and the generation of employment, etc.

In the specific action of the Plan, the ministers of agriculture assign high priority to regional policies on animal and plant health and on food safety, strengthening national and regional systems, and reaffirming their commitment to the competent organizations recognized by the World Trade Organization (WTO) Agreement on

the Application of Sanitary and Phytosanitary Measures, as well as the relevant international organizations — the *Codex Alimentarius* Commission, the World Organization for Animal Health (OIE), the International Plant Protection Convention (IPPC) — and regional organizations.

All of our Member States agree that food must be safe and that guidelines on food safety must provide a framework to ensure that trade can expand. As global agricultural trade continues to increase, so does the risk of introducing agricultural pests, foreign animal disease, and foodborne pathogens of significant economic and public health importance.

The BSE and avian influenza outbreaks add to a growing list of recent events concerning agricultural health and food safety that have impacted negatively on consumer confidence, private sector commerce and, above all, the official services of the countries, which are responsible in large part for safeguarding public health and the sanitary and phytosanitary status of their agrifood sectors.

These outbreaks highlight the importance of capacity-building in agricultural health and food safety services in order to meet international standards and comply with import and export regulations. These, in turn, are the foundation for:

- ✦ Maintaining a safe and transparent food production chain;
- ✦ Adopting risk management that provides the basis for decisions that are grounded in “good” science in the protection of human and animal health;
- ✦ Responding to emergency agricultural health and food safety issues in a way that results in minimal delay in resuming trade.

Nations must continue working together to ensure that everyone has access to sufficient safe food of high quality. As members of the World Trade Organization, each country of the hemisphere must meet the obligations set forth under the Sanitary and Phytosanitary (SPS) Agreement. The SPS Agreement establishes the international mechanisms countries can use to deal with agricultural crises and provides ways for nations to regain market access. Under the SPS Agreement, member countries are prohibited from imposing arbitrary or permanent sanctions against products without scientific justification.

Since 1999, IICA in collaboration with the USDA, has led a capacity-building initiative to encourage countries to participate in the SPS/WTO committee meetings. The enhanced attendance of representatives from the Americas — close to 100% for the past year — has resulted in increased participation and understanding of the importance of the SPS Agreement for their economies.

The international standards for animal, plant, and human health are equally important. Countries are also encouraged to actively participate in meetings of the World Organization for Animal Health, the *Codex Alimentarius* Commission, and the International Plant Protection Convention, the standards-setting bodies for animal health, food safety, and plant health, respectively.

In addition to effective participation in international standard-setting forums, all countries need a national agricultural health and food safety infrastructure strong and sustainable enough to be successful in its duties to protect the food supply, maintain consumer confidence, and manage risk. The most efficient and least disruptive manner to increase food safety protection is by preventing incidents in the country of origin.

Diseases and pests and food safety issues must be addressed by comprehensively working along the entire food chain, from farm to table. This job has become more difficult as food and agricultural production have become ever more global enterprises, starting with primary inputs for production in one place and ending with the purchase and consumption of finished products in another, often stretching across thousand of miles and covering more than one country.

The traditional thinking and role of national agricultural health and food safety services must also evolve to reflect the new realities in the agro-food production chain. Agricultural health and food safety services are being pushed to operate with expanded mandates and a more international perspective. Today it is especially important for these services to expand their protection beyond primary production to include other areas, such as international trade, tourism, the environment, public health, food security, and accidental or deliberate contamination by biological or chemical agents.

Many developing countries in the hemisphere need to implement a vision for their national services beyond those already provided, to effectively respond to agricultural or human health crises. It is essential for these countries to have access to the financial and human capital needed to improve national agricultural health and food safety services in the critical effort to safeguard food supplies and minimize disruptions to international food trade. The longer it takes for developing nations to modernize and strengthen these national services, the more opportunity there will be for serious agricultural health or food contamination events to have catastrophic health and/or economic effects.

Our Institute is encouraging countries to modernize their agricultural health and food services in four areas:

- a) We are promoting the improvement of human resources to give agricultural health and food safety services the capabilities to produce results.
- b) We are working with agricultural health and food safety agencies throughout the hemisphere to coordinate and integrate private sector participation.
- c) We are strengthening agricultural health and food safety services to meet global standards and ensure that these are not a barrier to agricultural commerce and market access.
- d) We are promoting the improvement of the technical capacity of agricultural health and food safety services to implement sanitary measures that are science-based.

In June 2002, IICA and PAHO signed a memorandum of understanding creating a strategic alliance for the promotion of health and prosperity in the rural communities of the Americas.

Since then, IICA and PAHO have been deepening their cooperation in the areas of strengthening national institutional capacities and building technical capacity. Together our complementary missions in this area will serve to increase protection for human, animal, and plant health in the Americas.

IICA and PAHO as partners in the follow up to the Summit of the Americas fully support the commitment assumed by the Heads of State and Government in the Declaration of the Third Summit. We are committed:

- ◀ To further efforts to reach international development goals, especially the reduction by 50% by the year 2015 of the proportion of people living in extreme poverty.
- ◀ To promote programs for the improvement of agriculture, rural life, and agribusiness as an essential contribution to poverty reduction and integral development.

Accordingly, we reaffirm the importance of pooling our capabilities in support of efforts to further development in our Member States. We are committed to:

- ◀ The principle of Pan Americanism, which calls for cooperating with the countries of the Americas so that, in working together, they can promote their development;
- ◀ Equitable development and the achievement of the objectives of health for all in the hemisphere, and the reduction of differences in health indicators among and within countries; and
- ◀ The promotion of prosperity in rural communities, including a reduction of inequalities among their inhabitants and, above all, increasing human freedoms.

We will continue to strengthen our joint technical cooperation actions, with a view to helping the countries of the Americas achieve health and prosperity in their rural communities. We will do this by supporting the efforts of the Ministries of Agriculture and Health, with the active participation of rural communities.

From experience we know that our nations can work together in hemispheric cooperation to ensure that all of our people have access to safe food, which is so fundamental to social and economic well-being. Our vision is to contribute to the development of a seamless agricultural health and food safety system that functions smoothly between all of our nations and supplies safe food of the highest quality for our people.

REMARKS

Bernard Vallat,
Director General, World Organization
for Animal Health (OIE)

On behalf of the member countries of the OIE, I should like to thank the Director of PAHO, Dr. Mirta Roses, for doing me the honor of inviting me again to RIMSA. I wish to focus my remarks on the topic of collaboration between physicians and veterinarians through appropriate mechanisms for managing the interface between human and animal pathologies.

Sixty per cent of human pathogens are zoonotic, 75% of emerging human diseases are of animal origin, 80% of the pathogens that could be used for bioterrorism are also of animal origin. In preparing and adopting international standards, the OIE takes into account these factors, including the issue of foodborne animal pathogens. We work hand in hand with the *Codex Alimentarius* Commission to provide our member countries with proposals for new standards that address the risks that may occur at any point along the food chain.

Within this common framework with the *Codex Alimentarius* Commission, the OIE is working to develop rules and standards for the prevention of pathogens such as *Salmonella*, *Trichinella*, and *Escherichia coli*, among others, although these do not always represent direct risks for animals. The OIE is also working in the fields of traceability and antimicrobial resistance, good farm management practices, and the design of veterinary service controls encompassing the whole food chain.

At national level, many of our member countries lack effective mechanisms for ongoing collaboration between physicians and veterinarians, not only to manage existing zoonotic diseases, such as rabies, but also to detect and react quickly to emerging diseases that may occur at any moment on a farm in any country, regardless of its level of development.

Often, an emerging zoonotic disease will be detected first in humans. In such cases, the information coming from the human health sector can help veterinarians to mount a rapid response, both at the farm level and elsewhere. This is of vital importance in stopping the pathogen and preventing its spread, whether accidentally or intentionally, which will have a significant impact on the way the incident is handled.

It should be pointed out that RIMSA is a tool unique in the world, since it allows the formal exchange of views and the adoption of joint resolutions by ministers of agriculture and ministers of public health from throughout the Region. This gives the Americas an important advantage in the prevention of biological risks.

Together with the *Codex Alimentarius* Commission, we wish to propose to Member States models for improving existing mechanisms of collaboration between physicians and veterinarians at national level, where necessary. In this context, it is notable that WHO's new draft International Health Regulations, proposed for adoption by the ministers of health in Geneva, contain no direct reference to this collaboration, either at national or at international level. In other words, they do not take into account the regulations of OIE or *Codex Alimentarius*, which is a mechanism managed jointly by FAO and WHO itself. Accordingly, OIE, FAO, and WTO together propose the addition of an explicit reference in article 12 of the draft International Health Regulations.

I want to add that we now have a formal partnership at the global level with FAO and WHO, the Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs), with a Global Steering Committee and a Regional Steering Committee. The first organizational meeting of the Regional Steering Committee for the Americas was held in Buenos Aires and was attended by representatives of OIE/FAO, PAHO, OIRSA, IICA, the Andean Community, and the Standing Veterinary Committee of MERCOSUR. Dr. Peter Fernández of APHIS/USDA was elected President of the Regional Steering Committee, and the representatives of PAHO and OIRSA were elected Vice-Presidents. The Permanent Secretary is Dr. Luis Barcos, OIE Regional Representative for the Americas.

We have not created a new bureaucratic structure; rather, we have created a mechanism for the coordination of animal health and zoonosis control policies among all actors, including the private sector and donors. We have also met with the high-level officials who set resource allocation policies at the World Bank in Washington, D.C., with a view to persuading them to invest in this sector, in particular in the strengthening of public and private veterinary services, and OIE's proposal was very well received.

KEYNOTE ADDRESS

Julio Frenk

Secretary of Health of Mexico

*“Twenty-five Years After the Declaration of Alma-Ata:
Cooperation Between the Agriculture and
Health Sectors in Primary Care”*

Alma-Ata is one of the most valuable legacies in international health. Viewed from the perspective of a quarter century later, that historic declaration takes on a deeper meaning for its relevance to the challenges created for our health systems by the complex world in which we live.

At a critical juncture in the history of humanity, which saw in the irrationality of the cold war the specter of its own destruction, the call issued at Alma-Ata in 1978 became an appeal to the conscience of governments and political leaders. Evoking the spirit of Alma-Ata at this meeting offers us a great opportunity to identify the essential building blocks for a concept of “citizenship” that includes the full, universal, and inclusive exercise of the right to health.

But before developing this idea, I should like to take a moment to look at one of the most valuable aspects of Alma-Ata, which has to do with the definition of two fundamental concepts: “Health for All” and “Primary Health Care,” two concepts that are sometimes mistakenly used as if they were interchangeable. Health for All is, above all, an affirmation of values, a vision, and an aspiration. It is an ethical maxim and at the same time an ideal and a way to conceive of public policies on health. It is, indeed, the vision, enshrined in the constitution of the World Health Organization itself, of health as a social right, the universal exercise of which constitutes an objective shared by all sectors of society.

Primary Health Care, on the other hand, is a concrete, structured strategy for giving practical embodiment to the aspiration encapsulated in health for all. As such, it needs to be subject to critical evaluation and to the introduction of improvements.

The term “primary care” has been used on occasions to refer to first-contact services — that is to say, the establishments that serve as the gateway to the health system. On other occasions, the term has been used as an equivalent for the first level of care, with the adjective “primary” being used to identify something simple or elementary. I find that these two interpretations are limiting and that, unfortunately, when put into practice, they have often resulted not in primary health care but in primitive health care. In my opinion, a correct interpretation should refer to the capacity to address the primary or basic causes of health or illness. Such an interpretation gives meaning

to three elements that are fundamental in the process of primary health care: a local focus, community participation, and a multisectoral approach.

In sum, of the many contributions of Alma-Ata, two appear to me to be pertinent to the work of this meeting: the vision of Health for All as the recognition of a basic social right, and the strategy of Primary Health Care as the comprehensive process that makes it possible to give practical embodiment to that right.

Certainly, the translation into practice of these two concepts has resulted in differing degrees of progress in different societies over the course of the past 25 years. Indeed, one of the great advantages of meetings such as this one is that, through the exchange of experiences, a process of shared learning among nations is created.

In the case of my country, soon after the declaration of Alma-Ata, in 1983, a constitutional amendment was introduced, recognizing the right to the protection of health. Since then, the world has changed markedly. We have been witnesses to momentous events that have shaped the history of humanity in our time. Among other profound transformations, on our continent we have experienced the consolidation of democracy. Full democracy, however, is not solely a matter of the exercise of civil and political rights. It must also include the real and effective exercise of social rights, including, fundamentally, the right to the protection of health.

In most of the countries of our Region, we have achieved electoral democracy and the basic freedoms that are part of it. The challenge now, in the words of a recent report of the United Nations Development Program, it is to move from a democracy of voters to a democracy of citizens, in which the conditions obtain for the full and universal exercise of all civil rights. To achieve this, now that all citizens in Mexico, as in most other countries of the Region, can exercise their civil and political rights, it is necessary to complete the democratic transition by ensuring the effective exercise of social rights.

For the Mexican government, the concept of democratization of health is the guiding principle for the National Health Program 2001-2006. Democratization of health implies that access to services cannot be seen as the outcome of commercial transactions, or as the privilege of particular groups, or as acts of charity, but as the exercise of a social right arising out of full and complete citizenship. The concept of full and complete citizenship is founded on the assumption that freedom, equality before the law, and the exercise of political rights cannot be wholly realized unless all inhabitants of a country have attained a decent standard of living.

Thus, the full development of populations requires true social citizenship. To make this a reality, we must take the concept of democratization to the very heart of health, which means having a system of care close to the people — one that responds with quality and respect to their needs and expectations; that widens their freedom of choice; that protects the whole population against excessive medical expenses; that incorporates sensitive and efficient bodies for the submission of complaints; that does not segregate citizens according to social, economic, or labor-related criteria, but is genuinely universal; and that incorporates effective mechanisms allowing citizens to participate in all decisions that affect their health.

To put this principle into practice, the theoretical precept of the right to health protection must be translated into concrete action. It is not enough to recognize a right in our constitutions; it has to be assured that the right can genuinely be exercised. The protection of health comprises three fundamental dimensions that are linked to the challenges of equity, quality, and financial protection that health systems face today. These three dimensions form the three pillars for the structural reform of the Mexican health system that the Government of President Vicente Fox has undertaken.

The first of these three pillars is directed towards improving equity. It translates into protection of the population against health risks through programs for health promotion, prevention and control of diseases and accidents, response to epidemic emergencies and disasters, and the modernization of health regulation and protection activities.

The second pillar of the structural reform is protection of the right of health service users to receive high-quality care that ensures the safety of patients, the effectiveness of services, and respectful treatment of users and their family members.

Finally, the effective exercise of the right to health protection requires a health care financing system characterized by fairness and solidarity. To that end, the third pillar of the structural reform seeks to extend social protection in health to the population that up to now has been excluded from the traditional social security schemes. In Mexico we are reaching this goal by means of the new Popular Insurance scheme, which over the coming years will extend financial protection to some 50 million people, enabling us to achieve the ideal of universal coverage.

Hence, protection against health risks, protection of the rights of health service users, and social protection in health make up the three dimensions that give concrete expression to the constitutional right to the protection of health and enable the universal exercise of that right as a vital part of Mexico's grand democracy initiative.

In the last part of my remarks, I should like to focus on the first of these three dimensions, the one that is the most relevant to this joint meeting of ministers of health and agriculture, namely, protection against health risks and, more specifically, the need for multisectoral work in this area. The multisectoral approach is premised on a very simple principle: contributing to development requires not only the design of good health policies, in the strictly sectoral sense of the term, but also, indispensably, the promotion of healthy policies that involve all sectors of government.

With a view to achieving this objective and giving it institutional expression, after a very careful analysis both of the situation in Mexico and of the best international practices, we have created an agency of the federal government that is technically, administratively, and managerially autonomous whose mission is to oversee activities aimed at protecting the population against health risks. This agency is known as the Federal Commission for Protection against Health Risks.

Until the creation of this Commission, regulatory actions were scattered over various administrative units of the central Health Ministry. This resulted in a lack of clear identification of the areas responsible for designing relevant policies, for oversight, for exercising health authority, and for providing services. Moreover, the fact that

there was not a single federal body responsible for the implementation of health regulations and health protection measures made effective coordination with other sectors and with local authorities difficult.

With the creation of the Commission, many of these difficulties are being overcome. Through an administrative streamlining process, all the areas involved in this effort have been combined in a single agency, applying a new conceptual approach that allows for a more functional professional structure, organized by processes rather than by regulatory areas. This reengineering has also enabled us to achieve better multisectoral coordination, in keeping with an essential aspect of the spirit of the Declaration of Alma-Ata.

Without a doubt, one of the best examples of this integrated approach is the area of food safety. In this area our activities are rooted in a fundamental principle: far from being conflicting objectives, the promotion of agricultural production and the protection of population health can be mutually reinforcing if there is a harmonized policy. Indeed, ensuring food safety through good sanitary practices both protects the health of the population and creates consumer confidence, which in turn boosts production and marketing activities.

Of course, the foregoing means striking a balance between promotion of production and protection of health. In our opinion, this balance can be achieved by utilizing scientific evidence as the basis for policies and practices in both fields. From the coordinated work of the two sectors another benefit arises that is invaluable in the globalized world of today: the opening up of new markets for our producers.

Everything I have said so far underlines the fact that we should not view health only as a specialized area of public administration, but as a shared social objective, around which all public policy resources at the disposal of the State can be mobilized.

Allow me, in conclusion, to cite yet another example that illustrates the intersection between agriculture and health, namely, tobacco. Thanks to the extraordinary initiative of the World Health Organization embodied in the Framework Convention on Tobacco Control, it has been possible to articulate a set of public policies against tobacco use, which is the leading cause of preventable deaths in the world. Mexico, incidentally, was the first country in the Region of the Americas to ratify the Framework Convention, which is the first international treaty dealing with public health.

Once again, the importance of a multisectoral approach must be emphasized. In Mexico we have adopted unprecedented measures to eliminate advertising from the electronic media, increase the size of the warning messages on cigarette packets, raise the number of clinics for the rehabilitation of smokers, and institute protective measures for non-smokers. In addition, thanks to the support of the Minister of Finance, our Congress has authorized a very sizable increase in the taxes on tobacco. International evidence indicates that this healthy fiscal policy measure is the foremost instrument for discouraging youths from becoming addicted to tobacco. As a further part of our integrated approach, our Ministry of Agriculture is providing very intensive support to tobacco-growers with a view to persuading them to replace their tobacco crops with others that may prove even more profitable.

The work done to ensure food safety and combat tobacco use are just two examples of the way in which the ministries of agriculture and health are finding multisectoral synergies to enhance the well-being of the population and thereby contribute to the creation of a social citizenship that will be the culmination of our democratic transition.

We have the responsibility to strengthen health so as to broaden the values, principles, and practices of democracy, ensuring the universal and full exercise of social rights. That is the underlying spirit of Alma-Ata which is summed up clearly in the first paragraph of the Declaration:

“...health...is a fundamental human right and...the attainment of the highest possible level of health is a...social goal whose realization requires the action of many other social and economic sectors...”

This is the valuable legacy which today we have the opportunity to enrich through our joint work. Today, just as 25 years ago, health continues to be a point of convergence, a bridge toward shared prosperity, and a source of security that unites all the nations of the world.



FINAL REPORT
OF THE 14TH INTER-
AMERICAN MEETING,
AT THE MINISTERIAL LEVEL,
ON HEALTH AND
AGRICULTURE (RIMSA 14)

FINAL REPORT

The 14th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA 14) was held at the Ministry of Foreign Affairs of Mexico in Mexico City from 21 to 22 April 2005. The meeting was convened by the Director of the Pan American Sanitary Bureau (PASB), in compliance with Resolution CD17.R19, adopted by the 17th Directing Council of the Pan American Health Organization (PAHO) in 1967, and Resolution CD43.R5 ratified by the 43rd Directing Council in 2001.

OFFICERS

The following officers of the meeting were elected unanimously:

<i>President</i>	Mexico	Dr. Julio Frenk, Secretary of Health Dr. Javier Usabiaga, Minister of Agriculture
<i>Vice Presidents</i>	Uruguay	Dr. María Julia Muñoz, Minister of Public Health
	Venezuela	Ms. Betsaida Viáfara Rey, Director, Autonomous Agricultural and Livestock Health Service, Ministry of Agriculture and Land
<i>Rapporteur</i>	Haiti	Mr. Philippe Mathieu, Minister of Agriculture and Natural Resources and Rural Development

Dr. Mirta Roses Periago, Director of PASB, served as Secretary *ex officio* of RIMSA 14, and Dr. Albino Belotto, Chief, Veterinary Public Health Unit, PASB, as Technical Secretary.

PARTICIPANTS

Member States

The following Member States were represented at the meeting: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, France, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Netherlands, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Suriname, Trinidad and Tobago, United Kingdom, United States of America, Uruguay, and Venezuela.

Associated States

Representatives of Puerto Rico attended the meeting.

Observer States

Representatives of the Government of Spain attended the meeting.

Observers from other Countries and Territories

Representatives of Italy, Sweden, Taiwan, Tunisia, and the European Union participated as observers.

Other Observers

The following United Nations and specialized agencies were represented: United Nations Economic Commission for Latin America and the Caribbean (ECLAC), United Nations Development Program (UNDP), Food and Agriculture Organization of the United Nations (FAO), and the World Health Organization (WHO).

The following intergovernmental organizations were represented: Inter-American Development Bank (IDB), Caribbean Community (CARICOM), Inter-American Institute for Cooperation on Agriculture (IICA), International Office of Epizootics (OIE), Organization of American States (OAS), and Regional International Organization for Plant Protection and Animal Health (OIRSA).

AGENDA AND PROGRAM OF SESSIONS

The agenda and program of sessions (Documents RIMSA14/1, Rev. 4, and RIMSA14/WP/1, Rev. 3) were adopted without modification.

SESSIONS

An inaugural session and four plenary sessions were held.

Opening Session

On behalf of the host country, Dr. Luis Ernesto Derbez, Minister of Foreign Affairs of Mexico, welcomed the delegates and participants to RIMSA 14. He underscored the political importance of RIMSA — the only forum in the Americas to address animal health, agriculture, and human health — for the Region and said that his country was honored to host the meeting.

The President of RIMSA13, Dr. Jaime Campos Quiroga, Minister of Agriculture of Chile, took the floor and emphasized the importance of RIMSA for the coordination of activities in the areas of food safety, emerging diseases, regulatory harmonization, and food security.

Dr. Chelston W.D. Brathwaite, Director General of IICA, pointed out the importance of the 2004 Declaration of Nuevo León, which placed special emphasis on food

security and rural development. He highlighted the five key points of the Declaration, all of which were relevant for RIMSA: competitiveness, interconnectivity, the environment, rural participation, and agribusiness.

Dr. Mirta Roses Periago, Director of the Pan American Sanitary Bureau, extended her welcome on behalf of PAHO. She noted that the theme of RIMSA 14 was promotion of synergy between the health and agriculture sectors in order to make optimum use of human and financial resources to accelerate the development process. She underscored the attendance at the meeting of 33 ministers and vice ministers, accompanied by their respective delegations, from 36 Member States, who had gathered together to identify strategies and strengthen mechanisms for linking health with agriculture and local development. She concluded by mentioning the significance of the fact that the meeting was taking place in the *Plaza de las Tres Culturas* (Plaza of Three Cultures), where ancient and modern Mexico converged, and said that she hoped that the setting would inspire new ideas and initiatives on the subject of health and agriculture that would redound to the benefit of the peoples of the Americas.

His Excellency Vicente Fox, President of Mexico, delivered the inaugural address to the assembly. He began by drawing attention to the United Nations Universal Declaration of Human Rights, which established that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care, and necessary social services." He stressed that health was one of the fundamental rights of human beings and that Health for All was therefore not just a goal but also an obligation toward our fellow men and women, an obligation that could only be met through the broadest possible coordination. He highlighted the fact that RIMSA had long been the regional forum for cooperation and coordination with other sectors on health and agriculture matters. He said that he was convinced that peace, the health and nutrition of the population, and international security had a huge impact on the human development of the countries of the Region. He then declared the meeting officially open.

Before the start of the first working session, the President of RIMSA 13, Dr. Jaime Campos Quiroga, Minister of Agriculture of Chile, passed the microphone to Dr. Bernard Vallat, Director General of the World Organization for Animal Health (OIE), so that he could greet the participants.

First Session

During the first session, the Secretary of Health of Mexico, Dr. Julio Frenk, delivered the keynote address, entitled "Twenty-five Years after the Declaration of Alma-Ata: Cooperation Between the Agriculture and Health Sectors in Primary Care" He discussed the legacy of Alma-Ata, health as a social right, and institutional reform in Mexico. He referred to Primary Health Care (PHC) as a concrete, structured strategy, subject to critical evaluation. He noted that Mexico had amended its Constitution in 1983 to include the right to the protection of health, and he pointed out that, since then, the world had changed substantially, with the consolidation of democracy, which must include the effective exercise of social rights. He cited two examples

of the intersection between agriculture and health from Mexico's experience: food safety and the fight against tobacco use. He ended by saying that Alma-Ata had left a valuable legacy and that health continued to be a point of convergence that united all nations on earth.

The program of sessions was altered to enable Dr. Shigeru Omi, Regional Director of the Western Pacific Regional Office of the World Health Organization (WHO/WPRO), to deliver his special presentation on "Converging Human and Animal Health Expertise and Resources in the Global Response to New and Emerging Zoonoses (Avian Influenza and SARS)" (Document RIMSA14/24). Dr. Omi described the experience of the Asian countries faced with outbreaks of severe acute respiratory syndrome (SARS) and avian influenza. He ended his presentation with a recommendation that the countries of the Americas should make plans to deal with an influenza pandemic, including joint action by health and agriculture authorities.

Next to speak was Dr. Albino Belotto, Chief of the Veterinary Public Health Unit of the Pan American Sanitary Bureau, who showed a video on "Agriculture and Health: Synergy for Local Development," illustrating the nature of the challenges facing the participants in RIMSA 14. He then introduced the item "Veterinary Public Health: Progress Report on Compliance of the Secretariat with the Mandates of the Governing Bodies of PAHO, 2004-2005" (Document RIMSA14/3). He highlighted the Unit's intensified efforts to achieve effective integration of the public and private health and agriculture sectors, focusing on the strengthening of national and regional policies in the areas of food safety, zoonoses, and foot-and-mouth disease in order to improve the living conditions of the population.

The Delegate of Argentina asked that the epidemiological map of foot-and-mouth disease for 2004 included in the report, which indicated that Argentina and Paraguay were infected, be replaced with a map for 2005 showing that both countries were now classified as disease-free with vaccination.

Dr. Eduardo Correa, Director of the Pan American Foot-and-Mouth Disease Center (PANAFTOSA), described the Plan of Action for PANAFTOSA, 2006-2007 (Document RIMSA14/4). He summarized the current status of the foot-and-mouth disease and zoonoses programs, pointing to their successes, as well as to some shortcomings in national programs, mainly with respect to epidemiological surveillance. The Plan of Action for PANAFTOSA, 2006-2007, was adopted unanimously.

The report and resolutions adopted at the 10th Meeting of the Hemispheric Committee for the Eradication of Foot-and-Mouth Disease (COHEFA 10) (Document RIMSA14/5) were presented by Dr. José Ángel del Valle Molina, Director-General of Animal Health of the Ministry of Agriculture, Livestock, Rural Development, Fisheries, and Food (SAGARPA) of Mexico, President of COHEFA 10. He highlighted the key outcomes, especially the adoption of the Plan of Action, 2005-2009, for the Hemispheric Plan for Eradication of Foot-and-Mouth Disease (PHEFA) and its immediate implementation, a prerequisite for which was the prompt establishment of a Memorandum of Understanding between PAHO and the International Group for the Eradication of Foot-and-Mouth Disease (GIEFA).

In the discussion on those two matters, items 6 and 7 on the agenda, delegates recognized the work of PAHO/WHO in relation to the eradication of foot-and-mouth disease and the need to continue striving to protect disease-free areas and to achieve the goal of the Hemispheric Plan for the Eradication of Foot-and-Mouth Disease.

The delegates of Uruguay and Brazil highlighted experience acquired in their countries with efforts to provide coverage for small-scale producers and local areas, as part of the healthy and productive municipalities strategy, noting that those experiences had helped to foster development.

Several delegates raised the possibility of strengthening cooperation for the control, prevention, and, in some cases, the elimination of other zoonoses of regional or subregional importance, such as *leishmaniasis*, wildlife rabies, and *trichinosis*, as well as more robust efforts to eliminate *hydatidosis*.

The delegate of Chile emphasized the importance of establishing precise indicators in order to be able to evaluate the work and efforts undertaken to develop productive and healthy municipalities.

The delegate of Cuba supported the statement made by the Chilean delegate and described how important the development of productive and healthy municipalities had been for local development in his country. He also noted the importance of introducing surveillance systems to control and prevent endemic diseases, but also to minimize the risks of importing exotic agents, such as the virus associated with the avian influenza epidemic afflicting several Asian countries.

Dr. Genaro García, Regional Advisor on Food Safety, Veterinary Public Health Unit, PASB, then described the proposed PAHO/WHO plan of action for technical cooperation in food safety, 2006-2007 (Document RIMSA14/6). He began his presentation by explaining the current context of food safety in the Region, focusing in particular on the way in which foodborne diseases had a direct impact on health and an indirect impact on tourism and international trade. He outlined the technical cooperation plan, explaining that it was in line with the WHO global strategy for food safety and with the Regional Food Safety Program. The aim of the plan was to reduce direct harm to health and the economic and social impact of diarrheal diseases caused by microbiological and chemical contaminants. The plan of action comprised three components: evaluation, management, and risk communication, with five expected outcomes.

Dr. Graciela Rosso, Minister of Health of Argentina, then took the floor. She pointed out that adequate funding, together with specific international, national, and, above all, local plans of action, was essential for advancing the goals of the regional food safety plan. She stressed that the policies pursued by multilateral organizations in that respect must be clear and transparent, particularly given that the Member States of PAHO and WHO had defined food safety as a priority global policy.

Dr. Rosso also presented the report on the 4th Meeting of the Pan American Commission for Food Safety (COPAIA 4) (Document RIMSA14/7), with the conclusions and recommendations adopted by COPAIA 4. She emphasized that food security and safety were fundamental to the quality of life of the population, and pointed out that both would contribute to the achievement of the Millennium Development Goals,

especially the reduction of poverty and hunger. Similarly, an intersectoral approach in food safety control programs would contribute to improved health, tourism, and trade in food products.

Second Session

The second session was devoted to a panel on "The Millennium Development Goals (MDGs) Related to the Eradication of Extreme Poverty and Hunger: Primary Health Care and Local Development Strategies." The moderator for the panel was Dr. Satyadeow Sawh, Minister of Agriculture of Guyana.

Dr. Alicia Bárcena, Assistant Secretary of the Economic Commission for Latin America and the Caribbean (ECLAC), spoke on the topic "Overview of the Millennium Development Goals (MDGs) for the Eradication of Extreme Poverty and Hunger with Reference to Latin America and the Caribbean." In her presentation, she underscored the need to take account of the socioeconomic context in which efforts to achieve the MDGs were taking place, as well as the influence of the globalization process, high migration rates, and unstable economic growth in many countries in the Region. In her view, the greatest obstacle to achieving the MDGs in Latin America was the great regional inequity in income distribution. She ended by saying that thought should be given to the possibility of setting more realistic goals for the Region, which, in some cases, might even be more ambitious than the current goals. She added that agreements were needed on debt service reduction, along with stable social policies.

The presentation on the topic "Overview of the MDGs for the Eradication of Extreme Poverty and Hunger with Reference to Latin America and the Caribbean" prompted extensive discussion. The Delegate of Venezuela notes that, despite internal political problems in the years 2002 and 2003, the Government of the Bolivarian Republic of Venezuela had restored sustained and sustainable economic growth. He said that providing primary care at the local level in the most vulnerable segments of the population throughout the country had been a priority and that support for that purpose had been received from the Government of Cuba. He also reported that under the Constitution adopted in 1999 and in accordance with the law, Venezuela had embarked on a program to make better use of its agricultural resources and to raise productivity, which had led to improved food security and safety.

The Delegate of Cuba emphasized two points: first, that State support was essential, as was the participation of the community in the solution of priority problems; second, that the goals of eliminating poverty and hunger in his country were analyzed on the basis of risk groups, and that that the hunger-related goals had been met. With regard to poverty indicators, he said that the free services received by the Cuban population as a social benefit were generally not counted in income calculations. He also noted that health services in Cuba were provided completely free of charge.

The Delegate of Argentina said that poverty indicators in his country had been adversely affected by the economic crisis in 2002. However, he pointed out that the Argentine economy had grown, a fact which should be reflected in the economic analysis presented by ECLAC, and suggested that this documented experience might serve as a reference for other countries undergoing similar crises.

The Delegate of Antigua and Barbuda referred to the high prices of petroleum and petroleum products and to how they affected small island states in particular. He suggested that there was a need for alternative technologies and practices for energy generation, such as solar and wind energy.

The delegate of Brazil welcomed the inclusion of this important topic on the agenda of RIMSA 14. He mentioned various Brazilian government programs aimed at attaining the MDGs, especially the elimination of hunger and poverty, although he noted the difficulty of achieving those goals, in contrast with the health goals. With respect to the eradication of poverty, he said that there should be indicators that took account of the informal economy, not just the GDP. As for health and hunger, he noted that his country had national strategies, such as the "Zero Hunger Program," which combined policies for channeling national income towards efforts to address the problem of hunger and malnutrition in its various manifestations, including obesity. However, he underscored the fact that, in addition to State policies, there should also be strategies that would facilitate sustainable local development in order to consolidate the empowerment of communities and thereby ensure their autonomous and sustainable development.

Responding to some of the concerns raised in the discussion, the representative of ECLAC stated that the economic performance of Argentina and Venezuela did indeed differ from that of the other countries in the Region, owing to the crises their delegates had described. She acknowledged that their situation and indicators should be analyzed in the light of the prevailing economic and political context. She also highlighted the economic growth of both countries in the period from 2004 to April 2005. She affirmed that Cuba was currently meeting the nutrition and hunger goals and was on the verge of surpassing them, particularly the indicator of 3,000 calories per capita per day. With respect to poverty in Cuba, ECLAC was completing a study carried out in coordination with the Cuban Ministry of Economy and Planning, with a view to comparing its findings with those of a study conducted three years ago. She underscored the comment made by the Brazilian delegate on the importance of recognizing that while economic growth was a prerequisite for development, it was not in itself sufficient and therefore had to go hand in hand with redistributive policies in both the social and economic spheres. She highlighted several successful ECLAC experiences in the area of food and nutrition in Bolivia, Brazil, Colombia, and Mexico, which had entailed a direct transfer of resources to communities and which had had a positive impact on hunger and poverty indicators. Finally, she noted that ECLAC data were based on household surveys, and acknowledged that there were indeed differences in the indicators used by the various institutions. For that reason, she suggested that it would be advisable to organize a meeting of those institutions, including multilateral organizations such as the World Bank, the Inter-American Development Bank, with other United Nations agencies, with an eye to establishing standardized evaluation indicators.

The subject of "Community Participation in the Food Production Chain and Food Safety" (Document RIMSA14/9), was introduced by Dr. Norman Jirón Romero, Director General of Accreditation and Regulation for the Ministry of Health of Nicaragua. He discussed the disadvantages of the classical model of health services, which was more oriented towards curative care, with activities being carried in the

framework of programs managed by institutions of the sector, without any key roles for other stakeholders or the beneficiary populations. He compared that model with the new model being applied in Nicaragua, in which activities encompassed the whole of the health sector and were interconnected with all the stakeholders and sectors involved, in integrated operations, in which the beneficiary populations played a leading role.

The issue of “Appropriate Technology – Small Producers and Food Security” (Document RIMSA14/10), was presented by Mr. Víctor Gabriel Barrios, Minister of Rural and Agriculture Affairs of Bolivia, who focused on the main indicators that revealed the existing situation of poverty, especially in rural areas. To address that situation, he said that the Government of Bolivia was promoting the development of a National Strategy for Rural and Agricultural Development (ENDAR). That strategy comprised a diagnostic assessment of the sector and identified seven priority policy lines, including, most notably, the development of productive communities and markets, food security, and the construction and improvement of infrastructure.

Dr. Francisco Muzio Lladó, Director General of Livestock Services for Uruguay’s Ministry of Livestock Production, Agriculture, and Fisheries spoke on “Intersectoral Collaboration for the Promotion of Agricultural and Livestock Production and Human Development: The Case of Uruguay” (Document RIMSA14/11). Following an introduction to the topic, he presented background information on his country, the current economic situation, output indicators, gross domestic product, and the human development index, providing both historical and current statistics. He stressed that technical cooperation to strengthen local development should incorporate the following: resource mobilization, dissemination of information, training, development of plans and guidelines, promotion, and direct technical assistance.

The paper on “Special Support to Small Island States in Capacity-building for Food Safety and International Trade” (Document RIMSA14/12) was presented by Dr. Richard Harrison, Permanent Secretary of the Ministry of Agriculture of Jamaica. He discussed the geopolitical situation in the Caribbean, focusing in particular on progress towards attaining the MDGs. He noted that the impact of globalization on the region — a net importer of foods — posed two major challenges: the need to boost production and the need to make the adjustments needed to comply with new regulations that would enable the region to reduce its trade deficit. He concluded by saying that globalization, free trade, and the application of sanitary and phytosanitary measures (SPMs) must be regarded as an inherent part of international trade today and as challenges to be taken up, while at the same time pursuing the development and consolidation of the region’s resources. He also pointed out that the adjustments induced by globalization had triggered a major effort to improve food safety and said that the region was optimistic about its prospects for attaining the MDGs.

Dr. Josette Bijou, Minister of Health and Population of Haiti, introduced the documents on “Elimination of Human Rabies in Latin America: Current Situation” (Documents RIMSA14/13 and RIMSA14/INF/1) and aired a video on the subject. She urged Member States to reaffirm the international commitment to lend priority support to countries with cases of human and canine rabies, as well as support for the elimination of the disease.

Several delegates drew attention to their countries' ongoing efforts to control human rabies transmitted by dogs, which had resulted in a substantial reduction in the number of cases of both human and canine rabies. They also paid tribute to PAHO's work in providing technical support to countries and highlighted the initiative of reviewing the regional program and preparing a plan of action for the prevention and control of rabies in the Americas for the period 2005-2009, noting that those initiatives would undoubtedly facilitate greater coordination of activities at the national and regional level.

The Delegate of the United States of America underscored the need to strengthen cooperation aimed at acquiring a better grasp of the epidemiology of wildlife rabies and its reservoirs and distribution, and at evaluating control strategies, such as the use of oral vaccines.

The Delegate of Bolivia described the dog-transmitted human rabies program in his country. He thanked neighboring countries for donating rabies vaccines for use with dogs and humans. He said the program was based on four core strategies: communication and education of the population, vaccination of dogs, treatment of people exposed to the risk of rabies, and control of the stray canine population.

The Delegate of Brazil said that canine rabies remained endemic in the northern and north-eastern parts of his country, particularly in puppies. In the light of this epidemiological finding, decentralization measures were being taken to improve surveillance, diagnosis, and care for people in high-risk areas. He also said that bats continued to transmit rabies to domestic animals, with sporadic outbreaks of the disease in high-risk human populations. He concluded by saying that ministries of health and agriculture needed to coordinate activities with the productive sector to improve surveillance and control of bat-transmitted human rabies and to minimize its impacts on livestock.

The Delegate of Uruguay said that there was no rabies in her country. She emphasized the need to boost surveillance to prevent introduction of the disease and to study the presence of the virus in chiropteran (bat) populations.

Third Session

The third session was devoted to a panel on "International Cooperation on Emerging Issues in Agriculture, Livestock Production, and Health, moderated by Mr. Roberto Rodrigues, Minister of Agriculture of Brazil.

Dr. Bernard Vallat, Director General of the World Organization for Animal Health (OIE) introduced the document entitled "Current Situation of New and Emerging Animal Diseases: The International Zoosanitary Code as a Basis for Policy and Trade" (Document RIMSA14/14). He presented guidelines for policy and technical decision-making in the fields of animal and public health. With respect to food security, he emphasized that the guidelines for risk reduction prior to the slaughter of animals and in the processing of agricultural produce encompass all farm-level measures so as to minimize risks in the end product.

Following Dr. Vallat's presentation, Delegates of the United States and Canada took the floor to say that they both considered it ill-advised to reopen discussion of Article 12 of the International Health Regulations, as it had been extensively debated by Member States of WHO. The Delegate of the United States emphasized that he made that suggestion without having had the background of Dr. Vallat's presentation. He also pointed out that it had been his country that had proposed mentioning the OIE in Article 12 and that during the discussions an agreement had been reached to mention it. In his opinion, it was clear that WHO cooperated with other relevant organizations on international public health matters. He ended by saying that he considered it inappropriate for a body such as RIMSA to intervene in the discussion, but that his delegation was prepared to reopen the debate, if it was deemed necessary, at the next World Health Assembly in May 2005.

The delegations of Cuba and Ecuador said that they agreed with Dr. Vallat's suggestion of mentioning institutions such as OIE, FAO, and other agencies working in the field of human and animal health in the International Health Regulations. All the delegates who took the floor mentioned the need to coordinate cooperation activities among the various international agencies in order to avoid duplication and enhance efficiency and impact.

The Delegate of Canada said she welcomed the OIE's decision to reduce from five to three the criteria for classifying countries with regard to bovine spongiform encephalopathy (BSE), as well as the proposal to include skeletal muscle tissue, blood, and by-products of bovine origin in the category of minimum-risk products not requiring additional certification.

Dr. Vallat, responding to the comments and questions, acknowledged that the United States had indeed been one of the few countries to propose the inclusion of the OIE and other international public-health-related organizations in the International Health Regulations. As to BSE, he said that the proposal described by the Delegate of Canada would definitely be considered at the next OIE Meeting in May 2005.

The document "Initiatives on Food Safety, Food Security, and Transborder Animal Diseases" (Document RIMSA14/15) was presented by Dr. Moisés Vargas Terán of the Regional Office for Latin America and the Caribbean of the Food and Agriculture Organization of the United Nations (FAO). He described FAO's mandate with respect to the nutrition of the world population, stressing that hunger was both morally and economically objectionable, since it led not only to poor health but also to lower productivity among workers and students.

Several delegations again emphasized the need to coordinate technical cooperation among international organizations. The Delegate of Venezuela specifically requested FAO technical cooperation to assist his country in implementing sound agricultural practices in the primary sector of the food chain, a request welcomed by the FAO representative.

The topic "Public and Private Sector Roles of Agriculture and Health in Eradicating Hunger and Extreme Poverty in Rural Areas: Mobilizing International Cooperation" (Document RIMSA14/16) was introduced by Dr. Jaime Alfonso Campos Quiroga,

Minister of Agriculture of Chile. He underscored the persistence and increased severity of poverty, hunger, and extreme poverty, despite the surplus of food in the world. He noted that the problem was well known and said that what remained to be done was to identify what steps needed to be taken to solve it. He suggested, as an example, that suspending subsidies for farmers one day a week could make a difference. He then described policy measures in Chile that had contributed to the growth of agricultural and livestock production, helped stem migration from rural areas to cities, and led to a higher standard of living for the rural population.

The presentation by the Minister of Agriculture of Chile was warmly welcomed by several delegations, who expressed their appreciation to him for sharing Chile's experience. The Delegate of Guyana said that Dr. Campos Quiroga had raised some considerations that were relevant for the panel as a whole and noted that he had said: "We understand the problem of hunger, and we know what we have to do to solve it." He had also emphasized the fact that there was enough food to feed the world population and yet it was known that every night 18 million people in the world went to bed hungry and with no food.

Several delegates referred to the need to focus on the disadvantages of subsidies for agricultural products in developed countries, which placed developing countries that were agricultural producers at a disadvantage and encouraged migration to cities, thereby generating unfavorable conditions for harmonious and sustained development and social peace.

The Minister of Agriculture of Chile thanked the delegates for their comments and emphasized that that was the path Chile had embarked upon. He pointed out that Chilean policy on the matter was founded on the question: How can the State help create the conditions that will enable the population and agricultural producers to contribute to the eradication of poverty and extreme poverty? Or, in other words: How can the potential of the agricultural sector be better utilized to enable the State to contribute more efficiently and effectively to the development of the population? He concluded by listing the three conditions that, in his opinion, were necessary for progress towards that end: (a) linking health and food security and safety issues in order to meet the requirements for public health and trade in agricultural products; (b) the emergence of market economies in a globalized and competitive world; and (c) recognition of the importance of these issues, which had led some countries to establish ministries of food, or food security agencies, to address national, subregional, and global challenges.

The paper on "Intercountry Cooperation in the International Food Trade: Implications for Health and Development" (Document RIMSA14/17) was presented by Mr. Oscar Manuel Gutiérrez Rosales, Executive Director of the Regional International Organization for Plant Protection and Animal Health (OIRSA). He stressed that cooperation opened up fresh opportunities. He focused on three themes: a) policy decisions and the need for coordination and integration among countries; b) the relationship between the agricultural and livestock industry and food safety; and c) progress achieved so far and its implications for health and agricultural development. Finally, he recommended coordination of the efforts of all sectors and cooperation institutions to harmonize standards in accordance with the established sanitary and phytosanitary measures.

Dr. Mirta Roses Periago, Director of PASB, introduced the topic “Neglected Diseases in Vulnerable Populations, with Emphasis on Zoonoses” (Document RIMSA14/18). She said that in the developing world a number of communicable diseases, many of which were zoonoses, tended not to be addressed by the health sector, despite the heavy burden they imposed on people living in poverty. Those neglected diseases posed a major challenge with regard to meeting the MDGs. She emphasized the need to form partnerships with other sectors, especially the agricultural, environmental, and educational sectors, in order to adopt measures to reduce and control neglected zoonoses effectively. She pointed out that such diseases were also socio-economic indicators of poverty and of skewed income distribution which affected the most vulnerable segments of the population. Poverty was the main extrinsic factor in the existence of such diseases, and PAHO regarded them as social and economic issues as well as a health issue.

Several delegates expressed their appreciation of the presentation by Dr. Roses. The Delegate of Argentina felt that the area of zoonoses was one to which countries had not paid enough attention. The vertical approach of health programs had eroded the holistic and integrated concept of health. Thus, with zoonoses, as with many health issues, it was necessary to consider not just the diseases themselves, but also the environmental, social, and economic context as determinants of the health status of the population. She suggested that the next RIMSA should include an examination of environmental issues, considering the importance of the environmental changes occurring at the local, regional, and global level.

Mr. Bernardo López Figueroa, Vice Minister of Agriculture of Guatemala, spoke on the topic “Central American Regional Cooperation in Health and Agriculture: The Catalyzing Role of Specialized Regional Agencies” (Document RIMSA14/25). He described the current status of the intersectoral agenda and cooperation among regional agencies, especially the Central American strategy for integrated management of water resources, food and nutrition security, modified living organisms and agricultural biotechnology, reduction of vulnerability to natural hazards, and safe management of hazardous chemicals. He concluded by saying that the current legal framework of the Central American Integration System facilitated an intersectoral approach, and that it had given rise to a concerted agenda, currently being implemented, for regional work among the health, agriculture, and environment sectors.

The session concluded with comments by the Minister of Agriculture of Brazil, the panel moderator, who asserted that globalization had had both positive and negative effects. On the positive side, he underscored the increased trade in goods and services, and hence higher output and more wealth in the world. He said the negative effects included greater social exclusion and an ever increasing concentration of global wealth. He emphasized that those were the two sides to the same coin. Exclusion and concentration were, he said, intrinsically negative, but exclusion was growing at such an alarming pace that it was also becoming a threat to social peace and to democracies around the world. Thus, one of the greatest challenges facing humanity in the 21st century was to narrow the gap between the rich and the poor, globally and within each country. The liberalization of trade in agricultural and livestock products—not as a favor, not as a handout, but as a right and a necessity — should be considered a fundamental strategy for achieving peace and the

development of peoples. He concluded with the following message: “We all agree that redistribution of income is essential to the achievement of the Millennium Development Goals. However, everyone also thinks that it’s other people’s income, not their own, that should be redistributed, and that is the other side of the coin to which I referred earlier. I think we must take concrete steps to narrow the gap between rich and poor, which will help safeguard democracy and world peace, and, hence, people’s happiness, because without peace and without democracy, there can be no happiness.”

Fourth Session

The fourth session included the panel discussion on “Mandates of the Summits: Advancing Human Security through Innovative Approaches Centered on Local Development.” Dr. Peter Fernández, Associate Administrator of the Animal and Plant Health Inspection Service of the United States Department of Agriculture (APHIS/USDA), was the moderator. He highlighted the objectives of the Summits of the Americas held in Miami, Santiago, and Quebec City, all of which had emphasized sustainable development and social inclusion. He added that the next Summit would focus on employment generation and local governance.

The paper on “Financial Initiatives of the Inter-American Development Bank In Support of the Mandates of the Summits of the Americas in Rural and Social Development” (Document RIMSA14/19) was presented by Dr. Gabriel Montes Llamas of the Inter-American Development Bank (IDB). He said that the Bank had actively supported the resolutions of the Presidential Summits, despite the complexity of their agendas. He then reviewed the principal commitments in detail, especially those relating to poverty eradication, education, the involvement of women and indigenous groups, the improvement of rural life, environmental protection, and access to medical services, among others. He concluded by saying that it would be necessary to integrate those projects as there could be no isolated solutions for the various problems. He also provided information on the allocation of funds for the IDB’s portfolio of social development projects.

The Delegate of Venezuela made several comments on this presentation. He recalled that, following the Second World War, Latin American countries had homogeneously implemented a development model based on the green revolution. However, that model had failed because, among other shortcomings, it did not take into account the agricultural, ecological, and cultural diversity of the peoples of the Region. Instead, it had promoted single-crop agriculture, which had had a devastating effect on the environment. Moreover, the model had not been accompanied by other basic and essential actions with respect to: a) land ownership; b) training and appropriate technology; c) timely and sufficient financial and technical resources; d) a State policy to ensure that rural populations, small producers, and indigenous populations had access to markets. He also mentioned the free trade proposal and pointed out that it was impossible for the most vulnerable developing countries to compete with the rich countries, because, as had been noted repeatedly during RIMSA 14, agricultural subsidies and other protectionist measures impeded access to their markets.

The representative of the IDB pointed out that several different rural development models had been applied in Latin America, including the research and extension model, the agrarian reform of the 1960s, and an integrated development model. Some of those models had made useful contributions, others had not. He acknowledged that one of the factors associated with their failure had been government subsidies. Such subsidies usually ended up benefiting large-scale producers and agribusinesses. He speculated that the outcomes might have been different had the resources devoted to subsidies been invested instead in research, extension, training, and, in general, basic goods and services to meet the needs of small producers.

The topic “Agricultural Health and Sustainable Rural Development” (Document RIMSA14/20) was introduced by Dr. Chelston W.D. Brathwaite, Director General of the Inter-American Institute for Cooperation on Agriculture (IICA). He referred to the Quebec City Summit of 2001, which had underscored the importance of agricultural health and food safety, as key factors for countries’ competitiveness in international markets. That was why, in his view, it was important to establish coordinated plans for improving health and food safety services.

The document entitled “Agricultural and Livestock Policy: Science and Technology Applied to the Food Chain” (Document RIMSA14/21) was presented by Dr. João Carlos de Souza Meirelles, Secretary of State for Science and Technology of São Paulo, Brazil. He discussed the history of agro-industry in Brazil, the incorporation of new technologies, and the industry’s high levels of competitiveness and excellence. He emphasized that, in the face of growing interdependence of production chains — for instance, the soybean, sugar, and meat chains — coordinated actions by the different sectors and stakeholders were needed in order to apply risk analysis methods and achieve efficient management in all the countries of the Americas. He recommended an evaluation of the current situation in each country in order to be able to draw up effective strategies for implementing food safety and quality management procedures, with the coordination and technical support of PAHO. Finally, he said political decisions were needed to facilitate and expedite the goal of achieving a healthy and competitive Region of the Americas.

Dr. Susana Malcorra, Deputy Executive Director of the World Food Program (WFP) spoke on the topic “Empowering and Expanding the Role of Women in Food Security and Local Development” (Document RIMSA14/22). She stressed the role that women played in feeding their families and pointed out that women, along with children, were the population group most affected by poverty and food insecurity. For that reason they were a priority for WFP. She recommended providing holistic technical support for the advancement of women, who were central to food security for their families and the community.

Several delegations took the floor to commend the organizers of RIMSA14 for having included the subject of empowerment of women in the discussion of the mandates arising out of the various Summits of the Americas. The Delegate of the Dominican Republic said that his country was fostering the establishment of small livestock production units as a way to provide women with an alternative source of food and income.

The Delegate of Chile agreed on the importance of including the topic of women, who were a key resource for development. He said that in his country many women worked as day laborers in the fields and were exposed to occupational hazards such as the pesticides used in agriculture, which in addition to their acute effects could also cause a series of chronic ailments, including congenital disorders. He recommended that this issue should receive more attention and added that his country had some experience in the implementation of rural sector investment projects accompanied by social services for the rural population.

Due to inescapable last-minute commitments, Dr. Pilar Mazzetti Soler, Minister of Health of Peru, was unable to attend. The panel moderator referred delegates to Document RIMSA14/23, "Roles of Local Organizations and Indigenous Communities as Agents for the Mobilization of Basic Community Services," prepared by Dr. Mazzetti.

The topic "Rural Poverty: Health and Lifestyle" (Document RIMSA14/26) was introduced by Dr. Trevor A. Hassell, President of the Inter-American Heart Foundation. He gave a brief overview of the Foundation, noting that it comprised 36 organizations in 19 countries. Its objective was to highlight the importance of cardiovascular diseases and the advances achieved in preventing and treating them. He concluded by recommending that governments should implement health promotion activities that address every facet of the problem, strengthen coordination among national and regional organizations, and encourage the food industry to produce safe and nutritious foods, in particular products containing less fat.

The Delegate of Brazil highlighted the need to encourage private-sector investment in rural development and suggested that the next RIMSA — if possible in conjunction with OIE and other international organizations — should include presentations on experiences with strengthening economic and health risk analysis for the establishment of public and private investment priorities.

The moderator, Dr. Peter Fernández, concluded by thanking the panelists and delegations for their remarks.

During the discussion and adoption of the proposed resolutions of RIMSA14, delegates considered the recommendation regarding the draft International Health Regulations (IHR) to be presented to the World Health Assembly in Geneva, in May 2005. It was recommended that explicit reference should be made to collaboration and coordination among WHO, FAO, OIE, and other agencies working in the fields of human and animal health. This recommendation was not supported by the delegation of the United States of America.

Closing Session

Closing address was made by Dr. Javier Usabiaga Arroyo, Minister of Agriculture, Livestock, Rural Development, Fisheries, and Food (SAGARPA) of Mexico, who drew attention to the resolutions of the meeting that had to do with strengthening of food safety strategies and their impact on consumers' health, protection of the environment, and the response to the globalized market. He noted the regulatory efforts of governments, as well as the constraints related to difficulties in defining institutional

spheres of competence. He also highlighted several efforts and innovative experiments in Europe with food security agencies, as well as similar initiatives in Canada and the United States, aimed at merging agencies specializing in food safety. He described the work being done in Mexico on legal, information, and consumer guidance issues related to food chains. He concluded his remarks by saying that the outcomes of RIMSA 14 would help enhance the efforts of both his country and the Region as a whole to protect the health of consumers (Document RIMSA14/27).

The Secretary of Health of Mexico, Dr. Julio Frenk, thanked PAHO in the person of its Director, Dr. Mirta Roses, for having honored Mexico by selecting it as the venue for RIMSA14. He reiterated his gratitude to the ministers of health and agriculture, the heads of delegations, and the representatives of international organizations who had participated in the meeting. He pointed out that, in the current globalized world, sovereignty had very clearly demarcated boundaries and that there was therefore a need for international institutions that provided a forum in which countries could join forces, generate collective action, and pursue common objectives. This can only be achieved when we have strong multilateral institutions such as the Pan American Health Organization, the World Health Organization, and the other organizations that have been present in this forum. In this spirit of cooperation in this joint venture, he wished all the distinguished representatives a safe return to their respective homes and assured that in Mexico they will always have a friend and an ally, and the doors will always be open.

Dr. Mirta Roses thanked the Government of Mexico for the hospitality and facilities it had provided for the meeting. She underscored the outstanding participation by those who had attended the Meeting, and the mature manner in which issues had been addressed, noting that both of those features of the meeting had been facilitated by the excellent organizational framework. She thanked the staff of the office of President Fox, the staff of the three ministries, and the staff of the PAHO/WHO office in Mexico for their contributions to the success of the meeting. She concluded her remarks by pointing to the progress made in cooperation in the field of veterinary public health and the new commitments and ways of addressing them. On behalf of all who have enjoyed the time we have spent working and visiting here, she reiterated her gratitude to the Government of Mexico and wished all the international cooperation organizations much success in their projects. And may we continue working together in support of the countries.

RESOLUTIONS

RIMSA 14 adopted the following eight resolutions:

RIMSA14.R1 Hemispheric Eradication of Foot-and-Mouth Disease

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

Taking into consideration the Houston Declaration, agreed upon at the Hemispheric Conference on the Eradication of Foot-and-Mouth Disease held in Houston, Texas on 3 to 4 March 2004 (Document RIMSA14/INF/2);

Having examined the report of the 10th Meeting of the Hemispheric Committee for the Eradication of Foot-and-Mouth Disease (COHEFA10) (Document RIMSA14/5), especially in relation to the Plan of Action 2005-2009 of the Hemispheric Plan for the Eradication of Foot-and-Mouth Disease (PHEFA), prepared by the Inter-American Group for the Eradication of Foot-and-Mouth Disease (GIEFA) in conjunction with the Animal Health Services and the private sectors of the countries of the Region; and

Bearing in mind the significant progress achieved in the eradication of foot-and-mouth disease in the countries of South America, and its prevention in the disease free countries of North and Central America and the Caribbean, within the framework of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA), implemented with the technical cooperation of the Pan American Health Organization, through PANAFTOSA, as well as the identification of critical areas of disease persistence in the Region.

RESOLVES

1. To congratulate the countries of the Region for the advances achieved in the eradication of foot-and-mouth disease, as well as for the preservation of the disease-free areas in the hemisphere.
2. To endorse the conclusions and recommendations of COHEFA10, in particular the Plan of Action 2005-2009 of PHEFA.
3. To urge the countries in which foot-and-mouth disease persists to increase their efforts to achieve its elimination by the target date.
4. To urge the Member States to renew their political, technical, administrative, and financial commitments, both at the public and private levels, to meet the goals of the aforementioned Plan of Action.
5. To congratulate the Inter-American Group for the Eradication of Foot-and-Mouth Disease (GIEFA), the veterinary services, the private sector of the Region, and the international organizations for their work, and to urge them to continue their efforts to implement the Plan.

(Fourth meeting, 22 April 2005)

RIMSA 14.R2 4th Meeting of the Pan American Commission for Food Safety (COPAIA 4)

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

Having studied the report of the 4th Meeting of the Pan American Commission for Food Safety (COPAIA 4) (Document RIMSA14/7);

Bearing in mind the need to accelerate execution of the Strategic Plan for Food Protection endorsed by the Governing Bodies of PAHO;

Recognizing the importance of the joint activities of PAHO and WHO for collaboration in the area of food safety, for example the Healthy Markets Initiative, the International Food Safety Authorities Network (INFOSAN), and the endorsement of the manual on five keys to safer food;

Recognizing that food security and food safety are fundamental for assuring the quality of life of the population in accordance with the basic principles enshrined in the Universal Declaration of Human Rights of the United Nations; and that they both contribute to the attainment of the Millennium Development Goals, especially aimed at reducing hunger and poverty, diminishing the impact of infant morbidity and mortality, and promoting sustainable development; and

Cognizant of the need to strengthen protection of the food supply at the local level,

RESOLVES:

1. To endorse the conclusions, recommendations, and agreements of COPAIA 4; in particular, to establish under the leadership of PAHO:
 - a) a self-evaluation system for food safety programs at the country level;
 - b) effective intervention projects throughout the food chain for the production of safe food, using evidence-based scientific analysis;
 - c) local food safety programs, through the Healthy and Productive Municipalities initiatives; and
 - d) programs for monitoring food and for epidemiological surveillance of food-borne diseases, with effective laboratory involvement.
2. To urge the Member States to offer political and financial support for implementation of the COPAIA 4 recommendations.
3. To encourage the countries of the Region of the Americas to institute a Healthy Food Day, as Uruguay has done.
4. To propose at the next World Health Assembly that food safety be considered as the theme for World Health Day.
5. To call on the ministers of agriculture, livestock, and health to reaffirm their commitment to intersectoral action in matters related to food safety in order to reduce risks for human health, tourism, and the food trade.
6. To request the Director to intensify technical cooperation in food safety, specifically at the local level, as part of the productive and healthy communities approaches.

(Fourth session, 22 April 2005)

RIMSA14.R3 Elimination of Human Rabies**THE 14th INTER-AMERICAN MEETING, AT THE MINISTERIAL LEVEL, ON HEALTH AND AGRICULTURE,**

Having studied the progress made in the programs for the elimination of rabies transmitted by dogs in Latin America (Documents RIMSA14/13 and RIMSA14/INF/1);

Having received the report and recommendations of the 10th Meeting of Directors of National Rabies Control Programs in Latin America (REDIPRA10) (Document RIMSA14/INF/1);

Bearing in mind Resolution RIMSA3.R18, which established the Regional Program for the Elimination of Urban Rabies in Latin America in 1983; and

Mindful of the mandate of Resolution RIMSA13.R3, in which the Director is requested to review and strengthen technical cooperation with the Member States to consolidate the elimination of human rabies transmitted by dogs, while at the same time promoting surveillance and control of rabies in wildlife,

RESOLVES:

1. To urge the Member States to:
 - a) reaffirm their political commitments to ensure that sufficient financial support is available to consolidate the final phase in the elimination of human rabies transmitted by dogs in Latin America;
 - b) reaffirm the international commitment to give priority support to countries with cases of human and canine rabies to achieve its elimination;
 - c) identify resources to help reinforce activities in the areas of surveillance, epidemiological characterization, and control of rabies in wildlife;
 - d) organize local measures to prevent the reintroduction of rabies transmitted by dogs in localities and areas that are disease-free, and strengthen the role of municipal governments in controlling stray dogs; and
 - e) improve canine rabies control legislation with regard to reporting of the disease, the vaccination of dogs, and control of the canine population.
2. To endorse the conclusions and recommendations of the 10th Meeting of Directors of National Rabies Control Programs of Latin America (REDIPRA10), especially the request that the Director:
 - a) prepare the corresponding Plan of Action for 2005-2009;
 - b) invite representatives of the agriculture and livestock sector to future REDIPRA meetings to guarantee the intersectoral coordination essential for the identification, diagnosis, and rapid response to outbreaks of rabies in wildlife; and
 - c) improve educational activities directed to humane societies and the general public, with a view to maintaining the gains achieved and moving toward the eradication of human rabies transmitted by domestic animals—activities

such as responsible pet ownership and care, vaccination, and other preventive activities.

(Fourth session, 22 April 2005)

RIMSA14.R4 *The Global Risk of New and Emerging Zoonoses*

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

Having reviewed the special presentation on the convergence of expertise and resources in human and animal health in the global response to new and emerging animal diseases, avian influenza, and severe acute respiratory syndrome (Document RIMSA14/14);

Bearing in mind that emerging zoonoses probably persist because of the greater interaction between human beings and animals, the increased production of food derived from animals, changes in food production and food preparation methods, and the invasion of jungle animal habitats by human populations; and

Aware of the health risks caused by increased trade and the global transportation of animals and animal products,

RESOLVES:

1. To urge the Member States to:
 - a) review their policies and reinforce their strategies to respond to new and emerging zoonoses, promoting their speedy identification and confirmation, official notification, and containment;
 - b) use the International Zoosanitary Code and International Health Regulations as the basis for their policies on animal diseases and human health, respectively;
 - c) promote the coordinated mobilization and deployment of veterinary and human medical services for the adoption of prevention and control measures, especially at the local level, and the strengthening of national zoonosis control programs;
 - d) consider hantavirus pulmonary syndrome (HPS) and forgotten or uncontrolled zoonoses that constitute important health risks in the Member States, such as Chagas' disease in several countries, priorities in the Region; and
 - e) ensure that subregional cooperation strategies for addressing these problems are maintained, especially the Southern Cone Project for the Control and Surveillance of Hydatidosis.
2. To request the Director to examine and strengthen technical cooperation with the Member States in the formulation of a plan of action and mobilization of the respective resources for an effective regional, national, and local response to emerging zoonoses that constitute a global threat.
3. To emphatically urge the international organizations responsible for animal and

human health, such as the World Organization for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO), and the World Health Organization (WHO), to ensure the coordination of their mandates and the pooling of resources to offer a uniform, coherent response to the threat of new and emerging zoonoses.

(Fourth session, 22 April 2005)

RIMSA14.R5 *Agriculture and Health Synergy: Food Security and Local Development*

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

Taking into account the topics and issues addressed by the panels on the Millennium Development Goals (MDGs) Related to the Eradication of Extreme Poverty and Hunger: Primary Health Care and Local Development Strategies (Documents RIMSA14/8, RIMSA14/9, RIMSA14/10, RIMSA14/11 and RIMSA14/12), and International Cooperation on Emerging Issues in Agriculture and Health (Documents RIMSA14/14, RIMSA14/15, RIMSA14/16, RIMSA14/17, and RIMSA14/18);

Recognizing the synergy that exists between agriculture and health for local development in the fight against hunger and poverty (Document RIMSA14/24); and

Bearing in mind the mandates of Resolutions RIMSA8.R10, RIMSA9.R9 and RIMSA11.R11 regarding special support to the small island states of the Caribbean.

RESOLVES:

1. To urge Member States to:
 - a) promote the mobilization of public and private sector resources in order to provide services for the prevention and control of neglected zoonoses, which affect predominantly poor populations;
 - b) work together, especially with small island states, in developing models based on the successful experience of productive municipalities to promote food security and food safety at the local level;
2. To request PAHO and other international or bilateral organizations and various funding agencies to provide special assistance towards:
 - a) developing comprehensive approaches for the prevention and control of neglected zoonoses, particularly in areas in which they are endemic, within the framework of rural development projects; and
 - b) infrastructure development in the small island states of the Caribbean to enable them to comply with international standards for food safety and trade.

(Fourth meeting, 22 April 2005)

**RIMSA14.R6 *Advancing Food Security and Local Development
through Innovative Approaches***

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

Having analyzed the topics and issues addressed by the panel on the Mandates of the Summits — Advancing Human Security through Innovative Approaches Centered around Human Development (Documents RIMSA14/19, RIMSA14/20, RIMSA14/21, RIMSA14/22, and RIMSA14/23);

Bearing in mind the mandates of the Governing Bodies of PAHO regarding “Women, Health and Development” (Resolution CSP26.R21) and “the Health of the Indigenous Peoples Initiative” (Resolution CD37.R5) (Documents RIMSA14/INF/4 and RIMSA14/INF/5);

Taking into consideration the Millennium Development Goals (MDGs) to promote gender equality and empower women, as agreed internationally and contained in the Millennium Declaration;

Conscious of the alliance for competitiveness of agriculture, science and technology in promoting greater productivity and access to food availability, and

Considering the importance of promoting local development to assure a healthy way of life in rural communities (Document RIMSA14/26).

RESOLVES:

1. To urge Member States to:
 - a) Develop the necessary local framework to promote and mobilize greater participation of indigenous populations and women’s organizations with a view to ensuring access to safe food and basic community services;
 - b) Endeavor to ensure fulfillment of the State’s obligation to protect access to productive resources and affordable financing, to enable women and indigenous rural populations to achieve self-sufficiency with regard to food, and maximize the rural contribution to national development; and
 - c) Promote policy and mechanisms to narrow the technological divide, improve productivity, increase access, and promote trade along the food chain involving producers, processors, packagers, distributors, and consumers.
2. To request the Director to sustain her support and commitment to assisting Member States in fulfilling the mandates of the Summits and PAHO, using innovative approaches in the agriculture and health sectors, with regard to the empowerment of women and the participation of indigenous people in local development and food security.

(Fourth meeting, 22 April 2005)

RIMSA14.R7 Resources for the Plan of Action on Food Safety

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

Considering, the Document RIMSA14/6 "PAHO/WHO Proposed Plan of Action for Technical Cooperation in Food Safety, 2006-2007" and the report of 4th Meeting of the Pan American Commission of Food Safety (COPAIA4);

Bearing in mind that the aforementioned plan establishes expected results and indicators, with respect to the cooperation resources of the Member States and PAHO;

Aware that food safety is one of the 10 priority areas of cooperation approved by the last World Health Assembly, held in 2004; and

Concerned that budgetary and financing constraints have been detected that could hinder achievement of the proposed goals,

RESOLVES:

1. To urge the Member States to:
 - a) present Document RIMSA14/6 as a frame of reference to regional and international cooperation agencies, subregional common markets, and multilateral and other donor agencies for the implementation of the aforementioned plan;
 - b) include universities and research and academic training centers in the design and execution of projects; and
 - c) present to the World Health Assembly in May 2005 the concerns of the countries of the Region of the Americas about financing for the activities included in the RIMSA 14 mandates on food safety.
2. To request the Director to:
 - a) facilitate internal coordination of PAHO resources for cooperation in food safety;
 - b) promote, together with other regional and international cooperation agencies the mobilization of external resources through support for the preparation of specific priority projects; and
 - c) submit these projects, in coordination with the countries, for the consideration of regional and subregional economic forums such as the North American Free Trade Agreement (NAFTA), the Caribbean Community (CARICOM), the Secretariat of the Central American Integration System (SICA), the Southern Common Market (MERCOSUR) and others.

(Fourth meeting, 22 April 2005)

RIMSA14.R8 *Expression of Appreciation to the Government of Mexico*

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

Mindful of the offer of the Government of the United States of Mexico to serve as the venue of the 14th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA14);

Recognizing the high level of organization and logistical support provided by the Ministry of Foreign Affairs (SRE), the Secretariat of Health (SSA), and the Secretariat of Agriculture, Livestock, Rural Development, Fisheries and Food (SAGARPA) of the Government of Mexico;

Honored by the presence of the President of the United Mexican States, His Excellency Mr. Vicente Fox;

Conscious of the successful results of the meeting, which elevated and further cemented the convergence of the agriculture and health sectors towards advancing local development and food security for the peoples of the Americas; and

Moved by the hospitality and attention received by the delegates and participants,

RESOLVES:

To unanimously express sincere appreciation and profound gratitude to the authorities of the United Mexican States, led by His Excellency, the President of Mexico, and the Secretaries of Foreign Affairs, Health, and Agriculture.

(Fourth meeting, 22 April 2005)



PANEL ON THE
MILLENNIUM DEVELOPMENT
GOALS (MDGS) RELATED TO
THE ERADICATION OF
EXTREME POVERTY AND
HUNGER: PRIMARY HEALTH
CARE STRATEGIES AND
LOCAL DEVELOPMENT

PERSPECTIVE ON THE MILLENNIUM DEVELOPMENT GOALS (MDGS) RELATED TO THE ERADICATION OF EXTREME POVERTY AND HUNGER IN LATIN AMERICA AND THE CARIBBEAN¹

Alicia Bárcena Ibarra
Assistant Executive Secretary
United Nations Economic Commission for Latin America
and the Caribbean (ECLAC),
Santiago, Chile

INTRODUCTION

This document presents a regional perspective on poverty in Latin America and the Caribbean within the framework of the Millennium Development Goals. It illustrates two key points of fundamental importance for making progress in development in Latin America and the Caribbean, both of which emerge from the analyses conducted by ECLAC over the last decade. The first is the need to achieve stable economic growth along with social equity. The second point has to do with the impossibility of making progress towards the Millennium Development Goals without a rapid and sustained reduction in the pronounced disparities within the Region and its countries.

Goals, Targets, and Indicators

Goal 1	Target 1	Indicators
Eradicate extreme poverty and hunger	Halve between 1990 and 2015 the proportion of people whose income is less than 1 dollar a day	1. Proportion of population whose income is below 1 dollar per day 2. Poverty gap ratio 3. Share of poorest quintile in national consumption

There is no doubt that the countries of Latin America and the Caribbean are beginning this century in the midst of sharp contrasts, emerging from a decade of light

¹ This paper is based on the interagency document coordinated by ECLAC entitled "The Millennium Development Goals: A Latin American and Caribbean Perspective."

and shadow (Ocampo et al., 2001). The optimism that reigned in the early 1990s gradually gave way to a feeling of unease about the results of the period of reforms, which was marked by the liberalization of trade, the opening up of national financial markets, and the growing liberalization of international capital flows as common features in all the countries. With some exceptions, the reforms also included privatization and reform of the tax system.

The greatest source of frustration in relation to the economic trends in Latin America and the Caribbean has been the persistent gap in per capita GDP between the region and the developed world, which has been evident since the early 1970s and has continued to widen in recent years. The Region's economic growth has been not only meager but also highly volatile. Growth recovery in 2003 (1.5%) and 2004 (5.5%), although a positive development, has not turned the situation around. Moreover, the gap has been accompanied by an accentuation of the disparities in income distribution and by growing poverty and indigence in virtually all countries of the region.

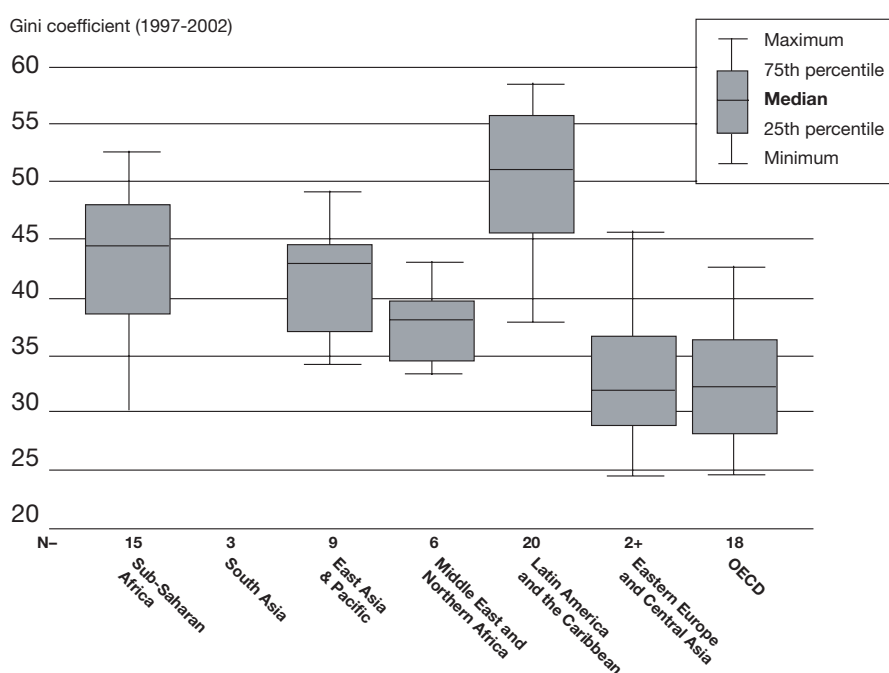
Unemployment rose from 6.9% at the beginning of the 1990s to 10.3% in 2004, accompanied by growth in the informal economy. More than 63% of the economically active members of 40% of the poorest families in the region work in the informal sector and devote everything they earn to subsistence. The reduction in the proportion of the population with formal employment has thus resulted in less social security coverage throughout the region. Greater flexibility of labor markets, together with the liberalization and reform processes, has changed the nature of the social protection associated with employment which had existed until the early 1980s. Labor flexibility in a time of low growth increases employment-related social vulnerability. Insufficient jobs and lack of employment security, with no mechanisms for adequate protection in accordance with minimum standards, results in a dramatic erosion of social integration and protection and hinders the realization of human potential. More importantly, when unemployment continues for an extended period, or becomes systemic for certain groups, this seriously weakens social cohesion and support for collective undertakings and undermines democratic channels of participation, in addition to exacerbating poverty². The situation is further compounded by the vulnerability of households to contingencies (owing to the loss of health benefits). The percentage of salaried urban workers formally affiliated with some type of social security system has declined throughout Latin America. These issues are of critical importance to the democracies of the region.

On the social front, ECLAC has concluded that one of the principal dividends of expanding democratic regimes throughout the region was, without a doubt, the efforts put forth by the governments to increase public social spending, which increased from 10.1% to 13.8% of GDP between 1990 and 2002. Nevertheless, according to ECLAC's latest estimates on poverty and indigence in the region, the dawn of the new century has been characterized by stagnation in the elimination of poverty in the region, particularly since the recent crisis. Although the percentage of people in poverty did fall between 1990 and 2004, that decrease is attributable to what happened in the first half of the 1990s. Between 1990-1997, the

² See OIT (2004) for an analysis of some dimensions of social vulnerability

percentage of the population below the poverty line decreased from 48.3% to 43.5%, and remained around those levels for the rest of the decade, dropping to 42.9% in 2004 (222 million people). The percentage of the population in extreme poverty also declined between 1990 and 1997, falling from 22.5% to 19%, but then decreasing only slightly, to 18.6% (96 million), around 2004. In addition to the persistent poverty and indigence, the inequality in income distribution in Latin America shows little sign of improving (CEPAL, 2004). Indeed, the Latin America and Caribbean region is in the unenviable position of being the most inequitable region in the world (Figure 1).

FIGURE 1. Regions of the World: Gini Coefficient 1997-2002 (Concentration of Per Capita Income Based on Decile Groups)



World Bank, World Development Indicators [online] (<http://www.worldbank.org/data/>).

Inequitable income distribution is a reflection of what happens when the distribution of assets (land, capital, education, and technology) is highly unequal and access to them is unequal. In several Asian countries that have grown rapidly in recent years, growth was preceded by a substantial redistribution of income and, in some cases, of physical assets. Access to education was also broadened, which not only contributed to the economic expansion in those countries, but also helped substantially to reduce poverty. A key element in this process was the benefit that those countries were able to reap from their “demographic bonus” — that is, the concentration of their populations in economically active age groups as a result of past reductions in the fertility rate. In Latin America and the Caribbean, in contrast, not only did the

distribution of assets fail to improve, but the low and volatile economic growth rate further aggravated the situation of the most vulnerable population groups.

In short, despite some progress, the Latin America and Caribbean region has exhibited low rates of growth and has been unable to narrow the income distribution gap. As a result, the region faces the dual challenge of trying to become a more dynamic player on the global stage, while at the same time closing the gaps with respect to equity, exclusion, and environmental degradation in the region.

The first Millennium Development Goal is "Eradicate extreme poverty and hunger." Although in Latin America and the Caribbean the two phenomena are closely linked, it is important to clarify that they are not the same, and each must be addressed separately and from a distinct perspective. Lack of access to food is one of the most serious and urgent signs of extreme poverty, but it is by no means the only one. Moreover, poor nutrition affects not only people living in extreme poverty, but also a broader range of individuals residing in particular areas or regions with permanent food insecurity. The need to address each of these problems separately is demonstrated by the fact that the Millennium Declaration itself establishes different reduction goals for each of them. This paper deals only with the subject of poverty and extreme poverty.

TOWARDS THE ERADICATION OF EXTREME POVERTY

The first MDG target, "Halve between 1990 and 2015 the proportion of people whose income is less one dollar a day," seeks to address the extreme privation that affects people's basic ability to function in society. This target is a central element of the Millennium Development Goals, inasmuch as extreme poverty is not only a determinant, but also a result of the multiple unmet basic needs and deficiencies that are the focus of the other development goals and targets included in the Millennium Declaration. Thus, inadequacies with respect to health and nutrition affect the population in extreme poverty and lead to malnutrition, infant mortality, maternal mortality, and a high incidence of diseases such as AIDS and malaria. Similarly, lack of education, lack of access to drinking water and sanitation services, and living in substandard housing or overcrowded conditions also constitute serious obstacles that hinder people from developing the individual capabilities and obtaining the resources needed to escape from extreme poverty. Furthermore, efforts aimed at eliminating absolute poverty in the region cannot ignore the need to focus on generating sufficient employment of acceptable quality, since most of the resources required by households to meet the basic needs of their members are derived from income earned from work.

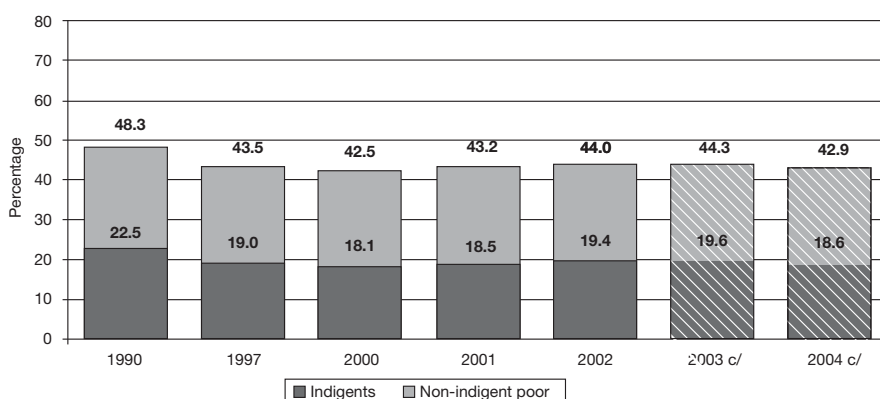
Employment constitutes the principal mechanism for integration into society and the means for people to achieve economic independence. As ECLAC (2000) notes, access to quality employment "...represents, for individuals, a means of becoming integrated in the collective effort to create economic and cultural wealth, thus making the individual a participant in and a member of a collective project and reinforcing individual identity and connection with the values that the society advocates."

CURRENT MAGNITUDE OF EXTREME POVERTY IN LATIN AMERICA AND THE CARIBBEAN

This analysis of extreme poverty is based on ECLAC calculations (CEPAL, 2000) of the “indigence line” (or “extreme poverty line”), which is based on the cost of meeting the population’s basic food intake needs in each country of the region. This approach, an alternative to the “dollar a day” line mentioned in the first Millennium Development Goal, is compatible with the suggestion put forward by the United Nations Division of Statistics that, where available, national poverty lines should be used. For various reasons, these national poverty lines are considered more representative of the social situation of the countries of the region, and therefore more suitable for measuring the magnitude of poverty and identifying the most affected population groups. Using these national lines as a measure reveals that extreme poverty in the region affects a much larger group of people in Latin America and the Caribbean than would be indicated using the “dollar a day” line, expressed in purchasing power parity dollars.

According to projections for 2004, 96 million people, or 18.6% of the total population of Latin America, are living in extreme poverty, while the number of poor people (including those 96 million) is estimated at 222 million, or 42.9% of the region’s population (Figure 2).

FIGURE 2. Latin America:^a Trend of Poverty^b and Indigence, and Per Capita GDP, 1990-2004 (Percentage of Population)



Source: ECLAC, based on special tabulations of household surveys in the respective countries.

^a Estimate for 19 countries of the region

^b Including indigence

^c Figures for 2003 and 2004 are projections

Nearly 52 million people in extreme poverty reside in urban areas, and almost 45 million live in rural areas. The similarity between these two figures in a region in which some 75% of the total population resides in urban areas is explained by the

fact that there is a higher incidence of extreme poverty in rural areas (37%), versus urban areas (13%). The extent of extreme poverty differs markedly among the countries of the region. In Bolivia, Guatemala, Honduras, Nicaragua, and Paraguay, more than 30% of the population is extremely poor; in Argentina, Colombia, the Dominican Republic, El Salvador, Peru, and Venezuela, extreme poverty or indigence ranges from 20% to 24%. In Brazil, Ecuador, Mexico, and Panama, 12% to 19% of the population is indigent. Only in Chile, Costa Rica, and Uruguay are indigence levels below 10%.

Over half the population living in extreme poverty is concentrated in only three countries: Brazil (25%), Mexico (14%), and Colombia (12%). Argentina, Peru, and Venezuela, in turn, account for 9%, 7%, and 6%, respectively, of the region's total indigent population. These figures reveal that the greatest number of people affected by this phenomenon is concentrated in the countries with the largest population, which, moreover, are the same countries that have reached a level of per capita income at or above the regional average. Indeed, only about one sixth of the population in extreme poverty in Latin America resides in the countries with the lowest per capita income (Bolivia, Guatemala, Honduras, Nicaragua, and Paraguay). This feature of poverty is of crucial importance in evaluating the feasibility of achieving the poverty reduction goal for the region as a whole, since success will depend to a large extent on the situation in a small group of countries and will be relatively unaffected by what is happening in many other countries, including the poorest ones.

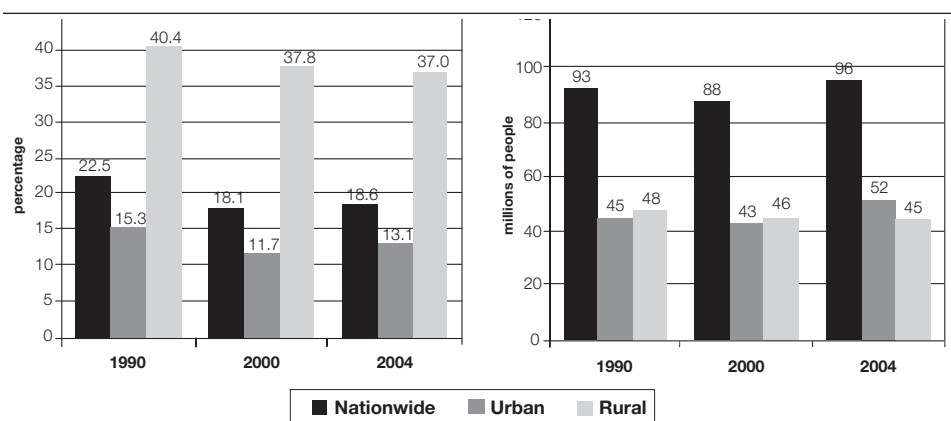
Haiti is the country with the highest incidence of poverty and extreme poverty, not only in the Caribbean but in the entire region. It is also one of the most dramatic cases of extreme privation, aggravated by recent conflicts. Haiti needs special attention within the context of international efforts to mitigate this situation.

Dominica, Grenada, Guyana, Saint Kitts and Nevis, Saint Vincent and the Grenadines, and Suriname also show high poverty rates. At the opposite end of the spectrum are Antigua and Barbuda, Bahamas, and Barbados, where levels of extreme poverty are particularly low — similar to those of highly developed countries. Cuba warrants special mention, as the poverty measure there is based on the concept of "population at risk," which refers to segments of the population with insufficient income to acquire a market basket of goods, including both food and non-food goods; however, at the same time the population has guaranteed access to the protections afforded by free or subsidized education, health, and social security and welfare services. Based on this method, in 1999, 20% of Cuba's urban population was living in "at-risk" conditions.

It is also noteworthy that the poverty gap values, which range from 2.3% in Barbados and 12.4% in Guyana, are relatively low, and that share of the poorest 20% in domestic income or consumption, which ranges from 3.5% in the Bahamas to 10% in the British Virgin Islands, is not as low as that in Latin America. While in Latin America the figure averages slightly over 4%, in the Caribbean subregion it exceeds 6%. In the majority of the Caribbean countries, distributive inequality would appear to have, based on these figures, relatively less impact on the magnitude of extreme poverty than in Latin America.

As in Latin America, the incidence of poverty in rural areas in the Caribbean is higher than in urban areas. In Jamaica, for example, the rate of rural poverty is triple that of urban poverty, while in Guyana, almost the entire rural population is poor. The situation is similar in Belize, Dominica, Grenada, Guyana, Saint Kitts, and Nevis, Saint Lucia, and Saint Vincent and the Grenadines. In Barbados, on the other hand, the available data indicate that the poverty rate is higher among urban populations than among rural ones (Figure 3).

FIGURE 3. Latin America^a: Trend Of Indigence, 1990-2004^b (in percentages and millions of people)



ECLAC, projections made on the basis of household surveys in the respective countries.

^a Estimate for 18 countries of the region plus Haiti

^b Figures for 2004 are projections

Reducing Extreme Poverty in Latin America

The trend of extreme poverty in Latin America has been characterized by a relatively rapid reduction in the early 1990s, followed by a flattening of the curve, with a regression in more recent years. Indeed, the poverty rate went from 22.5% in 1990 to 19.0% in 1997, then fell to 18.1% in 2000. The amount of time elapsed up to 2000 is 40% of the period 1990-2015, which indicates an adequate rate of progress towards the goal of reducing extreme poverty in Latin America.

Nevertheless, in 2001 and 2002 economic and social setbacks occurred in the majority of countries in the region, including the serious economic crises in Argentina and Venezuela, as a result of which extreme poverty increased. After a relatively flat year in 2003, it was only in 2004 that the region had reason to expect another reduction, thanks to higher rates of economic growth recorded in numerous countries that year. However, this reduction has not been enough to compensate for the overall reversals of the previous period. As a result, the percentage of progress made up to 2004 is on the order of 34%, whereas more than one half (56%) of the timeframe for achieving the goal has elapsed.

Chile is the only country in the region that had already met the goal by 2000: the latest available estimate (2003) shows a steady reduction in extreme poverty in this country after the year 2000, although at a rate somewhat lower than in previous years. This illustrates the growing difficulties that countries face in making progress towards the eradication of extreme poverty, once a relatively low percentage — around 5% or less — has been reached.

Because of the marked inequality in income distribution that prevails in the Latin American countries, this region is classified as being the most inequitable in the world. Indeed, the inequality of income distribution in Latin America is evident when one looks at the small share of the poorest quintile of households in national income,³ which contrasts sharply with the share of the richest group: the 20% of the households at the bottom of the income distribution account for between 2.2% (Bolivia) and 8.8% (Uruguay) of total income. On the other hand, the top 20% account for between 41.8% (Uruguay) and 62.4% (Brazil) of the total.

The difficulty that Latin American countries face in making improvements in income distribution is associated with poor asset distribution. In fact, per capita household income distribution closely mirrors the (unequal) way in which education, wealth, and access to employment are distributed among the population of the countries of the region. With regard to employment, it should be remembered that most household income comes from earnings derived from work (more than 80% in at least 11 countries), while within that category, income from salaries and wages makes up the largest proportion. Once again, this points up the key role of the job market in determining levels of well-being in the population, and hence, its importance in the design of policies to fight poverty.

There are many reasons why distributive inequalities are harmful to societies. In the first place, there is the moral argument that it is unacceptable for certain people to have virtually unlimited resources, while others lack even the bare minimum. This argument gains currency in societies that have reached a level of affluence that would make it possible to meet the entire population's most basic needs if the wealth were less inequitably distributed, as is the case in other societies with per capita income levels similar to those of several Latin American countries. However, extreme inequalities are also objectionable in the poorest countries, where vast groups of the population without access to the minimum levels of wealth needed to maintain a decent standard of living coexist with groups with extremely high levels of income and wealth, leading to social exclusion and breakdown — all of which hinder the economic growth needed to overcome this situation.

Secondly, from a strictly economic perspective, unequal income distribution means that society's resources are not being allocated to those who might reap greater marginal benefit from them, thus diminishing the collective well-being. In fact, there is abundant evidence that high inequality in income distribution threatens the development process itself, negatively impacting economic growth rates. Beyond this, however, distributive inequality largely explains why little progress has been made

³ Proposed by the United Nations (2001) as a complementary indicator for monitoring attainment of the first Millennium Development Goal.

in reducing poverty. As noted below, if economic growth were accompanied by more equitable income distribution, its impact in terms of poverty reduction would be greater, making achievement of the first MDG target more likely.

Differences in the Magnitude of Extreme Poverty by Geographical Area

It is recognized that poverty and indigence are phenomena that manifest themselves differently in urban and rural areas, in terms of magnitude, intensity, and characteristics. The identification of these differences is essential for designing adequate poverty reduction policies that respond to the needs and forms of social and productive interaction in each of these areas.

The incidence of extreme poverty in the region, expressed as a percentage, continues to be considerably higher in rural vs. urban areas. In Latin America, 37% of the rural population is indigent, while in urban areas the rate is 13%. The Caribbean countries show similar disparities. Nevertheless, due in large part to the growing urbanization of the region, since 2002 the number of indigent people in urban areas has surpassed the number in rural areas. According to estimates for 2004, 52 million out of a total of 96 million people living in extreme poverty in Latin America live in urban areas.

There are, however, marked differences among countries in terms of the distribution of extreme poverty between the two areas of residence. In Costa Rica, Guatemala, Honduras, Panama, Paraguay, and Peru, extreme poverty is clearly more prevalent in rural areas, as 65% or more of the indigent population resides in those areas. In Bolivia, El Salvador, Mexico, and Nicaragua, as well, there are more rural than urban inhabitants living in extreme poverty, although the difference is less pronounced (rural areas account for between 56% and 64% of those living in extreme poverty). In any case, the geographic location of the household is a key determinant of indigence. In 9 out of 14 countries, residing in rural areas increases the probability that a household will be classified as extremely poor by at least 15%. Nevertheless, progress towards meeting the goal of reducing extreme poverty has been slower in rural areas of Latin America than in urban ones.

Gender Considerations

Promoting gender equity — the third of the Millennium Development Goals — is not only an end in itself, but is also essential for meeting the poverty reduction goal.

In Latin America and the Caribbean, women are at a greater disadvantage than men, as women engage in unremunerated domestic work, lack social recognition, and experience higher unemployment and wage discrimination. Women also suffer inequality in terms of access, use, and control over productive resources, and in the slow progress in involving them in the political process. As a consequence, men and women experience poverty differently.

However, measuring poverty in terms of income alone is not sufficient from a gender perspective, which entails comparing the situation of men and women and

identifying the factors that result in their encountering different barriers to overcoming poverty. The majority of the poverty indicators in use are not gender-sensitive, as they are aggregate figures whose unit of analysis is the household, not individuals, and income from unpaid domestic work is not included in the computations. Furthermore, the methodological approach used assumes that resources are allocated equitably among all household members and that their needs are the same.

The available data show that women in the region contribute significantly to reducing poverty, but they suffer its effects more acutely, which is another reason that prompts women to seek paid employment. In fact, during the 1990s, women's participation in the labor force grew at a greater rate than that of men, and participation by poor women increased from 36% in 1994 to 43% in 2002. However, even though more women are employed and hold paid jobs than before, their unemployment rates are still much higher than those of men. Moreover, women receive lower wages and have less social protection.

Ethnic Origin of the Population and Extreme Poverty in Latin America and the Caribbean

The countries of Latin America and the Caribbean should be able to meet the goal of poverty reduction in a context of equal opportunity for all citizens, regardless of race or ethnicity. But this is a particularly significant challenge in a region where estimates of the indigenous population range from 35 to 55 million people, and where the number of Afro-descendants ranges from 120 to 150 million people.

In Latin America, indigenous people (who represent more than 25% of the population in Bolivia, Ecuador, Guatemala, and Peru) and those of African descent (who constitute more than one fourth of the population in Brazil, Nicaragua, and Panama) are, to a large extent, the poorest in the region, ranking lowest in terms of socioeconomic indicators and having limited cultural recognition and access to decision-making bodies.

The key factors associated with the poverty of these groups are the steady loss of lands, a breakdown in community economies, and less access to educational and health services and to the structures and dynamics that make participation in the labor market possible. Indigenous peoples and Afro-descendants are frequently victims of ethnic and racial bias; they receive lower pay for comparable work and are more likely to be working in the primary sector of the economy, finding jobs in small businesses or in the informal sector. Their situation is also influenced by their difficulties in accessing credit and new technologies that could enable them to increase and improve their production.

In the English-speaking Caribbean countries, Afro-descendants generally constitute the majority of the population, although in countries such as Belize, Dominica, Guyana, Saint Vincent and the Grenadines, and Trinidad and Tobago, other ethnic groups also make up a large part of the population.

In these countries, the situation of persons of African descent is different from the rest of the region. They do not suffer the same exclusion as their counterparts in Latin American societies, thanks to the fact that they generally constitute the demographic

majority and thanks also to structural changes that took place before and after these countries gained independence, but above all because they enjoy equal access to education. However, estimates of poverty in the 1990s indicate that in Caribbean countries such as Guyana and, to a lesser extent, Dominica, ethnic inequalities do exist, since Amerindian populations are over-represented among the poorest of the people.

Overcoming racial and ethnic inequalities and achieving poverty reduction among indigenous peoples and Afro-descendants requires governmental policies in the spheres of education, health, employment, and land tenure that will ensure their access to economic, social, and cultural rights. Improving data collection instruments — censuses and household surveys — by including a series of standardized questions on ethnicity is an important starting point.

Aging and Poverty

Population aging⁴ in Latin America and the Caribbean has two main features: it is a generalized process in the region,⁵ and it has occurred at a much faster pace than in the developed countries. In addition, the process is unfolding in a social, economic, and cultural environment characterized by a high incidence of poverty, persistent social inequity, low social security coverage, and a probable trend toward deterioration of family structures of support for older adults.

A review of 15 countries in the region (urban areas) reveals that in 11 of them, the incidence of poverty among older adults is somewhat lower than in the population aged 15 to 59. Only in the Dominican Republic are older adults relatively poorer than the rest of the population, while in Costa Rica, El Salvador, and Honduras the poverty levels in this group are similar to the national averages.⁶

Nevertheless, economic security in old age in Latin American countries is generally deficient, unequal, and inequitable. Indeed, more than one half of people over 65 years of age do not receive social security income,⁷ as a result of which they feel compelled to remain in, or re-enter, the job market,⁸ mainly in informal activities.

⁴ Older adults currently number about 47.5 million, that is 8.6% of the total population. By 2015, this percentage is projected to reach 10.8%. Similarly, it is estimated that between 2000 and 2050, the proportion of people over 60 will triple and that one in every four people in Latin America will be an older adult (CEPAL, 2005).

⁵ The proportion of adults over the age of 60 has been rising steadily in all the Latin American and Caribbean countries, although the pattern of this trend shows marked differences among countries, depending on their stage of demographic transition.

⁶ For an interpretation of these results, see Population, ageing and development. Working document presented at the Thirtieth Session of ECLAC, San Juan, Puerto Rico, 28 June to 2 July 2004. (LC/G.2235(SES.30/16)), 8 June 2004.

⁷ Although on average, income from retirement or pensions is above the poverty line, a high proportion of older persons (some 50% to 80% of the total) receive only meager benefits that keep them in a situation of severe economic dependence and social vulnerability. (CEPAL, 2000).

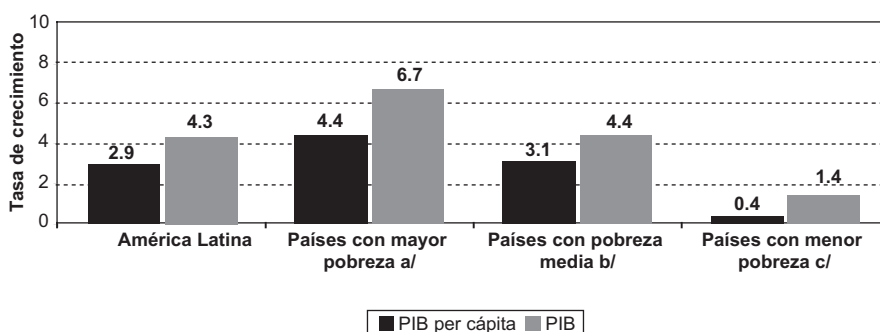
⁸ It is estimated that in the region at least 41% of people over the age of 60 are economically active, according to data from 11 countries analyzed in the year 2000 (Bertranou, 2003).

If the aging process is not accompanied by specific actions aimed at improving employment and social protection during the economically active period of life, the poverty rate among older adults will continue to rise, making this age group extremely vulnerable to deteriorating living conditions. This poses major challenges for governments, which must continue to serve the needs of children and youth, while also to allocating more and more resources to this segment of the population, which will make up an ever larger proportion of Latin America's total population.

Economic Growth Rates Needed to Meet Millennium Development Target N° 1

Simulations based on the most recent household surveys in the countries of the region reveal that per capita GDP in Latin America would need to grow at an annual rate of 2.9% over the next 11 years to meet the goal of reducing extreme poverty by one half, assuming that income distribution remains the same throughout this period.⁹ This amounts to an annual total GDP growth rate of 4.3% (Figure 4).¹⁰

FIGURE 4. Latin America: Total and per Capita GDP Growth Rates Needed to Halve the 1990 Level of Extreme Poverty between 2004 and 2015



Source: ECLAC, projections made on the basis of household surveys in the respective countries.

a Bolivia, Guatemala, Honduras, Nicaragua, and Paraguay

b Argentina, Brazil, Colombia, Ecuador, El Salvador, Mexico, Panama, Peru, and Venezuela

c Chile, Costa Rica, and Uruguay

The GDP growth rate needed to reach this goal varies from country to country, depending upon its level of extreme poverty. In countries with relatively low poverty rates — Chile, Costa Rica, and Uruguay — per capita GDP would need to increase by just

⁹ A brief description of the method used to make the projections presented below can be found in ECLAC (2004), which differs slightly from the original method outlined in ECLAC/IPEA/UNDP (2002), Meeting the Millennium Poverty Reduction Targets in Latin America, LC/G.2188-P, Santiago, Chile.

¹⁰ The above-referenced growth rate is consistent with the rate indicated by the World Bank in its Global Economic Prospects 2005, "whereby an annual growth rate in per capita GDP of 2.4% per year until 2015 would reduce extreme poverty to 61% of its 1990 level, and accordingly is insufficient in order to meet the goal."

0.4% per year. This small amount is explained primarily by the case of Chile, which has already reached the goal, and Uruguay, which is very close to reaching it, because they only need an increase in total GDP equal to that of their population growth.

Argentina, Brazil, Colombia, Ecuador, El Salvador, Mexico, Panama, Peru, and Venezuela are countries with moderate poverty rates.¹¹ Halving the levels of extreme poverty in these countries would require annual per capita GDP growth on the order of 3.1% for the next 11 years. This figure is strongly influenced by the situations in Argentina and Venezuela, where setbacks in poverty reduction in recent years are clearly reflected in the need for very high rates of growth, assuming that there are no changes in the current distribution of income.

Bolivia, Guatemala, Honduras, Nicaragua, and Paraguay, countries with poverty levels of over 30%, would need to increase their per capita GDP by 4.4% per year over the next 11 years — an increase of 6.7% per year in their total GDP. There are also significant differences within this group of countries, with annual per capita growth rates ranging from 2.1% in Guatemala to 6.7% in Bolivia.¹²

An alternative method for assessing the likelihood of meeting the first Millennium Development Goal is to estimate the number of years required by each country to reach this goal if its growth rate were to remain consistent with historical patterns (1991-2004). This exercise reveals that, in addition to Chile, the country that has already met the goal, only Mexico, Panama, and Uruguay would be able to reach it by 2015 or before.¹³ Assuming that Brazil, Costa Rica, Ecuador, Guatemala, and Peru were able to achieve a growth rate one percentage point above their average performance for the period 1991-2004, they, too, could reduce their levels of extreme poverty by one half by the target date.

Effect of Income Distribution on Poverty Reduction

In order to assess the impact of a reduction in income concentration, a synthetic indicator such as the Gini coefficient is used to sum up the situation in a single

¹¹ Note that the classification of Argentina in the moderate category does not reflect the degree of social development attained by this country in recent decades. This classification is due mainly to the serious deterioration with regard to extreme poverty that occurred as a result of the crisis that began in late 2001 crisis, during which the extreme poverty rate almost quadrupled.

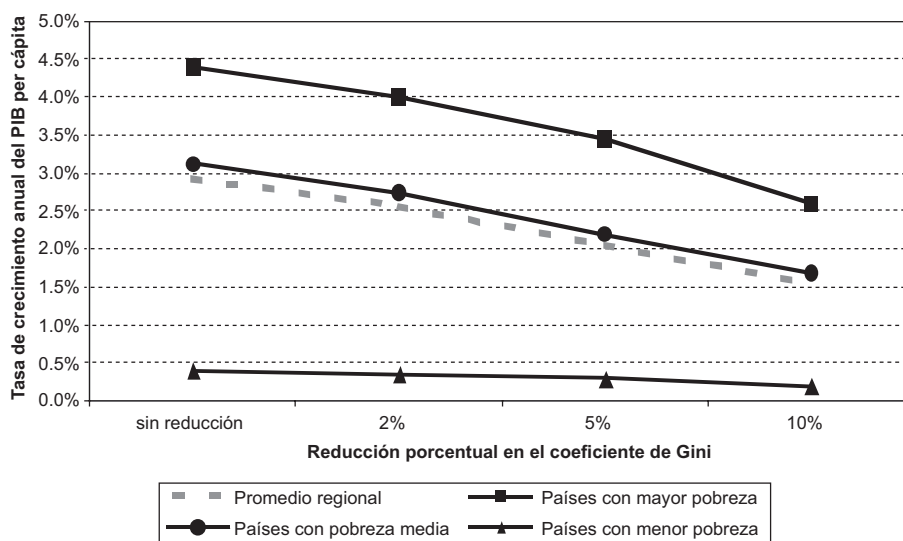
¹² The wide variation of growth rates that each country needs in order to reach the goal is clearly illustrated by the following exercise: if during the next 11 years the per capita GDP of each country were to grow at an annual rate of 2.9%, Latin America as a whole would meet the goal, but only eight countries would share in this achievement (Brazil, Chile, Costa Rica, Ecuador, Guatemala, Mexico, Panama, and Uruguay).

¹³ Note that countries showing adequate progress in Table II.3 do not meet the goal by 2015 with the same growth rates as in the past. This is partly due to the fact that the growth required to reduce extreme poverty one additional point continues to increase, particularly when indigence has been reduced to very low levels. Another factor that comes into play has to do with the fact that the average growth of economies does not necessarily reflect the rate of income growth for indigent groups, which may be significantly affected by certain specific policy measures (for example, increases in the minimum wage or old age pensions) that do not have a significant impact on GDP growth and are not apparent in income distribution in general.

figure. The simulated change in income distribution of households is represented by the percentage variation of this coefficient, the average of which for Latin America is about 0.540.

As ECLAC has repeatedly pointed out, better income distribution can enhance the impact of economic growth on poverty reduction. It is estimated that the projected regional growth rate for reaching the goal related to extreme poverty could be reduced by roughly 0.2 percentage points for each percentage point of reduction in the Gini coefficient. Thus, with a 5% reduction in this indicator, which results in a 0.35 percentage point increase in the share of the first quintile of households in total income, the regional per capita GDP would need to grow by only 2.1% per year, instead of the

FIGURE 5. Latin America: Total and Per Capita GDP Growth Rates Needed To Halve the 1990 Level of Extreme Poverty Between 2004 and 2015



Source: ECLAC, projections made on the basis of household surveys in the respective countries.

^a Bolivia, Guatemala, Honduras, Nicaragua, and Paraguay

^b Argentina, Brazil, Colombia, Ecuador, El Salvador, Mexico, Panama, Peru, and Venezuela

^c Chile, Costa Rica, and Uruguay

2.9% noted above (Figure 5). From another perspective, a distributive improvement such as that mentioned above, coupled with a growth rate that followed the historical average, would make it possible for countries to halve their poverty levels some 2 to 6 years earlier than they would if income distribution were to remain constant.

This illustrates the importance of improving the income distribution in order to achieve the goal of reducing extreme poverty in the region, in particular in a scenario where the growth rates required to reach this goal are difficult to achieve, especially in countries with higher levels of poverty. Increasing social investment and assistance programs, together with better integration of low-income people into the productive apparatus, are also fundamental to progress in that direction.

Reflections on Policies Needed to Reduce Poverty

Since poverty manifests itself in very different ways in people's lives, policies designed to fight poverty should act simultaneously on all its major determinants. Hence, it is necessary to deploy comprehensive strategies aimed at removing the structural barriers associated with the occurrence and perpetuation of poverty, while at the same time addressing the most immediate needs of the most disadvantaged population in areas such as nutrition, education, employment, income, health, and housing. Thus, several of the policy orientations mentioned in this document that address these dimensions are also poverty reduction policies.

First, it is important to note that stable economic growth is a necessary condition for reducing poverty, especially when it translates into more and better jobs for the poor. Better opportunities for decent employment are fundamental to helping poor families achieve financial independence through their own efforts.¹⁴ However, evidence has shown that growth alone is not enough to guarantee significant reductions in poverty rates. The experience in Latin America and the Caribbean corroborates that in times of crisis poverty increases markedly; however, in periods of economic boom, reductions in the poverty rate occur at a much slower pace.

Consequently, the viability of any poverty reduction strategy requires the active participation of governments, applying universal but targeted efforts. It is the responsibility of the State to correct the most acute social inequalities and ensure that all citizens can enjoy their basic rights by coordinating economic, social, and environmental development within a framework of equity and inclusion. The need to remove the structural barriers associated with the perpetuation of poverty requires implementation of public policies that will expand access for the poor to both productive assets and capital — especially land — general education, occupational training, technology, and technical assistance, as well as social protection.¹⁵ Moreover, resources must be allocated to expand and improve social infrastructure — for example, health and education centers, as well as housing to reduce vulnerability.

There is a sizeable group of countries in the region with high percentages of rural population and a high incidence of rural poverty, such as the Central American countries, Haiti, and Paraguay. Inasmuch as rural poverty is associated with low quantity and quality of physical assets and human capital, to bring about a sustained increase in the income of poor rural households, it is necessary to step up public action for physical and human capital formation—concentrating particularly on investments in soil management, irrigation, and drainage; road infrastructure; communications and energy; agricultural risk management; education; and agricultural research.¹⁶

¹⁴ Stimulating regional economies—which includes improving the productivity of the agricultural workforce—is also a basic premise for raising the standard of living of poor households and discouraging migration.

¹⁵ Credit is an effective mechanism for providing people with access to productive capital. Indeed, there have been several successful poverty reduction programs that have based their strategy on low-cost credit facilities for the creation and development of small businesses and microenterprises.

¹⁶ See IFPRI (2002).

Various studies show how important quality of the workforce is — its education, health, skills, and technological knowledge are determinants of productive growth.¹⁷ Any strategy for reducing rural poverty must therefore include as a prerequisite the expansion of formal agricultural education, technical training, and mass dissemination of knowledge useful to people living in rural environments.¹⁸

A key challenge for poverty reduction programs is sustainability. In some cases, financing these initiatives represents a heavy fiscal burden that cannot be sustained indefinitely; in other cases, a new government may decide to significantly modify existing programs to show that it is making “changes” with respect to the previous government. As a result, a fiscal pact and a political-social agreement are indispensable for maintaining the continuity of some programs that are deemed essential.

¹⁷ See Cáceres (1998), Mankiw, Romer and Weil (1992), Schultz (1988), and Serna (2000).

¹⁸ It is also important to strengthen the capacity of poor farmers to adapt and disseminate technologies from countries with agroclimatic conditions similar to their own, as well as promoting agricultural diversification and introducing techniques that boost productivity (Ruttan 2002).

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COMMUNITY PARTICIPATION IN THE FOOD PRODUCTION CHAIN

Norman Jirón Romero,
Director-General, Professional, Food, and Drug Regulation,
Ministry of Health of Nicaragua
Managua, Nicaragua

The traditional health services model is characterized more by care to repair harm than by prevention, an approach which stresses health problems over people. It is also characterized by vertical activities that take place within organic sectoral structures unlinked to other intra- or extrasectoral programs or initiatives, with an emphasis on individual action, while ignoring the social, cultural, and economic differences that affect health status.

The National Health Policy of Nicaragua, 2004-2015, mandates a shift towards a model based on integrated horizontal action in health, linked to other actors and sectors, giving priority to health promotion and proactive participation by the beneficiary populations. The new health care model, which includes guidelines, policies, and strategies designed to improve the health status of individuals, families, and communities, as well as to enhance their ecological and social environment, is based on an approach that emphasizes determinants of health and human development, in keeping with the national epidemiological profile and the cultural, political, ethnic, and geographical environment.

Chronic malnutrition is a priority health problem that affects 20% of children under 5 and 27% of primary school entrants aged 6 to 9. Because it is a multifactorial problem, its solution requires integrated action on the part of government, civil society, municipalities, and community organizations.

The Ministry of Health, as part of its regulatory role and in fulfillment of the mandates of the presidents and ministers of health of Central America, acknowledges its responsibility to take the lead in promoting food and nutrition security in order to provide a comprehensive response to the problem of malnutrition. The Ministry is focusing its efforts on the areas that have high levels of exclusion and poverty, within the context of sustainable human development.

These experiences — which represent innovations in terms of changes in the work model, the strengthening of local capacity, the promotion of local management, and respect for local identity and culture — have led to the mobilization and optimization of external and local resources, fostered intersectoral participation and made the discourse on equity more concrete, enhanced the leadership of the Ministry of

Health, and improved community health and nutrition, thus strengthening the vision of human development.

Success in implementing this new health care model will depend on sectoral leadership in forging intersectoral partnerships consistent with the national health agenda, and on the allocation of resources to support national priorities.

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APPROPRIATE TECHNOLOGY: SMALL PRODUCERS AND FOOD SECURITY

Victor Gabriel Barrios Arancibia,
Minister of Rural and Agricultural Affairs of Bolivia
La Paz, Bolivia

EXECUTIVE SUMMARY

Bolivia is entering the new century with an urban face. Only 38% of the total population lives in rural areas, but the rural population has the highest poverty indices and accounts for the largest share of the country's total area (301 of the 314 municipalities (96%) are predominantly rural). Thirty percent of the economically active population (EAP) works in the agricultural sector, and 70% of the potential business categories identified in the National Dialogue on Production in Bolivia in 2004 were in the agricultural sector.

For these reasons, the Government decided to undertake the collective development of the National Agriculture, Livestock, and Rural Development Strategy (ENDAR) through more than 40 workshops (8 national, 9 departmental, and 24 regional), with the participation of over 200 producer organizations and over 2500 people, reflecting Bolivia's territorial and cultural diversity.

ENDAR makes an exhaustive assessment of the sector, defining objectives and goals, and prioritizing *seven policy lines*:

- i) development of communities of producers, campesinos, settlers, and indigenous and native peoples;
- ii) market development and increased productivity and competitiveness;
- iii) food security;
- iv) lands;
- v) opportunities for non-farm income;
- vi) construction and improvement of productive infrastructure; and
- vii) new alternative development.

The strategy also comprises the following *cross-cutting policies*:

- i) environmental sustainability and productive use of natural resources,
- ii) technical training for rural development,
- iii) rural business training, and
- iv) gender mainstreaming for development.

In addition, ENDAR establishes three *areas of intervention* for its implementation:

- i) local economic development,
- ii) production chains, and
- iii) transfers to communities.

ENDAR draws from an experience in local development and cultural diversity in a rural district, which focused on two areas. The first was the recovery of natural resources and production bases through the improvement of native grazing fields and the construction of water reservoirs. The second was the introduction of business administration and management instruments, transcending the organizational and political scope of labor unions. Income growth resulted not only from greater productivity, but from cultural factors as well. Ultimately, change comes from human beings and is possible when the true value of social capital is recognized — a process that is nothing other than education.

INTRODUCTION

Bolivia has been in the throes of a severe economic crisis for the past five years. Internal factors eroding the national economy include: a drop in the purchasing power of the population; skepticism and low levels of both domestic and foreign private investment; the export of profits outside the country; imbalances in public finances, primarily the fiscal deficit; and government decisions, such as attempts to impose a progressive tax system on wage-earners in an economy in crisis — all of which led to social and political upheaval in February 2003.

Democracy, modernization, technology development, and cultural values coexist and clash every day with the concentration of wealth, social exclusion, ethnic and gender discrimination, and the country's marginal penetration of the international economic system. We are living in a time of change and confrontation between traditional and modern society, with new actors, new paradigms, and new visions engaged in different parallel processes and in the formulation of national policies and strategies.¹

BACKGROUND

Bolivia is entering the new century with an urban face. The rural population accounts for only 38% of the total population. Nonetheless, 301 of the country's 314 municipalities are predominantly rural (96%), which means that approximately three million of Bolivia's inhabitants are widely scattered.² This situation hinders the provision of basic services and road infrastructure and, hence, the possibilities for alleviating

¹ The National Dialogue, the Gas Referendum, the Constituent Assembly, municipal and prefect elections, and a proposed referendum on regional autonomy.

² The rural population, as defined by the National Statistics Institute (INE), is any population which does not exceed 2,000 inhabitants in a mapping division. Thus, there can be rural populations even within cities (remote and very sparsely populated neighborhoods) and urban populations (densely populated areas) within predominantly rural districts.

poverty. In addition, 30% of the economically active population works in agriculture, with very low levels of productivity.

These are depressed social sectors that require a rural development strategy. The Government therefore decided to undertake the collective development of the National Agriculture and Rural Development Strategy (ENDAR) through more than 40 workshops (8 national, 9 departmental, 24 regional), with the participation of over 200 producer organizations³ and more than 2500 people, reflecting the geographic and cultural diversity of the country.

Since ENDAR is a comprehensive rural development strategy, the National Council on Economic and Social Policies (CONAPES) gives the joint and shared responsibility for overseeing implementation of the strategy⁴ to the Ministries of Foreign Affairs and Culture; Education; Health and Sports; Economic Development; Sustainable Development; Services and Public Works; Popular Participation; Finance; Defense; and Indigenous and Native Peoples, under the coordination of the Ministry of Rural and Agricultural Affairs (MACA).

ENDAR makes an exhaustive assessment of the sector, defines objectives and goals, prioritizes seven policy lines and four cross-cutting policies, and establishes three areas of intervention for its implementation.

CURRENT RURAL SITUATION IN BOLIVIA

Despite agrarian reform, universal suffrage, decontrol of agricultural prices, the green revolution, and the reform of State institutions, the well-being of rural inhabitants, indigenous people, native peoples, and settlers in Bolivia has changed little in over half a century. UNDP indicates that today each inhabitant of rural Bolivia has barely US\$ 0.10 to US\$ 0.15 at the most for daily subsistence. Eighty-two percent of rural inhabitants are poor, and of that figure, 59% are indigent and possess no more than 13% of the arable land.

Eighty-seven percent of agricultural land (28 million ha) is in the hands of 7% of land-owners. Campesinos possess 4 million hectares (13% of the total land), a situation that is exacerbated by the proliferation of *minifundios* (small landholdings) in the altiplano and valleys. Approximately 16,000 *munifundios* are being created each year, their owners earning scarcely 1.6% of Bolivia's total GDP.

Inequality in Bolivia's rural areas results from the concentration of natural and productive resources in the hands of a few sectors that have access to markets and

³ The most representative organizations include: the Single Union Confederation of Campesino Workers of Bolivia (CSUTCB), the National Council of Markas and Ayllus of Qollasuyo (CONAMAQ), the National Confederation of Settlers of Bolivia (CSCB), the Indigenous Confederation of the East, the Chaco, and Amazonia (CIDOB), the Eastern Bloc, the Assembly of Guaraní Peoples (APG), the Eastern Agricultural Chamber (CAO), the Joint Committee of Campesino Economic Organizations (CIOEC), the Landless Movement (MST), and the Bartolina Sisa Federation of Campesino Women.

⁴ Resolution No. 116/2004 of the National Council on Economic and Social Policies (CONAPES)

means of accumulation. It also reflects the situation of small producers excluded from markets, who need productive infrastructure and funding for investment. These producers have limited income and little resources for consumption.

Economic Development and Poverty in Bolivia⁵

The Bolivian economy grew at an average of 1.9% per year from 1999 to 2003 — thus not keeping pace with the country's population growth rate of 2.8%, as a result of which national per capita income dropped to US\$ 870 per year and to US\$ 400 in rural areas. The economy's performance is due mainly to the unfavorable international environment and to internal factors that adversely affect the dynamic of economic activity.

Sixty-three percent of Bolivians live below the poverty line and lack sufficient income to meet their basic needs.⁶ Thirty-seven percent are unable even to meet their basic food intake needs (extreme poverty or indigence). In rural areas (38% of the national population), 81.7% of the people live below the poverty line, and 5.8% of the rural poor are indigent.

The proportion of unmet basic needs, such as food, clothing, and shelter is up to 90% in rural areas. This figure, in conjunction with the lack of basic services, such as electricity, which reaches only one-quarter of rural homes, makes it clear that poverty and underdevelopment are concentrated mainly in rural areas.

Food Insecurity and Vulnerability

Fifty-three percent of the approximately 16,000 rural communities in Bolivia suffer from food insecurity (FAO, 2003). They are mostly concentrated in the Andean valleys, particularly in southwest Cochabamba, north Potosí, central Chuquisaca, and part of north Tarija. Approximately one out of every two residents of Potosí and Chuquisaca lives in nutritionally vulnerable communities.

The rural population is highly vulnerable to food insecurity, which is often heightened by adverse climatic phenomena (floods, droughts, frosts, etc.) and by the loss of productive capacity in agricultural ecosystems.

Even though livestock production has shown a 7% per capita increase in the last five years, the country's rural dwellers have increased their daily kilocalorie intake by only 0.02% — only slightly higher than levels recorded on the food balance sheets of the last 25 years.

Unemployment and Underemployment

Insufficient national economic growth translates into the creation of unstable jobs,

⁵ The poor are those who lack the resources to meet their basic needs, and whose rights, furthermore, are being violated by a system that keeps them from engaging in active citizenship and deprives them of dignity (PNUD. *Informe sobre desarrollo humano* 2002).

⁶ According to data from the World Bank and the National Statistics Institute (INE) and Economic and Social Policy Analysis Unit (UDAPE) of Bolivia.

mainly in the informal sector, with subsistence wages for much of the population. This adverse impact of the primary source of income (income derived directly from productive activities, and, by extension, from GDP growth) on the income of households headed mainly by unskilled workers and/or workers in the informal sector prompts economically active members to seek multiple sources of income and inactive workers to find unstable employment, resulting in even lower wages and deeper poverty in the country.

In this context, Bolivia's serious economic crisis over the past five years has led to serious unemployment and underemployment problems, particularly in the rural sector, a situation which is giving rise to a variety of social movements. In a five-member household in which three are able to work, at present only one or none of them is working.⁷

Economic and Social Exclusion

The Bolivian Government considers education an important instrument for reducing poverty, and has therefore designed an educational reform initiative aimed at improving public education and making it available to the entire school-age population. Alternative education is viewed as equally important, so policies and strategies for technical education in the field of agriculture are being formulated by MACA and the Ministry of Education to provide training in production and to develop mechanisms for continuing education.

The population of the altiplano suffers the greatest shortage of health centers (hospitals, health posts, medical services), which results in high child mortality and the lowest life expectancy in the country. This population lives in makeshift dwellings, and more than 90% lack basic services.

It is obvious that women in Bolivia are chiefly responsible for family economy policy and that it falls to them to find whatever work they can to ensure the subsistence of their families. As the foundation of the family, women are linchpins in the economic, social, and political life of the country. However, they perceive a disconnect between their basic responsibility for the reproduction of society and their public political representation. The general feeling among women is that they do not enjoy the same degree of participation as men in social organizations, parliament, or the executive branch of government because of a bias against women.

Market Penetration

The worsening of the crisis in Bolivia has brought to center stage the debate on competitiveness of the Bolivian economy and on poverty as a structural factor in a pattern of competitiveness that basically functions under an enclave mentality and is based primarily on the production and export of raw materials with little added value. This behavioral pattern offers little incentive to improve the skills of the labor force and keeps the national economy vulnerable to external changes and the continuous deterioration of terms of trade.

⁷ Source: Central Obrera Boliviana (COB).

Difficulty Accessing Foreign Markets

Bolivia has achieved tariff preferences in the markets of its trade partners but has taken little advantage of them due to its limited supply of exportable goods, the low competitiveness of its products, and its failure to meet quality standards, in addition to para-tariff barriers imposed by the countries that import Bolivian products and/or subsidies for their products, resulting in unfair competition and contraband. This situation is further aggravated in the case of national agricultural products because they are dependant on climatic factors (floods, droughts, frosts, hailstorms, etc.) and because of the lack of support for boosting the export capacity of the various sectors.

Tightness of the Domestic Market

The tightness of the domestic market is a structural problem affecting the demand for agricultural products. The low effective demand is related to the limited purchasing power of the population (per capita income is US\$ 870 in urban areas and US\$ 400 in rural areas). The situation is further aggravated by the inequitable distribution of income.

Low Agricultural Productivity

In 2003, Bolivia ranked last among 85 countries in terms of competitiveness, which reflected its difficulty in producing goods and services that meet the international standards of cost, quality, and timeliness required to operate profitably in the market.

One of the most critical problems in the agricultural sector is low productivity. This problem limits the income of producers, prevents local products from competing with imports, and hinders the export of national products. Low productivity also impacts domestic consumers because it increases the price of agricultural products in the local market.

Deficient Productive Support Infrastructure

The deficient internal road network not only affects the chain of production by hindering efficient linkage of the centers that produce raw materials with agricultural and industrial processing facilities, it also affects consumer markets. Moreover, high transportation costs decrease the competitiveness of national products. These costs are influenced by the inadequacy of the existing infrastructure and the long distances between scattered population centers and ports for shipping exports.

The infrastructure problems are not confined to transportation; there is also limited development of the irrigation, energy, and telecommunications infrastructure, as indicated below.

- ◀ **Irrigation infrastructure** is scarce, despite Bolivia's vast surface and ground water resources. Even though farming is the primary source of employment and the main source of food, farmers face serious problems due to the lack of irrigation infrastructure. Barely 10% of the cultivated land in the country has an irrigation infrastructure, and efficiency in the use of water for irrigation is no higher than 25%. Investments in irrigation are not sufficient to raise productivity to a

level comparable to that of neighboring countries. Remedying this situation calls for a stronger and more aggressive national effort in institutional strengthening, management of water resources, and investment planning.

- ✦ Coverage of **electric services** is very low in rural areas, and, in areas with electricity, domestic consumption accounts for barely 15% of the installed capacity. Of the estimated 764,000 homes in rural areas, only 187,000 (24.5%) have electricity.⁸
- ✦ Feeder roads make up 70% (38,240 km) of the country's total road network. Although municipal governments are responsible for the construction and maintenance of these roads, they do not have the technical capacity to perform these functions and they lack adequate regulatory standards and technical assistance. Notwithstanding investments in road infrastructure over the last five years, linking more than 16,000 farming communities via permanent access routes that will enable them to secure their place in domestic and external markets is a long-term undertaking.
- ✦ **Telecommunications:** Despite advances in the past 10 years, Bolivia has one of the lowest indices of telephone, Internet, and other service coverage, particularly in rural areas.

Land Tenure: Access and Regularization

Despite historical changes brought on by agrarian reform, land tenure is still far from equitable for the majority of farmers in Bolivia. Agricultural units of five hectares or less, which include traditional family farms, represent 68% of all such units but account for only 1.4% of the total arable land. Rural properties of one hectare or less account for almost a third of all properties but scarcely 0.1% of the total arable land. Farms in excess of 500 hectares occupy 85% of the arable land, while their beneficiaries account for only 1.8% of all agricultural units in the country. These figures reveal the extreme inequality of land distribution, a factor that seriously affects productivity.

Deficient Human Resources Education

Between the revolution of 1952 and the adoption of Law 1565 on educational reform in July 1994, the rural education system did not address even the basic problems in educating the rural population, let alone provide training in agricultural techniques, posing a serious obstacle to national economic development. Major segments of the population have little or no technical training, a situation aggravated by the limited public resources allocated for that purpose.

Educational reform has modernized the educational system to meet the needs of a multilingual, multicultural, and democratic country. Education proposals have been drafted that include participation, intercultural and bilingual education, and comprehensive education for production (Ministerio de la Educación, 2004).

⁸ Source: Rural Electrification Plan (2004).

Internal and External Migration

Bolivia's economic situation and the reforms introduced since 1985 have led to a geographic redistribution of the population in the country and to external migration, primarily by the mining population. A comparison of figures from the National Population and Housing Census of 2001 with those of the 1992 census highlights this trend. The data show that 29.54% of the population now lives in the plains area, which experienced a 41.3% increase in its population during the period between censuses (1992-2001), a higher rate of growth than in the previous period (4.06% annual average over the period). The altiplano population fell to 41.3% during the same period, retaining only 30.5% of the population increase. Valley areas, in turn, showed no significant changes with respect to the relative weight of their populations in the national context. Based on net migration rates, Pando, Santa Cruz, Tarija, and Cochabamba are the departments that are attracting population, while Potosí, Oruro, Beni, Chuquisaca, and La Paz are losing population (CODEPO, 2004).

Coca-Cocaine Economic Circuit

The impact of the coca-cocaine circuit on Bolivia's economy has lessened considerably as a result of the systematic application of anti-drug policies. According to USAID/Bolivia estimates, in 1988, the economic impact of coca and its illegal derivatives accounted for 9.2% of GDP, equivalent to 87.3% of the country's legal exports (US\$ 461 million). By 1998, these figures had been reduced to 2.2% of GDP and 7.3% of legal exports. It is estimated that the percentage of GDP declined to 1.4% in 2003.

Over the past 15 years, Bolivia has made significant headway in the war against drugs, although this progress has come at a high social, political, and economic cost. Fifty-one percent of illegal crops have been eliminated and the cocaine production potential has been reduced some 70%, giving the country a new image in the international community, free of the stigma associated with the illicit production and trafficking of drugs. In spite of this progress, however, there is continued perception that alternative development has had a minimal impact, limited primarily to mechanisms for implementing programs.

NATIONAL AGRICULTURAL AND RURAL DEVELOPMENT STRATEGY (ENDAR)

The systematized participatory process for the development of ENDAR identified problems, potentials, and solutions for the achievement of agricultural and rural development. This process coincided with the release of the results of an analysis of over 400 agreements addressing some 10,000 different issues, signed between social organizations and various governments between 2000 and 2004. The analysis showed that 60% of the production-related issues addressed related to access and legal security in relation to land tenure, production infrastructure, credit, training and technical assistance, access to and consolidation of markets, development strategies, and industrialization of agricultural products.

The results of the National Dialogue on “Productive Bolivia” also point up the same problems, which need to be resolved through structural decisions in the regulatory, institutional, and financing fields. Based on analysis and interpretation of these results (which can be found in annexes to the strategy), ENDAR gives priority to three problems urgently in need of solutions in order to achieve agricultural and rural development: (i) limited market penetration, (ii) unemployment and underemployment, and (iii) access to and regularization of land tenure.

The objectives, policies, and intervention areas of ENDAR were designed to respond to the structural context and three priority problems mentioned above.

ENDAR seeks to organize and reorient activities in the rural environment, applying a different approach and employing intervention strategies that will lead to greater levels of development. Its main objective is to help improve income and employment among agricultural and rural producers,⁹ providing them with the knowledge and means to sustainable and competitively participate in markets within an inclusive framework of social, cultural, and gender equity.

Market access is the goal of both the agribusiness sector and traditional farmers, and it is also an aspiration for subsistence producers. Helping them achieve this goal is a strategic objective of the national government and of the agricultural and rural sector. The specific objectives for meeting this goal are:

- ◀ Encourage activities that foster economic, social, and cultural inclusion for rural inhabitants, indigenous and native peoples, settlers, and small agricultural producers, employing a gender-sensitive approach.
- ◀ Improve access for Bolivian agricultural products on both domestic and external markets, tailoring agricultural and rural productive processes to domestic and external demand, so that supply is competitive.
- ◀ Improve national food security, making food available and accessible to the population and using this channel to reduce malnutrition levels in major segments of the population.
- ◀ Create opportunities to improve and diversify the employment and income of the rural population.
- ◀ Promote the construction and improvement of productive infrastructure and production support, enhancing the competitiveness of production processes and promoting and making efficient public investment in rural electrification, roads, irrigation systems, and other productive infrastructure.
- ◀ Help ensure legal protection for land tenure and access to land, maximizing its productive and sustainable use.

⁹ For the purposes of this document, references to rural, indigenous, settler, and native producers include both men and women, recognizing their distinct interests.

- ◀ Modify the economic and social dynamic created by the excess production of coca and its illegal derivatives, strengthening comprehensive, participatory, and sustainable socioeconomic development.

Priority Policies

The strategy is underpinned by seven priority policy lines:

- a) Development of productive rural, settler, indigenous, and native communities
- b) Market development and greater productivity and competitiveness
- c) Food security
- d) Lands
- e) Opportunities for non-farm income
- f) Construction and improvement of productive infrastructure
- g) New alternative development

The *policy of developing productive rural, settler, indigenous, and native communities* is geared towards promoting productive development with a cultural identity, strengthening intercultural technical education, encouraging self-management with gender equity in economic development, forming productive organizations, boosting the capacity of productive organizations, consolidating opportunities to increase the market participation of productive organizations, and identifying mechanisms for marketing products and services.

The policy on *market development and greater productivity and competitiveness* is aimed at maximizing access to foreign markets, developing the domestic market, strengthening the animal health and food safety system, promoting innovation and technology transfer, developing rural technical assistance services and appropriate financial services for the agricultural sector, and strengthening producers' organizations.

The *food security policy* seeks to boost agricultural production and productivity to improve the availability of food, to promote the production of foods with a high nutritional content, to protect production and national agricultural markets, to support the generation of nonagricultural income in dynamic population centers, to promote the creation of small production and processing enterprises, to establish a price and market information system, to implement the National Food and Nutrition Education Strategy, to provide universal coverage of school breakfasts and of food subsidies for nursing mothers, and to build a public-private institutional network in support of food security.

The *land policy* consists of regularization and protection of rights to land, access, and sustainable use of land, as well as the link between landholding rights and productive activities.

The *policy on opportunities for nonagricultural income* looks to diversify rural income, promote nonagricultural rural employment, and foster comprehensive land development, build local government capacity, and develop dynamic population centers.

The *construction and improvement of productive infrastructure* aims to improve irrigation infrastructure, the construction and maintenance of feeder roads, electrification, and rural telecommunications.

New alternative development seeks to generate conditions for legal crops in coca-growing areas, to support social and economic development in intervention areas, and to make rational and sustainable use of natural resources.

At the same time, the strategy includes the following cross-cutting policies:

- ✦ Environmental sustainability and productive use of natural resources
- ✦ Technical training for rural development
- ✦ Rural business training
- ✦ Gender mainstreaming for development

Areas of Intervention

The central figures in agricultural and rural development are the producers themselves and the economic actors linked to production, marketing, and the processing of goods and services in the rural environment. Within this framework, the State's role is to promote the activities of these actors and to support their investment, work, and income-generation decisions, ensuring that these activities contribute to food security, poverty reduction, social equity, and national development.

The strategy will be applied on the basis of central organizing criteria that will serve to prioritize and differentiate interventions in support of the agricultural and rural sector. These are the operational mechanisms and instruments for applying the seven priority policies outlined in ENDAR for the national, departmental, and municipal spheres. The intervention modalities encompass three areas: (i) local economic development, (ii) development of agricultural production chains, and (iii) direct transfer of resources to the most depressed communities.

Local Economic Development

Local economic development entails a combined public and private effort with a shared vision of development in a given territory, which makes it possible to establish linking strategies and partnerships to promote concurrent investments, based on agendas for which responsibility is shared and which are prioritized in departmental and municipal development plans, the ultimate aim being to generate income and employment.

Production Chains

The goal of production chains is to make domestic products more competitive in national and foreign markets by efficiently linking the actors and associated services at each stage of the production process, right through to the end consumer, the ultimate actor. This approach assumes a certain preexisting level of organization between the links in the chain.

Transfers to Communities

This is the process whereby nonreimbursable resources in cash and in kind is transferred directly to productive organizations and to rural, settler, indigenous, and native communities; the objective is to mobilize resources and/or execute sustainable productive projects in accordance with specific standards, within a framework of social control and participation by beneficiaries.

Implementation of the Strategy

The National Dialogue on Production in Bolivia is beginning to implement ENDAR, by incorporating the local economic development approach proposed by ENDAR into the municipal roundtables methodology.¹⁰ The centerpiece of this approach is shared agendas of public-private responsibility, which define the role of each actor in promoting development.

The National Dialogue on Production in Bolivia at the municipal and departmental levels has prioritized products and productive categories with good potential for the domestic or external market with a view to improving the conditions and quality of life of the population. As part of this process, some 67,750 people¹¹ were mobilized during the different phases.

Some 70% of the comprehensive productive strategies prioritize productive categories linked to the agricultural sector, engendering a vision of a productive country, based on agriculture as a way to fight poverty, social and economic exclusion, and the lack of gainful employment and a living wage.

This aspect of the comprehensive production strategies creates both potential and responsibility for the Ministry of Rural and Agricultural Affairs and the other ministries involved in agricultural and rural development in the country. It falls to them to design proposals for an adequate regulatory, institutional, and fiscal framework to implement the strategies within the context of ENDAR.

LOCAL DEVELOPMENT IN THE MUNICIPALITY OF COMANCHE

ENDAR is based on local development experiences that have already taken place and that involved the Aymara peoples living in semiarid areas in the municipality

¹⁰ The 314 municipal roundtables produced a number of results: (i) prioritization of up to six potential products or businesses for the municipality; (ii) formulation of comprehensive production strategies for each of the potential products or businesses, based on the potential and limitations identified; (iii) definition of the roles to be played by the actors involved in each of these businesses; (iv) proposals for departmental roundtables; and (v) proposals for the national roundtable.

¹¹ Including 42,000 participants in the pre-dialogue with organizations, 3,000 in the sectoral pre-dialogues, 1,000 in the pre-dialogue with the Federation of Municipal Associations (FAM), 18,300 in municipal roundtables, 2,200 in departmental roundtables, 450 in the national roundtable, and 800 mobilized technicians.

of Comanche in the department of La Paz. The Aymaras¹² not only are the largest population group in the Bolivian altiplano; they also wield considerable cultural and political influence, and their decisions thus influence the entire country.

This process began in the late 1980s with the construction of new participatory tools and instruments for consensus-building as a result of the formation of the Development Council of Comanche (CODECO). However, improvements in income levels and the quality of life would not have been possible if cultural and ideological changes had not occurred first to alter the attitudes of the people of Comanche, laying the groundwork for a process of sustainable development and improvement of living conditions.

Intercultural processes were developed in two areas: the recovery of natural resources and productive bases by improving native grazing lands and constructing reservoirs, and the introduction of business administration and management instruments extending beyond the organizational and political scope of unions.

It has thus been possible to get across the idea that increases in income are not solely the result of greater productivity and that "culture" encompasses more than the traditional concept of the word. Ultimately, change comes from human beings and is possible when the true value of social capital is recognized—a process that is nothing other than education.

This experience included several components: 1) participatory planning, 2) public-private agreements (Comanche municipal government–Comanche farmers' cooperative), 3) soil and water recovery and management, and 4) development of livestock and of quinoa, canihua (*Chenopodium pallidicaule*), and potato crops.

The altiplano is an ecosystem unique in the world, with a wide variety of flora and fauna and great genetic diversity. Natural resources (soil, vegetation, and water) are being degraded in this ecosystem, threatening certain animal and plant species with extinction. Soil degradation is the result of natural and man-made erosion and is occurring at an estimated rate of 14 tons per hectare per year, which is equal to a yearly loss of 11%. This rapid desertification means not only the loss of flora and fauna diversity, but also of soil productive capacity.

The diversity of the region's flora has declined as a result of deforestation (the cutting down of trees for firewood and industrial fuel), overgrazing, the introduction of exotic animals (sheep and cattle) into the ecosystem, the overexploitation of native medicinal plants for commercial use, and severe climatic changes (droughts, frosts, increased UVB rays).

Acculturation in the Aymara and Quechuan social systems has accelerated over the past 40 years, leading to deterioration in traditional land management and organization. These changes are the result of changes in land tenure, loss of control over ecological niches, erosion of knowledge about the management and conservation

¹² The Aymaras have developed survival strategies that rely on four major elements: (i) the earth and land, which are regarded as an inseparable part of themselves and as a superior living being; (ii) the importance of the large extended family, including unrelated adults close to the family; (iii) the domestic production unit; and (iv) the philosophy of reciprocity.

of resources, and the breakdown of indigenous organizations — all leading to an exacerbation of poverty.

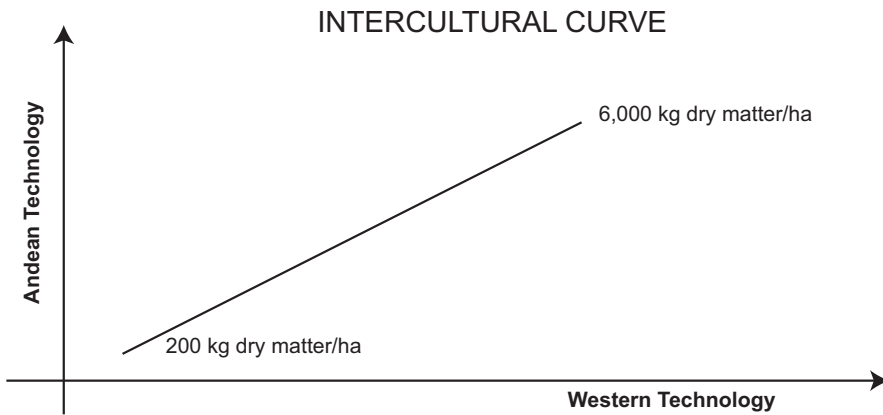
However, these populations show major potential in terms of their land use strategies and practices, organization and use of biophysical space, ecologically based agricultural practices, knowledge and sustainable technologies, and strong cultural identity that makes a clear contribution to national identity.

Local and institutional experiences have been identified and utilized in the following activities:

- ↤ Identification and establishment of in situ germplasm banks, selection and validation of ecotypes
- ↤ Exchange of genetic resources and conservation experiences, and their replication among communities
- ↤ Organization of a fair for exhibitions and exchanges of germplasm among communities, municipalities, and provinces
- ↤ Integration of recovered lands into the productive process
- ↤ Recovery and management of native pastures
- ↤ Implementation of mechanical (infiltration and runoff ditches) and agronomic (fertilization) practices
- ↤ Gathering and planting of native and introduced seeds
- ↤ Training in technology
- ↤ Implementation of agroforestry systems, and living and non-living barriers (terraces)
- ↤ Use of water reservoirs to alleviate the lack of this vital element
- ↤ Cultivation of potato, quinoa, and canihua
- ↤ An education and training proposal based on intellectual and emotional intelligence in an intercultural framework designed to acknowledge and gain a better appreciation of Aymara history, traditions, and language, building self-esteem and rejecting discriminatory and alienating educational practices, and establishing a dialogue with equal rights and conditions for all participants

This experience of an educational project designed to change attitudes and to recover the productive base among the Comanche farmers has shown that the combination of indigenous Andean and western technology can generate an intercultural curve that tends to improve crop productivity. In this case, an increase of 200 to 6,000 kg per hectare in the production of dry matter has been achieved (Figure 6).

FIGURE 6. Production Of Dry Matter, Local Development Experience In Comanche, Bolivia



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INTERSECTORAL COLLABORATION FOR THE PROMOTION OF AGRICULTURE, LIVESTOCK PRODUCTION, AND HUMAN DEVELOPMENT: THE CASE OF URUGUAY

Francisco Muzio Lladó,
Director-General, Livestock Services, Ministry of Livestock,
Agriculture, and Fisheries of Uruguay
Montevideo, Uruguay

BACKGROUND

Uruguay is a country situated in the Southern Cone of South America with an area of 176,000 km² and a population of 3,340,000 people, 90% of whom live in urban areas and less than 10% in rural area.

The country's production and socioeconomic indicators have suffered a severe negative impact from the crisis that occurred in 2002, significantly weakening the social fabric. GDP for 1998 was US\$ 299,311; in 2002 it declined to US\$ 246,351, rising again to US\$ 252,506 in 2003, but with no improvement in social equity.

The human development index which rose gradually from 0.759 to 0.828 between 1975 and 2001, ranking Uruguay 37th among the countries of the world, took a downward turn in 2004, as a result of which the country dropped to 46th place worldwide and 4th in Latin America. In this context, social differences have been accentuated, as illustrated by the estimate that the poorest 20% of the population receives 4.8% of total national income, while the wealthiest 20% receives 50.1%.

Although Uruguay is still in the group of countries with a high human development index, its progress in recent years has been slower than comparable countries, a phenomenon which has been evident in three dimensions of human development: health, education, and income.

Per capita expenditure on health is 35% higher in Uruguay than in rest of Latin American countries; nevertheless, disability-adjusted life expectancy, which is a measure of inequity in access to the benefits of the health system, is significantly lower than in Chile and Costa Rica.

In the regional context, although the population of Uruguay registers high levels of education, in recent years there has been a decline in the traditional accessibility and sustainability of primary and secondary education for some segments of Uruguayan society.

In regard to economic growth, the gap between Uruguay and the developed countries, as measured by variables such as income, has been widening since the 1950s.

One of the more troubling phenomena in the country is social polarization, with the exclusion of whole sectors of people or geographical areas, as a result of economic phenomena arising both from domestic policies and from the situation in global markets.

In this context, and in the light of Uruguay's situation in 2005, the Government put forward a proposal for strategic intersectoral collaboration for the promotion of agriculture and livestock production as a means of fostering human development through a local and community-based approach.

COMPONENT OF THE PRODUCTIVE OPTION PROGRAM: PRODUCTIVE AND HEALTHY COMMUNITIES AS PART OF LOCAL DEVELOPMENT IN RURAL AND SUBURBAN FAMILY PRODUCTION AREAS

Initiative for Joint Action between Health-Agriculture and Local Communities Sponsored by PAHO/WHO through RIMSA

For decades, PAHO/WHO has been promoting coordination and synergy of activities between the health and agriculture sectors, as well as with other related sectors (environment, occupational health, education, among others).

In this case, the aim is to realize the interaction between the health, agriculture, and related sectors through the strategy for productive and healthy communities in rural areas inhabited by small family farmers. In some cases, the initiative also includes urban and peri-urban areas, where people have difficulties accessing food.

It will be carried out through an approach linking agriculture with health and local development. The initiative seeks to bring new significance to the way of life of rural and suburban communities, but without overlooking the productive-economic dimension. The latter, as a means of raising income, includes activities related to agriculture, including the diversification of agricultural activities, promotion of local products, and generation of employment and income, which will undoubtedly help to improve the health status of the people.

Initiative to Promote Local Development in Small Farming Areas

For developing countries, one of the social alternatives with the greatest potential for reducing hunger and poverty consists in improving the agricultural production of small farmers. Accordingly, the Joint Health-Agriculture Intersectoral Action Initiative, sponsored by

PAHO/WHO, is being implemented through the strategy of productive and healthy communities as a part of local development in areas inhabited by small family producers.

PRESENTATION OF THE JOINT HEALTH-AGRICULTURE ACTION INITIATIVE

The Strategy of Productive and Healthy Communities as Part of Local Development

Rural producers and workers, public and private organizations, local authorities, and members of the community at large are striving continually to improve the production of healthy foods, extending, to the extent possible, those efforts to the processing and marketing of products. The aim is to ensure nutritional and food security for individuals and families, while at the same time systematizing health care, protection, and promotion for members of rural communities.

Living conditions will thus be improved, through, inter alia, the creation of employment and income, as well as the education of members of the community (especially, but not exclusively, children and young people), while also giving legitimacy to the social identity of rural families and to the preservation of local culture and rural life. It is intended that all this should occur in a framework of harmony with natural resources and the environment, giving priority attention to their preservation.

At the same time, community participation and social mobilization are strengthened in order to improve coexistence, dialogue, cooperation, capacity for negotiation and consensus-building, solidarity, citizenship, and co-management and social control of processes.

The municipality thus becomes an economically productive local, social, historic, political, and cultural scenario, characterized by a particular dynamic of internal social actors interacting with each other and with outside actors.

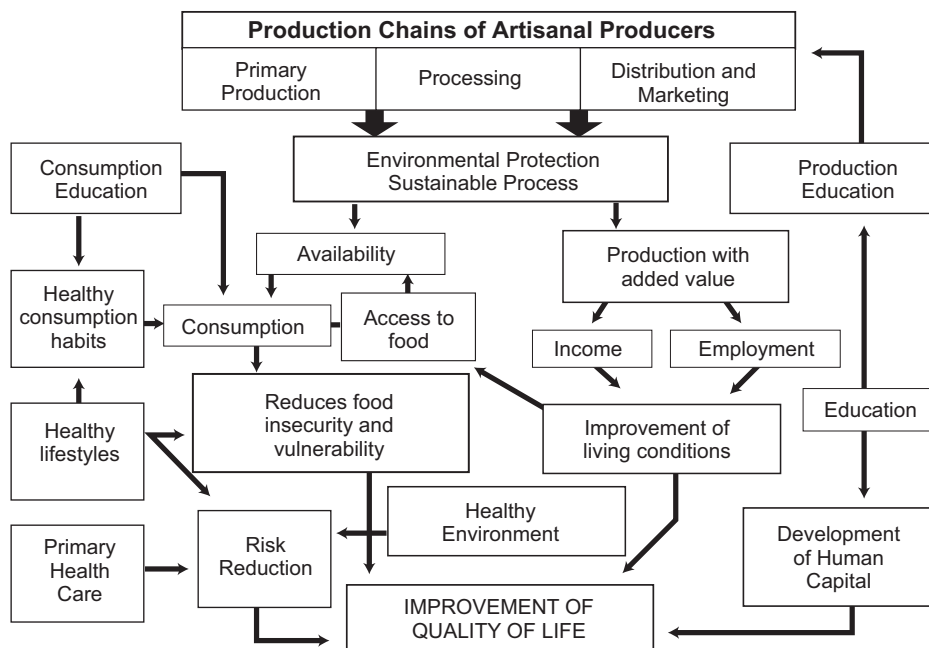
EXPECTED OUTCOME

Production in order to achieve a decent standard of living and a life characterized by health, participation, solidarity, and sustainability.

LOCAL DEVELOPMENT

To reduce poverty and inequalities, this initiative seeks not only to promote growth in relation to the productive and economic aspects of agricultural production among small rural farmers; the initiative (Figure 1) also aims to attain a new form of social and economic development in small rural communities that addresses the following issues: how to reduce the existing poverty in countless rural populations and how to influence the formulation of public initiatives strongly based on equity and social insertion.

FIGURE 7. Productive and Healthy Communities as Part of Local Development: Components of the Initiative



Source: Astudillo, 2004 (a)

The proposal for local development was put forward in a framework for the formulation of public initiatives in which the local level is conceived of as a territory alive with interactions between the social, economic, cultural, political, and spiritual life of a community of small rural producers. This community is manifested in and built upon the exercise of citizenship and the search for social cohesion in an environment pervaded by different interests and conflicts (Akerman, 2004).

The strengthening of democracy in Latin America has been an important achievement, but so far it has not translated into an improvement of the living conditions of the most vulnerable populations, among them rural communities of small farmers. It is necessary also to strengthen other forms of democracy which make it possible to forge partnerships and agreements between government and non-government actors. Such agreements should lead to public commitments to equity and social inclusion, built locally among the various stakeholders in local communities, assuring the rights and promoting the practice of citizenship (Akerman, 2004).

This whole process should result in an important synergy between civil society and political democracy, which, as the basis for the formulation of public initiatives, should prioritize the collective dimension of needs and solidarity. In this way, equity and social inclusion become the guiding principles for the process of development, which, in turn, becomes the means for strengthening citizenship and the promotion of social rights.

The aim of local development is to make viable the process of social capacity-building in a region or area with a view to fostering joint and participatory activities leading to the achievement of collective and democratically accepted objectives, the ultimate aim being to bring about a change in the initial situation.

Generally speaking, the concept of local development is characterized by an endogenous approach to a community's problems, which determines the strategies to be applied in promoting the development process.

Local development is a gradual process which is accomplished, above all, through the achievement of the basic rights of citizens — i.e., by enshrining the concept of the citizen as an actor in a social process, with rights and duties, and as a central character in a process of which he is an integral part (Couto Rosa, 2004).

LOCAL DEVELOPMENT AND SOCIAL PARTICIPATION

Through collective action by the various social actors of a community (people, groups, organizations, institutions) involved in the productive and healthy communities' initiative, the challenges of a specific reality can be met. Together, these actions are the embodiment of a process that includes taking part in the interpretation of the reality, in discussions of the interpretation, in the formulation of proposed solutions, in the mobilization of resources, in the distribution of responsibilities and commitments, in the evaluation of processes and results — all the outcome of the application of the productive and healthy communities initiative.

The participatory process involves the implementation of a series of important characteristics for the education of the participants because it is a process of dialogue which is pertinent, consensual, synergistic, committed, collective, viable, creative, and effective. This participation is guided by the following principles:

- a) Participation is a right and a duty of all.
- b) Participation develops critical awareness (changes in behavior and attitude).
- c) Participation implies the use of "teaching/learning" processes.
- d) Participation makes individuals and communities the leaders of their own development.
- e) Participation improves people's sense of self-worth.
- f) Participation empowers people.
- g) Participation develops respect for others.

Members of the community have the opportunity to interact in a variety of ways, including forums, councils, committees, workshops, or theme groups. In addition, there are ways to formalize interactions among groups, institutions, organizations, and individuals, such as alliances, partnerships, intersectoral agreements, consortiums, conventions, and contracts. In all cases, regardless of the interaction strategy

adopted, dialogue, negotiation, and conflict mediation skills must be brought to bear (Astudillo, 2004(b)).

LOCAL DEVELOPMENT AND PARTNERSHIPS:
INTERSECTORAL AGREEMENTS, STRATEGIC PARTNERSHIPS,
AND DEVELOPMENT OF SOCIAL NETWORKS

Finding solutions to social problems entails the identification of new forms of interaction between public and private social actors, be they institutions, organizations, groups, or simply individuals. This requires a broad and integrated vision of the problems affecting the community, and joint and synergistic action of the various institutions, organizations, groups, and social forces that are mobilized for the development of policies or initiatives such as the productive and healthy communities' initiative.

Partnerships may be the result of any kind of formal agreement for collaboration, cooperation, or coordination between two or more social groups or public or private organizations for the purpose of enhancing certain mutual benefits, carrying out certain undertakings or projects, and obtaining some specific result that redounds to the common good of the community.

Intersectoral action between the community and the institutions that exist in the locality arises out of the need to take advantage of different competencies and experiences of the various sectors, institutions, and social groups. The intersectoral approach entails a coordination of knowledge, practices, and experiences in the planning, execution, and evaluation of proposals for the solution of problems in rural communities aimed at meeting their needs and expectations synergistically and comprehensively.

It will thus be possible to undertake comprehensive solutions and to optimize the use of resources, which is essential as the complexity of the social reality requires an approach that reaches beyond the scope of any single social policy. Up to now, what has been done in the rural environment is to apply a specific social policy which does not take account of the citizen as a whole or of the totality of the problems to be addressed, nor does it consider the effect of other social policies. The intersectoral approach — because it extends beyond a single sector and includes users or clients in all sectors — is a way of effectively organizing and coordinating experiences, knowledge, and modes of action in order to obtain integrated results in complex situations, thus overcoming sectoral fragmentation of social policies (Junqueira, 2000).

Social networks are a social construct that links components (people groups, organizations, or institutions) together in a network (nexus), making them interdependent among themselves. These interdependences (interactions) are constantly changing over time. Information, influences, resources, commitments, etc. circulate through the interconnections of the network. The network concept makes use of the pattern of relationships between interdependent parts, not isolated parts. The links between the parts of the network generate synergism, rendering their actions more effective. Social networks constitute a managerial instrument that recognizes the complexity of reality (variations in the interdependences) and facilitate adaptive responses to

change, thanks to the increase in horizontal communications. Thus, the community benefits from an enormous growth in social capital (Junqueira, 2000).

LOCAL DEVELOPMENT AND SOCIAL EMPOWERMENT

Social empowerment is a participatory process that strengthens the capacity of the local community to become the agent, manager, and beneficiary of its own development, enhancing its real and effective ability to exert pressure and to influence (wield power over) the decisions that affect its well-being and quality of life.

The empowerment of a community makes it possible to create and carry out new undertakings; construct new social organizations; generate synergies; change values, attitudes, and behavior; increase self-esteem; mobilize in defense of the interests of the community; improve the quality of life; and implement activities that support and improve local development.

LOCAL DEVELOPMENT AND SOCIAL CAPITAL

Social capital is the accumulation of a sizable number of participatory and organizational experiences that occur at the grassroots level of a community, creating a vast number of local interactions.

This, in turn, strengthens the ties of cooperation, solidarity, trust, and initiative among individuals, social groups, and community organizations, facilitating joint effort towards the achievement of common development objectives.

The greater the availability of social resources (associations, councils, groups, mobilization), the greater the capacity for association and, therefore, the greater the availability of social capital. All of this together makes the community more competent to advance the process of local development.

LOCAL DEVELOPMENT AND LOCAL GOVERNANCE

Governance is the interaction that takes place between the government and civil society in accordance with the democratic dynamic at the local level. It is a means of managing conflicts in local government that require social participation in decision-making, especially decisions relating to the future socioeconomic development of the community. It should be made clear that governance is a democratic process at the local level; hence, governance is not synonymous with official local government (Couto Rosa, 2004), in the conventional sense of a formal authority, legally established to implement duly instituted public policies.

Local governance is a decision-making behavior directed towards activities supported by common objectives that may or may not arise from formally established legal responsibilities.

The public functions of the official sector, where the government is the sole and dominant actor, are undergoing a process of transformation. A major change is occurring in the conception of what it means to govern and new forms are emerging, including governance, which is understood to mean the capacity of the entire society to exert significant influence in political, social, and economic decision-making within a given geographic area.

All this is based on a system of social networks, made up of a multiplicity of social actors endowed with a variety of resources (technical, legal, material, financial, power, etc.). Governance implies the management of the interactions and interdependences of government and the official administration with the sociopolitical environment of a community. From this perspective, the focus of analysis shifts from the government's capacity for management to the relationship of cooperation and conflict among various categories of social actors, taking into account the management of local development. Thus, the notion of governance suggests that the capacity to govern is not related only to the official institutional apparatus, but also to the forging of partnerships among social actors based on various factors, such as the interaction of interests, etc.

A new public social fabric is being constructed, opening the way towards new development policy actions and a new role for the public sector. In this new fabric, new forms of government are being strengthened, such as governance and the participation of citizens in the public life of local communities. This new process requires changes in the thinking and behavior of public and private social actors (Couto Rosa, 2004).

COMPONENTS OF TECHNICAL COOPERATION FOR JOINT HEALTH-AGRICULTURE ACTIVITIES

- a) Assessment of rural, suburban, and, possibly, urban areas that might receive such activities; selection of productive options based on:
- Acceptability
 - Feasibility
 - Local capacity
 - Social, economic, and cultural context
 - Eventual profitability

Establishment of the health profile of the area and the population for the implementation of a comprehensive and sustainable primary health care (PHC) project.

- b) Assessment of the institutional actors (national, departmental, and civil society organizations) and community actors involved in the phases of assessment, planning, organization, execution, supervision, and evaluation of the plan.

Local actors (institutional and community) contributing to the development of the project.

- c) Planning and organization of actions in agriculture and health, tailored to each participating community.

- d) Development of pilot activities.
- e) General implementation of the planned activities.
- f) Execution and supervision of activities in the following areas:
 - Agricultural production.
 - Consumption and marketing.
 - Primary health care.
 - Primary environmental care (PEC).
 - Technical and community oversight of the activities being implemented.
- g) Evaluation of results by means of process and product indicators established in the planning phase, with the technical level and the community.
- h) Extension of the experience, with technical and community components, to other populations and communities.

PAHO/WHO TECHNICAL COOPERATION FOR THE IMPLEMENTATION AND OPERATION OF JOINT HEALTH-AGRICULTURE ACTIVITIES WITHIN THE FRAMEWORK OF PRODUCTIVE COMMUNITIES

Mobilization of Resources

Identification of human, material, and financial resources in order to catalyze management processes for the execution of activities in agriculture, primary environmental care and primary health care.

Dissemination of Information

- Obtain the necessary information for the proposed plan.
- Generate, edit, and publish information on projects in the form of manuals, guides, reports, and texts.
- Develop a plan for mass communication and public information for the community and the population.

Training

- In management of healthy communities.
- In management of productive communities.
- In management of PEC and PHC in local systems.
- In operation of productive communities.
- In concrete activities under whatever development and production plan the community has selected.

Training will be provided outside the community for future replicators of knowledge, as well as local courses, workshops, and seminars with national or local instructors.

Development of Plans and Procedures

Attention should be given to the development of plans and procedures in order to facilitate the design of comprehensive and assessable processes of production and care for the environment and health at the local level.

Research Promotion

Promotion of applied research projects for the development of actions aimed at:

- Implementing better activities.
- Creating evaluation and oversight methods.
- Improving national processes for supporting productive communities.

Direct Technical Assistance

Provision of human resources with expertise in the areas involved.

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SPECIAL SUPPORT TO SMALL ISLAND STATES IN CAPACITY BUILDING FOR FOOD AND INTERNATIONAL TRADE

Richard Harrison,
Permanent Secretary, Ministry of Agriculture of Jamaica
Kingston, Jamaica

SUMMARY

Our vision for the future of the small island States of the region, must be informed by the developments taking place in the international trading arena, which are currently being scripted by globalization; and in this scenario, trade in agriculture and the related issues of food safety have continued to take center stage.

While provisions for special and differential treatment have been put on the table to assist developing countries to make the necessary adjustments in order to survive in the new liberalized trading environment, it is uncertain whether the developed countries, which “hold the handle,” will be willing to accommodate these requests in any meaningful sense.

Conventional wisdom, therefore, dictates that the small island States of the region must seek to fast-track the modernization and repositioning of their major sectors, together with their supporting trading infrastructure, so as to enable them to comply with the global requirements, which will shortly be enforced.

Against this background, as a region, we are also grappling with our commitment to eradicate extreme poverty and hunger, in keeping with the Millennium Development Goals, and, as such, with assistance from our international partners, we have taken a collaborative approach to infrastructural capacity-building in international trade, as it relates to food safety compliance issues. We are pleased to report that we have achieved a measure of success in this area; however, as ameliorative measures on the compliance issues are being initiated hand in hand with the implementation of macro and microeconomic policies to reduce poverty, given the scope of our economies, there is still much to be achieved.

OVERVIEW: THE GEOPOLITICAL SITUATION OF THE CARIBBEAN AND THE SPECIAL REQUIREMENTS OF SMALL ISLAND DEVELOPING STATES IN RELATION TO THE MDG

Globalization, in so far as it seeks to open markets and remove farm subsidies, presents many trade and investment opportunities for the larger, more developed, efficient producer countries. However, there is no gainsaying that it has impacted

adversely on the Caribbean's food production and trade in the short to medium term, as the region has been forced to make severe and rapid adjustments to the increased competition from considerably more efficient producers in its primary export markets.

In the case of the banana industry, for instance, these adjustments have been a direct result of the World Trade Organization (WTO) ruling on the European Union (EU) banana import regime, which has resulted in reduced preferential benefits. The EU is expected to implement a tariff-only regime for bananas in January 2006, and unless a protective tariff of 275 euros per ton can be agreed on, the region's banana industry is likely to receive a further setback to its continued viability. This will have a negative effect on the thousands of farmers and their families, who depend solely on this crop for their economic survival.

The Caribbean's sugar industry has also been facing critical challenges in light of the reform of the EU sugar market, as a consequence of the need to make its regime WTO-compatible. We in the region, therefore, face the possibility of a tremendous reduction in our export earnings from sugar.

In Jamaica, our response to these and other challenges unleashed by globalization, has been an attempt to fast-track the reorganization and repositioning of our major industries, in order to make them more competitive and where possible, to explore the production of new value-added commodities, as well as economically viable niche market opportunities. However, the resources required to make these adjustments present an equally daunting challenge, as the traditional budgetary sources have been significantly depleted by our debt-servicing requirements.

Jamaica, like the other small island States in the region, therefore, needs all the assistance that is available from the international community to address its adjustment programs and strategies designed to ensure that it can continue to survive and thrive in a more liberalized trade environment.

To return to the Caribbean scenario, as a net importer of food, the region faces the imminent consequences of increased food import bills, should the removal of farm subsidies sanctioned by the WTO result in an increase in food prices. In light of the Millennium Development Goals (MDG) for the eradication of extreme poverty and hunger, the region will, of necessity, require supplementary budgetary resources to address the increased deficit in its food bill.

Poised against the challenges of globalization per se, the emergent emphasis on food safety and improved sanitary and phytosanitary standards in the current trading environment have presented additional challenges for the region, as it strives to upgrade its food safety standards for both the export and domestic markets.

MACRO AND MICROECONOMIC POLICY FOR ALLEVIATION OF HUNGER AND POVERTY IN JAMAICA

Jamaica's Social Policy Framework and Action Plan, 2002-2007, details the Government's strategy for building a sustainable social development model. It was designed

to protect the poor and vulnerable, while generally improving the quality of life for all, through increased access to development programs, social and economic opportunities, and enhanced social harmony. Poverty reduction is at the core of this strategy, and is to be achieved through a combination of measures to improve incomes, self-reliance, and the lifestyles of the poorest groups and communities. The poverty eradication strategy has three components.

- ✦ The first speaks to social assistance, with targeted income transfers under the Government's Social Safety Net Program.
- ✦ The second is the development of the income-earning capacity of the working poor, by providing training opportunities, micro-enterprise support and financial services, using community-based approaches.
- ✦ The third is the provision and upgrading of social infrastructure in poor areas.

Prior to the development of the framework, coordinated efforts by the Government to address the needs of the poor and vulnerable began with the implementation of the National Poverty Eradication Program (NPEP), initiated in 1995, following the World Food Summit for Social Development held in Copenhagen that year. The NPEP coordinates a wide range of poverty-related projects administered by various ministries and agencies, with the aim of marshalling all available resources, through integrated community development.

The World Food Summit targeted a 50% reduction in the eradication of poverty and hunger by 2015, with emphasis on the three main elements: availability, stability, and access.

Available data indicate that there has been a downward trend in both the level of poverty and the number of undernourished persons in the country.

This notwithstanding, in the mid 1990s, the Government took steps to continue the trend of poverty reduction through the implementation of a number of initiatives including:

- ✦ the development and implementation of an industrial policy to create a social and economic environment conducive to optimal growth.
- ✦ the implementation of projects to increase food production and productivity.
- ✦ the implementation of poverty eradication initiatives, through a number of mechanisms including the establishment of a Social Investment Fund (SIF) to develop community-based projects for the poor.

In a report in 2001, the Government highlighted a number of positive indicators in the economy, which corroborated that poverty was in fact being eliminated:

- ✦ a reduction in the level of poverty from 33.9% in 1992 to 27.5% in 1995.
- ✦ a reduction in the level of inflation from 77.3% in 1992 to 19.9% in 1995.
- ✦ the increase in dietary energy supplies (DES) from 2,570 in 1984-1986 to 2,575 in 1992-1994.

THE IMPACT OF GLOBALIZATION ON SMALL ISLAND DEVELOPING STATES IN RELATION TO LOCAL FOOD PRODUCTION AND TRADE

The majority of the small island developing States in the Caribbean is net importers of food, primarily from developed countries, while at the same time; they are invariably relatively large exporters of a wide variety of fresh and processed foods of plant and animal origin, to developed countries. As a result, the World Trade Organization's guidelines for sanitary and phytosanitary protocols, as well as veterinary inspection and certification of products of animal origin, currently dominate regional trade requirements.

While globalization in trade has served to increase product availability, it has also bombarded the region with an increasing number of animal, as well as agricultural products from varying countries. This has amplified the likely health risk from exotic diseases affecting both plants and animals. Additionally, the liberalization of trade worldwide has necessitated significant changes in agricultural production and processing systems, resulting in the need for more stringent food safety measures, against the background of the potential increase in instances of foodborne diseases, including bovine spongiform encephalopathy (BSE), or "mad cow disease," foot-and-mouth disease, and avian influenza in poultry.

For small island developing States in the region with limited budgetary resources, sub-optimal infrastructure, together with typically inadequate legislation to regulate food safety and production processes, globalization has presented additional challenges.

Regional Food Safety Initiatives

A regional food safety needs assessment was conducted, which highlighted the deficiencies with respect to meeting food safety standards. As a result of this assessment, several steps have been taken both regionally and nationally to address these needs, including:

- ◀ Increased awareness of food safety issues within the region.
- ◀ Approval by the region's head of agriculture and health for the establishment of a Caribbean Agricultural Health and Food Safety Agency (CAHFSA); this agency has as its mandate the coordination of all food safety and agricultural health issues within the region.

Barbados and other member countries of the Organization of Eastern Caribbean States (OECS), with assistance from IICA/FAO, are actively pursuing an eradication and control program for the amblyoma tick. This tick infestation has severely restricted livestock sales from countries in which the infestation exists.

Technical Assistance Received within the Region

The IICA/USDA Initiative of the Americas – This is a joint technical assistance program of the Inter-American Institute for Cooperation on Agriculture and the United States Department of Agriculture, which for the last two years has facilitated the

participation of small island developing States within the region in SPS Committee meetings in Geneva. This initiative has resulted in increased awareness among Caribbean stakeholders in relation to SPS and other food safety issues, and has led to greater dialogue between the private and public sectors in many of these States, which have benefited. In addition, many, including Jamaica, have made positive strides towards meeting their obligations under the WTO/SPS Agreement, in relation to updating regulations to become more WTO-compliant, establishing enquiry/notification points and setting up SPS committees.

Funding for training and capacity-building in food safety and SPS issues has also been provided by IICA, FAO, PAHO, and WTO.

PAHO has also assisted Barbados in preparing and enacting appropriate legislation to cover veterinary inspection and certification for products of animal origin.

The Trinidad-based Caribbean Epidemiological Center, otherwise known as CAREC, has served the region in undertaking epidemiological investigation and diagnosis of foodborne diseases. However, CAREC's capabilities need to be strengthened so that its services may be more easily accessible to the countries of the region.

Food Safety Initiatives Undertaken by Jamaica

For its part, Jamaica has undertaken several initiatives to address the food safety requirements within the context of globalization, as they relate to food production and trade. Some of these are:

- ◀ Infrastructural upgrading of National Quarantine Program – We have upgraded our Quarantine Program for regulating the import and export of live animals and products of animal and plant origin. The program, which is responsible for inspection and certification at the ports of entry:
 - operates a quarantine facility for the importation of livestock and pets;
 - monitors the disposal of waste from vessels and aircraft; and
 - conducts qualitative risk assessments of products of animal origin.
- ◀ The Ministry of Agriculture, under whose purview the Veterinary Division falls, has facilitated the development of an identification program for livestock. This initiative has been taken to satisfy the required traceability of products of animal origin, and possible points of food contamination within the production chain.
- ◀ The Government of Jamaica, in collaboration with the United States, the Mexican Commission, the USDA Animal and Plant Health Inspection Service (USDA/APHIS), and the International Atomic Energy Agency, spearheaded a National Program for the eradication of the New World screwworm fly, aimed at eradicating the pest from Jamaica in an effort to safeguard the quality of products of animal origin.
- ◀ The Government has also established a Pesticide Control Authority with legal responsibility for regulating the importation and usage of pesticides for agricultural (animal and plant) food production.

- ◀
- The Ministry of Agriculture continuously undertakes disease surveillance programs for Newcastle disease, avian influenza, salmonella, bovine tuberculosis and bovine brucellosis.

INFRASTRUCTURE/HUMAN RESOURCE DEVELOPMENT
REQUIREMENTS AND ISSUES OF ECONOMIES OF SCALE

Given their respective economic challenges, Caribbean island States currently need more financial and human resources to develop and maintain adequate and efficient infrastructural capacity, in order to become compliant with the WTO/SPS protocols and the OIE guidelines for veterinary inspection and certification of products of animal origin.

TABLE 1. Imports of Meat and Seafood Products, Jamaica, January-December 2004

Type of meat	Quantity in kilograms
Beef	5,024,199.26
Mutton	4,025,753.52
Seafood	16,505,603.04
Poultry	38,313,342.76
Goat	64,003.98
Pork	2,995,756.77

As a net importer of food, the Caribbean imports milk and milk products, fish and fish products, as well as meat and meat products. Table 1 shows Jamaica’s import pattern in relation to meat and seafood products during the past calendar year.

While the region is a major importer of beef and beef products, pork and pork products, poultry and poultry products, as well as fish, lobster, conch, and shrimp because of its inability to adequately satisfy local demand, in many instances we are unable to meet the export requirements for value-added dairy, poultry, and other products such as patties (meat pies) soups, sauces, and seasonings, for which there are lucrative overseas markets. This is due to our inability to satisfy many of the WTO/SPS and OIE food safety requirements.

Jamaica’s Initiatives to Address these Issues

Our major food production/processing operators involved in fishery, poultry, milk and dairy production are adopting and implementing inspection and monitoring systems based on the Hazard Analysis and Critical Control Point (HACCP) system, good manufacturing practices (GMP) and standard operating procedures systems, which are necessary to satisfy international standards.

We have enacted the Meat & Meat By-Products (Export) Act, which establishes appropriate guidelines for the production and processing of meat and meat products. We have also enacted the Aquaculture and Inland Marine Products and

By-Products (Export) Act 1999, together with its enabling regulations. And I am proud to say that Jamaica has received accreditation on the EU "Third Country List," thereby allowing us to export fish and fish products to EU member States.

It should be added that we are also taking steps to put the requisite procedures in place to allow for the export of a wider range of processed foods to the United States and Canadian markets.

We have expanded our Veterinary Laboratory, acquired state-of-the-art equipment and implemented programs to improve microbiological testing, residue analysis and veterinary drug monitoring programs for production, harvesting, and processing of fishery products.

The Veterinary Services Division has also employed additional personnel to inspect and monitor food systems.

And I am proud to report that Jamaica currently meets the certification requirements in relation to residue analysis for export.

Food Safety

Despite our successful achievements on an individual country level, given the small size of the Caribbean island States, together with the attendant problems of scarce resources, make it difficult to comply with international food safety standards owing to their scope and stringency. In addition to these international requirements, strong consumer awareness of the potential threats posed by foodborne hazards is now putting enormous pressure on traditional food safety systems, which in most developing countries are largely in the hands of the food-processing sector, which focuses on removing unsafe food from the market "after the fact."

Our food safety systems are also facing unprecedented challenges arising from demographic changes, globalization of the food trade, changing consumption patterns occasioned by the thrust towards healthier lifestyles, increased urbanization and more intensified food production. Regional governments, therefore, need to pool their scarce resources wherever possible, for example in areas such as residue-testing and the formulation of food safety policies, in order to take advantage of economies of scale.

People at Risk

The World Health Organization estimates that almost two million children in developing countries die each year from diarrhea, caused mainly by microbial contamination of food and water, while in industrialized countries it is estimated that as much as one third of the population suffers from foodborne disease each year.

Foodborne diseases may be categorized as physical, chemical, or biological. Some examples are:

- ← Zoonoses
- ← *Listeria monocytogenes* infection

- ↖ *Salmonella* infection
- ↖ *E. coli* O157, H7 infection
- ↖ Illnesses caused by industrial contaminants
- ↖ Illnesses caused by agricultural chemicals

In Jamaica, the recently formed Pesticide Control Authority (PCA), comprising representatives from various agencies including the Ministry of Health, is responsible for regulating the importation, distribution, and usage of agricultural chemicals. In addition, the Veterinary Services Division has in place a Veterinary Drug Residue Monitoring Program for antimicrobials, hormones, pesticides, heavy metals, and toxins.

Veterinary drug residues found in food include antibiotics and hormonal growth promoters, and it is felt that the widespread use and misuse of such drugs may have contributed to the development of drug-resistant organisms. These microorganisms may be passed from animals to man through the food chain.

Methods of Improving Food Safety

Traditionally, undercooked food of animal origin was regarded as the primary source of foodborne diseases. Increasingly, however, attention is now being focused on items such as fruits, vegetables and fruits juices.

The present food safety system, which is based on the regulation and control of products, must be combined with preventive measures to control the introduction of hazards into the food chain. Some people refer to this combination as the "farm to table" or "farm to fork" approach to food safety. Such a system requires:

- ↖ The application of good agricultural practices (GAPS) in food production, post-harvest treatment, processing, and handling, which reduces the risk of microbiological and chemical contamination. The Ministry of Agriculture along with agencies such as IICA, is currently engaged in the development of GAPS for the agricultural and agro-processing sectors.
- ↖ The application of good manufacturing practices (GMPS), which also apply to production processing/slaughtering establishments/facilities. Jamaica has had a measure of success in the implementation of GMPS in processing facilities, especially those engaged in the preparation of aquaculture products for the export market. This notwithstanding, there is still a great deal to be accomplished in terms of establishing similar guidelines for other food-processing and slaughtering facilities.
- ↖ The regulation of food-processing operations, which should be based on the Hazard Analysis and Critical Control Points (HACCP) system. This system identifies and monitors the most vulnerable points in a food production chain.

RECOMMENDATIONS

National and regional governments must give priority to the implementation of integrated food safety and food security measures, together with the appropriate legislation, in order to achieve United Nations Millennium Development Goals for poverty alleviation and improved agricultural health.

Efforts must be made to implement HACCP-based biosecurity systems in local food industries, as well as in the production, processing, and distribution sectors.

Regional governments must collaborate on the development and maintenance of effective and efficient food safety policies (e.g., veterinary services inspection and certification programs).

In order to conform to OIE requirements, regional veterinary services should receive legislative support to facilitate the implementation of their respective animal health programs. Such programs should include:

- ↵ animal disease prevention, surveillance monitoring, eradication, and control;
- ↵ quarantine activities (import, export) and control of the movement of animals and products of animal origin;
- ↵ laboratory testing/analysis and diagnosis of animal, zoonotic and foodborne diseases;
- ↵ veterinary health inspection and certification of products of animal origin;
- ↵ implementation of food safety programs, including HACCP inspection systems, as they relate to animal production, processing, slaughtering, and preparation of products of animal origin;
- ↵ veterinary public health programs;
- ↵ animal identification and traceability systems;
- ↵ risk analysis measures to protect human and animal health from the threat of diseases transmitted via importation of products of animal origin; and
- ↵ veterinary drug residue monitoring.

CONCLUSION

To conclude, the reality is that globalization, free trade and the attendant WTO Sanitary and Phytosanitary protocols must now be regarded as part of the modern-day agricultural landscape. Faced with the challenge of our inability to exploit the full economic potential of international trade in agriculture, together with the attendant vagaries of persistent poverty, such as malnutrition and the ever-present hazards of unsafe food, Caribbean island States need to consolidate their resources and col-

lective wills if they are to effectively meet the Millennium Development Goals for the eradication of extreme poverty and hunger.

As such, I would like to reiterate the urgent need for further support in the form of accelerated technical assistance programs to meet the plethora of existing global food safety obligations, in order to ensure healthy and productive populations within the region, with the capacity to take full advantage of the trading and other opportunities being unleashed by globalization.

It is, therefore, particularly heartening to note that recommendations for this kind of assistance are endorsed in Article 9 of the SPS Agreement, which speaks to "Technical Assistance," and Article 10, which addresses the issue of "Special and Differential Treatment." By way of additional endorsement, it is equally encouraging to note that further elaboration of these two important articles of the Agreement is currently being discussed in WTO/SPS Committee meetings, with the objective of fast-tracking compliance of small island developing States, thereby facilitating improved access to international trade.

In the final analysis, despite the formidable adjustments which globalization has necessitated within the region, we have had a reasonable measure of success in upgrading the capacity of our agricultural and health sectors, in our quest to promote better efficiency and safety in the food production chain. While we have been proactive in this regard, the process has been supported by the invaluable assistance received from our international funding partners. Against this background, with their continued commitment to support our efforts future initiatives, we are confident that we can continue to make positive strides in meeting the Millennium Development Goals of hunger and poverty reduction.



PANEL ON INTERNATIONAL
COOPERATION ON
EMERGING ISSUES IN
AGRICULTURE AND HEALTH

CURRENT SITUATION OF NEW AND EMERGING ANIMAL DISEASES: THE INTERNATIONAL ZOOSANITARY CODE AS A BASIS FOR POLICY AND TRADE

Bernard Vallat,
Director General, World Organization for Animal Health (OIE)
Paris, France

C current important sanitary events are to be managed in collaboration between medical and veterinary authorities. The multi-host nature of diseases:

- 60% of human pathogens are zoonotic
- 80% of animal pathogens are multi-host
- 75% of emerging diseases are zoonotic
- 80% of agents having a potential bioterrorist use are zoonotic pathogens

FOODBORNE DISEASES

The *Codex Alimentarius* Commission is responsible for developing international standards on food safety and public health while OIE is responsible for standards on animal health and zoonoses. Increased collaboration is needed between OIE and *Codex* to ensure new standards that bridge public health and animal-related interests in the “production to consumption” continuum.

Within the framework of this collaboration, the OIE food safety goals are to reduce foodborne risks to human health by preventing, eliminating, or controlling hazards arising from animals, whether prior to their slaughter or in the primary processing of products, with primary focus on food safety measures applicable at farm level.

The OIE food safety work is coordinated by a permanent Working Group on Animal Production Food Safety. This working group includes high-level representatives of the *Codex Alimentarius* Commission (Chairman, Secretary), WHO, FAO, and chief veterinary officers from all continents. The working group’s priorities are:

- ↵ Good farming practices in order to minimize hazards at farm level.
- ↵ Foodborne zoonoses standards covering public health hazards not up to date in the OIE Code (e.g., tuberculosis), and pathogens of public health relevance not always affecting animals (e.g., *Listeria*, *Trichinella*).
- ↵ Antimicrobial resistance, especially conditions of prudent use.
- ↵ Traceability of animals, with a technical link with traceability of products procedures.
- ↵ Review of existing OIE and *Codex* standards of common interest and identification of gaps and duplication.
- ↵ OIE involvement in the work of various *Codex* Committees.
- ↵ Clarification and promotion of dual roles and functionalities of veterinary services in the food chain dealing with both public and animal health objectives. For example, the duality of objectives at ante- and post-mortem inspection in slaughterhouses is one of the areas for integration and inspection.

The collaboration and interdependence between public health and animal health authorities at international, regional, and, mainly, national level are crucial in the control of the food safety risks of today. But they are also essential for confronting the emerging foodborne and epidemic diseases of the future.

ZOO NOSES

OIE Work on Avian Influenza

Significant outbreaks have occurred since the late 1990s, especially in Asia. An unprecedented situation has been observed since the beginning of 2004, with considerable losses in rural areas, industry, external markets, and national economies in 10 countries. There is a potential risk of a human pandemic, but nobody can establish the scientific probability of the occurrence of this pandemic situation linked with a possible reassortment of the animal virus.

OIE and FAO are working together to provide expertise and control methods to infected countries. They organize international and regional scientific conferences involving the best specialists, with the participation of relevant risk managers.

The main recommendations relate to:

- ↵ The relevancy of the classical control measures in animals to reduce viral spread (stamping out, quarantine, movements control).
- ↵ Vaccination of poultry to greatly reduce virus levels when application of classical control measures fails because of lack of resources of veterinary services.
- ↵ Minimizing possible contacts with infected birds at live poultry markets.

OIE and FAO have launched a worldwide network of expertise on avian influenza (OFFLU) with the following objectives:

- ✦ To develop research and offer veterinary expertise to countries to assist in the control of avian influenza.
- ✦ To collaborate with the WHO human influenza network on issues relating to the animal-human interface, providing animal virus strains in order to assist in the rapid preparation of human vaccines.
- ✦ To avoid duplication of work.

OIE is also developing new international standards on avian influenza:

- ✦ For the safety of international trade in poultry and poultry products, better addressing the risks presented by different commodities, and differentiating between the likelihood of transmission of highly pathogenic and low pathogenic influenza.
- ✦ For surveillance strategies and methods to be used to improve early detection and response and national and international notification and transparency.

It is evident that the best policy for control of avian influenza in animals and human is to stop the virus at its source. It is more cost-effective to invest in animal control — e.g., reinforcing the veterinary services of poor countries that are facing this disease and that lack the appropriate skills and infrastructure.

OIE Work on Bovine Spongiform Encephalitis (BSE)

The current OIE standards include:

- ✦ A complex five-category system of sanitary status of countries or zones established on a prevalence-based approach.
- ✦ Guidelines for surveillance established many years ago, but lacking appropriate guidance for the optimal use of the new rapid tests for screening.
- ✦ The current chapter on BSE continues to allow trade of fresh meat under certain conditions even for countries classified in the high-risk category.

However, the current OIE chapter is not respected by many countries which give priority to political issues. This is why the OIE will propose this year a new chapter that is risk-based (not prevalence-based), with three categories of risk:

- ✦ Negligible BSE risk without commodity-specific risk mitigation measures.
- ✦ Negligible BSE risk with commodity-specific risk mitigation measures.
- ✦ Undetermined risk.

The new chapter concentrates on:

- ✦ Commodity-specific measures.

- ↵ Assessment of risk factors and, when appropriate, measures to address them.
- ↵ Surveillance, which is considered important, but finding one case will not result in unnecessary changes in trade measures.

The Code Commission of the OIE is proposing, regardless of the BSE exporting country, that the existing list of safe commodities (milk, semen, embryos, hide and skins, etc.) be expanded to include:

- ↵ Deboned skeletal muscle meat (under certain conditions and excluding mechanically separated meat).
- ↵ Blood and blood by-products (under certain conditions, e.g., some slaughtering methods).

These additions resulted from the lack of evidence of transmission. For other commodities, the conditions are linked to the status of the cattle population in the exporting country or zone.

PERSPECTIVES ON VARIANT CREUTZFELDT-JAKOB DISEASE (vCJD):

- ↵ Many past models predicted likelihood of severe vCJD epidemic.
- ↵ BSE now appears to be minor compared to other public health concerns.
- ↵ An article published by the Royal Society of the United Kingdom makes a “best estimate” of 70 future deaths in addition to the 150 that have occurred to date.

VETERINARY PUBLIC HEALTH: NEED FOR COLLABORATION

This collaboration is gaining momentum at national and global levels. It is unfortunate that as these efforts are ongoing, WHO is preparing a new International Health Regulations (IHRs) in total isolation.

The current IHR text fails to recognize any need for specific collaboration with its own *Codex Alimentarius* Commission and with the OIE. Neither does the current IHR draft make clear mention of collaboration between national medical and veterinary services in the field of zoonoses. The OIE is therefore proposing an amendment to the proposed text of Article 12 of the International Health Regulations:

“WHO shall cooperate and coordinate its activities, as appropriate, with other competent intergovernmental organizations or bodies, such as the FAO and OIE, in the implementation of these regulations, including through the conclusion of agreements and other similar arrangements.”

INITIATIVES ON FOOD SAFETY, FOOD SECURITY AND TRANSBOUNDARY ANIMAL DISEASES

Moisés Vargas Terán,
Animal Health Officer, Regional Office of FAO for Latin America
and the Caribbean
Santiago, Chile

EXECUTIVE SUMMARY

The present document summarizes the principal joint activities of the Food and Agriculture Organization of the United Nations (FAO), the World Health Organization (WHO), and other international organizations for technical assistance on emerging issues such as food security, food quality, food safety, and the progressive control of transboundary diseases, while at the same time offering proposals on how countries can participate. It describes the current state of under-nutrition in the Americas and the progress made in the lines of action established at the World Food Summit. It discusses the operations of the FAO Trust Fund for Food Security and Food Safety and mentions the projects under the Special Program for Food Security, while describing the main work of the FAO/WHO *Codex Alimentarius* Commission, the implementation of the Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases, and the launch of the FAO/OIE Global Framework for the Progressive Control of Transboundary Animal Diseases. The document also makes several recommendations for promoting the competitiveness of rural producers to improve food security, increasing the active participation of countries in the basic work of the Codex Alimentarius Commission, and strengthening veterinary and veterinary public health services to prevent the introduction of transboundary diseases in the countries of the Region.

INTRODUCTION

FAO carries out activities aimed at eradicating hunger, offering its services to developed and developing countries alike. With 187 member countries and one member organization, the European Union, it serves as a neutral forum where all countries meet on an equal footing to negotiate agreements and discuss policies. It is also a source of knowledge and information. FAO helps developing countries and countries in transition to modernize and improve their agricultural, forestry, and fishing activities to ensure good nutrition for all. Since its founding in 1945, the Organization has paid

special attention to the development of rural areas, where 70% of the world's poor and hungry live.

FAO's mandate is to raise levels of nutrition, improve agricultural productivity, better the lives of rural populations, and contribute to the growth of the world economy in order to achieve food security for all and guarantee regular access to good quality food that will enable people to live active, healthy lives.

The existence of hunger in a world of abundance is not only a moral scandal but is shortsighted from an economic standpoint: hungry people make poor workers. If they attend school at all, they learn little; they are vulnerable to disease; and they die young. Hunger is also transmitted from generation to generation, since undernourished mothers give birth to low birthweight babies with diminished potential for mental and physical activity. Individual productivity and the growth of entire nations are seriously compromised by widespread hunger. Eradicating hunger is therefore in the best interest of every country.

With that in mind, in November 1996 FAO organized the World Food Summit (WFS), the first world gathering at the highest political level to focus exclusively on food security. The approval of the Rome Declaration on World Food Security and the World Food Summit Plan of Action renewed the international community's commitment to guaranteeing food for all. The Declaration articulates an ultimate goal and an immediate objective: "We pledge our political will and our common and national commitment to achieving food security for all and to an ongoing effort to eradicate hunger in all countries, with an immediate view to reducing the number of undernourished people to half their present level no later than 2015."

Comparative View of the Regions' Attainment of the WFS Objective

The latest global estimates indicate that 798 million people in the developing world were undernourished¹ in the biennium 1999-2001, a reduction of only 19 million since the biennium 1990-1992, the reference period used at the WFS. Thus, the average annual reduction since the Summit has been only 2.1 million, much lower than the numbers required to meet the WFS objective. This means that the progress must now be accelerated to 26 million per year, almost 12 times the current rate of reduction, if the objective is to be met.

Nevertheless, some countries have made progress in reducing the number of undernourished people. China alone managed to reduce its undernourished population by 58 million between 1990 and 1992. Brazil, Ghana, Indonesia, Peru, Viet Nam, and Thailand all achieved a reduction of 3 million or more, helping to offset the 76 million increase in 47 countries where progress has stalled. Nevertheless, if China and these six countries are left out of the equation, the number of undernourished people in the rest of the developing world has risen by 59 million since the WFS reference period.

¹ Undernutrition is food intake insufficient to meet a person's energy requirements.

In Latin America and the Caribbean, around 54 million people were undernourished during the period 1999-2001, compared to 59 million in 1990-1992. In this region, only South America and the Caribbean have shown a decline in recent years, while Central America and Mexico have witnessed an increase in the number of people with nutritional deficits (Table 2). This indicates that progress has been slow towards meeting the objective of halving the number of people afflicted by hunger and that, if the current trend persists, the goal of the World Food Summit will not be attained in 2015 but in 2030.

TABLE 2. Prevalence of Undernutrition in Latin America and the Caribbean

Region and countries	Total population (millions)			Number of undernourished people (millions)			Proportion of undernourished people in the total population (%)		
	1990-1992	1995-1997	2000-2002	1990-1992	1995-1997	2000-2002	1990-1992	1995-1997	2000-2002
LATIN AMERICA AND THE CARIBBEAN	443.3	482.6	521.2	59.5	54.6	53.0	13	11	10
North America	84.8	92.7	100.5	4.6	5.0	5.2	5	5	5
Central America	28.8	32.8	36.8	5.0	6.5	7.4	17	20	20
Caribbean	28.5	30.2	31.7	7.8	8.9	6.8	27	30	21
South America	301.2	326.9	352.2	42.1	34.2	33.6	14	11	10

Source: FAO. The State of Food Insecurity in the World (SOFI), 2004.

FAO Trust Fund for Food Security and Food Safety

Within this context, during the 2003 meeting on hunger held seven years after the WFS, pursuant to Article 6.7 of the Financial Rules and Regulations of FAO, the Director-General established the FAO Trust Fund for Food Security and Food Safety and the Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases, with an initial goal of US\$ 500 million. The FAO Trust Fund is a major source of demand-based financing. It complements the existing trust funds, which provide support for the essential components of the Organization's field program but have recently shifted their focus primarily to emergency operations. This has occurred at the expense of projects that serve as catalysts for addressing the long-term structural needs of the poor in the basic areas of job creation and income generation.

This FAO Trust Fund is financed through voluntary contributions from governments, intergovernmental organizations, nongovernmental organizations, and the private sector. Its initial contributors were the *Community of Sahelo-Saharan States*, the *Government of Italy*, the *Organization of the Petroleum Exporting Countries (OPEC) Fund for International Development*, and *Saudi Arabia*. Its intervention areas include projects to help Member States begin to strengthen, step up, and expand their activities, primarily in the areas of food security, food quality, food safety, and transboundary animal diseases.

FOOD SECURITY

Special Program for Food Security

The majority of low-income food-deficit countries (LIFDCs) have viable and sustainable means at their disposal to increase food availability, but they are not being utilized to good advantage owing to a series of constraints that prevent farmers from meeting their basic needs and seizing opportunities that arise. The FAO Special Program for Food Security (SPFS), adopted at the 106th Session of the Organization's Council in 1994, was created to address this situation. The Program works with farmers, livestock producers, and other stakeholders to identify and overcome these constraints, be they technical, economic, social, institutional, or political in nature.

Projects financed by the SPFS include small-scale pilot projects for water regulation, boosting crop yield, diversification of small-animal production, small-scale fishing and fish-farming, analysis of social and economic problems, and technical assistance in policy-making. Technology transfer will be promoted, especially within the framework of a South-South cooperation plan, as an inexpensive means of achieving adequate development from a technological, ecological, and sociocultural standpoint. The following activities have been carried out recently in Latin America and the Caribbean.

Bolivia. Through the SPFS, the country expects to demonstrate the potential of the improved technologies available for increasing the yield of selected basic crops that the population grows for food; encourage organization and participatory planning for the identification and mass use of these technologies in priority areas; promote technical and financial support for livestock production; and develop a training program that covers the different technical components required.

Ecuador. With assistance in food security in the country's lower Amazon jungle under the Food Security Program, the Government of Ecuador is implementing policies designed to fight poverty and food insecurity, which are the principal socio-economic problems in that region. The Project will be executed in the provinces of Orellana and Sucumbíos in the eastern part of the country, which are zones in the Amazon region with potential for agricultural production.

Guatemala and Honduras. The SPFS focuses on increasing the food supply in agricultural systems with a high concentration of rural poor population. The objective is to help improve food security in the intervention area, increasing food production and access to food by strengthening production systems with the use of sustainable technologies.

Haiti. The SPFS, promoted by the Government with FAO cooperation, seeks to boost crop production and the profits of small agricultural producers by disseminating information on techniques that they can use, especially in the areas of Laverdure, the plains of Artibonite, and Dubreuil, in the Cayes region.

Mexico. Since 2003, the SPFS has lent support for the execution of phase one of the Mexican Government's interministerial program to reduce poverty in the 250

microregions of the country that suffer the greatest degree of marginalization. This is the context of the project, whose objective is to reduce poverty and improve the sustainability of food security within 15 years. The areas covered are in the states of Michoacán, Aguascalientes, Jalisco, Yucatán, Guanajuato, and Puebla.

Venezuela. The SPFS aims to strengthen the Ministries of Agriculture and Trade in order to transform and diversify agricultural production among small producers, thereby improving food security in rural and urban areas. The project consists of: South-South cooperation between Venezuela and Cuba, the intensification of agricultural production, and a national agricultural information system.

FOOD SAFETY AND FOOD QUALITY

One of FAO's tasks is to maintain and improve the quality of food in the international, regional, and national spheres. It promotes the development and enforcement of national regulatory frameworks consistent with international standards, especially those of the *Codex Alimentarius* Commission. At the same time, it provides technical assistance for capacity-building in national and local monitoring systems and programs with a view to assuring the quality and safety of food throughout the food chain.

The *Codex Alimentarius* Commission was created by FAO and WHO in 1963 to develop food standards, regulations, and other related instruments such as codes of practice under the Joint FAO/WHO Food Standards Program. The Program's main activities are to protect the health of consumers, ensure clear trade practices, and promote the coordination of all food standards adopted by governmental and nongovernmental organizations.

Global Activities

In February 2003, FAO/WHO set up a Project and Trust Fund to strengthen participation in the Codex. The goal was to increase the participation of developing and transition countries in the vital work of the *Codex Alimentarius* Commission. Thanks to the generosity of several donors, the minimum threshold of US\$ 500,000 was reached in early March 2004, permitting the Fund to become fully operational.

In October 2003, FAO and the International Atomic Energy Agency (IAEA) held a joint workshop in Vienna, Austria, entitled "Strengthening Capacity for Implementing Codex Standards, Guidelines, and Recommended International Codes of Practice for Control of the Use of Veterinary Drugs."

FAO has participated in various events related to good agricultural practices and food safety — in particular a conference in Rome on the safety of animal feed, organized with the International Feed Industry Federation (IFIF) in October 2004, and an International Symposium on Dairy Safety and Hygiene in South Africa, organized with the International Dairy Federation (IDF) and held in March 2004.

Latin America and the Caribbean

In June 2004, FAO, together with PAHO's Pan American Institute for Food Protection (INPPAZ), the Caribbean Epidemiology Center, and the Caribbean Community, offered an interinstitutional regional workshop on strengthening and coordination of foodborne disease surveillance to strengthen food safety programs in the Caribbean. The workshop was held in Port-of-Spain, Trinidad and Tobago.

In September 2002, FAO launched a regional project that ran until December 2004, aimed at supporting the efforts of the national *Codex* committees and applying *Codex* standards in the Andean countries. Bolivia, Colombia, Ecuador, Peru, and Venezuela participated in the project, whose main objectives were to strengthen the national *Codex* committees, develop a national and subregional training program, and promote the harmonization of national *Codex* standards.

October 2003 marked the beginning of an FAO regional project to promote the development and proper management of South American camelids in Argentina, Bolivia, Chile, Ecuador, and Peru. The project, which is scheduled to conclude in June 2005, also promotes the control of sarcocystosis (*Sarcocystis lamaris* and *S. aucheniae*) and regional capacity-building in food quality and food safety in South America. One of its main components is the development of inexpensive camelid meat products under proper sanitary conditions and the promotion of their consumption.

The Inter-American Network of Food Analysis Laboratories (INFAL), whose secretariat *ex officio* is INPPAZ/PAHO, and the FAO Regional Office for Latin America and the Caribbean are currently conducting a survey of laboratories. The second INFAL assembly was held in Cancun, Mexico, in June 2003. At the meeting, changes to the IFAL Statutes were approved, the members of the Executive Committee were elected, and the evaluation of the laboratory survey and results of interlaboratory testing were presented, together with the Action Plan for 2003-2005.

The Latin American Network of Food Data Systems (LATINFOODS) continued updating the Food Composition Table for Use in Latin America, distributing it on a CD-ROM. At the 13th Congress of the Latin American Society of Nutrition, FAO/LATINFOODS presented a workshop on the importance of food composition for food security and the food trade. FAO/LATINFOODS also organized a meeting in which the regional work plan on food composition was adopted.

TRANSBOUNDARY DISEASES

Transboundary diseases are diseases which have an economic, commercial, and/or essential impact on food security in a group of countries and which can easily spread to other countries and reach epidemic proportions. Controlling and eliminating these diseases requires cooperation among countries. Transboundary diseases can also have an adverse impact on food safety for consumers worldwide, as can plagues of locusts and other migratory pests capable of traveling long distances and threatening crops hundreds or thousands of miles from their point of origin.

EMERGENCY PREVENTION SYSTEM FOR ANIMAL AND PLANT PESTS AND DISEASES (EMPRES)

Through EMPRES, created by the 106th Session of the FAO Council, FAO is currently taking a new approach to this age-old problem, emphasizing alerts, rapid reaction, and the development of research networks to ensure that the most effective and environmentally friendly methods are used. The program is specially designed to upgrade existing surveillance systems and enhance existing efforts in affected countries.

On a global scale, EMPRES has conducted several interventions, mainly in Africa and the Middle East, for the control and eradication of cattle plague, foot-and-mouth disease, African swine fever, Rift Valley fever, and other serious transboundary diseases. In Latin America and the Caribbean, in response to the official notification of the presence of New World screwworm (NWS) in Cuba, an EMPRES intervention to set up a national control program was conducted at the request of the Cuban Government. The intervention later assumed a regional dimension, extending to the Dominican Republic, Haiti, and Jamaica, where NWS is endemic. This served as a catalyst, leading the Government of Jamaica, with financing from the United States and support from the IAEA, to launch a program to eradicate this pest from its territory, a goal that is on the verge of being achieved.

In the Americas, foot-and-mouth disease, classical swine fever, and New World screwworm are the most important transboundary diseases. FAO is therefore assisting its member countries through national and regional programs for the prevention, control, and possible eradication of these diseases, as well as for the strengthening of veterinary services.

A project to draft a plan of action for the modernization of agricultural health and food safety services in Bolivia, Colombia, Ecuador, Peru, and Venezuela made it possible to address one of the most important issues for the countries of the Region through an innovative and effective approach that included the participation of the various actors in the food and agriculture chain. National plans, consistent with WTO requirements, were drawn up to modernize and strengthen agricultural health and food safety services through the development of project profiles aimed at identifying autonomous solutions. The project also provided technical and organizational support, facilitating a participatory situation assessment of the official animal health, plant health, and food safety services, together with the identification of solutions. Some 60% of these services do not need external financing, but they do need institutional and operational modifications so that they can continue to adapt to changing conditions in national and international markets.

In Argentina, Bolivia, Brazil, Chile, Colombia, Mexico, Paraguay, Peru, and Uruguay, a regional project was implemented to evaluate and upgrade systems for the prevention of bovine spongiform encephalopathy and quality control of feed. The project revealed the countries' strengths and weaknesses in preventing this disease and resulted in recommendations to create or enhance national entities for risk analysis, establish an ongoing training program through second-generation

courses on diagnosis and epidemiological surveillance, prepare educational materials and information for reporting neurological syndromes in cattle suspected of having contracted BSE, develop a manual on good practices in feed production for the prevention of BSE, and set up a website with relevant information for the control and eradication of the disease.

In Cuba, a project was carried out to strengthen prevention and progressive control of swine fever. The project made it possible to determine the endemicity of this disease in Cuba and to confirm the circulation and reemergence of indigenous strains of the virus in most of the country's territory. In addition to supporting the National Control and Eradication Program, these actions led to Resolution No. 355/2003 of the Ministry of Agriculture, which introduced measures beyond the Program and approved the formation of a National Coordinating Council, consisting of multidisciplinary teams from various sectors. In order to address the country's enormous training and information needs, a multimedia book on swine fever and an illustrated manual on identification of the disease were prepared.

In Argentina, a project to create a quantitative molecular epidemiological system for the FMD virus made it possible to improve the speed, sensitivity, and simplicity of diagnosis, complementing existing methods. Two new methodologies were perfected, involving the detection of antibodies against nonstructural proteins and reverse transcription polymerase chain reaction (RT-PCR). In 2001 and 2002 Argentina, Brazil, and Uruguay suffered a severe outbreak of foot-and-mouth disease, and the methodology perfected by the project proved extremely effective in controlling the outbreak. As a result, the Argentine Chamber of Deputies declared it a matter of national parliamentary interest to develop a Permanent Plan for Molecular Epidemiology of the FMD Virus and to create a national database of FMD virus genome sequences. The project also led to the adoption of this technique by the Pan American Foot-and-mouth Disease Center (PANAFTOSA) of PAHO.

Hemispheric Plan for the Control and Eradication of Classical Swine Fever

The pig is a species that contributes substantially to food security in peri-urban and rural areas of the Region. This hemisphere is currently the world's third largest producer of pork, and has the potential to become the leading producer. Classical swine fever is the most serious disease in this species after foot-and-mouth disease, causing high mortality and poor weight gain and resulting in the creation of trade barriers. In 2002, the lack of a regional strategy for eliminating the disease prompted FAO to promote the creation of the Hemispheric Plan for the Control and Eradication of Classical Swine Fever in the Americas, a partnership between Member States and international animal health organizations to facilitate coordination among national and subregional swine fever control programs aimed at eliminating the disease. Eighteen countries of the Region have officially adopted the Plan, and substantial progress has been made towards the control and eradication of classical swine fever in Central America and the Caribbean. In the Southern Cone, Argentina embarked upon the final phase of eradication in 2004.

Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs)

Despite previous efforts, the enormous economic losses in the livestock sector world-wide caused by transboundary diseases — foot-and-mouth disease between 1997 and 2003, classical swine fever in the Caribbean and Europe between 1996 and 2002, cattle plague in Somalia in 2001, and, more recently, the outbreak of highly pathogenic avian influenza in 10 Asian countries in 2004, which caused some human deaths — have intensified pressure to improve management of these diseases, starting from the outset, before they spread across borders and reached devastating proportions. This was the main incentive for FAO and the OIE to create the Global Framework for the Progressive Control of Transboundary Animal Diseases in May 2004.

The Global Framework represents a melding of the strengths of FAO and OIE in pursuit of common objectives that will facilitate the development of technical strategies and regional financial partnerships to fight transboundary animal diseases. The Global Framework was implemented first in Asia. It was launched in the Americas in April 2005, with the participation of directors of the veterinary services of the member countries of the two organizations and representatives from the private sector involved in livestock production in the countries of the Region.

RECOMMENDATIONS

1. Promote the competitiveness of rural producers: improve access to lands, inputs, and technology to boost the production of small landholders; facilitate rural credit through the promotion of savings cooperatives, microfinancing, and formal and informal institutions that provide rural access to credit.
2. Develop policies adapted to the multidimensionality of the rural sector: shift the focus from small landholders to the broader rural family; from employment in the agricultural sector to multiple jobs; from crop production to linkages between agricultural production and agribusiness and services. Promote and develop productive ties between rural areas and urban centers and medium-sized cities.
3. Establish or strengthen national Codex Alimentarius commissions and raise awareness among government institutions, consumer groups, and the general public about their purposes and scope of action.
4. Increase active participation by developing and transition countries in the vital work of the Codex Alimentarius Commission, such as the development of global food quality and safety standards.
5. Make political support a priority and promote the formation of strategic financing partnerships with the private sector to improve the prevention, control and, where possible, eradication of transboundary animal diseases.
6. Strengthen national veterinary and veterinary public health services through ongoing training for the professionals working in these services, and create or

strengthen career civil service systems to enhance protection of the countries' livestock capital and public health.

7. Disseminate through a variety of media information on procedures for assuring the quality and safety of food and for surveillance and prevention of the introduction of transboundary animal diseases.

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PUBLIC AND PRIVATE SECTOR ROLES OF AGRICULTURE AND HEALTH IN ERADICATING HUNGER AND EXTREME POVERTY IN RURAL AREAS: MOBILIZING INTERNATIONAL COOPERATION

Jaime Alfonso Campos Quiroga,
Minister of Agriculture of Chile
Santiago, Chile

POVERTY AND INDIGENCE IN RURAL AREAS

The national rural development policy of the *Concertación* coalition governments since 1990 has had a major impact in terms of reducing rural poverty and indigence (extreme poverty), which currently affect 20.1% of the rural population, in contrast with 1990, when the figure was 39.5% (Table 3).

TABLE 3: Poverty and Extreme Poverty in Rural Areas, 1990-2003 (Percentage of the Total Rural Population^a)

Years	Poverty %	Extreme poverty %
1990	39.5	15.2
1992	33.4	9.8
1994	30.9	9.8
1996	30.6	9.4
1998	27.6	8.7
2000	23.8	8.3
2003	20.1	6.2

^a The percentage of poverty includes extreme poverty.

Source: ODEPA based on information from MIDEPLAN.

Indeed, activities in forestry and agriculture have shown great vitality in the past decade, manifested in the 0.2 percentage point increase in their share of GDP between 1996 and 2003, a figure that has risen in recent years with the heavy growth of sectoral exports. In 2004 such exports totaled US\$ 7.4 billion, while imports amounted to \$1.6 billion, with 15% growth in the same period.

The dynamism of sectoral activity stems from many factors, especially:

- ◀ Powerful expansion of foreign markets as a result of trade agreements;
- ◀ Public investment in communications and the paving of secondary roads;
- ◀ High levels of public investment in irrigation infrastructure and the irrigation of farmland;
- ◀ Public investment in research and technology transfer;
- ◀ Private investment in technology, processing infrastructure, and international marketing;
- ◀ A strong push for the production of new crops in the coming years, together with the development of new product categories and access to new markets, especially in Asia.

In addition, the State has implemented a sustained, systematic policy to enhance the economic participation of small farmers and fight rural poverty.

Rural poverty and indigence are evaluated through the National Socioeconomic Characterization (CASEN) survey, which has used the same methodology since the 1980s — i.e., it considers only independent income (income from work and/or retirement pensions). Consequently, these surveys overestimate both poverty and indigence by failing to consider the subsidies provided to the rural population.

Nationwide, rural poverty has been reduced from 39.5% to 20.1% of the rural population (Figure 9). At the same time, extreme poverty, which affected 15% of the rural population in 1990, has fallen to 6.2% (Figure 10).

FIGURE 9. Trend of Rural Poverty, Chile, 1990-2003

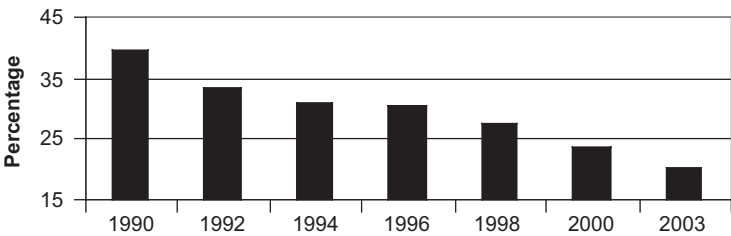
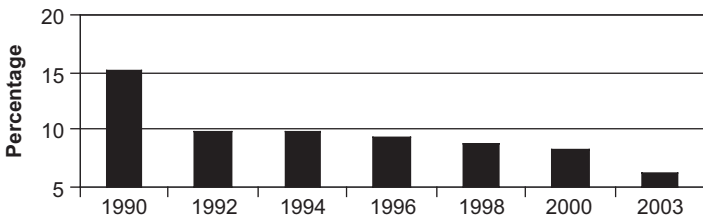


FIGURE 10. Trend of Rural Extreme Poverty, Chile, 1990-2003



The various subsidies aimed at raising income and improving the quality of life of the rural population includes:

- ◀ The school meal program, which covers all urban and rural schools. Under this program, all children who attend schools that operate in the morning receive breakfast; those who attend in the afternoon receive lunch; and those who attend the full day, which under a recent law will now be offered by every school in the country, receive free breakfast and lunch during the school day.
- ◀ *Chile Solidario* (Chile Solidarity): This is a social protection system created by the Government of President Ricardo Lagos to assist our country's poorest families. Run by the Ministry of Planning and Cooperation (MIDEPLAN), the system's objective is to invite 225,000 households — 15,000 of them consisting of people over the age of 65 who live alone — to participate, so that they can work with the Government to improve their living conditions. In order to accomplish this, MIDEPLAN has been charged with coordinating the public and private social network at the national, regional, and local levels to meet the needs and demands of the families covered by *Chile Solidario*. The goal is for the Chile Solidario Social Protection and Promotion System to be working with 225,000 families currently living in extreme poverty by the year 2005.
- ◀ Indigenous Peoples: Through the Policy for a New Pact with Indigenous Peoples, a new relationship between society, the State, and the indigenous peoples of Chile is being established, building on and consolidating the progress already made and addressing emerging issues such as the crafting of development proposals with an indigenous identity, the recognition and exercise of rights, and new public institutions. The guiding principles of the policy being promoted by the Government with regard to indigenous peoples are recognition of the cultural diversity of Chilean society; forging of a new relationship between society, the State, and indigenous peoples; extension of land ownership; and broadening of indigenous peoples' rights and participation and cultural relevance as key to policy formulation, execution, and evaluation.

SMALL FARMING AND THE DEVELOPMENT OF FORESTRY AND AGRICULTURE

The small farming sector in Chile comprises 330,000 farms, 103,000 of which are operated by subsistence producers and 176,000 by small productive enterprises. Together, small farmers account for 22.6% of all agricultural lands, or around 18 million hectares, 44% of which is devoted to annual crops. Small farmers also possess 44% of the country's cattle stock.

It is impossible to think about raising the income and improving the living conditions of rural dwellers without public policies to promote production that will give small producers access to funds for investment and to technology, facilitating their participation in the dynamic growth of the forestry and agriculture sector, with respect to not only products for the domestic market, but also products for export.

The *Concertación* governments have therefore developed a wide range of productive development instruments aimed at such producers, including the following:

- ↖ A technology transfer and training system, developed by the Agricultural Development Institute (INDAP), which has boosted the productivity and profitability of traditional crops and made possible the introduction of new export crops that are especially advantageous for small producers — e.g., flowers, berries, greenhouse crops, livestock, forest plantations, etc.
- ↖ Agricultural information centers throughout the country, specializing in information and assistance for small producers.
- ↖ Disaster subsidies to cover investment losses due to physical or biological damages that are beyond the producer's control.
- ↖ Competitive bidding for investment projects for rural women, which will enable them to make investments that will contribute to the sustainability of their current productive activities, with subsidies amounting to up to 70% of the investment.
- ↖ Short-term loans for rural organizations to finance harvesting, selection, processing, and marketing of goods produced by rural producers.
- ↖ Individual short-term loans, designed to finance the annual needs of farms.
- ↖ Family production vouchers, designed to enable the most vulnerable small producers to maintain and improve their agricultural activities.
- ↖ An agricultural modernization program, which supports crop and livestock diversification, the modernization of technology, and differentiation based on quality.
- ↖ Technical and financial support for small farmers to give them access to the subsidies provided under the Irrigation and Drainage Promotion Act.
- ↖ A program for the recovery of degraded soils, which subsidizes up to 80% of the costs associated with calcareous soil amendments, the development or restoration of pasturelands, the rehabilitation of soils, soil conservation, and phosphate fertilization.
- ↖ A supplier development program, to improve the quality and availability of services for small farmers.
- ↖ A program for the internationalization of rural agriculture, which is associated with the Livestock Export Promotion Fund, the aim of which is to enhance access for rural agriculture to international markets under competitive, sustainable, and profitable conditions.
- ↖ A rural forestation program, which provides a subsidy for up to 90% of the first 15 hectares forested by rural producers and 70% of additional land area if degraded soils or soils with forestry potential are involved.

PUBLIC INVESTMENT IN RURAL AREAS

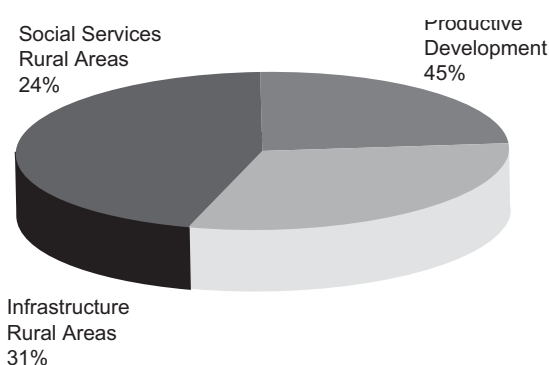
The achievements in the development of rural and agricultural production would not have been possible without the public investment made during the period 1996-2002 in all areas of rural public infrastructure (Table 2). Notable among these achievements is the goal of paving 5,000 km of secondary roads during the period 2003-2006. As noted by FAO, the three basic components of public expenditure — infrastructure, social services, and productive development — have been well balanced in the country in recent years (see Figure 3). These figures include only ministerial programs explicitly targeting rural areas. As a result, they do not include investments and actual expenditures in these areas that come out of undifferentiated general budgetary funds, although those funds also need to be taken into account.

TABLE 4. Public Expenditure for the Agricultural and Rural Sector, 1996-2002 (in millions of United States Dollars)

	1996	1997	1998	1999	2000	2001	2002
Productive development	319.5	376.9	413.1	412.1	398.5	383.6	362.1
Rural infrastructure	277.6	350.0	278.6	219.8	249.7	237.8	188.2
Rural social services	212.1	196.6	143.1	118.5	157.1	286.7	315.9
Total	809.2	926.6	834.8	760.4	860.3	908.0	866.2

Source: ODEPA, based on information provided by the respective areas.

FIGURE 11. Distribution of Public Expenditure to the Agricultural Sector and Rural Areas, Chile, Average for the Period 1996 - 2002

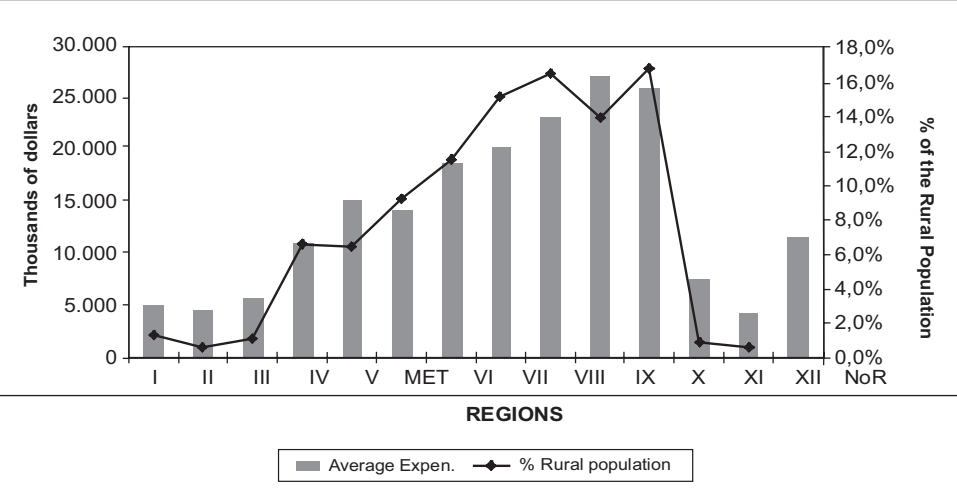


Regionalization of Expenditure

Geographic disaggregation of information, the feasibility of which varies, shows a trend in the interregional distribution of average spending in rural areas in recent years that is consistent with the distribution of both the rural population and farms in the country.

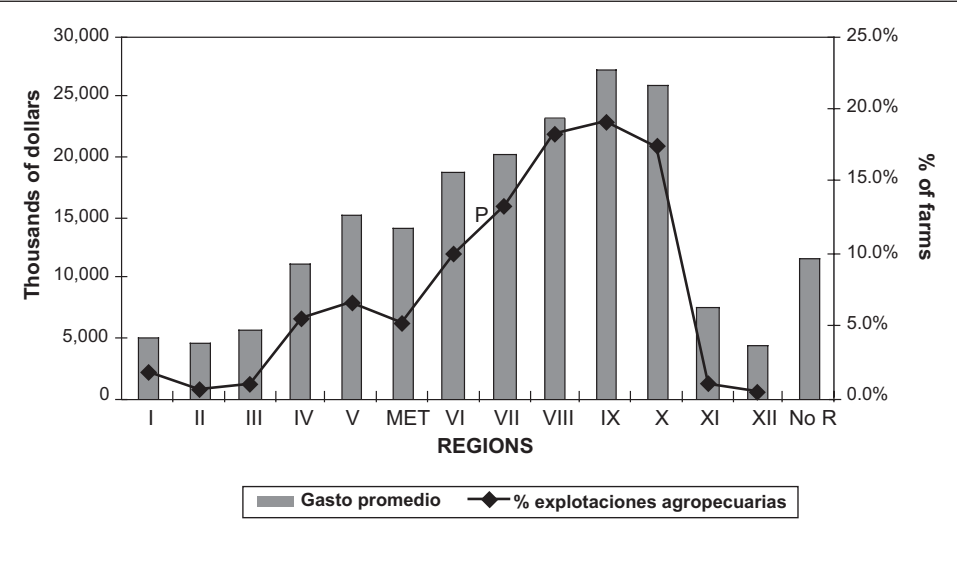
Accordingly, the highest investment figures are found in the regions of Araucanía (IX), Lagos (X), Biobío (VIII), and Maule (VII), which historically have had the highest indices of rural poverty (Figure 11).

FIGURE 12. Public Expenditure in Rural Areas and Distribution of the Rural Population by Region, Averages for the Period 1996-2002



If public expenditure in rural areas is analyzed in terms of the regional distribution of farms, it is consistent with the number of farms in each of them (Figure 12).

FIGURE 13. Public Expenditure in Rural Areas and Distribution of Farms by Region, Averages for the Period 1996-2002



A NEW DIRECTION: TERRITORIAL DEVELOPMENT STRATEGIES

In the coming years, territorial public investment programs that make use of private investment to amplify their impact through plans that promote a high level of positive

synergy and encourage high levels of participation and consensus among public and private rural actors will assume particular importance. With that in mind, during the Government of President Lagos, a new Regional Strategy for decentralized, participatory management of rural development was launched in Region VIII of Chile.

Territorial development programs for the inhabitants of territories with homogeneous resources and productive potential have been implemented. These programs are characterized by a real drive toward decentralization and integrated, participatory human development.

Eight basic lines of action were established as better ways to surmount obstacles and take advantage of the opportunities identified: comprehensive development of the region; comprehensive, sustainable, and competitive productive development; strengthening of rural areas, including improvement of equity and sustainability levels; science and technology for development; modern public management that is close to the people; better quality of life and relations among people; and regional identity, an integrating challenge of diversity.

In order to bring these plans to fruition, 14 territorial units have been identified that cover the entire region. These units, known as "planning territories," consist of groups or parts of communes selected on the basis of institutional, physical, and economic parameters. The proposed action also includes publicity and evaluation, which are vitally important phases that lend continuity to integrated regional planning. The latter is conceived of as a dynamic and participatory process, requiring, when necessary, the incorporation of new emphases and/or challenges in accordance with the progress achieved in economic and social development in the region.

This successful initiative, which brings together all public and private actors, producers, professionals, and technical personnel in a joint undertaking, has had a major impact on the region and each of its territories, creating new prospects for efficient, decentralized, and participatory rural development. This new approach will undoubtedly influence the national understanding of rural development and its management, modifying traditional patterns in national public services linked with agricultural and rural development.

International Cooperation

Despite the progress arising from global integration processes, more than two thirds of the population continues to live in poverty, which has led to mass population movements, environmental degradation, costly and unmanageable megalopolises, the spread of disease, and political tensions. The combination of these conditions limits trade and investment flows, which in turn impedes any initiative aimed at reducing global poverty (creating a vicious cycle).

Nevertheless, the problem persists, despite its gravity and the countless speeches and discussions on it in forums and conferences, because progress in implementing international agreements to fight poverty and hunger has been scant and slow.

Consequently, our country — a nation with an intermediate level of development —

continues to benefit from external cooperation designed to develop and strengthen projects in areas that suffer from greater relative poverty. At the same time, Chile has begun to participate in more and more multilateral and bilateral technical assistance initiatives, including the following:

- ◀ The most important of the joint initiatives in which Chile participates is perhaps the multinational program to fight hunger and poverty, led by the United Nations and inspired by the Zero Hunger Initiative of President Lula of Brazil. On 30 January 2004, the Presidents of Brazil, France, and Chile, together with the Secretary-General of the United Nations and the Director-General of FAO, issued a joint statement in Geneva on the fight against hunger and poverty, which basically seeks to forge a partnership to halve the number of undernourished people by the year 2015. The Governments of Spain and Germany formally joined the initiative on 11 February 2005 at the third technical meeting.

This joint initiative, which other nations are expected to join in order to continue making progress toward the attainment of the Millennium Development Goals, seeks to identify, from a technical-political perspective, different forms of North-South cooperation by creating a fund to fight hunger and poverty, whose resources would come, *inter alia*, from taxes on certain arms and financial transactions. Each country has formed a technical committee, whose members have begun to meet regularly in different countries.

- ◀ Chile has also collaborated with the FAO Emergency Coordination Unit in its efforts to assist Haiti, under the strategy to mitigate the impact of that country's recent political crisis and natural disaster and their effect on food security for the population. Chile's Ministry of Agriculture sent two experts to participate in technical assistance programs from August to November 2004. Discussions are under way to continue the initiative.
- ◀ Chile's has been participating in the FAO Special Program for Food Security (SPFS) in Central America since 2000, providing technical and professional support to the Government of Guatemala. The second stage of this initiative will continue efforts to raise nutritional levels in the populations of 28 municipalities in the eastern part of that country.
- ◀ Technical assistance programs for sanitary improvement and food safety in the livestock sector in several countries of the Region.
- ◀ Development of technical assistance programs within the framework of Chile's South-South Horizontal Cooperation Program with Central America, the Spanish-speaking Caribbean, CARICOM, and South America. This initiative, promoted and coordinated by the Chilean government's International Cooperation Agency (AGCI), seeks to develop bilateral and multilateral lines of work with other nations or financing or technical assistance agencies, among them Japan's JICA; FAO; UNDP; IICA; Germany's GTZ; the Spanish and Basque Cooperation Agencies; the World Food Program; and the Representative Office of the International Organization for Migration (IOM).

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- ◀ Another recent technical cooperation program for Caribbean countries (Saint Kitts and Nevis, Antigua and Barbuda, among others) involves the search for productive transformation strategies to shift from the monoculture of sugarcane or cotton to the development of small- and medium-scale fruit and vegetable production aimed at providing jobs for surplus labor, protecting soil and water resources, and replacing imports of food staples. There is also a broad cooperation agenda in other areas, such as techniques to improve agroprocessing and strengthen aquaculture.
 - ◀ Development of a program to provide technical assistance to the Government of Iraq for the implementation of a model school food program similar to the one sponsored in Chile by the National Board for School Aid and Scholarships. In August 2003 an expert from our country visited Iraq, a trip that had been preceded by a visit from five officials from the Iraqi Ministry of Education interested in learning about Chile's experience in the area of child nutrition.

INTERCOUNTRY COOPERATION IN INTERNATIONAL FOOD TRADE: IMPLICATIONS FOR HEALTH AND DEVELOPMENT

Oscar Manuel Gutiérrez R.,
Executive Director, International Regional Organization for
Plant Protection and Animal Health (OIRSA)
San Salvador, El Salvador

INTRODUCTION

A few weeks ago during a trip to one of the Central American countries, I read a very interesting article that I considered appropriate as an introduction to this presentation because it provides an example of cooperation in the phytosanitary field.

The topic to which I refer is related to the Carmenère variety of grape, which was transported from Europe to Chile in the 19th century. This grape had disappeared from its continent of origin owing to a disease that ravaged the vineyards in the last decade of the 19th century. However, the grapes brought to America survived, although they were classified as Merlot grapes. A few years ago, they were reclassified and regained their original name of Carmenère. This resource has helped to enrich the wine industry and led to the flourishing of a new variety of wine in this hemisphere. The health conclusion that emerges from this cooperation is that it has benefited the industry and the country that received the grape, enabling it to market this product which it obtained as a result of a plague that affected the country that brought it the resource.

Turning now to the topic of this forum, since its creation, the World Trade Organization (WTO) has promoted trade in animals, plants, and animal and plant products and by-products. However, such trade entails an increased risk of spread of pests and diseases to susceptible populations. That is why the WTO, through its Agreement on the Application of Sanitary and Phytosanitary Measures in the framework of an increasingly globalized economy, allows countries to establish clear rules for safe agricultural trade. In order to achieve adequate levels of protection in countries, however, international cooperation is essential as an instrument for developing and strengthening the structures that regulate, oversee, and certify meat products, thus fostering trust among trading partners.

POLICY DECISIONS AND STRATEGIES FOR COORDINATED ACTION IN INTERNATIONAL TRADE

The changes that have occurred in the last two decades have transformed relationships between countries and created new commercial opportunities. In response to the creation of economic blocs and the opening up of markets, Central America has assumed a creative attitude of increasing regional integration, which should be further encouraged.

The Central American countries perceive themselves as being part of a region. At the same time, the group of countries that make up the European Union, the United States, and other major countries consider and treat Central America as a region.

Although profound inequalities exist among the seven small countries — Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama — they are expected gradually to decrease and eventually to disappear altogether as a condition for regional development.

Integration has never before had such decisive and strategic importance. For Central America, there is no option other than growing integration, coupled with the establishment of mechanisms for intraregional cooperation to consolidate the integration initiative.

In the mid-1980s, the Central American presidents began to focus on the pursuit of peace and democracy as necessary prerequisites for the stabilization and development of the region. As an outcome of the summit of Esquipulas in 1990 and, especially, the summit held in Antigua, Guatemala, the presidents agreed to restart the integration process, adapting their legal and institutional frameworks in order to provide an impetus for the process and facilitate its adaptation to the new development strategies and the realities of the new international order.

The first result of this effort was the signing, in December 1991, of the Tegucigalpa Protocol to the Charter of the Organization of Central American States, creating the Central American Integration System (SICA). Later on, the countries of the region signed the Protocol to the General Treaty of Central American Economic Integration (known as the Guatemala Protocol), which focused the agenda on the economic field and has resulted in the restructuring of the old integration scheme of the 1960s. This, in turn, has led to a radical policy change, with a shift away from import substitution and towards export promotion in order to be more in sync with the new trends towards regionalization and globalization of economies and markets.

The main objective of the Treaty is to promote the economic development of the Central American countries through their participation in the international market. Integration is seen as a gradual, complementary, and flexible process of aligning the interests of the various countries through coordination, harmonization, and convergence of economic policies, extraregional trade negotiations, infrastructure, and services.

In this context, the process of Central American integration constitutes a regional strategic plan oriented towards creating the necessary conditions for competitiveness at the international level. This process has led to sustained development of international trade, thanks to the establishment of a common external tariff, the adoption of a Central American policy on foreign trade, and the coordination of trade negotiations with third parties.

The presidential declarations at the different summits call for simultaneous action by the region in two areas:

- ↵ Continued development of the free trade area.
- ↵ Use of intraregional trade to achieve integration into the world market.

The new model of economic integration is a means — not an end — of achieving the following strategic objectives:

- ↵ Development goals for each country.
- ↵ Promotion of mutually beneficial interdependence among the economies.
- ↵ Acceleration of modernization of the productive sectors and progress towards a regionally integrated productive structure.
- ↵ Progressive promotion of increased access to markets through genuine competitiveness that will yield larger benefits for the Central American nations.
- ↵ Improvement in capacity to negotiate with third parties, by means of the definition of common, solid and scientifically supported positions.

STATUS OF AGRICULTURAL HEALTH AND FOOD SAFETY IN THE REGION

The acceptance of commitments to facilitate world trade, associated with the increase in sanitary and phytosanitary measures (SPSMs), began in the wake of the social crisis that convulsed several countries and the “lost decade,” when governments were forced to cut public spending, implement institutional reductions, and decentralize services, all of which increased the gap between developed and developing countries.

Standards established at the end of the 20th century aimed at protecting agricultural and public health have become more and more strict and have been extended into other areas as a result of a series of food alarms and emergencies in the industrialized countries. This over-regulation has affected the exports of developing countries, owing to failure to put prevention, control, and follow-up measures in place at all stages of the food chain in international export markets and the failure to incorporate these standards in a timely manner, at least for export products. Today, the costs and time needed to comply with requirements makes another crisis seem likely — the result of lack of foresight on the part of exporters and government agencies.

Opportunities exist to introduce the changes recommended by the WTO and other international organizations through the following forums:

- ◀ Central American Customs Union (UAC), comprising five Central American countries.
- ◀ *Plan Puebla Panama* (PPP), in which eight countries of Mesoamerica participate.
- ◀ Central American Free Trade Agreement with the United States of America (CAFTA), to which Panama and the Dominican Republic are parties, in addition to five countries of Central America.
- ◀ Europe–Central America Free Trade Agreement.
- ◀ Free Trade Agreement of the Americas (FTAA).

Agricultural trade among the countries of Central America benefits from a series of advantages that enable countries to market their products without tariffs, with the exception of the most sensitive agricultural products in the region: rice, yellow and white corn, sorghum, beans, soy beans, sugar, beef, beef cattle, milk, chicken meat, chickens, eggs, pork.

As regards the composition of intraregional trade in food, there is an extreme concentration on relatively few products. In the case of agricultural products, trade is limited to some vegetables and tubers, meats, dairy products, and fruits, and in the case of agroindustrial products, to oils, fats, and prepared foods in different forms.

The largest suppliers of agricultural products are Nicaragua and Guatemala, while the largest suppliers of agroindustrial products are Guatemala, El Salvador, and Costa Rica. Honduras has been able to increase its exports to the regional market significantly, but its relative participation remains quite limited.

Although at present intraregional trade represents only 5.3% of the total exports of the region, the increase in such trade is unquestionably a response to the remarkable improvement in business atmosphere in the region, which in turn is thanks to peace-building efforts and to the growing liberalization of regional trade, especially trade in agricultural products.

Nevertheless, regional trade in foods, especially trade in agricultural products, could be strengthened even more through additional efforts aimed at liberalizing regional trade through greater integration, including the adopting of a series of standards and regulations that would facilitate trade instead of blocking it.

Recently, OIRSA has carried out an evaluation in its member countries of systems for the prevention and control of pests and diseases of plants and animals (phyto-sanitary and veterinary services). In addition, the Organization has undertaken an update of a study on issues related to food safety in order to provide countries with support in those areas.

This situation assessment will enable countries to establish a program of institutional strengthening, aimed at meeting the demands of producers, industrialists,

and exporters, in order to keep their products on the market, improve the quality of the services they provide, and comply with bilateral and multilateral agreements, as well as ensure adequate protection for animals, plants, the environment, and the human population in each country.

The most sensitive areas identified in the situation assessment are:

- ↔ Legislation.
- ↔ Harmonization.
- ↔ Training and human resources.
- ↔ Information systems.
- ↔ Quarantine.
- ↔ Epidemiological surveillance.
- ↔ Phyto- and zoosanitary risk analysis.
- ↔ Traceability.
- ↔ Prevention and control of diseases.
- ↔ Food safety.

Today, despite the progress achieved in the region, the food safety systems of some countries suffer from deficiencies that limit their capacity to ensure consumer protection and prevent these countries from benefiting fully from the world trade system. The most notable problems are:

- ↔ Food laws, standards, and regulations are outdated or incomplete.
- ↔ The various entities with responsibility for food safety do not have clearly defined mandates, sometimes duplicate actions, and lack the qualified personnel needed to carry out food-related inspection functions.
- ↔ Food testing laboratories lack facilities, equipment, supplies, and suitable technical personnel.
- ↔ The food industry and other stakeholders in the food sector need to comply with current standards on food safety and quality, including the application of best hygiene and production practices and the hazard analysis critical control points (HACCP) system.

Protection against the introduction of exotic animal diseases through the import of animals and animal products is still an issue of concern for all the countries of the region. In the face of emerging diseases or an increase in exotic diseases in countries with which trading relations exist, international standards governing import and export of animal products should be respected, and should be regarded as the minimum requirement or as the basis for establishing common requirements for the region.

Technical cooperation among the countries of the region in the field of animal and plant health and food safety may involve countries that do not necessarily stand out in terms of their purely technical capacity, but are notable for their programs and achievements and their ability to manage coordination. It is necessary to take these aspects into consideration in order to maximize technical cooperation and make it more effective, if any impact on its efficiency and effectiveness is to be achieved.

Institutional streamlining and decentralization processes in the majority of the countries of the region have made necessary the participation of other actors in technical cooperation, such as universities, professional and trade associations, regional and municipal governments, in addition to national programs for prevention and control of specific diseases and ministries of health, which are particularly important in border projects.

ADVANCES ACHIEVED AND THEIR IMPLICATIONS FOR HEALTH AND DEVELOPMENT

The developed countries and international and regional organizations now have high levels of knowledge and expertise with regard to food quality and safety, of which the countries of the region can take advantage through the cooperation agreements they conclude in the framework of the various trade treaties.

Compliance with international sanitary and phytosanitary measures aimed at safeguarding human health in the food trade is very complex and requires much effort in the areas of legislation, investment, reallocation of public spending, training, information. It is evident that the work done so far has not been sufficient.

All the countries of the region are engaged in a process of updating their laws on agricultural health, pesticide and insecticide use, production and treatment of seeds, manipulation of genetic material, and other related laws. This process includes the development of regulations on the application of sanitary and phytosanitary measures and procedures in trade among the Central American countries, a joint effort by the ministries responsible for foreign trade, agriculture, and health in the region.

As for institutional reform, projects for the modernization of agricultural services have been developed in Honduras, Nicaragua, and, most recently, Panama. At the same time, complementary resources have been increased in the public sector, although not sufficiently, in Costa Rica and Honduras, but not in the other countries of the region.

Some services have been privatized, such as pre-inspection of vegetables for export in Guatemala and laboratory testing of residues in meat in Honduras. In Costa Rica and El Salvador, private companies have been certified to provide inspection services. In Costa Rica, progress has been made in expanding the quality certification functions of the National Production Council. In Guatemala and Honduras, responsibility for modernizing the administration of agricultural quarantine services has been delegated to OIRSA.

Regarding harmonization of sanitary and phytosanitary measures, the process is ongoing and well advanced within the *Codex Alimentarius* Commission, the World Organization for Animal Health (OIE), and the International Plant Protection Convention (IPPC), but the participation of the countries of the region is limited, and this results in the development of international guidelines and standards that do not always reflect the necessities of the countries in terms of implementation. As concerns cross-referencing of SPSMs with the tariff nomenclature of the harmonized system, the process is slow.

OIRSA has been carrying out a series of initiatives as part of the effort to harmonize plant and animal health standards and procedures in the region, involving not only authorities from each country of the area, but also trade associations from the private sector and technical specialists. As a result, the work of consolidating zoonosanitary standards and procedures for beef cattle, swine, horses, fowl, and fish has been completed.

In the phytosanitary field, standards are being developed for pesticides, insecticides, seeds, and plant health (phytosanitary standards); in addition, a document containing regional guidelines for the development of standards and procedures has been published.

In recent years, OIRSA and other entities working in the area of food safety and consumer protection, such as the FAO technical assistance program, have undertaken a series of activities in the countries of the region to provide technical assistance in specific areas, including the development of standards, covering all aspects of a food safety system. However, this effort needs to be stepped up in order to address the growing demand from stakeholders in the food and trade chain, since, although some of countries of the region have made progress in the development of technical standards related to the safety of foods and agricultural products, based mainly on the *Codex Alimentarius* standards, there are still marked weaknesses in the systems for enforcement of those standards, which has negative consequences on public health and nutrition.

RECOMMENDATIONS

Political will to overcome challenges and to secure the benefits offered by globalization

In order to consolidate an economic bloc in the framework of interdependence of the countries of the region, political will and resolve to harmonize sanitary and phytosanitary measures are indispensable, as is recognition of equivalent systems in order to achieve appropriate levels of protection, establishment of reliable traceability systems, regional coordination of efforts, and strengthening of the concerned institutions. It should be recognized that while some of the countries have achieved low relative levels of development and are not capable of wielding a great deal of influence on their own in the international arena, they have been able to maximize their effectiveness through concerted strategic alliances.

Cooperation, training, and applied research as means of strengthening the operating capacity of agricultural health and food safety services

It is necessary to expand cooperation among countries, as well as with the research and academic sectors, on food safety and nutrition, in order to disseminate and apply scientific knowledge and progress in this area. A greater effort should also be made to involve the various stakeholders in the food chain in achieving adequate levels of consumer health protection and making consumers aware of the importance of insisting on such protection.

Strengthening of surveillance, notification, and information systems

Collaboration is fundamental in order to reinforce, harmonize, and integrate the systems of information necessary for prevention and identification of risks at early stages. Equally important is transparency with regard to the findings of surveillance and investigation of cases of diseases, pests, and contaminants that may have an impact on food safety and pose a threat to the cattle wealth of the countries.

Use of information systems in the development of risk management strategies

Cooperation among the countries of the region is imperative for the exchange of information and the coordination of responses to alerts and emergencies that threaten public health and agricultural production. To that end, mechanisms of strategic and effective action should be developed, together with the enhancement of institutional response capacity in the countries.

Interinstitutional communication and cooperation

To avoid duplicating activities and wasting resources in the area of food safety, cooperation should be intensified among experts and consultative bodies at the national, regional, and international levels.

Strengthening of inspection and certification systems

To ensure healthy and nutritious foods for consumers, a commitment by governments to supervision, inspection, and certification is required to ensure food safety all along the food chain. This, in turn, requires capacity-building programs and technical assistance aimed at the adoption of a common approach to risk management in food safety systems that encompasses all stages from field (or ocean) to table.

I would like to conclude my presentation with the following thought: the countries of the region need to fully understand the phenomenon of globalization and increased competition for markets in order to contribute to the construction of a new regional order that will enable them to position themselves strategically in the global economy, supporting and encouraging businesses in adapting to these changes and committing themselves to proactive action by their governments.

NEGLECTED DISEASES IN NEGLECTED POPULATIONS, WITH EMPHASIS ON ZOOSES

Mirta Roses Periago,
Director, Pan American Health Organization (PAHO)
Washington, D.C., USA

EXECUTIVE SUMMARY

People living in poverty throughout the developing world tend to have a heavy burden from a number of communicable diseases, many of which are zoonoses. These people tend to be excluded from the health sector. Neglected diseases in neglected populations, especially zoonoses, pose a major challenge to the achievement of the Millennium Development Goals (MDGs) and the commitments made by PAHO Member States, which have remained on the “unfinished agenda” since the Declaration of Alma-Ata on primary health care in 1978.

Fifty years of accomplishments in zoonoses control in Latin America and the Caribbean have created the necessary infrastructure in many countries to address zoonoses control, food safety, and foot-and-mouth disease eradication in an integrated and comprehensive manner under veterinary public health programs.

Because many determinants of neglected zoonoses in neglected populations fall outside the purview of the health sector, they present an important and new challenge. The multiplicity of risks and protective factors must be addressed, and strategies must rely on convergence and synergy between animal and human health resources, which must be present at the community and individual levels in both urban and rural areas.

In addressing these issues, PAHO is making a special effort to work with the five key countries identified by the Governing Bodies of the Organization (Resolution CD45.R6 of the 45th Directing Council), namely: Bolivia, Guyana, Haiti, Honduras, and Nicaragua. The new approach with strategies targeted to the local level will increase program sustainability in socially disadvantaged and marginalized populations.

The Inter-American Meetings, at the Ministerial Level, on Health and Agriculture (RIMSAs), convened by PAHO, can provide the opportunity and the point of departure for integrated, intersectoral, interprogrammatic, and multidisease approaches for the control/elimination of neglected zoonoses in neglected populations.

It is hoped that highlighting this issue will stimulate dialogue, mobilize international cooperation, and lead to action through the establishment of pilot interventions and partnerships in local communities, whose sustainability can then be ensured in order to support the achievement of the Millennium Development Goals.

THE IMPORTANCE OF NEGLECTED DISEASES AND ZOOSES

In an historical context, the dawn of the 21st century ushered in a period of unparalleled technological development and expectations for a better life. "It's a great time to be alive!" as Bill Gates summed it up. But human demographics, environmental changes, and globalization, with their associated social and economic consequences, have converged to create a contemporary age with new challenges. Neglected human infectious diseases have re-emerged and new ones have appeared. The majority of them are zoonoses — i.e., infections that have crossed the species barrier from animals to humans.

Populations living in poverty throughout the developing world tend to have a heavy burden from a number of infectious diseases, most of them zoonoses. These people also tend to be excluded from the health sector, as are many of the diseases that affect them. Such diseases, which have come to be known as *neglected diseases of neglected populations*, pose a major challenge to the achievement of the Millennium Development Goals (MDGs) and the commitments made by PAHO Member States, which have remained on the "unfinished agenda" since the Declaration of Alma-Ata on primary health care in 1978.

In the Region of the Americas, there are a broad range of viral, bacterial, mycotic, chlamydial, rickettsial, and parasitic zoonoses in both humans and animals. A WHO/FAO expert committee defined zoonoses as "diseases or infections which are naturally transmitted between vertebrate animals and humans." They are of global and regional importance because of their major impact on the health and socioeconomic development of many peoples. Their impact is further intensified by the fact that, in addition to direct transmission, a great number of such diseases are transmitted to humans from animal reservoirs via food, animal products, and human and animal waste.

Some of the neglected zoonoses are plague, yellow fever, leptospirosis, brucellosis caused by *Brucella melitensis*, bovine tuberculosis and brucellosis, equine encephalitis, leishmaniasis, Chagas' disease, schistosomiasis caused by *Schistosoma japonicum*, taeniasis/cysticercosis (*Taenia solium*), *taeniasis saginata*, *trichinosis*, *hydatidosis*, *fascioliasis*, *angiostrongylosis*, *clonorchiasis*, *echinostomiasis*, *opisthorchiasis*, *paragonimiasis*, *sparganosis*, *diphyllobothriasis*, *toxocariasis*, *cutaneous larva migrans*. Table 1 shows the list of some selected neglected zoonoses in the Region of the Americas.

These zoonoses are "neglected" because, with the exception of plague and yellow fever, which are subject to compulsory reporting in most countries, they usually affect the poor, are unknown or little known, and therefore are not perceived as public health problems. Most of them do not lead to dramatic epidemiological emergen-

TABLE 5. Selected Neglected Zoonoses in Neglected Populations in Latin America and the Caribbean

Neglected Zoonoses	Distribution	Control/Elimination
Hydatidosis	Widespread with areas of high endemicity in southern South America (Argentina, southern Brazil, Chile, Peru, and Uruguay).	Inter-country control/elimination program underway in Argentina, Brazil, Chile, & Uruguay
Taeniasis/Cysticercosis (<i>T. solium</i>)	Prevalent and widespread in Bolivia, Brazil, Colombia, Ecuador, Guatemala, Honduras Mexico, and Peru. Present but with sporadic transmission Argentina, Chile, Costa Rica, Haiti, Panama, Dominican Republic and Venezuela. Active foci exist.	Guides exist for control, and possible elimination, in areas with active foci both urban and rural.
Fascioliasis	Endemic human foci exist in Cuba, Chile, Costa Rica (Canton of Turrialba), and Bolivian highland plateau. Believed more widespread than reported in literature.	Preventable and controllable through integrated multi-disease intervention approach.
Brucellosis (<i>B. melitensis</i>)	High prevalence in endemic foci Argentina, Mexico, and Peru	Control and eradication feasible through integrated multi-disease intervention approach.
Bovine brucellosis and tuberculosis	One of the most serious diseases of cattle in Latin America and the Caribbean. Human exposure usually occupational.	On-going control/eradication programs on-going, but limited in many countries of the Region.
Leptospirosis	Widespread. Epidemic outbreaks in humans have been reported in Brazil and Jamaica, following natural disaster such as heavy rains and flooding.	Prevention and control feasible through integrated multi-disease intervention approach.
Dog-transmitted helminthes (<i>Toxocara</i> sp., <i>Ancylostoma</i> sp.)	Cutaneous larva migrans common in tropical and subtropical areas. Visceral larva migrans underreported due to lack of diagnostic facilities.	Community-based prevention and control through integrated multi-disease approach.
Equine encephalitides (Eastern, Venezuelan, Western)	Occurs exclusively in the Americas. Reported outbreaks in US, Cuba, Dominican Republic, Argentina, Panama, and Brazil.	Prevention and control programs based on equine vaccination in endemic areas
Trichinosis	Outbreaks have been reported in Argentina, Canada, Chile, Mexico, US, Uruguay, and Venezuela.	Control/eradication through integrated multi-disease approach.
Rickettsiosis	Outbreaks have been reported in Brazil, Uruguay, Argentina, Peru, Colombia, México, Panama, Costa Rica, Canada and US.	Community-based prevention and control through integrated multi-disease approach.
Leishmaniasis	Occurs especially in Brazil. Sporadic cases in Argentina, Bolivia, Colombia, Ecuador, El Salvador, Guatemala, Honduras, México, Paraguay, Surinam, Venezuela and Guadalupe and Martinica Islands.	Control/eradication through integrated multi-disease approach. Brazil developed an important program to control and prevent this disease.

cies, and consequently attract little attention from the media or the government and private sectors. Moreover, the financial sector and the multinational pharmaceutical companies do not view this group of diseases as a lucrative investment, which severely hampers the development of the necessary diagnostic tools, drugs for treatment, and vaccines. Nevertheless, there are some new non-profit drug companies and public-private partnerships that are beginning to address such diseases, or at least leishmaniasis and Chagas' disease.

Since the 1950s, most of the countries of Latin America and the Caribbean, with technical cooperation from PAHO, have recognized and addressed zoonoses as simultaneously social, economic and health issues. Programs have been launched, and some are still ongoing, to prevent, control, and eradicate rabies, bovine tuberculosis and brucellosis, echinococcosis, taeniasis/cysticercosis, *equine encephalitis*, *brucellosis melitensis*, and foot-and mouth disease, among others. Others, however, particularly the parasitic zoonoses, persist and have become even greater threats as a result of conditions associated with poverty and human migration, which strengthen their foothold and facilitate their transmission in endemic foci. And now the Region faces the threat of new diseases such as SARS, influenza, and BSE.

RELEVANCE AND SOCIOECONOMIC IMPACT OF NEGLECTED ZOONOSES

The burden of neglected zoonoses is mostly borne by poor and vulnerable populations. Every day, thousands of people living in poverty fall ill and die of preventable diseases. These diseases account for the major difference in rates of mortality and morbidity between developed and developing countries. Infectious diseases, especially neglected zoonoses, are proxy indicators of the level of socioeconomic development, and such diseases are common in regions and countries where the Gross National Product (GNP) is low or where income distribution is highly skewed. Some of these diseases would cease to exist with an increase in GNP and a more balanced income distribution.

Neglected zoonoses represent a heavy financial burden for individuals, families, communities, countries, and the Region as a whole because they impede social and economic development. For instance, in Latin America, an estimated 75 million persons live in areas where *Taenia solium* cysticercosis is endemic, and approximately 400,000 have symptomatic disease in areas where neurocysticercosis is the leading cause of epilepsy. The concentration of cases of human hydatidosis is highest in the Southern Cone (Argentina, Southern Brazil, Chile, the highlands of Peru, and Uruguay). Prior to the implementation of control programs in the 1960s, the annual incidence of surgical cases per 100,000 population was 1.0 in Peru, 2.0 in Argentina, 7.9 in Chile, and 20 in Uruguay. However, these data paint an unrealistic picture since they refer to the entire country and not the rural population, which is the population at real risk for the infection. The direct costs of medical attention and surgical intervention for these two zoonoses, to say nothing of the indirect costs, are inestimable, particularly among populations living on less than one dollar a day.

Neglected zoonoses can also have a disproportionate impact on other vulnerable groups in society, such as indigenous populations and other minority ethnic groups, infants and preschool children, the elderly, persons with physical limitations, and immunocompromised individuals (such as those with HIV/AIDS). Additional high-risk populations often include migrant workers, persons living in poor neighborhoods, and those working on farms and plantations.

The critical determinants of health lie outside the scope of the health sector. Moreover, the policies of the sectors that wield influence over the factors that negatively affect health are usually not established on the basis of public health criteria. Consequently, mounting comprehensive and sustainable solutions to the health problems ensuing from neglected zoonoses cannot be accomplished solely by the health sector. Most parasitic zoonoses are good examples of the multisectoral and multifactorial nature of neglected diseases. To ensure sustainable control of such diseases, interventions to improve food safety programs, ensure safe water supply and sanitation, and provide regular drug treatment and health education are critical.

Partnerships with other sectors capable of effective action, particularly agriculture, environment and education, will be necessary for the reduction and effective control of neglected zoonoses. An intersectoral approach, complemented by primary health care strategies, active community participation, and the promotion of appropriate technology in endemic areas, will ultimately contribute to sustainable social and economic development of impoverished populations in countries and to economic growth in Latin America and the Caribbean.

ZOONOSSES CONTROL IN LATIN AMERICA AND THE CARIBBEAN: 50 YEARS OF ACCOMPLISHMENTS

In 1947, by mandate of the 13th Pan American Sanitary Conference, the then Director of the Pan American Sanitary Bureau, Dr. Fred Soper, created the veterinary public health service to address the issue of zoonoses in the countries of the western hemisphere. This action was prompted by epidemics of anthrax in Haiti in 1943 and 1945, a request for assistance by Panama in 1946 in responding to an outbreak of equine encephalitis and the introduction of foot-and-mouth disease into Mexico in the same year; and the alarming problem of rabies in the Region, which led the Member Governments of PAHO to raise the need to adopt coordinated and simultaneous measures in all countries to combat animal diseases transmissible to humans.

The Member States of PAHO recognized early on the need for intersectoral collaboration between health and agriculture to address zoonoses and other issues related to the interaction between animal and human health, such as foot-and-mouth disease. By mandate of its Governing Bodies, in 1967 PAHO institutionalized the meetings of ministers of agriculture to address issues of mutual interest to both the health and agriculture sectors. This 14th RIMSA (initially called RICAZ) is the latest of a total of 36 ministerial meetings to address issues of mutual interest, giving practical expression to intersectoral coordination between agriculture and health at the highest political level.

As a result of the efforts of PAHO Member States, with technical and financial support from international organizations, the necessary infrastructure has been put in place in many countries of the Region to address zoonoses control, food safety, and foot-and-mouth disease eradication in an integrated and comprehensive manner under the overarching field of veterinary public health.

Between 1982 and 2004, there was a 90% reduction in the total number of cases of human and canine rabies in Latin America. In 1990, Uruguay, one of the countries in the Region with the highest rates of human hydatid disease, launched a program to eradicate hydatidosis. Between 1991 and 1997, the prevalence of *Echinococcus granulosus* in dogs (the primary source of human infection) decreased from 10.7% to 0.74%, with a corresponding reduction in the number of human surgical cases from a historical annual average of 550 (1974) to 246 (1999). Several countries of the Southern Cone — including Chile, Uruguay, Argentina, and the majority of the states of Brazil — have achieved internationally recognized status as being free from foot-and-mouth disease. In 1975, Jamaica launched a national bovine tuberculosis and brucellosis eradication program, which succeeded in reducing rates of those zoonoses from 5% to less than 0.1 and 0.5%, respectively, by 1985. Mexico and some Central American countries have sustained their bovine tuberculosis and brucellosis eradication programs, despite the transition from public funding to more private participation. These are some of the most visible accomplishments, but there are many others.

IMPORTANCE OF NEGLECTED ZOOSES IN NEGLECTED POPULATIONS

A wide range of factors, notably sociocultural ones, have to be considered when establishing the endemicity of neglected zoonoses. It is also important to limit the distribution of the intermediate hosts.

The intrinsic determinants are biological in nature (e.g., genetic make-up, immune response), and most of them can be manipulated only with advances in biomedical research and technology, such as the availability of new vaccines, drugs, and diagnostic tools. Significant progress has been made by the private and academic sectors in developing some new tools, specifically those that target lucrative markets. However, the process of making them available for use in response to neglected diseases, even with the support of the WHO Tropical Diseases Research Program and the multinational pharmaceutical companies, has been slow. Access to the new tools and technology has also been difficult owing to their high cost.

The extrinsic determinants are economic, sociopolitical, and environmental (e.g., poverty, vector ecology, sociocultural behavior, occupational activities, and natural disasters). Their consequences are poorly planned agricultural and irrigation development, uncontrolled urbanization, and indiscriminate and inappropriate use of insecticides and drugs.

Clearly, poverty is one of the most critical extrinsic determinants that impact the health of individuals and groups. It also increases vulnerability to disease by limiting access to high-quality health care, safe and nutritious food, and adequate housing.

Managing these determinants demands intensive advocacy, food security, improved living conditions, health and environmental education, and community participation.

Human activities that negatively impact the environment create favorable conditions for the transmission of neglected zoonoses. One example is intense deforestation, which in combination with heavy rains may lead to disastrous mud slides and flooding, which may in turn result in an increase in vector-borne and foodborne diseases. The indiscriminate use of insecticides in agriculture and public health interventions has created resistance in some vectors. The widespread and uncontrolled use of antibiotics and other medications (in both humans and animals) has contributed to the widespread occurrence of drug resistance.

Climatic changes, such as the "El Niño" phenomenon, have contributed to epidemic outbreaks of neglected zoonoses in endemic areas. Examples are the epidemics of leptospirosis that follow flooding, or devastating outbreaks of plague caused when the harvesting of corn attracts rat populations into human communities.

Human incursions into areas of virgin forest, such as the Amazon, will increase the risks of neglected zoonoses as local populations are displaced and forced out of their communities as a result of exploitation of natural resources and opening of commercial trade routes.

QUO VADIS — WHERE DO WE GO FROM HERE?

Neglected zoonoses in neglected populations demand immediate action, but real solutions require sustained action over the long term. The strategy for their prevention and control is based on integrated, multidisease, interprogrammatic, intersectoral management approaches to address multiple health risks and protective factors, both in the short and the medium term. Mobilization of both public and private initiatives and resources, particularly at the local and community levels, is needed.

In the Region of the Americas, we must tailor our approaches to both urban and rural populations. In addressing the issues, PAHO is making a particular effort to work with the five key countries identified by its Governing Bodies (Resolution CD45. R6 of the 45th Directing Council), namely: Bolivia, Guyana, Haiti, Honduras, and Nicaragua. We hope that this new set of approaches with targeted strategies at the local level will increase the sustainability of control programs for neglected diseases, including the neglected zoonoses, and of efforts to eliminate them in socially disadvantaged and marginalized populations.

This set of approaches is expected to further strengthen existing services and surveillance systems, as well as contribute to the development of disease identification and control/elimination systems geared towards multiple diseases.

WHO has prepared a plan for intensified control of neglected diseases, which is reflected in the report of an international workshop held in Berlin in December 2003.

Many determinants of neglected diseases in neglected populations, particularly zoonoses, lie outside the purview of the health sector. These determinants include poor living conditions, unsafe drinking water, contaminated food, inadequate sanitation and waste disposal, poor drainage, nonexistent solid waste disposal, poor housing, and air pollution, which perpetuate the cycle of neglected diseases. Comprehensive and sustainable solutions must therefore be a shared responsibility of all sectors involved in achieving a better quality of life for all citizens.

Reducing risk factors must go hand in hand with the adoption of protective factors, including a cleaner environment, better education, food security and safety, and employment opportunities, which in turn must be backed by a political and fiscal commitment to sustainability. Improving food security and safety, and thus improving caloric intake and nutrition in general, can help reduce susceptibility to neglected zoonoses, while also yielding economic benefits and contributing to social well-being.

The conceptual basis of the approach to neglected zoonoses in neglected populations must address the multiplicity of risk and protective factors, and the strategies must be based on convergence and synergy between animal and human health resources, which must be present at the community and individual levels in both urban and rural areas.

Integrated multidisease interventions can be cost-effective if the infrastructures of more than one disease control intervention are linked together — for example, linking the eradication of foot-and-mouth disease with the control or eradication of bovine tuberculosis and brucellosis, or linking urban rabies control with the control of dog populations and control of other urban zoonoses.

PAHO has developed, in cooperation with Brazil, three hypothetical scenarios in which an integrated, intersectoral, interprogrammatic, and multidisease approach is applied in three very different populations (a poor neighborhood, an indigenous community, and a medium-sized city with a mixed population). Examples are control of lymphatic filariasis, schistosomiasis, geohelminths, and domestic fly infestations in the city of Jaboatão dos Guararapes, a coastal city in the state of Pernambuco; the elimination of onchocerciasis, with concomitant benefits for the control of geohelminths in children and adolescents and control of tungiasis in dogs, in the Yanomani communities in northern Brazil (states of Amazonas and Roraima); and control of malaria, leishmaniasis, leptospirosis, and dengue in the city of Imperatriz in the western state of Maranhão.

The preparation and implementation of an intersectoral plan of action for the control/eradication of neglected zoonoses in neglected populations needs good orchestration in order to deal with the perceived specific interests of each sector, political conflicts, tensions between social and economic priorities, and the maximization of public-private needs.

Intersectoral collaboration, appropriate technology, community participation, and technical and economic cooperation among countries are embodied in the central strategies of the Declaration of Alma-Ata on primary health care. Primary health care must reflect and evolve from the economic conditions and social values of countries and their communities.

By highlighting the issue of neglected diseases in neglected populations, with emphasis on zoonoses, we hope to help stimulate dialogue, mobilize international cooperation, and foster the establishment of pilot interventions and partnerships in local communities, whose sustainability can then be ensured in order to support the achievement of the Millennium Development Goals.

Better coordination and harmonization of strategies to reduce poverty in rural and periurban areas, focusing on local development and improvement of the quality of life of families and communities, will have an accelerated and sustainable impact in eliminating these neglected diseases.

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CENTRAL AMERICAN REGIONAL COOPERATION IN HEALTH AND AGRICULTURE: THE CATALYZING ROLE OF THE SPECIALIZED REGIONAL AGENCIES

Bernardo López Figueroa,
Vice Minister of Agriculture, Renewable Natural
Resources, and Nutrition of Guatemala
Guatemala City, Guatemala

INTRODUCTION

The purpose of this document is to provide a brief review of regional inter-governmental coordination in the health and agriculture sectors in Central America, and of the catalytic role of the specialized agencies in achieving and strengthening this coordination.

To that end, the document first reviews the institutional structure of the Central American Integration System (SICA) to determine whether or not the community regulatory framework favors regional interaction in the health and agriculture sectors.

Next, it determines whether this community regulatory framework has been utilized to good advantage through consensus-building between the two sectors in these priority areas for joint work at the regional level and what support has been provided by the specialized regional agencies for implementing this intersectoral agenda.

Finally, the document presents a series of conclusions and recommendations considered relevant to the panel discussion on "International Cooperation on Emerging Issues in Agriculture and Health" held during the 14th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture.

REGIONAL INSTITUTIONAL FRAMEWORK FOR COORDINATION BETWEEN THE HEALTH AND AGRICULTURE SECTORS

In 1991, the Protocol of Tegucigalpa to the Charter of the Organization of Central American States (OCAS) created the Central American Integration System (SICA), whose highest policy-making body is the Meeting of Presidents of the member

States. SICA has links to all the organs and institutions connected with regional integration.

SICA provides a framework for the establishment of sectoral councils of ministers, based on areas of competence, in order to ensure the necessary and consistent coordination between them, for which purpose intersectoral ministerial meetings have been instituted.

Thus, sectoral councils have been operating in the Region for several years, both in the area of health (Council of Central American Health Ministers, or COMISCA) and agriculture (Central American Agricultural Council, or CAC). For the implementation of their agreements, the two councils have executive secretariats, which in turn receive significant technical cooperation from specialized international organizations.

For the past three years, the Central American Agricultural Council has taken advantage of the community institutional framework to hold regional intersectoral meetings involving ministers of finance and foreign trade, environment, and health.

The First Intersectoral Meeting of Ministers of Agriculture, Health, and Environment was held in Guatemala in June 2004, with the objective of drawing up a work agenda for issues of priority interest for the three sectors. The issues selected for the joint effort were: 1) integrated management of water resources, 2) food security, and 3) modified living organisms, biotechnology, and biosafety.

In addition to these issues, as a result of agreements reached at the 22nd Summit of Central American Presidents, held in Costa Rica in December 2002, the agriculture and health sectors have carried out joint work with respect to disaster prevention and mitigation in general and the El Niño phenomenon in particular. Furthermore, as a result of agreements at the First Intersectoral Meeting of the Councils of Ministers of Agriculture and Environment, held in Costa Rica in April 2003, the agriculture, health, and environment sectors have also coordinated regional activities in the area of safe management of hazardous chemicals.

In order to move forward and coordinate actions in each of the areas of mutual interest, there has also been support from the sectoral secretariats, with the participation of various regional and international organizations that have shown a willingness to advance interagency coordination efforts with a view to meeting the objectives set by the intergovernmental bodies within the framework of SICA.

CURRENT STATUS OF THE INTERSECTORAL AGENDA AND COOPERATION FROM REGIONAL AGENCIES

The principal regional cooperation activities established jointly by the health, agriculture, and environment sectors are described below, along with the support provided to each of them by the specialized regional agencies.

Central American Strategy for Integrated Management of Water Resources

Water is one of the key items on the Central American intersectoral agenda. Water is the source of life. It is an indispensable, finite, and vulnerable productive resource.

The Intersectoral Councils of Ministers of Agriculture, Health, and Environment have expressed their intention to seek joint solutions to problems associated with the availability of water resources and their use and management, as well as the degradation of water quality. In response to the challenge posed by this issue, the Central American Commission on Environment and Development (CCAD), CAC, and COMISCA have joined forces to draft a Central American Strategy for Integrated Management of Water Resources. This strategy lays down the broad policy lines that will underpin the programs of each country of the region — policy lines that will make it possible to meet specific targets and objectives to ensure the sustainability of these resources and meet the needs of humans and ecosystems, while also promoting the economic and productive development of the Central American nations.

To design this strategy, an interagency team was formed, headed by the secretariats of CAC, CCAD, and COMISCA. Other participants included the Regional Committee on Water Resources (CRRH); the Tropical Agricultural Research and Higher Education Center (CATIE); the Global Water Partnership (GWP), the World Conservation Union (IUCN), and the Freshwater Action Network of Central America (FANCA). Additionally, at the national level, staff from the three sectors (agriculture, health, and environment) were designated to facilitate the consultation processes required for the drafting of the regional strategy.

The most noteworthy accomplishments of this interagency team include: 1) drafting of the strategy proposal; 2) creation of a website to serve as an operational instrument to facilitate the development and dissemination of the strategy; 3) negotiation of specific international cooperation; 4) national workshops on local, national, and regional coordination for water resource management in Central America; and 5) support for and participation in the Central American Water Forum: Progress, Threats, and Challenges for Integrated Water Management in Central America.

Food and Nutrition Security

Despite the investments that the countries of the Region have made, with support from international cooperation organizations, progress in this area has been slow, and there are still large segments of the population experiencing acute problems of food and nutrition insecurity. It is estimated that the food and nutrition needs of 1 out of every 2 Central Americans are not being met, and the situation is even worse in rural areas, where the figure is 2 out of 3.

This situation has made it necessary to rethink current priorities and policies. Accordingly, at their 20th Summit in December 2002, the Central American presidents established a strategic framework for addressing the food insecurity associated with drought and climate change.

As a response to this presidential agreement, the Regional Joint Technical Agency (ITCR) was formed to facilitate interagency coordination of technical and financial cooperation for the promotion of food and nutrition security. This agency serves as a source of support for the governments of the region, seeking to promote a policy for the management and optimization of investment, both from regional sources and from international cooperation, in order to implement the regional agenda established at the Presidential Summits and Ministerial Councils on food and nutrition security. The ITCR has a coordinating group, whose members include the CAC secretariat, the Secretariat for Social Integration in Central America (SISCA), the Coordination Center for Natural Disaster Prevention in Central America (CEPRE-DENAC), PAHO's Institute of Nutrition of Central America and Panama (INCAP), the Regional Committee on Water Resources (CRRH), the Central American Bank for Economic Integration (CABEI), the Federation of Central American Municipalities (FEMICA), the General Secretariat of Central American Educational and Cultural Coordination (SG-CECC), and the Central American University Council (CSUCA).

At the intersectoral meeting of Central American Ministers of Agriculture, Health, and Environment, in June 2004, the Ministers instructed the secretariats of their Ministerial Councils to provide technical cooperation, with technical assistance from INCAP/PAHO, in order to:

- ✦ Strengthen food and nutrition programs and program components in the agriculture, environment, and health sectors in order to better serve priority groups.
- ✦ Build capacity and strengthen competency for the development and management of food and nutrition security programs (training in management and in food and nutrition security).
- ✦ Facilitate the creation of the Regional Fund for Food and Nutrition Security (FONSAN) to support the development of projects to complement local, national, and regional efforts to fight the poverty that leads to hunger and malnutrition.
- ✦ Develop a regional information system and regional observatory on food and nutrition security, as part of a network of national and local information systems and observatories, to be established or strengthened, depending on the situation in each country.
- ✦ Link actions in the area of food and nutrition security with actions undertaken in the framework of the Central American Strategy for Integrated Resource Management and other initiatives.

In order to ensure the implementation of these actions, in addition to the participation of the ITCR, the Regional Program for Food Security for Central America (PRESANCA) was recently approved and implemented, with cooperation from the European Union. Other activities are being carried out with support from FAO, the United States Department of Agriculture (USDA), and other governments.

In this same spirit of cooperation, on 28-29 April 2005, the Regional Seminar "Investing in Food and Nutrition Security to Reduce Extreme Poverty" was held in El

Salvador, with the participation of the ministers of agriculture and health. This event was organized jointly by SISCA, the CAC secretariat, and INCAP.

Modified Living Organisms, Agricultural Biotechnology, and Biosafety

With the support of an interagency group made up of the Inter-American Institute for Cooperation on Agriculture (IICA), the International Regional Organization for Plant Protection and Animal Health (OIRSA), and CATIE, in coordination with the secretariats of CAC, COMISCA, and CCAD, regional proposals were prepared for (i) a model regulatory framework for the use of modified living organisms in the agriculture sector, (ii) a regional strategy for agricultural biotechnology, and (iii) a project to strengthen national capacities in biosafety through reciprocal cooperation among the countries of Central America.

Experts from Costa Rica, Mexico, Colombia, and El Salvador took part in developing the proposal for a model regulatory framework for the use of modified living organisms in the agricultural sector. Regional consultations and a national review were carried out with the participation of the agriculture, health, and environment sectors. The final version of this proposal will be presented at the next Intersectoral Meeting of Ministers of Agriculture, Health, and Environment.

The purpose of this regulatory framework is to enable countries that do not yet have such guidelines or regulations to adopt common basic elements, or in cases where countries do have such regulations, to enable them to modify their existing frameworks so as to move towards regional harmonization.

With respect to the Regional Strategy for Agricultural Biotechnology, the objective is to coordinate and strengthen national and regional action to secure access to and safe use of agricultural biotechnology products, as well as to optimize and harmonize related management, legal frameworks, and policies in order to improve food and agriculture systems, quality of life, conservation and sustainable use of biodiversity, and environmental protection, while also strengthening economies.

The project to boost national capacity in biotechnology through reciprocal cooperation among the Central American countries includes the following components:

- ◀ Regional institutional management.
- ◀ Information and dissemination.
- ◀ Methodologies for the design of national policies, institutional systems, and programs.
- ◀ Training in biosafety practices.
- ◀ Institutional strengthening through a regional network of biosafety professionals.

Reduction of Vulnerability to Natural Disasters

Central America is a subregion exposed to a variety of recurrent natural disasters. The

Central American countries are concentrated in a relatively small geographic area, and natural disasters commonly affect several or all of the countries and sectors at the same time. These disasters respect no borders, and both vulnerability to them and the root causes thereof tend to be shared. Furthermore, many of the potential solutions for reducing vulnerability to and the impact of disasters can be useful to several or all countries and sectors. This favors a regional and intersectoral approach to the problem.

At the regional level, working partnerships for risk management have been established between the agriculture and health sectors. An example of such joint effort is the regional workshop on the El Niño/Southern Oscillation (ENSO) phenomenon, held at the SICA secretariat offices. In addition, sharing of experiences has been facilitated between the health and agriculture sectors for the preparation of sectoral planning documents within the framework of the Regional Plan for Disaster Reduction. This is intended to lead to a preventive approach to disasters (as opposed to the reactive approach of the past).

These activities have been carried out with close coordination among the secretariats of the Ministerial Councils of Agriculture and Health, CRRH, CEPREDENAC, INCAP, and PAHO.

In addition, several events for coordination and monitoring of ENSO have been held at the regional level, including specialized seminars organized by the CAC secretariat in several Central American countries, with the participation of representatives from the health and agriculture sectors, among others.

Safe Management of Hazardous Chemical Substances

In August 2002, representatives of the ministries of agriculture, health, and environment, which are responsible for regulation and policy-making in relation to hazardous chemicals, began identifying areas of mutual interest for a regional and national approach to this issue. They subsequently recommended developing an intersectoral work plan, that would include the following:

- ◀ Review and updating of regional commitments for the elimination of substances included in international conventions and regional agreements, establishing synergies and complementarities, while taking as a framework legal and institutional advances at the national and international levels.
- ◀ Development of a regional program for safe management of toxic and hazardous substances.
- ◀ Formulation of a regional policy for safe management of hazardous chemicals, including the definition of regional positions on processes for monitoring and negotiation of international conventions.
- ◀ Creation of a regional technical committee on hazardous chemicals as a regional entity to follow up and facilitate coordination of compliance with international and regional conventions.

In addition, work is currently under way on the creation of a regional center to pro-

vide training on the appropriate use of chemical substances, in which the environment, agriculture, and health sectors would also be involved.

CONCLUSION AND RECOMMENDATIONS

The legal and institutional framework provided by the Central American Integration System (SICA) facilitates intersectoral treatment of issues of mutual concern among the various sectoral ministerial councils, particularly those in the health and agriculture sectors.

In Central America a concerted regional agenda of joint work is being carried out by the health, agriculture, and environment sectors on the issues of water resources, food security, modified living organisms, reduction of vulnerability to natural disasters, and safe management of hazardous chemicals.

The agreed areas for joint work by health and agriculture at the regional level do not yet include food safety and prevention and control of zoonoses. Both areas should be top priorities to be addressed jointly by the countries of the region, thus strengthening and coordinating the action under way at the national level.

Emerging zoonoses affect relations between countries through their public health impact and their consequences for the international market of animal and food products, often leading to bans on exports from affected countries. Ensuring food safety is also a priority in order to reduce risks of disease transmission in the population and to help promote tourism and international trade in food.

In addition to their importance per se, these two areas are priorities for multinational and intersectoral cooperation among countries that are both moving rapidly to form a customs union and negotiating or implementing free trade agreements. Among the latter, the Dominican Republic-Central America-United States Free Trade Agreement (DR-CAFTA) is of particular importance, given the magnitude of the two-way trade envisaged in food and agricultural products.

The specialized regional agencies play a very important role in supporting the regional intersectoral agenda in health and agriculture by facilitating:

- ◀ Coordination of the preparation of proposals with a regional vision.
- ◀ Organization of regional technical and political meetings.
- ◀ Implementation of follow-up and support actions agreed regionally by governments.
- ◀ Identification of international cooperation resources for regional action to complement country resources.
- ◀ Establishment of synergies among work programs to prevent duplication and ensure the most effective use of resources.
- ◀ Preservation of institutional memory and liaison between governments.

Nevertheless, at the recent meetings of the ministers of agriculture of the Central American region, there was continued concern about avoiding duplication of activities and achieving greater and better coordination of international technical cooperation in order to obtain greater benefits and results from available resources, both in general and in the realm of agricultural health in particular.

The establishment of strategic partnerships and interagency agreements such as those between IICA and PAHO, OIRSA and IICA, and OIRSA and PAHO/INCAP are a good starting point. However, they need to be turned into concrete work plans that are agreed and implemented in coordination with the relevant regional intersectoral bodies (intersectoral meetings on health, agriculture, and environment).

In that connection, it also bears mentioning that by agreement of the ministers of agriculture of the region (Resolution 4 of the 34th Special Meeting of the Regional International Committee for Agricultural Health, held in Tuxtla Gutiérrez, Chiapas, Mexico, on 11 November 2004), a meeting was held on 12 April 2005 at OIRSA headquarters for the purpose of coordinating the work of the cooperating agencies in the field of agricultural health. In addition to OIRSA, representatives of the following agencies attended: INCAP/PAHO, IICA, Inter-American Development Bank (IDB), SICA, CAC, CABEL, the Secretariat for Central American Economic Integration (SIECA), FAO, USDA, the Japan International Cooperation Agency (JICA), the Government of China, and the Spanish International Cooperation Agency. The objective of the meeting was to reach basic agreements for regional coordination to assist the Central American countries and ensure better utilization and value for money in common areas of intervention.

Finally, it should be pointed out the complexity of issues related to food and agriculture today makes it necessary to establish links with other fields such as trade and environment. This in turn poses the challenge of coordinating the actions of multiple sectors, for which purpose the coordinating and support role of the specialized regional agencies is also indispensable, as has clearly been demonstrated in Central America.



PANEL ON MANDATES
OF THE SUMMITS:
ADVANCING HUMAN
SECURITY THROUGH
INNOVATIVE APPROACHES
CENTERED ON LOCAL
DEVELOPMENT

FINANCIAL INITIATIVES OF THE INTER-AMERICAN DEVELOPMENT BANK (IDB) IN SUPPORT OF THE MANDATES OF THE SUMMITS OF THE AMERICAS IN RURAL AND SOCIAL DEVELOPMENT

Gabriel Montes Llamas,
Principal Agricultural Specialist, Inter-American Development Bank (IDB)
Washington, D.C., USA

EXECUTIVE SUMMARY

The Summits of the Americas held in Miami, Santiago, and Quebec, together with the adoption of the Millennium Development Goals in the year 2000, have led to the establishment of an ambitious agenda for sustainable development, which commits the international cooperation agencies and the countries of the Region to sustained efforts to promote international trade, reduce poverty and hunger, increase human capital of the population through education and health promotion, and develop relatively less developed areas, especially rural areas. These efforts should be undertaken within a framework of promoting equity and social inclusion. The Inter-American Development Bank has been committed to achieving these goals since the announcement of the principles set forth in its Eighth Capital Replenishment. However, in the light of the mandates of the Summits and the Millennium Development Goals, the Bank has renewed its efforts to adapt its institutional strategies (social development, rural development, and health), and to develop new financial instruments to facilitate access by countries to the necessary financial resources for carrying out the aforementioned agenda.

Mandates of the Summits

The successive Summits of the Americas, held in Miami (1994), Santiago (1998), and Quebec (2001), together with the adoption of the Millennium Development Goals (2000), have led to the establishment of an agenda for sustainable development and social inclusion in the hemisphere and worldwide. By establishing clear priorities, the leaders of the Americas and the rest of the world have committed themselves to promoting democracy and human rights; promoting free trade; halving the number of people in the world living in extreme poverty and suffering from hunger

by 2015; eliminating discrimination in access to basic services; and promoting sustainable environmental management based on the rational use of natural resources. The mandates of the Summits represent a global commitment of historical proportions that obligate the international community, of which the Inter-American Development Bank and PAHO are a part, to focus their efforts on reducing poverty and hunger, promoting education and health as important elements of human capital formation, and developing areas where extreme poverty is concentrated, especially in rural areas and in depressed urban areas.

To best take advantage of these international efforts, developing countries need assistance in policy reform and institutional strengthening; financial resources to upgrade their infrastructure; and assistance in fulfilling their commitments with regard to international standards, especially compliance with sanitary and phytosanitary standards.

***Miami Summit (1994)*¹**

The final declaration of this summit sets out the following principles applicable to the topic under discussion. First, the mandate to *promote free trade without barriers and to establish the Free Trade Area of the Americas (FTAA)* requires strengthening of the institutions that will facilitate participation by the countries of Latin America and the Caribbean in this increased trade flow by enhancing competitiveness and the activities and institutions having to do with food safety and quality.

Second, *eradicating poverty and discrimination in the hemisphere* calls for the development of programs to foster sustainable growth, engaging all social sectors in the promotion of education, health, and the eradication of extreme poverty, hunger, and illiteracy, without discrimination based on race, national origin, or gender.

Third, *ensuring sustainable development and conserving the environment for future generations*: Quality natural resources are one of the fundamental assets which a society can utilize to promote its sustainable development process. Environmental services provided in rural areas yield significant economic benefits that translate into resource conservation, an upsurge in ecotourism, strengthening of biotechnology industry, and carbon trading.

***Santiago Summit (1998)*²**

The Declaration of Santiago sets out the following principles:

- a) *Education as the key to progress*. One of the decisive factors in the struggle against poverty is the formation of human capital. The Region should raise levels of education, health, and training in order to raise the population's standard of living.

¹ Summit of the Americas. Declaration of Miami, December 1994.

² Second Summit of the Americas. Plan of Action. Santiago, April 1998.

- b) *Strengthening of regional and local governments.* The existing institutional structure has been insufficient to meet the growing challenges of economic development, especially in the rural sector. For this reason, development strategies should place renewed emphasis on modernizing the State, developing new policies, encouraging private sector and civil society participation, and, especially, strengthening local governments.
- c) *Strengthening science and technology.* There are considerable lags in the introduction of technological innovations in the productive sectors and social services in the Region. This is especially true with regard to the use of new information and communication technologies and biotechnology for both the agriculture and human health sectors.
- d) *Development of capital markets and microenterprises.* Latin America and the Caribbean need to consolidate and intensify the reforms made to date in the functioning of capital markets, development of financial services, improvement of regulatory structures, and establishment of systems to support rural development and microenterprises.
- e) *Land-titling.* Strengthening property rights, especially through an adequate registry system and up-to-date records, is indispensable for growth and the eradication of poverty in rural and marginalized urban areas. Legal certainty facilitates access by the poor to financing, promotes investment, and encourages conservation of natural resources.
- f) *Women and indigenous populations.* One of the greatest challenges in Latin America continues to be inequality and inequity. While it is true that access to education, health, and other services has increased, serious inequities persist between the groups with the highest and lowest levels of income, and between urban and rural areas, not only in terms of coverage, but also in the quality of services. Furthermore, groups excluded on the basis of race, ethnicity, or gender have even greater unmet needs, because of difficulties in access to services and the scarcity of infrastructure to provide services suited to their particular socio-cultural characteristics.
- g) *Hunger and malnutrition.* Eradicating poverty in the Region also entails making a substantial effort to eradicate hunger, since malnutrition affects not only health and well-being, but productive capacity as well.

Quebec Summit (2001)³

This summit identified the following priorities, which are linked to the Millennium Development Goals (MDGs):

- a) *Concerted effort to free the Region from extreme poverty.* This is in line with the Millennium Development Goal of halving the number of people living in extreme poverty by the year 2015.

³ Summit of the Americas. Final Declaration of Quebec City, April 22, 2001.

- b) *A concrete commitment to promote programs for the improvement of agriculture and rural life and agribusiness as an essential contribution to poverty reduction and integral development. One of the facts that characterizes extreme poverty in Latin America and the world is its overwhelmingly rural nature. The agricultural sector is absolutely essential to the development prospects of many of the countries of the Region. Reducing poverty and eradicating hunger will mean focusing on improving the productive and economic performance of the poor in rural areas, and on empowering them to boost agricultural productivity and raise their level of income. Social services in rural areas will not be sustainable if important investments in productive activities are not made (FIDA, 2003).*
- c) *Emphasis on good health and equal access to health services as critical to human development and the achievement of political, economic, and social objectives. Reducing equity gaps and increasing social inclusion in health together create the basic conditions necessary for improving the health status of the poorest people. Health is a building block of human capital, and increasing the availability of health care services and improving access to them for the general population will make a vital contribution to sustainable economic and social development (BID, 2004)*

ERADICATING POVERTY AND HUNGER⁴

Reducing poverty

As expressed in the MDGs, the target is, between 1990 and 2015, to halve the proportion of people whose income is less than one dollar a day, and to halve the proportion of people suffering from hunger.

Poverty in the Region is strongly associated with low levels of education. The poverty rate in households headed by people who have only completed primary education is eight times higher than in households headed by people with a secondary education. The poverty rate is more acute in rural areas, where it is more than double that of urban areas (59% versus 26%). Children bear the heaviest burden of poverty: 44% of children are poor, compared with 28% of adults. Especially worrisome is the situation of single mothers, who head most poor households.

In order to reduce poverty, productive opportunities for the poor and for excluded groups must be increased; the access of these groups to physical and social infrastructure must be expanded; inequalities in the distribution of assets must be addressed; and the problems that continue to marginalize certain ethnic and social groups must be resolved. Support is needed for actions that will increase economic opportunities for, and the productivity of, the poor; support institutions that promote inclusion of the poor; and encourage action to eliminate the structural inequalities in human capital, especially in health and education.

⁴ Inter-American Development Bank. The Millennium Development Goals in Latin America and the Caribbean: Challenges, Actions, and Commitments. Washington, DC: IDB; 2004.

The volume of IDB loans aimed at poverty reduction and equity promotion between 1995 and 2002 amounted to more than US\$ 22 billion (around 46% of the total). If this trend is maintained, the volume will be US\$ 38 billion between 2003 and 2015. Investment loans targeting the poor directly (a subset of the foregoing) totaled US\$ 15 billion, and if that trend continues between 2003 and 2015, the figure will reach US\$ 24 billion.

In its strategy to support poverty reduction, the Bank has used innovative approaches, including the following: Social Investment Funds (SIF), which began in Bolivia and have now been implemented in almost every country of Latin America and the Caribbean; programs to train low-income youth in Chile, the Dominican Republic, Guatemala, Mexico, Panama, and Peru; and conditional cash transfer programs (CCTs) that foster investment in human capital through nutrition, school attendance, and health, such as the Education, Health, and Nutrition Program (PROGRESA) in Mexico, which was followed by similar programs in Brazil, Colombia, Honduras, Jamaica, and Nicaragua. The Bank has also supported a variety of projects to improve the health and nutrition of the poorest in the region, including the provision of financing for recurrent costs of primary health care for the poor.

Eradicating hunger

It is estimated that some 54 million people in Latin America and the Caribbean suffer from hunger, and that the rate of malnutrition ranges from 5% in the highest-income countries to almost 30% in the lowest-income countries.

The Bank finances agricultural development programs that have a two-fold purpose: they benefit the target population and they improve food quality. In Mesoamerica, the IDB has supported a series of programs aimed at boosting the productive capacity of small farmers—for example, PROCAMPO in Mexico and the Sustainable Farming Development Program in Costa Rica. In Guatemala, Nicaragua, Honduras, and Panama the Bank is supporting natural resources management programs in watershed areas with a view to raising incomes while also protecting natural resources.

SOCIAL DEVELOPMENT⁵

The Region has made good progress overall towards meeting the Millennium Development Goals, such as universal primary schooling and gender equality in schooling. There remain, however, marked inequalities among countries. Moreover, relatively little progress has been made in reducing maternal mortality and raising secondary school enrollment rates. During the 1990s, governments increased spending on social programs. However, progress has been uneven, owing to persistent poverty and inequality; weaknesses in the implementation of social programs for education, health, and housing; the influence of factors such as social exclusion based on ethnicity and gender; and the exclusion of certain regions.

⁵ Inter-American Development Bank, Sustainable Development Department. Social Development: Strategy Document. Washington, DC: IDB, 2003.

Based on lessons learned by the Bank in past decades, the social development strategy proposes four areas of action: (1) customize the implementation of reforms in health, education and housing; (2) implement a human development agenda over the life cycle; (3) promote social inclusion; and (4) deliver integrated services with a territorial focus.

With regard to health, the Bank has proposed phased reforms in accordance with the profile of each country, emphasizing the achievement of the MDGs. The Bank will assist countries in enhancing the efficiency of investments; reducing health gaps between rich and poor; promoting community-based health systems and decentralization of health services; reducing inadequacies in human resources, infrastructure and supplies; and achieving a better balance between disease prevention and control.

In education, the Bank will assist countries in fulfilling the MDG of universal completion of primary schooling and the Summit of the Americas target of secondary school coverage for at least 75% of young people, emphasizing two overriding objectives: equity and quality tailored to conditions at the country level. At the same time, the Bank will assist countries in improving housing conditions for the low-income population by promoting effective resource utilization.

The Bank will promote the inclusion of all individuals in social programs, regardless of age, gender, race and ethnicity, disability, or migration status. It will also assist countries in the reduction of social ills, including child labor, HIV/AIDS, and domestic and social violence. The Bank will promote the promotion of integrated services with a territorial focus, since poverty tends to be concentrated in specific territorial areas — generally either low-income slums or rural municipalities.

Between 1994 and 2001, social lending (for health, education, sanitation, housing and urban development, and social investment loans) accounted for 39% of the Bank's total volume of lending and 37% of the total number of IDB loans. When other loans for equity promotion and poverty reduction are added, the Bank performed above the Eighth Replenishment goal of channeling 40% of the total volume of lending to operations addressing social needs, equity promotion and poverty reduction. Recent operations have emphasized support for sector-wide reforms in health, education, and housing; projects for social protection, child and youth development, slum upgrading, and the promotion of peaceful societies. In a wide variety of countries, Social Investment Funds (SIFs), which have proved to be effective implementation mechanisms, have been used, with expedited procurement practices, fast disbursement cycles, and concrete and measurable results. During the period, close to a thousand grants, totaling over US\$ 400 million, were approved for social development activities, the majority of them targeting children, youth, and women. Real progress has been made in mainstreaming gender and indigenous issues into Bank operations (roughly 28% of Bank operations incorporate a gender perspective, and 10% address indigenous concerns).

RURAL DEVELOPMENT AND AGRICULTURAL HEALTH

Rural development

The Millennium Development Goals that relate most directly to the rural sector are those having to do with the eradication of extreme poverty and hunger. Indirectly, other important goals are the achievement of universal primary schooling and the promotion of health by reducing infant mortality and improving maternal health. Latin America and the Caribbean have not made sufficient progress in eradicating extreme poverty. In order to make even moderate progress towards achieving this goal, renewed effort to promote rural development is needed, given the intimate relationship between the rural sector and poverty in the region. The incidence of poverty tends to be higher in countries where the agricultural sector accounts for a larger proportion of total GDP or where a larger proportion of the population lives in rural areas.

Development of the rural sector will play an important role in the overall attainment of the Millennium Development Goals and in tackling the challenges established by the various Summits of the Americas. Investments that boost the productivity and competitiveness of the rural sector result in higher rural income, which translates into less poverty overall, modern and profitable agriculture, greater rural development, and better access for poor children to education. Given the high percentage of women involved in agriculture, improving conditions in this sector will contribute significantly to gender equality. Moreover, an adequate food supply will lead to better nutrition and lower maternal and child mortality. Hence, greater investment in the rural sector, especially when concentrated on the most important public goods (and not on production subsidies) will contribute significantly to the attainment of the goals of the international development agenda (both the Millennium Development Goals and Summit goals).

The Inter-American Development Bank has been working on a new rural development strategy that stresses the territorial, multisectoral, and heterogeneous nature of rural development.⁶ The strategy broadens the concept of "rural" beyond agriculture; it also expands the scope of projects, promotes poverty reduction strategies that take account of the diversity of the rural population, attempts to link rural development coherently with sound macroeconomic principles, and places renewed emphasis on institutional development, modernization of the State, and sustainable management of natural resources. Rural development is viewed as a simultaneous process of productive transformation, organizational change, and social development within a particular rural area. The local approach to rural development emphasizes urban-rural ties and complements traditional programs in health, research, and land-titling, which up to now have been promoted through specific programs in each locality.

The actions to be promoted are framed within the IDB's overall strategy on competitiveness, the environment, social development, State modernization, and regional integration.

⁶ IDB, Department of Sustainable Development. Draft Rural Development Strategy. February 2005.

With regard to competitiveness, support is to be provided for programs aimed at policy reform, business capacity-building, and modernization of services (information technology and health), factor markets (land and water), rural financial markets, and basic infrastructure (irrigation and rural roads).

In the area of social development, support will be given to programs for resource transfer, rural pensions, health, education, nutrition, housing, and labor markets in rural areas.

With respect to the environment, support will go to programs to strengthen regulatory frameworks and enforcement capacity, boost the capacity of producers of agricultural and forestry products to employ environmentally sustainable practices, and strengthen markets for environmental services.

As concerns State modernization, support will be provided for programs to modernize public institutions in the agriculture sector (ministries of agriculture and rural development; public health, food safety, and research institutions; etc.); review and strengthen the capacity of local governments; and improve national and regional technical capacity for managing regional public resources.

During the 1990s, the proportion of Bank resources devoted to agricultural loans ranged from 4% to 5%. Between 1990 and 2001, the Bank approved 123 operations targeting the rural sector, with a total value of US\$ 6.4 billion, 31% of which were for poverty reduction programs, 30% for sectoral programs, 17% for modernization of services, 16% for rural roads, and 3% for land administration. The areas chosen have been consistent with the goals of the strategy to reduce poverty and boost the competitiveness of the rural sector. With regard to the modernization of services, priority has been given to research and health services. In the area of research, priority is given to financing research through competitive funds. In regard to health and quality of life, support has been provided for the modernization and strengthening of institutional capacity. During the 1990s, the Bank's support for irrigation infrastructure and rural financing projects lessened (IDB, 2003).

Sector loans fall within the category of loans that are based on policy reforms in relation to liberalization of prices and markets, financial markets, land markets, and support aimed at strengthening governmental agencies and basic services. Sector loans have been most successful in liberalizing prices and markets. They have been less successful in bringing about institutional reforms. Such loans have been made in Ecuador, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Suriname, and Trinidad and Tobago.

The main purposes of loans made for land administration have been to modernize land registries and help enhance the operational efficiency of land markets. Ten projects totaling US\$ 195.8 million were approved in the 1990s. These projects helped to increase producers' participation in rural markets; however, additional assistance is needed to improve their access to credit and technology.

In terms of rural roads, 16 projects, valued at US\$ 798 million in total, were approved (El Salvador, Paraguay, and Peru). With regard to agricultural services, 17 projects — mostly projects having to do with technology, although some had to do with agricultural health — were approved between 1990 and 2002, for a total of US\$ 713.9 million. The emphasis in these projects has shifted from investment in capital goods

and training to direct funding of research and agricultural extension services through competitive funds, emphasizing private sector participation and the outsourcing of services. One example is the Regional Agricultural Technology Fund (FONTAGRO), which finances research projects at the regional level. In the area of agricultural health, examples include loans in Argentina, Bolivia, Ecuador, Jamaica, and Peru, as well as the Multilateral Investment Fund (MIF) and technical assistance loans.

Between 1995 and 2001, the Bank approved approximately 33 rural poverty-targeted investments (PTIs), totaling US\$ 1.967 billion — nearly 4% of the Bank's total lending for that period and nearly 20% of the PTIs across all sectors. These loans were spread across 16 countries and included three projects in Peru and two each in Bolivia, Brazil, and Mexico. Agriculture sector programs accounted for the largest share (25%), followed by water and sanitation, and rural roads.

Agricultural health and food quality⁷

The constant growth of international trade and the trend toward the gradual reduction of tariffs have pointed up the critical need to strengthen institutions responsible for plant and animal health and food quality control systems. According to a report issued by the World Trade Organization (WTO),⁸ between 1995 and 2003 the various countries submitted 183 cases related to trade issues arising from the application of the Sanitary and Phytosanitary Measures Agreement (plant and animal health and food safety). Of these cases, 29% involved plant health, 41% animal health, 27% food safety, and 3% other matters. The largest number of cases involved animal health, with the highest proportion relating to mad cow disease (BSE), and the second highest to foot-and-mouth disease. Developing countries, especially those of MERCOSUR, were quite active in submitting cases.

Between 1963 and 2003 the Bank financed nearly US\$ 600 million in operations related to services for animal and plant health and quality. Examples of recent operations include US\$ 125 million to support provincial agricultural services in Argentina in 1995 and US\$ 41 million for an agricultural services project in the same country in 1991; US\$ 34 million for an agricultural services program in Bolivia in 2000; US\$ 18 million for modernization and improvement of the agricultural sector in Chile in 1992; and US\$ 19 million for an agricultural services program in Uruguay in 1998. In Central America, recent operations have been approved in Belize (1999), El Salvador (2001), Guatemala (1998), Honduras (2000), Nicaragua (2003), and Panama (1996); an operation was also approved in the Dominican Republic in 2002. In the Andean Region, a program for modernization of agricultural services was approved in Ecuador (1995), and a program on agricultural health was approved in Peru (1997). In the English-speaking Caribbean, an agricultural support services program was approved in Jamaica (2000). An operation in Peru, which is in the final stages, has been particularly successful, having contributed to

⁷ Elizabeth Ortega. Participación del BID en el tema de sanidad y calidad alimentaria. August 2004.

⁸ World Trade Organization, Committee on Sanitary and Phytosanitary Measures. The Development Challenge in Trade: Sanitary and Phytosanitary Standards. Submission by the World Bank. (G/SPS/GEN/195).

the institutional strengthening of the National Agricultural Health Service (SENASA). Under the project, a fruit fly eradication campaign was launched, with good initial results, on the Peruvian coast; vast areas of the country have been freed of foot-and-mouth disease; and campaigns have been conducted against bovine tuberculosis, bovine and goat brucellosis, and scabies in camelids. These programs could serve as models for other countries working with small producers.

The Bank has also approved numerous technical cooperation programs, and, recently, several Multilateral Investment Fund (MIF) programs for promoting private participation in the areas of agricultural health and food quality (Ecuador). As part its project cluster in the area of facilitation of international trade and investment, MIF has approved several projects with activities related to agricultural health and quality, such as the one approved in the context of the Plan Puebla-Panama (PPP) on support for agricultural trade through application of the Sanitary and Phytosanitary Measures Agreement and other similar projects in the context of the Andean Area, MERCOSUR, and CARICOM.

Preparation of the second stage of the program in Peru, which concentrates on eradicating the fruit fly, is currently under way, as is a rural development and agriculture health program in Ecuador. A second stage or expansion of the provincial agricultural services program (PROSAP) is about to begin in Argentina, with investments in agricultural health and quality.

HEALTH SECTOR STRATEGY⁹

The Bank's objective is to help the Latin American and Caribbean countries to: (1) improve the health of their populations by attaining the MDGs, tailoring them to conditions in each country; (2) reduce inequities in health status, by promoting as a priority access to health services for the very poor and socially excluded. The Bank's emphasis on health programs stems from the Eighth Replenishment, which stresses issues that were subsequently incorporated into the MDGs such as transmissible disease control, reductions in infant mortality and malnutrition, and access to water supply. The health strategy is consistent with the Bank's cross-cutting strategy for promoting sustainable growth and social equity through its specific strategies of modernization of the State, social development, competitiveness, and economic integration.

Analysis of the health sector in Latin America and the Caribbean shows that despite greater health expenditure than in other regions, poorer results are achieved, reflecting a serious efficiency problem in resource allocation. However, during the last decade there were some improvements in several key indicators: infant mortality was reduced from 39 to 29 per 1,000 live births; the percentage of births attended by medical professionals increased from 78% to 86%; the percentage of infants under 1 year who had received a full set of immunizations increased from 79% to 90%; and life expectancy at birth rose from 68 to 70 years. However, other indicators reveal problems in a specific group of countries where maternal mortality

⁹ Inter-American Development Bank. Health Sector Strategy (Framework for Bank Action in the Sector) Profile. Washington, DC: IDB; 2004.

remained high (around 190 per 100,000 live births); the incidence of tuberculosis increased from 196 to 221 cases per 100,000 population; malaria cases doubled, rising from around 500,000 to 1 million; and the incidence of AIDS increased. In addition, in urban areas, problems of domestic and social violence, alcoholism, traffic accidents, obesity, environmental pollution, and lack of adequate water supply and sewerage systems are common. Mortality from external causes during the period was 136 per 100,000 in men and 33 per 100,000 in women.

The greatest problems continue to be access for the poorest groups, coupled with services of low quality. From the standpoint of the Bank's activities, between 1992 and 2001, 29 loans totaling US\$ 1.7 billion were approved for the health sector, a significant increase with respect to the period 1982-1991, when only 10 loans totaling US\$ 400 million were approved. The Bank made loans for health infrastructure, sector reform, human resources development and primary health care, and programs in nutrition and immunization, and it launched programs for the control of transmissible diseases such as dengue, Chagas' disease, and AIDS.

The health strategy recommends that the Bank's activities should be adapted to: (1) link reform more explicitly to the fulfillment of national health objectives; (2) achieve more efficient institutions and foster participatory processes; (3) strengthen the inter-sectoral approach; (4) adopt a life cycle approach to better address the issue of transition between different stages; and (5) promote efficiency and equity, and protect health spending in times of fiscal austerity.

One example is the Basic Nutrition Program in Guyana (US\$ 6.4 million), whose objective is to improve nutrition among needy populations. The program provides resources for the purchase of foods to mothers who bring their children to health services for check-ups; it also provides nutritional supplements to mothers, pregnant women, and children at risk in order to reduce anemia. Another example is the Primary Health Care Reform Program in Paraguay, for US\$ 39 million, the objective of which is to implement a national plan for health promotion and disease prevention to promote maternal and child health. In Peru, the Bank is financing a program for health sector development and maternal and child health insurance, for US\$ 125 million, and in Nicaragua it is financing the second phase of an Integrated Management of Childhood Illness Program, for US\$ 27.8 million.

The health sector reform projects supported by the Bank also contribute indirectly to the achievement of development goals. In the year 2000 loans of this type were approved for Bolivia and Brazil.

WATER AND SANITATION IN LATIN AMERICA AND THE CARIBBEAN (LAC)¹⁰

It is estimated that 7% of the inhabitants of Latin America and the Caribbean do not have access to clean water, 60% of urban and rural dwellings with water connec-

¹⁰ Christof Kuechemann. *Agua y Saneamiento: El BID y los Objetivos de Desarrollo del Milenio*. BID/SDS.

tions do not have a continuous water supply, and 13% of the urban population of the region do not have access to health services. In general, in order to attain the MDGs, access to services must be increased by 33% between now and 2015.

The principal challenges are: (1) growing urbanization; (2) institutional modernization, which is still incipient; (3) the need for public policies that promote efficiency; and (4) reconciling supply of and demand for services.

The strategy of the Bank focuses on: (1) financing investments for rehabilitation and expansion of systems; (2) supporting business support operations; (3) seeking economies of scale, private sector participation, and development of adequate regulatory frameworks, a modern legal environment, and appropriate sectoral policies.

Current IDB operations in the drinking water sector total US\$ 3.8 million, US\$ 2.7 million of which are concentrated in large loans in Argentina, Brazil, and Mexico. With regard to technical cooperation, there are currently 30 operations under way, totaling US\$ 20 million, providing support for strengthening the institutional capacity of suppliers, regulatory reform processes, and the development of regulatory frameworks.

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AGRICULTURAL HEALTH AND SUSTAINABLE RURAL DEVELOPMENT

Chelston W. D. Brathwaite,
Director-General,
Inter-American Institute for Cooperation on Agriculture (IICA)
San José, Costa Rica

Not only is the availability of sufficient and safe food fundamental to good health and productivity, it also provides the foundation for progress and the alleviation of poverty. Foodborne illnesses and foreign agricultural pests, however, slow this progress by causing negative social and economic impacts. Sustaining efficient and effective agricultural health and food safety institutions and services, which can protect public health and maintain access to export markets, is a critical component of national policy that is needed in order to achieve greater national prosperity.

For the majority of developing countries in the Americas, the overall level of development and economic growth is directly related to improvements in health and agriculture. In low-income countries, food expenditures command a significant portion of total income and agriculture employs the majority of the workforce. Basic agriculture employs more than half the population in developing countries, and accounts for one-third of GDP. In Central America, 48% of all exports derive from agriculture.

The challenges we face at the beginning of this new century just to supply enough safe food for our world's growing population are daunting and will require a transformation of global agriculture. The revised United Nations population report released last month now estimates that the world's population will rise from 6.5 billion today to 9.1 billion by 2050. That is a 40% increase, and virtually all of that growth will happen in developing countries. The world is now looking to the Americas to meet the resultant future nutritional challenges. With the world's last large tracts of undeveloped agricultural lands, South America, led by Brazil, is quickly turning the interior regions of the continent into the world's new breadbasket.

Responsible agricultural development is the foundation of good public health, food security, and commerce in developing countries. Increasing agricultural production and increasing exports do help to drive prosperity and rural development. But without firm controls, such increases can also lead to increased risks to human health and problems associated with food safety and agricultural health. Globalization has spurred more efficient international agricultural production, food processing, and global food distribution networks. As these networks grow, becoming more interdependent, so does their ability to rapidly distribute foodborne diseases, toxins,

and pests that pose serious health risks and can disrupt international trade as a consequence of food safety, regulatory, or quarantine disputes.

The World Health Organization reports that the percentage of people in industrialized countries suffering from foodborne diseases each year is up by 30%. Although less well documented, the problem is even more severe in developing countries, owing to the presence of a wide range of foodborne diseases, including those caused by parasites. The high prevalence of diarrheal diseases in many developing countries suggests major underlying food safety problems. Agricultural health and food contamination problems create an enormous social and economic burden on communities and their health systems.

In the 1980s, around 30% of the total food supplies required to satisfy nutritional requirements in Latin America and the Caribbean had to be imported. It has been projected that the figure will be 47% or higher by 2009. Increased buying power from export earnings, lower tariffs, and improved import capacity, combined with rapid population growth, have made Latin America and the Caribbean one of the most food import-dependent regions in the world.

To maintain and continue enhancing current levels of public health, food security, and rural development, national agricultural health and food safety services must be prepared to facilitate the increasing amounts of imports and exports that will be needed to meet growing human and commercial demands, while still providing protection to human health and evaluating risks so as not to endanger domestic production.

Traditionally, national services have been reactive to problems, beginning at a country's borders and focusing inward with the overall mission of protecting domestic agriculture from disease and pests. It is now widely recognized that these traditional approaches are not sufficient to respond to today's global health and food safety challenges and risks. Each country must now work harder to prevent illness and pests from entering and leaving their borders as well as responding rapidly to resolve problems at any point in the entire agri-food production chain.

In the Americas approximately US\$ 125 billion in agricultural exports and US\$ 85 billion in imports fall under either agricultural health or food safety regulations, standards, norms, or actions such as inspection. In the United States alone, close to 4 million imported food shipments from more than 100 different countries are received every year (General Accounting Office, 2001). The majority of these shipments come from the Americas and all are subject to increasingly strict food safety, quality, and agricultural health regulations with which exporters must comply.

But we must remember that the second largest export market for Latin America comprises other Latin American countries, where borders are more porous and inspection controls fewer, and where almost 50,000 km of land borders offer no obstacle to diseases and pests. An estimated 120 million visitors and tourists from all over the world come to the Americas each year, each one with the possibility of accidentally introducing a new disease or agricultural pest. SARS, West Nile virus, bird flu, foot-and-mouth disease, hog cholera, soy bean rust, and citrus leprosis are just some recent examples.

Awareness is growing that national services must be ready as the first defense against existing and emerging agricultural health and food safety problems, both national and international, and that actions to address them must be taken comprehensively on both the national and regional levels. Additionally, since diseases and pests do not respond to political pressure, the technical decisions and actions to control them must be based on scientific principles, not political considerations. In today's world where parts of food production cycles can take place on different continents, the challenges are even greater than before.

However, most Latin American and Caribbean countries have yet to adopt and implement new strategic visions for their agricultural health and food safety services beyond that of the traditional services already provided. National services are under pressure from increasing threats and market forces to operate with expanded mandates, greater international awareness, and increased technical capabilities, while generally continuing to receive inadequate resources. These vital institutions in developed and developing countries must be given the support to continue to strengthen and evolve in order to confront the new realities of globalization in the food production chain.

The complex nature and wide impact of food safety and agricultural health issues are also forcing national services to become more proactive, extending their services, influence, and coordination with other agencies to look beyond primary production. Their strategic visions must also consider other nontraditional areas that are also impacted by agricultural health and food safety issues — such as public health, tourism, international commerce, the environment, food security, and biological security (IICA, 2002).

A recent World Bank report on agricultural health and food safety challenges in developing countries concluded that “food safety and agricultural health risk management should be considered as a core competence in the competitiveness of developing countries, especially in the context of trade in high-value food products” (World Bank, 2005). If this is not the case, continued institutional weaknesses and increasing agricultural health and food safety compliance costs will only further marginalize weaker economic players, including smaller countries, enterprises, and rural farmers.

As countries try to reduce their dependence on traditional commodities and process more of their products for export or plant nontraditional crops, they find that requirements that protect food safety and agricultural production are becoming increasingly important. Not only in the interest of preventing serious incidents of food contamination and the economic losses from disruptions to exports, but also in regard to remaining competitive and defending national interests. We have seen that just as free-trade agreements start to lower tariffs and import quotas on agricultural products, at the same time, standards, quality regulations, labeling requirements, and certifications are increasingly being used as *de facto* barriers to trade (Field, 2005).

If scientifically justified, harmonized standards and clear regulations are powerful tools needed in each country to protect human and agricultural health. In many countries, there have been significant increases in the incidence of illnesses caused

by microorganisms propagated primarily by food, such as salmonella, *Campylobacter* and new deadly strains of *E. coli*. Chemical contaminants also continue to be a significant cause of foodborne illnesses, including natural toxins, such as mycotoxins, marine toxins, and environmental contaminants such as mercury, lead, and pesticides.

The list of highly publicized events concerning food safety and human health continues to grow, and examples of various types can be found in both developed and developing countries. Each event or outbreak affects consumer choices and importers' confidence in trade with affected countries by raising questions as to the ability of the official services and private sector to safeguard public health and certify the sanitary and phytosanitary states of the agri-food sector.

Industries in developing countries that rely heavily on one export market, or one or two major agricultural products, will not be able to recover easily from the economic impacts of a market closure due to regulatory disputes, or loss of their consumer base due to an outbreak of foodborne illness. In less developed countries, the economic consequences of a serious foodborne human health threat or foreign agricultural pest or disease could be sufficient to affect overall economic development and exacerbate rural poverty as well as food availability.

The reemergence of cholera in an Andean country in 1991 created a public health crisis, but also resulted in the loss of US\$ 500 million in fish and fishery product exports that year (WHO, 2005). The clearest example of the economic impacts due to loss of confidence in food safety is BSE. Since May 2004, it is estimated that losses to the US\$ 7 billion-a-year Canadian beef industry due to BSE have reached US\$ 5 billion (Statistics Canada, 2005). In that case, the Canadian government has been able to offer some monetary assistance to the industry, but similar losses to a developing country's primary export could be devastating to the economy.

Our nations must continue working together to ensure that everyone has access to safe and healthy food and that developing countries are not subjected to unjustified trade restrictions. As members of the World Trade Organization, each country of the hemisphere must meet the obligations set forth under the Sanitary and Phytosanitary (SPS) Agreement. The SPS Agreement establishes the international mechanisms that countries can use to deal with agricultural or health crises and provides ways for nations to retain access to markets.

Under the SPS agreement, sovereign States are protected from arbitrary or permanent sanctions imposed by other nations against an agricultural product without scientific justification. This is why it is so important that nations continue their participation in the relevant WTO committee. Thanks to a recent IICA program, initially funded by the United States Department of Agriculture, with additional IICA support, the last three SPS Committee meetings have had over 95% attendance by OAS Member States. Some 70% of the trade issues now discussed in the SPS Committee are either raised directly or supported by the Americas.

The international standard-setting bodies for human, animal, and plant health are equally important. Countries are strongly encouraged to participate actively in the

Codex Alimentarius Commission, the World Organization for Animal Health (OIE), and the International Plant Protection Convention (IPPC). Increasing the number of international standards can help to lower conflicts and confusion between differing national regulations by establishing easily adoptable minimum human health, agricultural health, and quality standards based on sound science. These international standards also allow countries to evaluate their risks better, based on scientific principles, and respond quicker to sanitary and phytosanitary issues.

The increase in agricultural health, food safety, and related trade disputes has generated greater publicity, helping to focus international attention on this critical issue. This increased awareness should be seen as an opportunity to push for increased modernization and institutional collaboration to enhance the effectiveness and stability of food safety institutions and human health services in Latin America and the Caribbean.

We can make great progress, but only by promoting hemispheric food safety solutions; having strong political leadership; improving communications between health, agriculture, and other ministries; increasing public/private sector collaboration; and receiving increased assistance from developed countries and international institutions. Without these changes, national services will continue to stretch already thin resources to meet their daily operational needs, even as demands on them and the threats to human health and food supplies increase.

ILCA is working hard to help its member countries to improve their capabilities and to facilitate the modernization of national food safety services. It is also working to strengthen the abilities of national services to increase the quality of agricultural exports, better evaluate and manage risk from food safety and agricultural disease issues, modernize institutions to better protect their public health and food supplies, as well as increase their participation and influence in international trade and standard-setting organizations.

To assist in this effort, ILCA and the OIE jointly developed the Performance, Vision, and Strategy (PVS) instrument for institutional modernization for national veterinary services. This tool guides countries' institutions in establishing their current level of performance, and creates a shared vision with the private sector on how best to establish priorities and facilitate strategic planning, with a view to making the best use of budget resources and taking full advantage of new opportunities. Because of its effectiveness, this instrument was adapted for national food safety services in a collaborative effort with PAHO and harmonized with the FAO/WHO standards for food safety systems so as to not duplicate institutional efforts.

These modernization instruments can be very useful tools for countries to characterize institutional and operational capabilities, to measure advancement, and define strategic actions in technical cooperation. In this regard, ILCA works with its members to assist their national services in four fundamental areas, enabling countries to:

- ◀ Bring together human talent and economic resources that will give national services the institutional and financial sustainability to produce results;

- ✦ Coordinate and integrate private sector participation in executing operations and carrying out joint activities and actions;
- ✦ Strengthen capability to overcome health, sanitary, and regulatory barriers in order to facilitate and energize agricultural commerce and market access;
- ✦ Modernize and improve the technical capability of national services to better implement sanitary measures through the use of scientifically supported methods and internationally recognized procedures.

Each nation in our hemisphere has its own culture and institutional infrastructure. But the common thread behind most positive changes in all countries is political will and the leadership of key individuals. IICA, with its network of national offices and regional specialists, works within the political realities of each country to support these leaders and promote positive change. IICA also works to facilitate greater regional and hemispheric dialogue by sponsoring and participating in international forums, through direct government contact and by coordinating with other international organizations.

The problems facing nations today are complex and require expanded technical understanding of the direct and indirect impact that the state of a nation's agricultural health and food safety has on various sectors, especially human health. In recognition of this need for a more multidisciplinary approach and greater collaboration between the agriculture and health sectors on both the national and international levels, IICA and PAHO have been increasing their cooperation to promote health and agricultural prosperity in the rural communities of the Americas. Together our complementary missions in this area will serve to increase hemispheric protection for human, animal, and plant health in the Americas.

IICA is committed to assisting national governments in implementing modernization efforts in agricultural health and food safety agencies that will allow nations to increase rural development and quality of life by better protecting human health, agricultural production, and economic development. We know from experience that our nations can work together in hemispheric cooperation to ensure that all of our people have access to the nourishing food that is so fundamental to social and economic well-being.

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AGRICULTURAL AND LIVESTOCK POLICY: SCIENCE AND TECHNOLOGY APPLIED TO THE FOOD CHAIN

João Carlos de Souza Meirelles,
Secretary of Science, Technology, Economic
Development, and Tourism of the State of São Paulo
São Paulo, Brazil

EXECUTIVE SUMMARY

The development of Brazilian agroindustry in the context of international trade shows that adopting the concept of production chains and incorporating technology leads to high levels of competitiveness and excellence. Some chains, such as those for soybeans, sugar, and meats, have obtained surprising results. Food safety, attained through technology, has been a key factor in this success. With the growing interdependence among chains and the importance of food production for the Americas, there is a pressing need for coordinated action to implement risk management methodology in all the countries of the hemisphere.

DEVELOPMENT OF BRAZILIAN AGROINDUSTRY IN THE CONTEXT OF INTERNATIONAL TRADE

The comparative advantages of Brazilian agroindustry became competitive advantages when the sectors involved adopted the concept of the production chain and at the same time incorporated a factor that is crucial for full development: technology.

The production chains that embraced this approach achieved high levels of competitiveness and excellence. In a few years, they brought Brazil to a prominent position among the world's leading producers of food products with high value added, in addition to primary agricultural products.

In 2004, agroindustry accounted for 40% of Brazilian exports, with US\$ 39 billion in exports to over 150 countries around the world.

The importance of agroindustry to the country's economy is undeniable. Of all the sectors, it is the one that provides the most jobs, the one that has drawn the most on technology inputs, and the one with the greatest growth potential, particularly with respect to productivity and quality.

Table 6 shows the principal Brazilian agroindustrial products marketed in the world. The figures are noteworthy: in 2004, these exports mainly came from the states of São Paulo (US\$ 9.1 billion, 23%), Paraná (US\$ 6.5 billion, 17%), and Rio Grande do Sul (US\$ 6.2 billion, 16%).

TABLE 6. Principal Export Products, Brazil, 2003 and 2004

		2003 US\$ billion	2004 US\$ billion	% change	% share*
1	Soybeans	8.12	10.0	23.7	25.8
2	Meats	4.1	6.4	50.4	15.7
3	Sugar and fuel alcohol	2.3	3.1	36.6	8.0
4	Lumber	2.1	3.0	46.3	7.8
5	Paper and Pulp	2.8	2.9	2.8	7.5
6	Leather and Leather Products	2.4	2.9	17.5	7.4
7	Coffee	1.5	2.0	33.6	5.2
8	Tobacco (leaf and processed)	1.1	1.4	30.8	3.7
9	Fruit juices	1.2	1.1	-8.7	2.9
10	Corn	0.4	0.5	59.2	1.5

* Percentage share of total agroindustrial exports in the period

Source: Sistema de Análise das Informações de Comércio Exterior (ALICE), Secretaria de Comércio Exterior (SECEX), Ministério do Desenvolvimento, Indústria e Comércio Exterior (MDIC).

The United States stands out among the recipient countries, accounting for almost 15% (\$5.7 billion in 2004). During 2004, there was an increase in sales to all trading blocs or regions compared with 2003, notably to countries such as China (a 31% increase) and Japan (30%). Table 7 shows the share of blocs and countries in the purchase of Brazilian agroindustrial products.

TABLE 7. Principal Destinations of Agroindustrial Exports, Brazil, 2004 And 2005

Countries or economic blocs	Feb. 2003-Jan. 2004		Feb. 2004-Jan.2005		% change
	US\$ billion	% share	US\$ billion	% share	
European Union	11.3	36.5	13.4	34.2	18.7
Asia (excluding the Middle East)	5.7	18.3	7.7	19.6	35.6
NAFTA (excluding Mexico)	5.2	17.0	6.3	16.2	20.7
Middle East	2.0	6.6	2.4	7.2	38.8
Eastern Europe	1.9	6.2	2.3	6.0	23.4
Africa	1.5	4.9	2.3	5.8	50.4
Rest of ALADI (excluding MERCOSUR)	1.2	3.8	1.7	4.5	46.7
MERCOSUR	1.0	3.2	1.1	2.9	16.4
Other countries of Western Europe	0.5	1.8	0.7	1.8	32.2
Other countries of the Americas	0.4	1.3	0.5	1.3	25.4
Oceania	0.1	0.4	0.2	0.4	35.8
TOTAL	31.0	100.0	39.3	100.0	26.8

Source: SECEX/MDIC – ALICE.

Brazilian agroindustrial imports held stable during 2004, resulting in a positive trade balance. In 2004, Brazil exported US\$ 39 billion (a 27% increase over 2003) and imported US\$ 4.8 billion (a 2% increase), yielding a US\$ 34.1 billion balance.

TECHNOLOGY AND AGRIFOOD CHAINS

Some Brazilian production chains have become true productive giants, earning a prominent place in world food production.

The concept of production chains has gained increasing acceptance in Brazil, which has helped to optimize efforts and results. Before moving on to describe specific chains, it would be useful to quickly review the concept of agrifood production chains.

A simple, strictly economic definition would be that the production chain for a good or service consists of the set of economic agents that devote a significant part of their businesses to the production of a given product or service. In other words, members of a production chain include all companies and entities that would gain with its growth or lose with its shrinkage.

This definition, perfect from the business standpoint, is misleading from the social standpoint due to its limited scope.

Strategic considerations need to be taken into account, since a chain is only as strong as its weakest link. The action of the State has an impact on every link in the chain; the State monitors the process and acts when necessary to maintain the vigor of the links.

The State's function is to hold the chain together, ensuring the sustainability of the weakest links. The breakdown of one link — which causes a breakdown of the chain — can lead not only to financial damage, but also to serious social turmoil that will have an impact on the State. There are very serious consequences to not thinking and acting strategically.

In agrifood chains, one of the State's functions is to promote, create, and, in some cases, finance technological research. It is also a function of the State to use its purchasing power to correct specific distortions and to establish a legal framework for decisive action in the area of health.

It is also a State function to anticipate events that could affect production chains and undermine their competitiveness or even lead to their breakdown — e.g., in a food chain, anticipating the impact of an animal disease that could be transmitted to humans. It is the government's job to prevent this from happening, to maintain a body of competent technical personnel, and to have surveillance systems in place.

Otherwise, one animal disease could disrupt the entire chain, gravely affecting society, with dire consequences for employment and income generation. A problem that could have been easily resolved if the proper control mechanisms had been in place ends up damaging the reputation of both the product and the country,

undoing years of development and allowing other external economic agents to exploit the opportunity created by the breakdown in the chain.

We know that for the various agroindustry sectors in a country to adopt the production chain concept, cultural barriers must be overcome. Historically, representatives of the links in the chains would face off at the discussion table, blaming each other for whatever had happened. Some were accused of being conservative or reactionary, others of being manipulators and opportunists. But that is in the past; there is a need to move on. Organizing a chain of production requires transparency and strength. The great challenge is to negotiate the points of agreement, redouble efforts to overcome obstacles, and establish common goals for the chain. Thinking and acting strategically is the key to achieving the unity that makes it possible to develop production chains.

The result of this new attitude is exemplified by Brazil's production chains, which stand out because of their high degree of technological sophistication, their capacity to overcome challenges, and their export competitiveness.

Beef

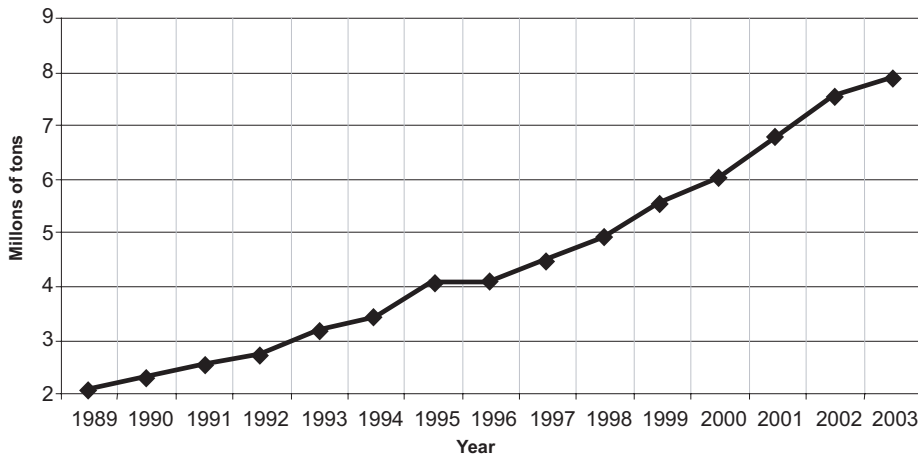
Until just over 20 years ago, Brazil was still a net importer. In 2003, it became the world's largest exporter. Today, Brazilian meat is consumed in 143 countries. At the same time, most domestic demand is now met by domestic production, 83% of which is sold on the domestic market. Such growth has been possible only through serious effort to consolidate the production chain.

There are several factors behind the recent growth of the Brazilian beef production chain. The success achieved has been the result of optimization of zootechnical factors, the quality of inputs, and greater awareness of health issues. Other contributing factors include low production costs and the availability of vast pasturelands, which give Brazil a comparative and competitive advantage, coupled with upgrading of the industry's technology and processes. But the most important factor is perhaps the organization of the chain and the capacity of each of its links to solve common problems, which ensures the competitiveness of the chain as a whole.

Poultry

Despite being one of Brazilian agroindustry's newest production chains, this sector showed spectacular results in 2004, producing 9 million tons of poultry meat and accounting for 17% of world production. Almost 2.5 million tons were exported, equivalent to 32% of all the chicken sold in the world. Exports increased 46% in 2004, compared with 2003, accounting for US\$ 2.5 billion of the country's balance of trade. Figure 14 illustrates the growth of production in this chain.

This steady upward trend reflects the positive process that has taken place in this sector: this is the Brazilian chain in which the components are most evenly balanced. In addition, its interdependence with other chains of production, such as those for grains (soybeans and corn), is well managed, with synergistic action between the various chains.

FIGURE 14. Trend of Chicken Meat Production, Brazil, 1989-2003 (Millions of Tons)

Source: Associação Brasileira dos Produtores e Exportadores de Frangos (ABEF)

Sugar

The sugar-fuel alcohol production chain directly employs 1 million people in Brazil today. Because it is concentrated mainly in the southeastern states, primarily the state of São Paulo, it is a sector with great potential for technological expansion. This is evident from the production of biofuels, a clean and renewable energy source; in the production of biodegradable plastics and their various derivatives; in electric power generation; in the secondary utilization of sugarcane byproducts; and, especially, in food production.

This chain produces not only sugar in its various forms, but also foods with high added value, such as amino acids (95% of national production is exported), and highly processed candies and other sweets, with certified brands and quality.

In 2004, Brazil, the world's largest producer in this sector, exported 36.6% more than in 2003, with the value of exports totaling US\$ 3 billion. The European Union was the primary destination.

Soybeans

The Brazilian agroindustrial chain that exports the most is the soybean complex chain, which includes soybean oil, soybean meal, and whole soybeans. In 2004, exports of soy products totaled over US\$ 10 billion.

The immense growth of the soybean complex is due to major investment in Brazilian research studies in the fields of genetics, health, and adaptability to the conditions of the Brazilian savannah, where the large fields are. The Brazilian tropical soybean has the lowest production costs in the world. This factor, together with the adoption of the production chain concept, has considerably boosted the competitiveness of Brazil's soybeans, turning it into a major world exporter.

This chain is also responsible for strengthening the Brazilian poultry- and pig-farming sectors, which increased their exports exponentially thanks to the existence of cheap meal and grain in sufficient quantity to meet the growing demand of these sectors.

Table 8 shows the trend of soybean complex exports, comparing 2003 and 2004, during which period total values jumped from US\$ 8.1 billion to US\$ 10.0 billion.

TABLE 8. Development of the Soybean Complex, Brazil, 2003 And 2004

Products	2003			2004		
	Volume (millions of tons)	Value (US\$/ton)	Value (US\$ billion)	Volume (millions of tons)	Value (US\$/ton)	Value (US\$ billion)
Whole soybeans	19.9	216	4.2	19.2	280	5.3
Soybean meal	13.6	191	2.6	14.5	226	3.3
Soybean oil	2.5	496	1.2	2.5	549	1.4

Source: SECEX/MDIC-ALICE.

Studies of the relative proportions of the products from the complex that are exported reveal a downward trend in exports of whole soybeans, matched by an inversely proportional upward trend in exports of products with greater value added, such as oil and animal feed (ready-to-eat), in addition to chicken and pork, which complete the chain's cycle.

Food safety is fundamental in Brazil's successes in foreign markets. And producing safe food is only possible through the incorporation of technology. The world consumes Brazilian products not only because of logistic factors or price, but because of the quality of the products, achieved through the use of high technology for production and processing and, above all, the certification of food quality and safety, combined with efficient risk management.

The development of risk management in the productive processes of some Brazilian agroindustrial chains has been achieved, to a large extent, thanks to a partnership between the Brazilian Government and the Pan American Health Organization (PAHO). Through the Pan American Institute for Food Protection and Zoonoses (INPPAZ), a PAHO center of excellence, a partnership was formed with the federal government and several Brazilian state governments for the implementation of risk management technologies, including good manufacturing practices (GMP) and the hazard analysis critical control points (HACCP) system. INPPAZ trained Brazilian extension agents, who worked to promote these technologies among the agrifood chains. The introduction of these technologies and their application at the various stages of the production process was, without a doubt, what gave some chains a big competitive edge in the globalized market.

FOOD SAFETY AND PUBLIC HEALTH STRATEGIES

With globalization and the optimization of relations between links in chains of production, chains that were once considered separate have become increasingly interdependent.

An example of the growing awareness of this interdependence is the acceptance of the proposal of the Hemispheric Conference on the Eradication of Foot-and-Mouth Disease, sponsored by PAHO and the United States Department of Agriculture (USDA) and held in Houston (Texas) in March 2004. There was consensus among participants that, in addition to the meat chain, others such as the soybean and corn chains should be involved in efforts to eradicate foot-and-mouth disease throughout the hemisphere. The reasoning is simple: these chains would also be seriously affected by an outbreak of the disease, since soybean and corn production, at least in the United States, is largely used for animal feed.

We have all heard of dramatic situations caused by food contaminated with physical, chemical or, especially, biological agents. Today, the global consumer demands the security of certified quality, without which the international food trade is not viable.

In agrifood chains, the risks are increasingly immediate and interlinked. There is a pressing need to adopt coordinated health risk management procedures between trading circuits and continents. Action to eradicate disease and address other human health impairments can no longer be confined within national borders; in today's world, such issues must be addressed across continuous geographical areas.

That is the only way we can prevent the occurrence of food safety disasters involving foods intended for worldwide distribution, which nowadays are unacceptable. There is no political, economic, or tariff barrier capable of stopping the risks. In addition, interaction between production chains is unavoidable, if only because in virtually all the countries of the Americas, as in the case of Brazil, food exports are the principal source of foreign exchange.

What is needed is to encourage and consolidate the hemisphere's food-producing potential. The Americas account for 54% of world beef exports and possess 34.5% of the world's cattle. In North America, Central America, and the Caribbean one-third of the cattle are slaughtered, and in South America, two-thirds. This points up the importance of the meat chain in the Americas as a source of jobs and income for the countries' populations. Countries that are so heavily dependent on agroindustrial exports are more open to adopting risk management measures.

Hence, it is essential that each country — and all of them collectively — make a serious effort so that the hemisphere can attain excellent levels of animal and plant health. For the countries of the Region, food safety and public health are intrinsic to sustainable development, as they are factors that will help to ensure not only that their products gain a solid foothold in world markets, but also that jobs are created and income generated.

There is a pressing need to adopt risk management tools in the productive processes of agrifood chains in the Americas. This means implementing food quality management in the hemisphere, beginning with good agricultural practices, good transportation and storage practices, and good manufacturing and marketing practices. The idea is to institute a solid program, prioritizing the countries in which exports of the products of agrifood chains have strategic, social, and economic importance.

A detailed situation analysis is urgently needed for each country of the Americas, with a view to implementing food quality management procedures. PAHO's role in this undertaking would be to provide support, coordination, and technical assistance, while Member States would be responsible for implementation. With proportional financial support from member countries, PAHO, together with the institutions working in the area of food safety, could provide technical training for professionals, who could then replicate the measures throughout the hemisphere. This would promote the implementation of risk management techniques, which would help to harmonize food safety standards across all the countries covered by the program.

In the medium term, this Region, the world's biggest food producer, could become the only one with a uniform response in the area of food safety, able to supply the world with products of certified quality.

It is time to coordinate action and share good practices, since the same risks affect us all, regardless of our countries' world economic rankings. Acting strategically in the 21st century means taking measures on a hemispheric scale.

EMPOWERING AND EXPANDING THE ROLE OF WOMEN IN FOOD SECURITY AND LOCAL DEVELOPMENT

Susana Malcorra,
Deputy Executive Director for Administration,
World Food Program (WFP)
Rome, Italy

EXECUTIVE SUMMARY

The role of women in food production, and consequently food security for families and the community at large, is well understood. Women the world over play a crucial role in food production. Unfortunately, their contribution has long been ignored, and the gender-related constraints that women face have not been taken into account in agricultural policies and strategies. Women's access to fundamental resources for food production (land, capital, credit, cash, agricultural inputs, technology, training, and extension services) is limited, as is their access to the political arena and education, and consequently to non-farm labor markets. Industrialization and globalization, which ostensibly have positive long-term effects on the development of rural communities, have often actually jeopardized women's role in food production during the early stages of introduction. Indeed, with their lack of access to resources, women face enormous difficulties in producing for liberalized markets at competitive rates. Women have adopted various coping mechanisms to preserve food security, ranging from additional non-farm activities and small-scale business to switching to new activities.

To empower women and improve their role in food security and local development, an integrated approach is needed. Investment should take account of natural, physical, human, financial, and social capital, as well as the legal and institutional frameworks to promote them. Piecemeal investment will not be effective, because all factors are interrelated and necessary for women's empowerment.

The international community is recognizing the role of women in food security and local development and making tremendous efforts to empower them. The recent report of the United Nations Millennium Project's Task Force on Education and Gender Equality has called for action on the global scale for gender equality and women's empowerment, which are crucial to meet the Millennium Development Goals. More tangible efforts are needed to ensure that measures and reforms trickle down to the poor, women in particular, and make a real difference in their lives.

The World Food Program (WFP) and other United Nations agencies working in the field of food security are making every effort to make gender equality a reality in their daily operations.

INTRODUCTION

The role of women in food security is well understood. Traditionally, women have produced food and ensured the food security of the family and the community at large. Despite new trends in food production arising from globalization, women carry out a significant proportion of food production in most developing countries. For decades women — especially African women — have combined farm and non-farm income-earning activities as a survival strategy to ensure food security for their families and to reduce the risk of starvation in periods of food insecurity. To provide food for their families, women combine work as farmers, petty traders, and informal laborers, because none of these strategies on its own is capable of sustaining them. At the same time, women are responsible for reproduction, and yet have to work even when they are pregnant or lactating.

Despite the important role that women play in food security and local development, their needs and the gender-related constraints they face are not taken into account when the causes of low food productivity and food insecurity are considered. These constraints constitute what has been called the “invisible factor.” Women face multiple constraints in producing food: lack of access to land, capital, credit, cash, agricultural inputs, technology training and extension services; their access to the political arena and non-farm labor markets is limited as a consequence of their lack of education. The invisible factor is most pronounced in African countries (Boserup, 1970; abstract from Christina Gladwin et al., 2001).

To empower women and enhance their role in food security and local development, multiple factors need to be taken into account: natural, physical, human, financial, and social capital, and the legal and institutional frameworks to promote them. Any efforts to improve one factor that leaves out the others will be ineffective, because they are all interrelated factors required for women’s empowerment.

The international community and individual governments are becoming increasingly aware of the role of women in food security and local development, and are making tremendous efforts to empower women. The main challenge to all these efforts, however, is that of ensuring that the measures and reforms benefit the poorest of the poor, particularly women, who often cannot seize development opportunities.

The January 2005 report of the United Nations Millennium Project’s Task Force on Education and Gender Equality concluded by stating: “The next ten years provide a new window of opportunity to take action on a global scale to achieve gender equality and empower women, which are critical for meeting the Millennium Development Goals.”

The World Food Program is at the forefront of the battle for women’s empowerment. As the United Nations food-aid arm, WFP uses food to meet emergency needs and

to support economic and social development. Its mission statement mandates WFP to work to put hunger at the center of the international agenda, promoting policies, strategies and operations that directly benefit the poor and hungry. Because women and children are most vulnerable to poverty and food insecurity, WFP has put them at the center of its operations. In 2003, WFP adopted the new Gender Policy 2003–2007, with eight Enhanced Commitments to Women (ECW) that aim to ensure gender equality in all WFP operations.

BACKGROUND

About 800 million people in the developing world are currently experiencing food insecurity. This situation is likely to worsen every day. Women play a crucial role in ensuring food security and well-being for households. Their contribution to food production — 70 to 80% in sub-Saharan Africa, 65% in Asia, and 45% in Latin America and the Caribbean (IFPRI, 1995) — needs to be recognized in order to promote equitable and sustainable development of rural communities. Sustainable food production is the key to food security, just as women's empowerment is the key to food security. The challenges of meeting the food and nutrition needs of food-insecure people will grow in the coming years, especially in a global environment of increasing poverty, rural migration, conflict, and environmental degradation. All potential actors in development, especially women, should therefore be supported in their part in sustaining livelihoods. "Given equal access to resources and human capital, women farmers can achieve yields equal to or even, as some studies show, significantly higher than those of men" (IPFRI, 1995). Women's access to and control of land, credit, agricultural extension services, training, education, health, technology, and information are crucial to increasing their contribution to food security and local development.

The international community's awareness of this situation is increasing, but more tangible and effective actions are needed to fill the gender gap. For example, in the 1970s the role of women in food security was ignored in statistics and analyses of constraints to food production. This trend is gradually changing. WFP and other United Nations agencies are making tremendous efforts to ensure gender equality in their daily operations.

With regard to WFP's efforts for women's empowerment and gender equality, at the Fourth World Conference on Women in Beijing in September 1995, WFP adopted its 1996–2001 Gender Policy, "Commitments to Women (CW)." Those Commitments were linked to strategic objectives in the Beijing Platform for Action and based on the roles women play as managers of food and as guardians of household food security. Following various reviews of lessons learned from implementation of the CW, in October 2002 WFP adopted the new Gender Policy (2003–2007) known as the Enhanced Commitments to Women (ECW), which entailed further major institutional changes. The final stage of these changes is implementation at the country level to contribute to efforts of national mechanisms for gender equality.

CURRENT SITUATION OF WOMEN'S EMPOWERMENT IN FOOD SECURITY AND LOCAL DEVELOPMENT

In most societies in the developing world, women play a major role in agricultural food production, including fisheries, forestry and livestock, as well as in local development (FAO, 1997). With the new era of globalization, the most disadvantaged population — the poor, the majority of whom are women — are increasingly marginalized and either do not benefit from or are adversely affected by economic growth. With trade liberalization, industrialization and the commercialization of food production, the traditional role of women in food security and development is being jeopardized. Despite the projected positive impact of these new policies on the lives of rural people in the long term, women generally have difficulty adjusting to them during the transition period. This is because of their low capacity to produce and sell competitive products in the liberalized markets, which often leads to transitory impoverishment of rural populations, in turn affecting their food security. Some farmers choose to move to other sectors as a coping mechanism, which is often more difficult for women because of their lack of access to and control of resources.

In Peru, Chile, and other countries of the South, women are fighting against new policies that favor monopolistic systems and are building their own community food and health systems (Diverse Women for Diversity, 1997). Other women in indigenous societies oppose land sequestration and the use of hazardous chemicals in export-oriented agriculture.

To empower women and expand their role in food security and local development, actions need to be taken in various areas. Natural capital — land, livestock, water, trees and natural resources — and physical capital — houses and collective infrastructures — play a major role in economic production (Quisumbing et al., 2001). Assets also provide security in periods of crisis, because the sale of assets is one of the first and most readily available coping mechanisms that a family can resort to in a crisis. Despite the important role that women play in food production, they do not benefit equally from these assets; men often have control of the assets, whether they are community or family assets. To overcome this situation, women often try to accumulate other assets such as livestock that have an economic value and provide food for the family. Increasing women's access to land and related assets and technology is fundamental to increasing their productivity.

One of the greatest achievements of the women's movement in recent decades has been investment in women's human capital. Significant increases have been registered in women's life expectancy, which is now 20% longer than men's (Quisumbing et al., 2001); fertility rates have declined; and gaps in education have been reduced. These investments in human capital increase women's capabilities, expand their field of opportunities, and empower them to make choices. Among these investments, the most rewarding is education, whose results positively affect all aspects of the lives of women and their families.

Another important area in which to invest to empower women is social and financial capital. Women have been assisted in organizing themselves into groups that

empower them. With group savings, women are able to overcome the main constraint of requirements for collateral to obtain loans. Through the groups, women are able to mobilize funding from microfinance schemes, develop small-scale businesses, and build more valuable assets.

Last but not least, to facilitate the process of women's empowerment through the above investments, there is a need to develop legal and institutional frameworks. Laws taken in isolation are not effective: they need to be accompanied by substantive and procedural measures to empower the institutions charged with implementing them. A comprehensive approach to legal reforms needs to be taken; procedures need to be clarified to facilitate the process of seeking justice for the poor, women in particular. This will provide the basis for women to lay legitimate claim to the assets mentioned above (Quisumbing, 2001).

WFP EFFORTS IN THE AUTONOMY AND EXPANDING THE ROLE OF WOMEN IN FOOD SAFETY AND LOCAL DEVELOPMENT

WFP Food Aid Policy: Enabling Development

The role of WFP food aid is different from that of other types of development assistance. In its Food Aid Policy, WFP aims to enable marginalized people, particularly women, to participate in development and share in its benefits by focusing on five areas of intervention: (i) reaching mothers and children; (ii) investing in education and training, particularly for women and girls; (iii) gaining and preserving assets; (iv) disaster mitigation; and (v) management of natural resources. In all these areas of intervention, WFP ensures that women and men benefit equally.

WFP recognizes, however, that food aid alone cannot lead to positive developmental outcomes; it needs to work in partnership with others to link its interventions to the development opportunities they provide to communities.

For example, to reach mothers and children, WFP works in partnership with national health authorities and with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and the United Nations Population Fund (UNFPA) to provide supplementary food for pregnant and lactating women and for children attending health services. Where public health services do not exist or are weak, WFP works with the communities, women's groups and NGOs that work with women to deliver supplementary feeding, nutrition and health education, and health referral services.

In its efforts to invest in education and training, WFP implements food and education activities by focusing on food-insecure areas where there are low rates of elementary school attendance or low attendance of girls. In collaboration with partners, WFP also implements training activities for women for income-generating activities and social development.

WFP also helps communities to gain and preserve assets so that beneficiaries can enjoy the long-term benefits of interventions. In this context, WFP ensures that the poor

participate in the design and management of asset-creating activities and that women's needs are taken into account during the identification of assets to be created.

In places where food availability often fluctuates, early intervention may prevent the distress sale of crucial household capital — tools, land or livestock — and prevent the erosion of human capital, for example by enabling a family to keep its children in school. WFP often conducts interventions such as building community water tanks and feeder roads, social forestry- and education-based activities to help reduce the severity of setbacks. It also ensures that women benefit equally from those assets.

Women and children are affected by crisis differently from men; they often suffer more from crisis situations than men because they may have to take up additional burdens. Women's role in food security increases during crises, when they are usually expected to find more imaginative coping strategies. Disaster prevention and mitigation activities are important components of WFP interventions: they range from constructing or repairing rural infrastructures to limit flood damage or slow the advance of desertification to building sea dikes or small dams to mitigate damage to coastal areas caused by hurricanes.

Managing natural resources contributes to food security. WFP uses food assistance to enable people to invest in learning and sustainable management practices that protect their natural resources. WFP targets food-insecure areas to implement programs for preventing or halting degradation of natural resources. Other programs are designed to support moves from unsustainable to sustainable practices before resources are degraded to the point of exhaustion. WFP also intervenes to prevent "silent" natural-resource emergencies such as encroachment of sand on arable land.

In all these interventions, WFP ensures that its ECWs are mainstreamed to empower women in improving their role in local development in general and food security in particular. Among the eight ECWs included in the Gender Policy 2003–2007, four aim at enhancing the role of women in food security, while three contribute to increasing women's role in local development. The new features of the ECWs are: (i) women's enhanced control of food; (ii) increased emphasis on adolescent girls; (iii) food for training, targeting women and adolescent girls as a new program focus; and (iv) increased advocacy of women's role in food security. The results of the self-assessment phase of a recent WFP baseline survey in 2004 on implementation of the ECWs reveal interesting findings on the Program's efforts to achieve gender equality.

ECWs: PROMOTING WOMEN'S ROLE IN FOOD SECURITY

ECW I: Meet the specific nutritional requirements of pregnant and lactating women and adolescent girls, and raise their health and nutrition awareness.

ECW IV: Contribute to women's control of food in relief food distributions of household rations.

ECW V: Ensure that women are equally involved in food distribution committees and other program-related local bodies.

ECW VII: Contribute to an environment which acknowledges the important role women play in ensuring household food security and encourages both men and women to participate in closing the gender gap

ECWs: PROMOTING WOMEN'S ROLE IN LOCAL DEVELOPMENT

ECW II: Expand activities that enable girls to attend school.

ECW III: Ensure that women benefit at least equally from the assets created through food for training and food for work.

ECW VI: Ensure that gender is mainstreamed in programming activities.

To implement these commitments to women, WFP had to undertake major institutional changes:

- a) *Put food directly into the hands of women.* This was a major undertaking that was not easy to implement in areas where cultural beliefs work against it, for example in Afghanistan under the Taliban. The results of the 2004 baseline survey to assess implementation of the ECWs and the 2004 case studies on best practices related to women's control of food in relief operations in six countries are encouraging.

In general, women beneficiaries holding food entitlement cards expressed great appreciation for this measure. They said that it increased their sense of value and made them feel that they had a role to play in their community. Control of the rations allowed them to ensure that their children's share and their own share were brought home rather than diverted for other purposes. The baseline survey results are as follows:

- In 67% of food distributions, both for relief and for development, women were designated as food entitlement holders (FEHs) in each household or were listed as such on food-distribution lists. Wives in polygamous families were listed separately as FEHs in 56% of food distributions.
- In 90% of food distributions, women were encouraged to collect their food and were informed of their right to designate someone to collect the household food ration on their behalf.

The challenges lie in overcoming sociocultural barriers, especially in conservative societies. An important lesson from the Torbate-e-Jam refugee camp in Iran is that WFP staff engaged the Imam in the process. His support was fundamental to success. The involvement of men during program design and life cycle is fundamental.

- b) *Let women have control of food* by involving them equally in food-distribution committees (FDCs) and other bodies. WFP wants food to be handed to women, but they have to assume leadership roles in the food distribution process. This

raises the issue of meaningful participation as opposed to merely reaching numerical targets for women. In the case studies, women beneficiaries indicated that they felt that the struggle for recognition of their right to speak in the community is worthwhile and that, encouraged by WFP support, women in leadership roles gained respect from men that was not evident before. They also indicated that men's attitudes towards them are slowly changing. The baseline survey also revealed the following results:

- 92% of food-for-training (FFT) project documents state that at least half of the representatives on beneficiary-level FDCs are to be women, but this actually occurred in only 78% of food-for-work (FFW) project documents.
- In 71% of FFW and in 78% of FFT project documents, the target of at least 50% of women executive-level members in food distribution committees is clearly stated.
- Partners provided leadership training for women participating in beneficiary-level committees in 50% of food distributions, 56% of FFT and 63% of FFW activities.

The challenges will be to involve both men and women in developing a monitoring and evaluation (M&E) system.

- c) *Alleviate women's burden.* WFP realized that by giving women control of food, it was in some cases adding to their burdens or possibly putting them in danger. Women pointed out in the case studies that their daily tasks include fetching water and carrying wet laundry or firewood, sometimes for distances greater than that between the final distribution point and their homes. WFP is working with the logistics unit to see how to alleviate the burden and ensure security for women when they collect food. Increasing the number of final distribution points, repackaging food in smaller bags, or organizing more frequent food distributions have been proposed. The challenge will be to combine burden and safety concerns with cost-effectiveness.
- d) *Seek gender equality in staffing.* Under the Gender Policy, WFP is applying the same standards to its own staff as it does to its valued beneficiaries, by seeking gender equality in staffing. WFP aims to have more women staff in all categories, especially at management levels in humanitarian operations, where the gender gaps are the biggest. WFP is addressing staff welfare and working conditions, and is looking for other ways to improve the working environment for women and men. Important steps have been made in this regard, although the recent mid-term review of the implementation of the ECWs noted a loss of momentum from the previous years. WFP will look into this situation and take corrective measures.

The self-assessment phase of the baseline survey was conducted in 48 countries. The overall results from Bolivia, Colombia, Haiti, Honduras, and Nicaragua reveal the following: the ECWs are being well implemented; the target of 50% women participating in food distribution and management committees has been mostly achieved, as has the target of 70% of women in food-for-training projects. It must be recognized, however, that in contrast to what has occurred in other regions, WFP has

not generally faced much resistance to women's empowerment in food distribution in Latin America because women were already in charge of food- handling and related issues.

For detailed information on the results of the baseline survey in all 48 countries and in selected Latin American countries, see Annex I for overall results of the self-assessment part of the baseline survey in five Latin American and Caribbean countries, and Annex II for the results from Nicaragua and Colombia and the results of the case studies in Colombia.

CONCLUSIONS AND RECOMMENDATIONS

To realize fully the empowerment of women and the expansion of their role in food security and local development, strong, sustained political will and engagement is needed at the decision-making level of governments and organizations working in the field of women's development. All empowerment efforts should be accompanied by institutional and legal reforms that benefit the poor and make a difference in their lives, particularly for women. At the March 2005 meeting of the Commission on the Status of Women at United Nations Headquarters in New York, many high-level delegates made compelling speeches on the measures, reforms, and laws of their Governments to empower women and promote gender equality. The challenge is to ensure that women at the grassroots level benefit from the effects of such laws and measures, are well informed of their existence, and are empowered enough to claim the rights they provide.

Four major recommendations emerge from our analysis:

- ✦ Investment in women's education would improve the well-being of women and their families in terms of health, nutrition, opportunities for employment, food security, and development in general.
- ✦ Investment in women's groups and the networks and the collective action that they generate are recognized as assets in themselves. Through these networks, women are able to develop small-scale businesses, improve farm outputs, and create assets that alleviate the burdens of processing food and collecting water. Women are considerably empowered through networks in which gender inequalities are not pronounced or in which they hold an advantage.
- ✦ Administrative and legal reforms to eliminate discrimination with regard to resources and to promote women's rights need to be enacted and institutionalized.
- ✦ At the organizational level of WFP, other United Nations agencies, and NGOs, women's empowerment will emerge only if measures that enhance gender equality are institutionalized and incorporated regularly in program activities and mechanisms, for example in country office work plans, program and project documents, and agreements with implementing partners.

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ANNEXES

ANNEX I.

2004 SURVEY ON THE ENHANCED COMMITMENTS TO WOMEN (ECW): RESULTS FROM THE SELF-ASSESSMENT PHASE FOR LATIN AMERICAN AND CARIBBEAN COUNTRIES

Countries covered: Bolivia, Colombia, Haiti, Honduras, and Nicaragua.

ECW I: Meet the specific nutritional requirements of expectant and nursing mothers and adolescent girls, and raise their health and nutrition awareness

In Latin America, eight nutritional interventions were covered by the self-assessment survey

- ◀ Pregnant and lactating women (PLW) are being supported with **micronutrient and fortified food** more than adolescent girls: five (out of eight) nutritional interventions examined by the survey provide micronutrient-fortified foods to pregnant and lactating women; only two provide this kind of food to adolescent girls participating in out-of-school and life-skills training activities.
- ◀ In the Latin American countries surveyed, **deworming medication** is not a priority: none of the WFP project documents included in the survey explicitly state that deworming medication will be given to pregnant and lactating women in the second and third trimesters of pregnancy; furthermore, only the Honduras country office reports that it provides deworming medication.
- ◀ Six (out of eight) WFP project documents explicitly state that **awareness-raising sessions** on nutrition, health, and caring practices will be offered to participants; seven nutritional interventions are actually offering this kind of awareness-raising sessions.

ECW III: Ensure that women benefit at least equally from the assets created through food-for-training and food-for-work

In Latin America, four food-for-training (FFT) activities were covered by the self-assessment survey

- ◀ According to the country office self-assessment, two (out of four) FFT activities set the **target** of having at least **70%** of females among the trainees. In fact, however, females make up at least 70% of the trainees in only one activity.
- ◀ **Females participating** in the four FFT activities covered by the survey account for 57% of all the trainees.

In order to facilitate the participation of women and adolescent girls in FFT activities, the Gender Policy 2003-2007 suggests undertaking a gender-specific situation analysis in the preparation of the program design and providing complementary services, such as child-care arrangements, flexible timing, sanitation, etc.

- ✦ A **gender-specific situation analysis** has been undertaken in the preparation of two (out of four) FFT activities. Partners cooperating with WFP provide **complementary services** in three FFT activities.

In Latin America, eight food-for-work (FFW) activities were covered by the self-assessment survey

- ✦ A **gender-specific situation analysis** has been undertaken in seven (out of eight) FFW activities covered by the survey.
- ✦ Unfortunately, appropriate **working conditions** for women have been put in place only in one FFW activity and their implementation has been explicitly mentioned in only two WFP project documents.

ECW IV: Contribute to women's control of food in relief food distributions of household rations

In Latin America, seven relief and general food distributions were covered by the self-assessment survey

- ✦ **Participatory consultations with women** took place before determining the locations of food distribution points in three (out of seven) general and relief food distributions.
- ✦ An assessment was conducted to identify the need for **special packaging** in two general and relief food distributions.
- ✦ Women, whether heads of households or wives, are the **food entitlement** holders (or are listed as such on the food distribution lists/household food ration card) in five general and relief food distributions. In addition, information about food entitlements is being provided to beneficiaries in five general and relief food distributions.
- ✦ **Women** are being **encouraged to collect** their food, and have been informed of their right to designate other persons to collect their household rations, in six general and relief food distributions.

ECW V: Ensure that women are equally involved in food distribution committees and other program-related local bodies

General and relief food distributions

- ✦ Three (out of seven) WFP project documents explicitly state that women must make up at least half of the **representatives** on beneficiary-level food distribution committees established in connection with general and relief food distributions.

- ✦ Three WFP project documents explicitly state that women will make up at least half of the **executive-level members** on beneficiary-level food-distribution committees.

Food-for-training

- ✦ Three (out of four) FFT activities adopted a **participatory approach with men and women** for beneficiary identification. Two adopted a participatory approach for activity identification and formulation. Only one adopted a participatory approach for the development of a monitoring and evaluation (M&E) system.
- ✦ Three WFP project documents explicitly state that women must make up at least half of the **representatives** on beneficiary-level food distribution committees established in connection with FFT activities.
- ✦ Three WFP project documents explicitly state that women must make up at least half of the **executive-level members** on food distribution committees established in connection with FFT activities.

Food-for-work

- ✦ Seven (out of eight) FFW activities adopted a **participatory approach involving men and women** for beneficiary identification; six adopted a participatory approach for (1) activity identification and (2) development of an M&E system.
- ✦ Three (out of seven) WFP project documents explicitly state that women must make up at least half of the **representatives** on beneficiary-level asset management committees established in connection with FFW activities.
- ✦ Only two WFP project documents explicitly state that women must make up at least half of the **executive-level members** on asset management committees established in connection with the activity surveyed.

CONCLUSIONS

Achievements

- ✦ Awareness-raising sessions on nutrition, health, and care practices are often mentioned (and actually offered) in WFP project documents.
- ✦ A gender-specific situation analysis has been often undertaken in the preparation of FFW activities.
- ✦ Women, whether heads of households or wives, are often the food entitlement holders, and information about food entitlements is often provided to beneficiaries.
- ✦ Women are often being encouraged to collect their food, and are being informed of their right to designate other persons to collect their household rations.

- ✦ WFP project documents often state that women must make up at least half of the representatives (and half of the executive-level members) on beneficiary-level food distribution committees established in connection with FFT activities.
- ✦ FFW activities have often adopted a participatory approach, involving men and women in (1) beneficiary identification, (2) activity identification, and (3) development of an M&E system.

Challenges

- ✦ To increase the number of nutritional interventions providing micronutrient-fortified food to adolescent girls.
- ✦ To increase the number of FFT activities based on a previous gender-specific situation analysis and the provision of complementary services to facilitate the participation of women.
- ✦ To increase the involvement of women in FFT activities, especially in those areas where the gap between the skills of women and men is particularly wide.
- ✦ To regularly put in place appropriate work standards for women, especially where many female workers participate in FFW activities.
- ✦ To increase participatory consultations with women to determine the locations of food distribution points and to assess the need for special packaging.
- ✦ To adopt more frequently (in FFT activities) a participatory approach, involving men and women in the development of an M&E system.
- ✦ To increase (in FFW activities) the participation of women as executive-level members in asset management committees.

ANNEX II.

BASELINE SURVEY RESULTS FROM NICARAGUA AND COLOMBIA AND CASE STUDY RESULTS FROM COLOMBIA

NICARAGUA: Results From Site-Level Baseline Survey (Operations surveyed:
Nicaragua Country Program (CP) 10044 and Protracted Relief and
Recovery Operation (PRRO) 10212)

ECW I: Nutrition

About 15% of the sites where pregnant and lactating women are being assisted were surveyed.

- ✦ Micronutrient-fortified food is provided to all pregnant and lactating women in all the sites surveyed.
- ✦ In all sites surveyed, at least half of pregnant and lactating women and adoles-

cent girls attend awareness-raising sessions on nutrition, health, care practices, and prevention of HIV/AIDS. No men have attended these sessions.

ECW III: Food-for-assets activities (food-for-work and food-for-training)

Food-for-work

About 25% of FFW sites were sampled and surveyed.

- ✦ On average, 50% of participants in FFW activities are women.
- ✦ On average, beneficiaries felt that they were involved “enough” in the definition of the FFW activities; that women’s needs were taken into account “a lot,” and that the activities offered reflected what they had actually discussed in the participatory consultations.
- ✦ Adolescent girls were generally involved less in all consultations, because there are no activities targeting them specifically.
- ✦ If women and girls are assigned work that is too heavy for them, they can ask for lighter work.
- ✦ Flexible timing and illness arrangements are offered as complementary services to the women working on FFW activities.
- ✦ In every site, every worker (male or female) receives a ration card under his/her name.

CW V: Participation in decision-making bodies (FFW committees)

In almost all of the sites surveyed, beneficiary-level food distribution and asset management committees are in place.

Sites where women make up at least 50% of the members and executive-level members of food distribution and asset management committees established in connection with FFW activities

Food distribution and asset management committees	% of sites PRRO	% of sites CP
Sites where the percentage of women on food distribution committees reaches 50%	69.4	36.8
Sites where the percentage of women in leadership positions on food distribution committees reaches 50%	60.9	21.2
Sites where the percentage of women on asset management committees reaches 50%	80.7	36
Sites where the percentage of women in leadership positions on asset management committees reaches 50%	73.4	19.3

- ✦ Women feel that their views are taken into consideration “quite a lot” in the committees.
- ✦ In about 50% of FFW sites, leadership training is offered to women participating in the committees.

ECW VIII: Human resources

- ✦ 2 out of 2 international officers are women.
- ✦ 1 out of 1 national officer is a woman.
- ✦ 3 out of 4 general service staff are women.

COLOMBIA: RESULTS FROM SITE-LEVEL BASELINE SURVEY AND FROM ECW IV AND V CASE STUDIES

Protracted Relief and Recovery Operation (PRRO) 10158, Assistance to Persons Displaced by Violence in Colombia, covers the needs of 375,000 displaced persons for a three-year period, which began in October 2003. The operation provides protracted relief assistance to displaced persons in transition between relief and recovery, focusing on the needs of families between the fourth and the twenty-fourth month of displacement. The primary goal of the PRRO is to support the social and economic reintegration of displaced persons by improving their food security.

ECW I: Nutrition

About 25% of the sites where pregnant and lactating women are being assisted were surveyed.

- ✦ Micronutrient fortified food is provided to all pregnant and lactating women in all the sites surveyed.
- ✦ 50% of pregnant and lactating women assisted in the surveyed sites received at least one dose of deworming medication.
- ✦ In about 75% of the sites surveyed, at least half of pregnant and lactating women and adolescent girls attend awareness-raising sessions on nutrition and health.
- ✦ In about 65% of the sites, at least half of pregnant and lactating women and adolescent girls attend awareness-raising sessions on care practices.
- ✦ Awareness-raising sessions on prevention of HIV/AIDS are offered only in about 40% of the sites. No men had attended these sessions.

ECW III: Food-for-asset activities (food-for-work and food-for-training)

In general, women and adolescent girls expressed a feeling that their needs and expectations are better met through food-for-training activities than through food-for-work projects.

Since most of the beneficiaries interviewed had previously been farmers, most of the FFW schemes consist of agricultural work. This causes some problems in the participation of women, because the FFW sites are far from the villages and the physical effort required is high.

Moreover it is important to stress that these productive projects tend to reproduce the traditional gender division of labor found within the household: the men do the “hard work” in the fields, while the women take care of cooking, gardening, and raising the children.

Food-for-work

About 35% of all FFW sites were sampled and surveyed.

- ✦ On average, 50 % of participants in FFW activities are women.
- ✦ On average, beneficiaries felt that they were involved “a lot” in the definition of the FFW activities; that women’s needs were taken into account “enough,” and that the activities offered reflected “enough” what they had actually discussed in the participatory consultations. Adolescent girls were generally involved less in all consultations, because there are no activities targeting them specifically.
- ✦ If women and girls are assigned work that is too heavy for them, they can ask for lighter work.
- ✦ Flexible timing and illness arrangements are offered as complementary services to the women working on FFW activities.
- ✦ In every site, every worker (male or female) receives a ration card under his/her name.
- ✦ In focus group discussions, men stated that women are in control of the food even if they were not involved as workers. Women benefit from the assets created even if the FFW project was not designed with this goal.
- ✦ Women often took on a more active role in the community because they were alone.

ECW IV: Relief food distribution

About 50% of the sites where WFP is distributing food were surveyed.

The food is distributed through “community kitchens,” where food is provided to the beneficiaries already cooked.

Women manage almost everything: they receive the food, they manage the list of beneficiaries who are entitled to the rations, and they organize the cooking. In general, women are empowered through this activity, and they feel that their social role is acknowledged by the rest of the community.

RESULTS OF THE COLOMBIA CASE STUDY ON ECW IV

Traditionally in Colombia, women have a high degree of control over food within households. Preparing, managing, and distributing food is seen as women’s responsibility. In situations of displacement women tend to carry a greater burden than men as they often take on the role of income-earner as well. When displaced families are forced to adapt to a new environment, usually urban, it is women who bear the burden of supporting the family. It is more difficult for men to find work because they are not always able to transfer rural livelihood skills to an urban environment. It is easier for women to find a source of income through domestic work. Consequently, in situations of displacement, women often take on the role of income-earner in addition to other responsibilities.

Generally, food distribution points, which also serve as food storage facilities, are determined jointly by food distribution committees, implementing partners, and beneficiaries. Distribution points are selected based on several criteria including accessibility for beneficiaries, safety and security, and cleanliness of storage facilities (free from rodent infestation). Women’s suggestions and opinions are taken into account in the process, especially since women make up the majority of food committees and women are the ones who collect rations.

Beneficiaries are informed about the food distribution process by the implementing partner, WFP sub-office staff, food committees, and through word of mouth. They are told about the time and place of distributions, ration size and composition, and the fact that the food is free and not tied to politics or the ongoing armed conflict. In some communities, such as Soacha, food delivery dates are announced over a community loudspeaker. Almost all the beneficiaries interviewed reported having sufficient information regarding food distribution.

ECW V: Participation in decision-making

Food-for-work

In almost all of the surveyed FFW sites, beneficiary-level food distribution committees are in place.

Asset management committees are in place in 65% of FFW sites.

Sites where women make up at least 50% of the members and executive-level members of food distribution and asset management committees established in connection with FFW activities

Food distribution and asset management committees	% of sites
Sites where the percentage of women on food distribution committees reaches 50%	58
Sites where the percentage of women in leadership positions on food distribution committees reaches 50%	45.5
Sites where the percentage of women on asset management committees reaches 50%	54
Sites where the percentage of women in leadership positions on asset management committees reaches 50%	53.6

- ◀ Women feel that their views are taken into consideration “a lot” in the committees established in connection with FFW activities.
- ◀ In about 50% of the FFW sites, leadership training is offered to women participating in the committees.

Relief

In 73% of relief food distribution sites, there are beneficiary-level food distribution committees.

Sites where women make up at least 50% of the members of food distribution committees (FDCs) established in connection with general and relief food distribution and sites where women make up at least 50% of executive-level members on food distribution committees (FDCs) established in connection with general and relief food distribution

Food distribution committees	% of sites
Sites where the percentage of women on food distribution committees reaches 50%	86.3
Sites where the percentage of women in leadership positions on food distribution committees reaches 50%	69.2

- ◀ Women feel that their views are taken into consideration “a lot” in the committees established in connection with relief distribution.
- ◀ In about 50% of relief sites, leadership training is offered to women participating in the committees.
- ◀ During focus group discussions, it was found that both men and women are members of the committees, but the committees do not have a hierarchical structure. There are no real “leadership positions.” Indeed, everyone takes on the same duties and responsibilities, which are sometimes rotated among the members.

RESULTS OF THE COLOMBIA CASE STUDY ON ECW V

The country case study revealed that in the areas visited, women made up the great majority of food committee and overseeing committee members, including in decision-making positions. There are several reasons for this. Culturally, women manage and control food within households, and therefore men are not interested in being part of these types of committee, seeing it as women’s responsibility, and thus are very supportive of women taking the lead role; many households are female-headed; women and children make up the majority of beneficiaries; and partners firmly follow the WFP Procedures Manual, which explicitly states that women should form the majority of food committee members.

ECW VIII: Human resources

On 31 December 2003:

- ◀ 1 out of 1 national officer was a woman.

- ✦ 2 out of 4 general service staff were women.

Since 1 January 2003:

- ✦ 37 out of 67 national officers recruited have been women.
- ✦ 3 out of 6 general service staff recruited have been women.
- ✦ 9 out of 11 food aid monitors recruited have been women.

MAIN FINDINGS OF THE COLOMBIA CASE STUDY

The study explored male and female beneficiaries' perceptions of the measures and practices used to implement selected Enhanced Commitments to Women IV and V and recommendations for their replication.

- ✦ Cooperation among counterparts; working closely with small NGOs, community-based organizations (CBOs), and women's networks; and the commitment of WFP staff were seen as key factors in successful implementation of ECWs IV and V.
- ✦ Partners and beneficiaries reported positive experiences when WFP contributed food rations to projects that aimed to stimulate women's empowerment and recuperation in communities. These successes were achieved with the participation of highly committed and gender-aware CBOs and community women working in strategic partnership with WFP. Local implementing partners adopted a self-help approach specific to women, which created an environment favorable for WFP to implement ECWs IV and V.
- ✦ As long as internal armed conflict continues to create displacement among the Colombian population, attention must be given to women's needs and human rights, especially since 52% of the displaced people are women. In the current context in the country, ECWs IV and V are essential for addressing the needs of women and creating opportunities for them to receive humanitarian aid, have access to and control over the food aid distributed, and participate in decision-making, particularly regarding control over created assets.
- ✦ In WFP program operations, women have control over food in food distribution operations and make up the majority of food committee members.
- ✦ Advocacy for long term social transformation is needed for further achievement of the ECWs and women's empowerment. Distributing food rations alone, without provision of complementary services by partners, will not bring about changes in society and women's empowerment. There needs to be more effort from WFP to seek out and collaborate with organizations that can provide complementary services such as income-generating activities (IGA) training.
- ✦ Gender approaches should include activities that address men as well as women, if sustainable changes of roles at household and community levels

are to be expected. Women's empowerment is possible only with the acceptance and understanding of men, who should be involved in all gender-related training. This could secure men's support for promotion of women's involvement in decision-making at family and community levels. Regarding the long-term goal of increasing women's structural participation in society, the opportunities and responsibilities for women initiated through WFP assistance are carried on, for example, through the work of CBOs and NGOs.

GOOD PRACTICES

Soacha

In the community of Soacha, WFP's partner, DISMAT, has been implementing a community garden initiative as an FFT project since 2002. Initially, DISMAT provided technical training on small-scale land cultivation to 40 internally displaced persons (20 women and 20 men). The project started out dominated by male beneficiaries, who took the lead role in all aspects of the project. As a result, women were left out of everything, including the food distribution committee. To address this issue, WFP and DISMAT worked together to sensitize men and to increase women's participation. WFP conducted information sessions with beneficiaries, stressing the importance of women's equal participation in project activities. WFP urged DISMAT to provide leadership and self-esteem training to beneficiaries, with an emphasis on women. The project was continuously monitored and opportunities where women could take a lead role were identified. Women's participation in the project increased dramatically as a result of these initiatives. Within two weeks of the leadership training, women were participating actively on the food committee. After four months, women had reorganized and taken over the committees. Women now occupy decision-making positions within the food committee and oversee all aspects of the project. The women also changed the beneficiary selection criteria to reflect a gender-sensitive approach, giving priority to female heads of household. The project received WFP food aid for the first two years and is now successfully sustaining itself under the leadership of women beneficiaries.

Dealce Community Kitchen

The Dealce community kitchen project in the city of Quibdo is coordinated and managed by the Association of Displaced Women in Choco (ADACHO) and has been operating for three years. WFP began food support to the kitchen in the last PRRO (6139), from December 2002 to June 2003, and has continued under the current PRRO (10158), from November 2003 to February 2004. Community women prepare and cook the food, determine the cost of meals, and manage day-to-day operations. The facility provides breakfast, lunch, and dinner and serves 30 to 50 people daily, most of whom are men, young people, and students. Newly arrived internally displaced persons also access the kitchen for free meals. Over time, the community kitchen has evolved into something that is much more than a place to have an affordable or free meal. It has become a venue for building social networks and community cohesion. For example, the kitchen serves as a place for community gatherings and meetings; women come together to share and discuss problems and advice; children come to the kitchen to participate in recreational activities; and young people (students) organize children's activities such as birthday parties and games. In addition, the women have managed to secure training from an NGO on mop production, which has led to an IGA project. The kitchen has become a place where people come for support and care, as well as for food.

Women beneficiaries reported many positive changes in their lives as a result of participating in WFP projects:

- ← Improved self-esteem and confidence
- ← Increased level of participation in public forums

- ↵ Greater respect from family and community members
- ↵ Increased participation in decision-making within households and communities
- ↵ Improved nutrition and health of families

ROLE OF LOCAL ORGANIZATIONS AND INDIGENOUS COMMUNITIES AS AGENTS FOR THE MOBILIZATION OF BASIC COMMUNITY SERVICES

Pilar Mazzetti Soler,
Minister of Health of Peru
Lima, Peru

INTRODUCTION

To analyze the health status of indigenous peoples it is necessary to understand the complexity of the health-disease process in this population from various perspectives. In the majority of cases, such an analysis must go beyond the biomedical field and encompass a broader context which includes, in particular, the social, economic, and political sciences.

Furthermore, the heterogeneous ethnic and cultural composition of indigenous communities makes it difficult, if not impossible, to apply a single program or a universal model for health care. It is precisely this diversity, which becomes all the more evident when one is dealing with a culturally sensitive aspect of life such as health, that makes it necessary to consider each indigenous group individually and to stress the development of research and care strategies that incorporate a perspective that is not only local but also culturally specific.

The cultural diversity that exists in the Americas stems from the presence of approximately 45 million indigenous persons belonging to more than 400 different indigenous groups. Despite the progress made in the Region in reducing the burden of disease and death, the disparity in health indicators among indigenous peoples and other vulnerable populations continues to be alarming. Several studies have revealed that illiteracy, unemployment, lack of land and territory, high morbidity and mortality from avoidable causes, and limited access to and use of basic health, education, housing, and other services are problems that affect the majority of indigenous communities and influence their quality of life and health status.

It should be recognized that one of the first responses to this situation came from the countries of the Region, acting through the Directing Council of PAHO, first in 1993 and then again in 1997, with the development and promotion of the Health of Indigenous Peoples Initiative. This initiative emphasized the ongoing participation of indigenous peoples in the solution of their own problems and recognition and respect for their ancestral wisdom.

The Health of Indigenous Peoples Initiative has been characterized by its capacity to pull together the efforts of the programs and proposals of the countries themselves. It has been effective not only in advocating for the well-being of indigenous peoples in regional, national, and local forums, but also in forging strategic partnerships and networks that have promoted processes to improve the health status of indigenous peoples. One of its significant results has been the formulation of policies, strategies, plans, projects, and programs for institutional and community human resources development.

Conceptual and methodological development of the intercultural approach to health, based on the concrete experiences of the countries of the Americas, has been important for bringing health care to indigenous communities and for improving the effectiveness of health service delivery, taking into account indigenous resources, perspectives, practices, therapies, and medicines. The production and dissemination of scientific and technical information, together with non-technical information intended for the general public, has made it possible not only to share the cumulative experience of the countries, but also to have an impact on the production and use of knowledge about the health of indigenous peoples.

BACKGROUND

Each indigenous group has a distinct cultural profile as a result of its particular history. The indigenous population cannot be approached in a uniform manner, since different peoples have different conditions and different organizational and cultural systems. They differ in how they have been impacted by development; they live in different ecosystems with different levels of degradation or conservation; they have developed different strategies for survival, resistance, or adaptation; they have had different interactions with capitalist development; and they have reacted in different ways to acculturation processes.

The specific cultures of indigenous peoples are reflected in their ways of understanding health and disease and life and death, which differ from the understanding of non-indigenous society.

Because the morbidity profile of the indigenous population is different from that of other social groups, proposals for differentiated care and "differential actions" are all the more justified in the case of these groups. There are various examples in the Region of attempts to provide such differentiated care, among them that of Peru in 1998, which involved the development of a new way of extending health services to communities that are hard to reach for geographical, cultural, economic, and political reasons, using itinerant health brigades. This new type of intervention employed a multidisciplinary team made up of professionals from the health and social sciences. Each team had a physician, nurse, midwife, psychologist, biologist, and an anthropologist or sociologist, depending on the epidemiological profile of the area. The work of these itinerant health brigades, known as ELITES, continues. Over the years, their coverage has expanded to cover the most vulnerable groups in these populations, such as children under 5, pregnant women, the elderly, and others.

Thus, health services are, to a certain extent, paying more attention to needier populations, such as indigenous communities, and the provision of health services is being tailored to ethnic, cultural, mythical-religious, and social characteristics.

CURRENT SITUATION

According to PAHO/WHO¹, indigenous populations are very young. The Census of Indigenous Communities in the Peruvian Amazon Region reports that 50% of the population in this area was between 0 and 14 years of age, versus 30% in metropolitan Lima (OPS, 2000). Of all age groups, the one most affected by disease is the infant population. Given the level of underreporting of vital and morbidity statistics, it can be assumed that the actual morbidity and mortality figures are higher than reported.

On average, the infant mortality rate in the indigenous communities of Panama is 84 per 1,000 live births, compared with the national average of 17.2; 32 per 10,000 indigenous children under the age of 5 die from diarrheal diseases, compared with the national average of 6.4 per 10,000. In other words, the rate in indigenous communities is more than five times the national average (Ministerio de Salud, 2000). There is a similar pattern for maternal mortality in Honduran departments with larger proportions of indigenous or Afro-descendent populations. The maternal mortality rate is alarmingly high in the departments of Atlántida (159 per 100,000 live births), Lempira (190 per 100,000 live births), Colón (200 per 100,000 live births), Copán (203 per 100,000 live births), La Paz (229 per 100,000 live births), and Intibucá (255 per 100,000 live births). It is much higher than the national average of 147 per 100,000 live births (UNDP Human Development Report 1999; Ministry of Health, 1997; Soriano, I., 1999).

Poor basic sanitation, such as the lack of clean water and inadequate excreta disposal systems, are among the leading causes of morbidity and mortality, particularly among children. In El Salvador, for example, 95% of surface water sources are contaminated, leading to an average of 4.1 diarrhea episodes per year in children under 5. Some 40% of indigenous children in El Salvador are malnourished, as compared with the national average of 20%. Malnutrition is associated, *inter alia*, with parasitic infections stemming from poor environmental conditions (Report of the Project on Conditions of Environmental Sanitation in Indigenous Communities, 2004). These poor conditions, which are sometimes associated with high levels of overcrowding, contribute to the high incidence of infectious and contagious diseases such as trachoma and tuberculosis in indigenous communities.

In Mexico, mortality rates from pulmonary tuberculosis in the indigenous population are twice as high as in the general population (Comisión de Desarrollo de los Pueblos Indígenas de México, 2004). In the Municipality of Chenalhó, Alto Chiapas, Mexico, an area with a high proportion of indigenous population, data from 1999 show that measles and malaria are among the 10 leading causes of death. In Suriname, as in French Guiana, 70% of malaria cases originate in the Maroní river basin, an area inhabited by peoples of indigenous origin and African descent.

¹ Dr. Rocío Rojas. Health of the Indigenous Peoples Initiative 2005–2015. PAHO/WHO.

The paradox is that despite the traumas and problems, these peoples have developed survival mechanisms and a strength that can only be explained by the harshness of their situation and their unbreakable will to carry on, born of the same adversity. Tapping into their linguistic, organizational, and leadership potential and reaching beyond current political borders, which often obscure the ancestral ties of groups of people, are but some of the strategies that indigenous communities are using to survive. In fact, a supranational map of the Americas would show the living presence of several multinational indigenous peoples, including the Maya of Belize, Guatemala, and Mexico; the Quechua of Argentina, Bolivia, Colombia, Ecuador, and Peru; and the Guaraní of Argentina, Bolivia, Brazil, and Paraguay. All this leads to the conclusion that the current borders are relative and that cooperation among countries is essential in order to address the health concerns of these peoples.

In general, the indigenous populations of the region are scattered and, in some cases, migratory. For the most part, they tend to live in slum areas in cities, rural areas, and border and remote areas. Health care coverage, already generally low in rural areas, is critically low in indigenous areas, and the problem is compounded by cultural barriers between health service providers and the indigenous population. For example, in the Amazon region of Ecuador, health brigades visit the indigenous communities only once every three months (OPS, 1998). Though traditional knowledge and practices, indigenous healers, and community resources are of inestimable value, in the face of such a complex epidemiological profile, they can meet only some of the health needs.

In Alto Río Negro in Brazil, for example, there are two hospitals equipped to diagnose and treat cases of tuberculosis. The region has an area of approximately 8 million hectares, and the distance from the hospitals to indigenous communities ranges from a few minutes to several days of travel, either on foot through the forest or by canoe, depending on the weather. The problems of physical access, added to indirect costs (cost of transportation, food, food for the family that stays in the village, gasoline, etc.) can lengthen the time between the onset of the first symptoms and the seeking of health care (Buchillet, 2000).

Given this reality, it is necessary to identify strategies that will make it possible for formal health care to reach this population. This means using innovative approaches that consider cultural differences such as language and communication, values and beliefs, social organization, ways of life, organization of time, and the community's own therapeutic resources. As a rule, in many indigenous communities, the indigenous language is the one used for daily communication among all age groups, including the children. The tendency to speak only the indigenous language is most evident among adult women and older adults who are, in many cases, those responsible for caring for the children.

To cite one example of the importance of language: there are signs, symptoms, and diseases that only have names in the indigenous language or in colloquial Spanish. Knowing the right word can simplify diagnosis and help identify the symptom that is seen as the manifestation of the disease.

The quality of the relationship between the health care provider and the person seeking health care is critical. Often, health workers limit themselves to giving the patient

a quick explanation about the disease or its mode of transmission, its progression, and the need to follow the prescribed treatment, without taking the trouble to find out whether the information was really understood. Studies show that, when such explanations are given in the country's dominant language, indigenous or culturally different populations frequently do not understand them (Jackson, 1996). Sometimes the patient is accompanied by a bilingual relative who acts as an interpreter, but if the health workers are not conversant in the indigenous language, they have no control over the accuracy of the information transmitted.

Effective training of health workers is essential and should seek to encourage an interest in learning indigenous languages and the communication codes of indigenous communities. Generally speaking, attitudes that reflect a lack of understanding of the problems of indigenous peoples stem from an almost total ignorance of what these peoples are and what they know. Discrimination against and the abuse of indigenous patients are not unusual occurrences.

Personnel involved in providing health care to indigenous peoples should know the number of people and their distribution by ethnicity, age group, and sex in a given community or region. Technical knowledge is also indispensable. This includes knowledge of the clinical course of diseases, taking into account the epidemiological profile of the population, and methods and techniques for clinical and microscopic diagnosis. A basic knowledge of entomology is also necessary. Above all, health care providers need knowledge about the particular people they are serving and the determinants of their health and living conditions. Of course, adequate provision of appropriate supplies for the epidemiological profile of the population is important, as is the strengthening of managerial capacity to handle emergencies and promote health as part of the community's social and economic development.

This brief overview has pointed up the magnitude of the problems affecting the indigenous peoples of the Americas, although more quantitative research and data are needed to obtain a clearer picture. Nevertheless, it is qualitative research that will make it possible to appreciate the context around the figures and thus to understand the health-disease connection from the perspective of the indigenous world view.

CONCLUSIONS

Last year was the final year of the Decade of the World's Indigenous People. Efforts to achieve the Millennium Development Goals are continuing. What progress has been made in the world? What progress has been made in our Region? And in each of our countries? Can we detail the progress made in health care for indigenous peoples, and within those populations, for men, women, young people, the elderly, and, especially, children? Based on the foregoing, here are some responses:

- ◀ Indigenous peoples currently constitute a broad and **heterogeneous** group living in an alien society; they continue to have characteristics that distinguish them from the national societies into which they have been incorporated.

- ◀ Indigenous populations are particularly **vulnerable** groups, with precarious living conditions. They lack access to the most basic services, and have little opportunity to take part in development models. They face the constant dilemma of whether to join the globalized world or remain outside of the process and maintain their identity.
- ◀ Each indigenous people has a **distinct cultural profile** as a result of its particular history. The indigenous population cannot be approached in a uniform manner, since different peoples have different conditions and different organizational and cultural systems. They differ in how they have been impacted by development; they live in different ecosystems with different levels of degradation or conservation; they have developed different strategies for survival, resistance, or adaptation; they have had different interactions with capitalist development; and they have reacted in different ways to acculturation processes.
- ◀ Indigenous peoples have different ways of **conceiving health and disease** and life and death, which differ from the understanding of non-indigenous society.
- ◀ There are serious limitations in the availability of information on indigenous peoples. They are **underrepresented** in census information, and since the variable **ethnicity** is not recorded in the registries, there is a lack of health, education, employment, housing, and other data on the indigenous population.
- ◀ Non-indigenous health workers in health facilities that treat indigenous populations generally do not receive professional training with an intercultural approach. Ministries of health have not corrected these deficiencies, and as a result, non-indigenous workers tend to **undervalue the health practices** and traditional medicine of indigenous peoples.
- ◀ Every plan for improving the health of a population should be based on an adequate assessment of the situation — the main objective of the **health situation analysis** (ASIS) processes undertaken in Peru — which makes it possible to maintain up-to-date information on health status, to identify the factors that determine and affect health, and to identify the resources of indigenous health systems and the degree of access to government health services, thus identifying equity gaps in order to draw up policies and plans of action that will help to improve health conditions.
- ◀ The traditional biomedical approach is not enough for an adequate assessment of the situation of indigenous peoples in the Amazon. It is also necessary to incorporate the perspective of the social sciences, as well as economic and political approaches, in order to obtain a complete picture of the situation.

In the light of the foregoing, the following areas can be considered the key health problems among the indigenous peoples of the Amazon region:

- ◀ The public health system is not responsive to indigenous cultures and needs; instead it excludes them from the health development process and subordinates indigenous medicine to western medicine.

- ✦ Public health services for indigenous peoples in the Amazon region are characterized by low coverage of health care needs, lack of access for the population, few resources, and limited management capacities. In addition, they are not considered a national priority.
- ✦ Decentralization of the health sector in the indigenous Amazon region is just beginning; it is still extremely weak and inequitable, and suffers from limited participation by indigenous organizations.
- ✦ Human resources for public health in the Amazon region are insufficient, lack training suited to the cultural reality, and are biased towards institutional care.
- ✦ There is high morbidity and mortality from emerging diseases among indigenous peoples, especially mothers and children, as well as low coverage by disease control programs, weak epidemiological surveillance, and a failure to address the impact of environmental and migratory factors.

RECOMMENDATIONS

Much remains to be done, particularly with regard to the moral debt that society owes to indigenous peoples. The following are some possible proposals for improving the situation of these peoples:

- a) It is necessary to put in place coherent policies that will enable the establishment of an adequate linkage between the ethical and regulatory framework, the programming framework, and the instrumental and operational framework. It is clear that health policies alone are not sufficient for obtaining the desired impact on the health and social situation of our indigenous populations. Accordingly, it is proposed that the focus of our efforts should be on human rights in health as a way of viewing and acting on reality. Within this framework, the elements of inclusion, of citizen participation, of giving priority to local areas and to vulnerable and excluded groups, and of a shared culture of transparency and commitment should serve as the basis for the building of citizenship in health as a precondition for the viability and sustainability of our policies, plans, and programs.
- b) Public policies should be “healthy.” That is to say, they should explicitly reflect a new social pact, which should be built on understanding of the definition of a health policy that strengthens intersectoral action and makes it possible to address the key determinants of health in the conviction that influencing the determinants will create the conditions for human and social development that are indispensable for achieving healthy people and societies and overcoming the deficits in equity and governance that are so characteristic of the countries of our Region.
- c) We must support the PAHO Health of Indigenous Peoples Program as a means of providing technical assistance to countries for their efforts to incorporate indigenous peoples in the management of basic services for their own communities.

- d) We must urge the international community to meet its commitments to reduce poverty and promote the social development of indigenous communities, including the allocation by the developed countries of at least 0.7% of GDP to official development assistance.

Finally, it is important to underscore that improving the health of indigenous peoples must take account of the national and international legal framework within which action is carried out and must involve indigenous participation and community action. The relevant international agreements are ILO Convention 169 (1989), the United Nations resolution (A/RES/48/163) proclaiming the International Decade of the World's Indigenous Peoples (1994), and PAHO Resolutions CD37.R5 (1993) and CD40.R6 (1997). However, it is above all the legal advances at the national level that have facilitated a respectful approach to the indigenous reality and indigenous health systems. This has resulted in the possibility of harmonizing national and indigenous health systems. In this context, it is important to recognize that in the formulation, ratification, and implementation of these agreements, declarations and agreements, leadership, and the continuing struggle of indigenous peoples for their rights, have been decisive factors in the international and national arenas.

Disease can only be conquered when individuals and the community know their rights and take control of their own well-being. This assertion is not new. In 1978, more than 25 years ago, in the Declaration of Alma-Ata, the International Conference on Primary Health Care affirmed that primary care requires and promotes community and individual self-reliance and participation at all levels in the planning, organization, operation, and control of health care. For those of us who have the responsibility of meeting the needs of indigenous peoples, it is therefore essential to consider the worldview and culture of the communities that we serve.

RURAL POVERTY: HEALTH AND LIFESTYLE

Trevor A. Hassell,
President, InterAmerican Heart Foundation
Bridgetown, Barbados

EXECUTIVE SUMMARY

Chronic diseases, including diseases of the heart and blood vessels, have been shown over the past decades to be among the most common causes of disability and death in most countries worldwide. It is predicted that by the year 2020, as part of a phenomenon labeled “epidemiological transition,” cardiovascular diseases will account for more years of healthy life lost (or disability-adjusted life years) than infectious and parasitic diseases in all subregions of the world, with the exception of Sub-Saharan Africa. This process of health transition is taking place at different rates at the community, national, regional, and global levels, with several phases occurring simultaneously, particularly within Latin America and the Caribbean where an epidemiological mosaic exists, comprising a wide range of diseases and health problems.

The group of significant emerging chronic diseases, including heart disease, share common predisposing risk factors, many of which have their genesis in unhealthy lifestyles or behaviors, of which the most important are cigarette smoking, unhealthy diets, physical inactivity, and a range of emotional stressors at work, at home, and in society. Chronic diseases adversely affect the sense of well-being and happiness of individuals, reduce productivity of communities, and impede national wealth creation. It is for these and many other reasons that it is necessary to seek ways to prevent, and/or reduce, the epidemic of chronic diseases. Tackling these problems requires the application of public health functions as these relate to heart health and behavior modification among the rural poor of Latin America and the Caribbean, including health assessment, health protection, surveillance, and health promotion to prevent chronic diseases.

INTRODUCTION

According to WHO estimates in 2002, 16.7 million people around the globe die of cardiovascular diseases each year. This is about one-third of all deaths globally (WHO, 2004). This group of diseases is the leading cause of death in 31 of 35 countries reporting death statistics. Heart disease and stroke account for 35%-55% of all deaths in Latin America and the Caribbean, with some 800,000 deaths annually.

Rheumatic heart disease and Chagas' heart disease are recognized as ongoing forms of heart disease in certain restricted areas in some countries of the subregion. These will not be discussed in this presentation, which focuses on the present epidemic of coronary artery disease.

It has been projected that by the year 2020, cardiovascular diseases will cause three times more death and disability in Latin America and the Caribbean than infectious diseases, and the burden of cardiovascular disease as expressed by disability-adjusted life years is expected to exceed that produced by parasitic and infectious diseases in all subregions of the world except Sub-Saharan Africa (Murray and López).

Cardiovascular diseases and the other chronic non-communicable diseases which share many risk factors and risk conditions are preventable. Wider community, national, subregional, and international effort is required to achieve such prevention. This Inter-American Meeting, at the Ministerial Level, on Health and Agriculture, concerned as it is with the health of the rural population, is therefore an appropriate forum in which to review the topic of heart health and lifestyle among the rural community. This will allow us to enhance our understanding of some of the issues, reflect on circumstances under which the epidemic of cardiovascular and chronic diseases has arisen, consider the impact on the rural poor, and seek ways to reverse or slow the progress of the epidemic.

Some 34 years ago, Omran first advanced a theory of the epidemiology of population change (Omran, 1971). This theory was modified by him in 1998 and is referred to by the composite term "epidemiological transition," which recognizes the evolution in countries of a change in disease pattern from infectious diseases to chronic noncommunicable diseases, in particular cardiovascular disease (Omran, 1998). Four phases are today accepted in the health transition process; the first, the age of pestilence and famine; the second, characterized by residual rheumatic fever and an increase in hypertension-related diseases; a third phase of degenerative and man-made diseases, such as ischemic heart disease and stroke present in epidemic form; and the final phase, in which vascular heart disease and stroke remain dominant causes of death, but only at older ages.

Countries in Latin America and the Caribbean are not at discrete stages in the process of health transition, but are contending with an epidemiological mixture comprising a wide range of health problems and diseases. The statement by Dr. Catherine Le Galès-Camus, Assistant Director-General of WHO's Department of Noncommunicable Diseases and Mental Health, that "noncommunicable diseases are imposing a growing burden upon low- and middle-income countries, which have limited resources and are still struggling to meet the challenges of existing problems with infectious diseases," is therefore relevant to most countries and rural communities in the subregion.

The *World Health Report 2002* advanced the concept of several causal chains leading to the development of cardiovascular disease, such as stroke or coronary artery disease, and resulting in disability or death (WHO, 2002). These chains include distal socioeconomic, proximal, physiological, and pathophysiological causes. Reduc-

tion or elimination of one or more causal factors will reduce disability and death from this group of diseases.

The three most important physiological and pathophysiological risk factors in the causation of cardiovascular disease are hypertension, abnormal blood lipids or fats, and glucose intolerance or diabetes. The important proximal, or lifestyle related, causes are obesity and physical inactivity, diet, and tobacco use. Socioeconomic causes include poor income, low educational status, and occupation.

The estimated prevalence of hypertension in Latin America and the Caribbean is 8%–30%. Variable diagnostic criteria are used to diagnose the condition, data sampling procedures are often not consistent, and the sites from which the data are collected vary widely, from national to regional or local. Nevertheless, where data are available, one is struck by the high levels of previous unawareness of hypertension among persons surveyed, and the very small percentages of hypertensives treated and controlled (Orúñez et al., 2001). This is unfortunate since blood pressure control has been shown for many years to reduce significantly the likelihood of occurrence of heart and blood vessel disease.

Diabetes is an internationally known risk factor for heart disease and represents a major and increasing, but variable, disease burden in the subregion. It is estimated that 35,000 diabetics live in Latin America and the Caribbean (Amos et al., 1997), and in 1990, 291,000 deaths were attributed to diabetes. By the year 2000, that figure had risen to 465,828 (King et al., 2000). The prevalence of diabetes is higher in our subregion than it is worldwide, and by the year 2025 it is projected that 8% of all persons in the subregion will suffer from diabetes (King et al., 1998).

Tobacco use is the leading cause of avoidable death throughout the world, and accounts for the death of one million people annually, of which 46% are women. WHO estimates that by 2020, tobacco will be the single greatest cause of death and disability worldwide, accounting for about 10 million deaths annually. In Latin American countries, the percentage of adults who smoke ranges from 14.8% in Paraguay to 40.5% in Venezuela, with more than 20% of young people in Argentina, Bolivia, Chile, Costa Rica, Mexico, and Uruguay being users of tobacco. In the Caribbean, the story is somewhat better, although there is no room for comfort. The proportion of adult smokers, where recorded in the Caribbean, ranges from a low of 9.0% in Barbados to a high of 25.1% in Trinidad and Tobago, with youth use ranging from 13.0% in Antigua and Barbuda to 20.7% in Haiti (Mackay and Eriksen, 2002).

According to WHO, one year after quitting smoking, the risk of coronary heart disease decreases by 50%. Within 15 years, the relative risk of dying from coronary heart disease for an ex-smoker approaches that of a lifetime non-smoker (www.who.int/ncd/cvd). Efforts need to be made to determine effective ways of assisting the rural poor in the region in avoidance of exposure to tobacco, particularly since so many of them depend on the growth and cultivation of tobacco to sustain a livelihood.

Obesity is a serious risk factor, largely preventable through lifestyle or behavior. It affects all age groups and is emerging in the subregion at a time when undernutri-

tion remains a significant problem in both rural and urban communities. The prevalence of obesity is highly variable in Latin America and the Caribbean, ranging from 2.65% in women in Haiti in 1995 to 12.1% in the Dominican Republic in 1996. Data available from many countries of the subregion indicate that obesity is becoming increasingly prevalent. Over the past decade, the prevalence has increased in Jamaica from 18% to 30%, which probably reflects what is occurring in most countries of the Region to varying degrees.

The role of socioeconomic factors leading to cardiovascular disease and other chronic diseases has become increasingly apparent. There is much good evidence to show that unemployment, social isolation, poor self-esteem, poverty, powerlessness, low education, low literacy skills and sub-standard occupation have a direct relationship to prevalence of heart disease. Since family life is at the core of the rural community, health is one of the major determinants of the family's ability to learn and earn.

Several issues have an impact on health and health care in rural communities, characterized as they are in most countries of the subregion by poverty. The rural economy is often characterized by unsustainable farms; sub-standard housing; lack of transportation; limited resources to purchase food, medicine, and health insurance; lack of resources and time for physical and other health maintenance and disease prevention activities; and restricted opportunities for a better life.

Rural communities often suffer a scarcity of health care professionals, health care facilities, and hospitals; access to health care is further compromised owing to long distances and hazardous terrain to be traveled to these institutions, with public transportation often being non-existent. The educational disadvantages of limited funding and inadequate facilities lead to less formal education and fewer highly skilled individuals. A large portion of the population lacks knowledge of healthy options and disease prevention. Programs aimed at reducing or forestalling the epidemic of cardiovascular and chronic disease in rural communities need to consider and be aware of these factors and the role they play in, and the limitations they impose on, successful implementation.

Over the past three years the Inter-American Heart Foundation, in an effort to better understand the circumstances related to cardiovascular disorders in the subregion, has been running a research initiative known as CARMELA, which stands for Cardiovascular Risk Factor Multiple Evaluation in Latin America. The study was carried out in seven cities: Buenos Aires, Santiago, Bogotá, Quito, Mexico City, Lima, and Barquisimeto. It sought to determine the prevalence of hypertension, diabetes, and abnormal blood lipid levels and their associations, evaluate the impact of socioeconomic status on heart disease risk, and determine the prevalence of other cardiovascular disorder risk factors, treatment, and adherence to treatment, among some 11,200 adults between the ages of 25 and 64. Preliminary data indicate a high prevalence of smoking, significant diabetes rates, and a high percentage of untreated and uncontrolled hypertension (personal communication).

The lifestyle or behavioral risk factors of unhealthy diets, physical inactivity, and smoking, coupled with social and psychosocial stressors, contribute not only to coronary heart disorders, but also to hypertension, stroke, chronic respiratory disorders,

cancer, diabetes and obesity: the chronic noncommunicable diseases. While these are considered separate medical disease entities, they share common harmful predisposing risk factors related to lifestyle. Integrated strategies for the simultaneous prevention and control of groups of noncommunicable diseases, rather than of a single one, are thus likely to be economical, feasible, and effective.

Reducing the incidence and prevalence of chronic noncommunicable diseases, including coronary artery disease, requires countries and local communities to tackle the causes of these diseases at several levels, including individual, community, regional, and national.

Identification and management of the physiological and pathophysiological contributing factors of hypertension, diabetes, and lipid disorders needs to be a priority. On the basis of an abundance of evidence, for many years it has been recognized that control of hypertension significantly reduces the risk of developing coronary artery disease, and more recently there has also been evidence that the same is true when diabetes is strictly controlled and abnormal lipid levels have been normalized. Programs and initiatives aimed at achieving these objectives need to be established in rural communities.

The lifelong adoption of appropriate behavior or lifestyle is a critical success factor in chronic non-communicable disease prevention and wellness maintenance, and requires the individual to adopt appropriate dietary intake, engage in regular physical activity, and avoid exposure to tobacco. These personal choices require that living environmental conditions be conducive and facilitative. Governments and legislators have a significant responsibility in this regard.

As we seek to understand the reasons for the high incidence and prevalence of chronic diseases within our countries, particularly among the rural poor, we need to seek the "cause of the causes," and perhaps we need to look no further than poverty itself and its consequences. Douglas Black's report on inequalities was one of the earliest to show a close relationship between income levels and health outcomes — the lower the socioeconomic status, the worse the outcomes, and vice versa (DHSS, 1980). Michael Marmot has further developed this concept and posits that the social gradient in health is evidence that its causes are to be found in the circumstances in which we live and work (Marmot, 2004). The social gradient is thus a public health problem and one that therefore needs to be addressed at all levels. This is a challenging and complex requirement but one that should be addressed in order to reduce the prevalence of chronic illnesses.

Chronic diseases should be tackled in the context of a clearly defined plan. It is strongly recommended that such a plan be placed within a program that addresses the prevention and management of all chronic noncommunicable diseases since, as previously stated, many chronic conditions share common risk factors and conditions. Many such plans have been described and discussed. They all need to be modified to meet local circumstances and conditions.

A considered plan of action should be comprehensive and identify certain values that determine and inform its philosophy. Health goals should be clearly identified,

and strategies to achieve those goals should be determined. Recognition of the need to build capacity is almost always a requirement for successful implementation.

Over the past 13 years, Heart Health Declarations have been published from Victoria, Canada (International Heart Health Conference, 1992), Barcelona (Catalonia), Spain (International Heart Health Conference, 1995), Singapore, Singapore (International Heart Health Conference, 1998), and Osaka, Japan (International Heart Health Conference, 2001). These declarations emphasize the need for recognition of health as a fundamental right, with the implication of equity and accountability, and recommend that programs in communities should seek to promote health and to prevent, detect, and treat disease in the most cost-effective manner. Strategies to address sociocultural issues and public policies, increase knowledge and skills, provide surveillance training, enhance research capability, and improve programs of treatment and health services are additional critical success factors. These actions will require development and mobilization of the infrastructure of the entire community, coupled with strong leadership.

The Inter-American Heart Foundation, a nongovernmental grouping of heart foundations and similar organizations of the Americas, has as its mandate the reduction of heart disease and stroke in the subregion. It recognizes that the epidemic of heart disease and other chronic noncommunicable diseases requires the efforts of entire communities and countries in order to make a difference, and is therefore committed to working closely with all subregional groups and organizations that seek to assist our people in living healthier and more productive lives.

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SPECIAL PRESENTATIONS

CONVERGING HUMAN AND ANIMAL HEALTH EXPERTISE AND RESOURCES IN THE GLOBAL RESPONSE TO NEW AND EMERGING ZOOSES (AVIAN INFLUENZA AND SARS)

Shigeru Omi,
Regional Director, Regional Office of the World Health Organization
for the Western Pacific (WHO/WPRO)
Manila, Philippines

At the beginning of 2003, SARS (severe acute respiratory syndrome) broke out in Asia and quickly spread around the world. SARS was contained in July 2003, thanks to the efforts of everyone concerned. But several months later, avian influenza broke out at an unprecedented level in Asia. The question that everyone has to ask, therefore, is: "Are successive outbreaks of SARS and avian influenza just a coincidence, or are there any underlying causes for these outbreaks? I believe that attempting to answer this question is crucial in our joint effort to fight new emerging diseases.

Globally, from 1983 to 2003 an average of one new infectious disease has emerged each year and most of them are zoonoses (Table 9). This means that trying to answer the question concerning the successive outbreaks of SARS and avian influenza is, in effect, the same as trying to answer the question of whether the frequent emergence of new zoonotic diseases is coincidental or not.

The history of infectious diseases, expressed in very simple terms, assumes that the Earth came into being 5 billion years ago, living organisms came into being about 4 billion years ago, and the rodent came into being 60 million years ago (Figure 15).

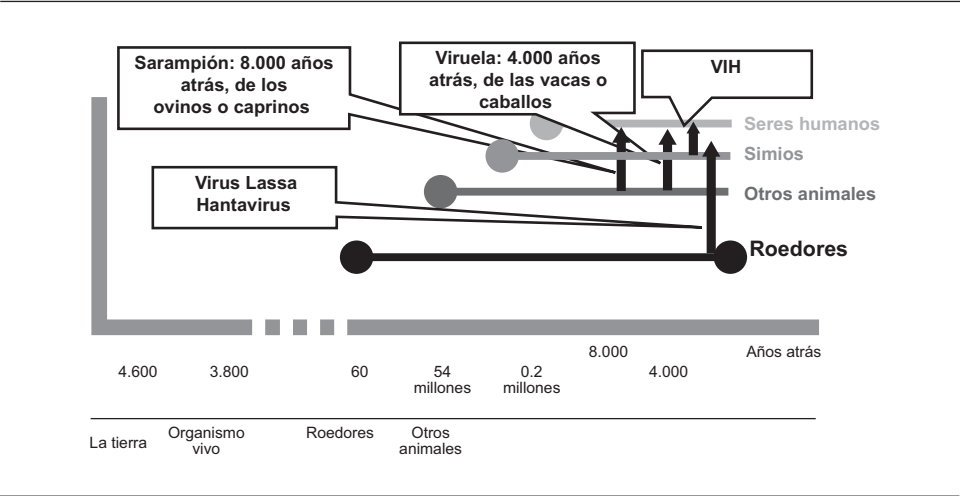
Viruses came into being at some point in time, and these viruses were harbored by animals and plants. For example, the measles virus used to be harbored by sheep and goats. But it seems that the measles virus jumped from sheep and goats to humans about 8,000 years ago. Similarly, the smallpox virus, which used to cause disease in cows and horses, jumped the species barrier and began to infect humans 4,000 years ago. So, if scientists and journalists had been around at that time, they would have labeled measles and smallpox as new emerging zoonotic diseases. And recently, the HIV virus jumped from apes to humans and the lassa virus and hantavi-

TABLE 9. Emergence of infectious diseases, 1983-2003

Emerging Disease	Date Identified
Human immunodeficiency virus 1 (HIV 1)	1983
Human immunodeficiency virus 2 (HIV 2)	1985
<i>Enterocytozoon bieneusi</i>	1985
Human herpesvirus 6 (HHV 6)	1986
Hepatitis C virus	1989
Hepatitis E virus	1990
Guanarito virus	1991
Barmah Forest virus	1992
Bartonella henselae	1992
<i>Sin nombre</i> (unnamed) hantavirus	1993
<i>cyclospora cayatenensis</i>	1994
Sabia virus	1994
Hendra virus	1994
Human herpesvirus 8	1994
Lyssavirus (in Australia)	1996
Nipah virus	1996
New variant Creutzfeldt-Jacob disease	1996
West Nile virus (in the United States)	1999
SARS CoV	2003
Monkeypox (in the United States)	2003

rus, from rodents to humans. This means that zoonoses are not only diseases of the present, but also diseases of the past. Since zoonotic diseases occurred in the past and are now occurring in the present, we have to assume that they will continue to occur in the future as long as there are contacts between animals and humans.

FIGURE 15. History of Infectious Diseases



Now, I would like to dwell on this issue a bit more by focusing on the current situation of avian influenza as a representative case of zoonotic disease. Figure 16 shows the avian influenza situation in Asia as of September 2004. Highlighted areas indicate the provinces where animal outbreaks occurred from January 2004 to September 2004.

FIGURE 16. Avian Influenza Situation in Asia as of September 2004

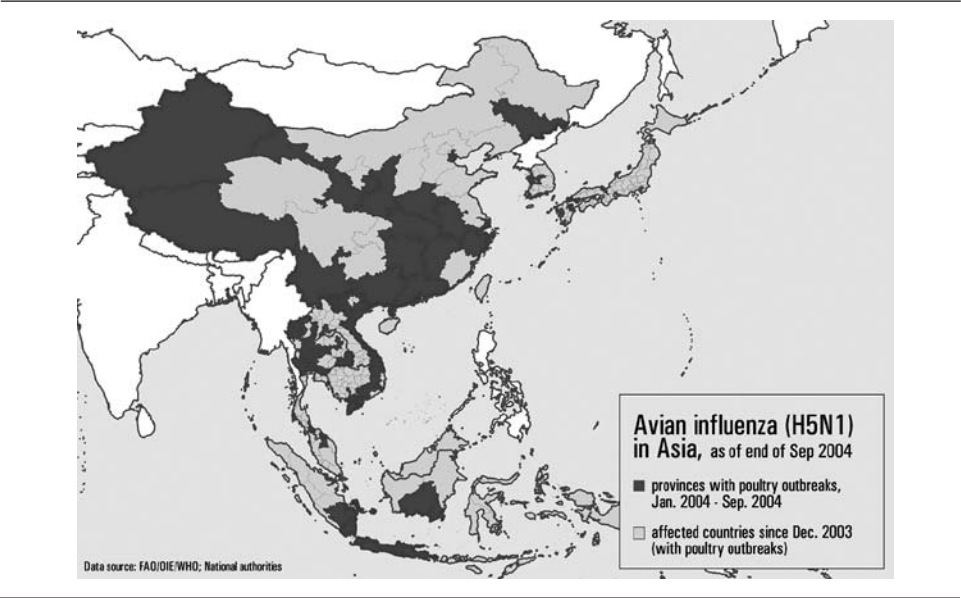


Table 10 shows confirmed human cases of avian influenza H5N1 by countries. Vietnam is the country most severely affected, with 60 cases and 35 deaths. So far, the overall case-fatality rate is 66%.

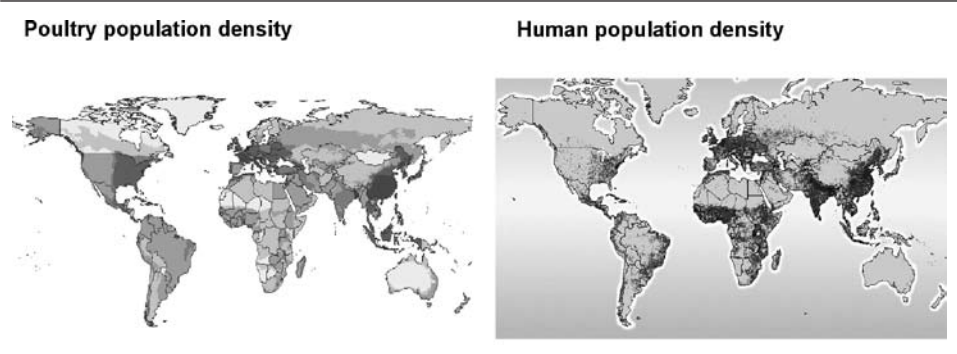
TABLE 10. Confirmed Human Cases of Avian Influenza Type A (H5n1), December 2003 to 29 March 2005

	Cases	Deaths
Cambodia	2	2
Thailand	17	12
Viet Nam	60	35
Total	79	49

Overall case fatality rate: 66%

Why did avian influenza start in Asia? Of course, it is impossible to pinpoint a single factor. There are many factors responsible for this. But certainly one important factor is dense human and poultry populations living in close proximity. Figure 17 shows that in Asia, in some of the European countries, and in some parts of North

FIGURE 17. Human and Poultry Population Densities Worldwide

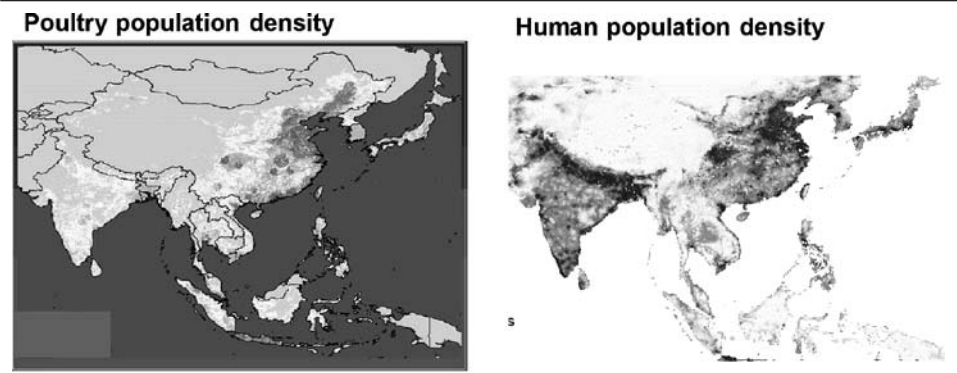


Source: FAO

America, population density for both humans and poultry is quite high. In Africa, poultry population density is relatively sparse and that may account for the lack of reported outbreaks of avian influenza in Africa.

Figure 18 gives a closer look at the population density of both humans and poultry in Asia. It may be noted that India has a very high population density, but a less dense poultry population. That may be one of the reasons why India is not having serious outbreaks of avian influenza.

FIGURE 18. Human and Poultry Population Densities in Asia



Source: FAO

Figure 19 shows the relationship between poultry population density and locations where avian influenza outbreaks have occurred. It will be seen that outbreaks of avian influenza are occurring in places with either high or medium densities of poultry. In Europe, for example, where the poultry population density is high or medium, there have been influenza outbreaks, such as the recent occurrence in the Netherlands. But the situation in Europe is not as serious as in Asia. And one of the reasons why Europe has not had as serious a problem as Asia is that Europe has adopted more hygienic husbandry practices.

FIGURE 19. Poultry Density and Avian Influenza in Asia

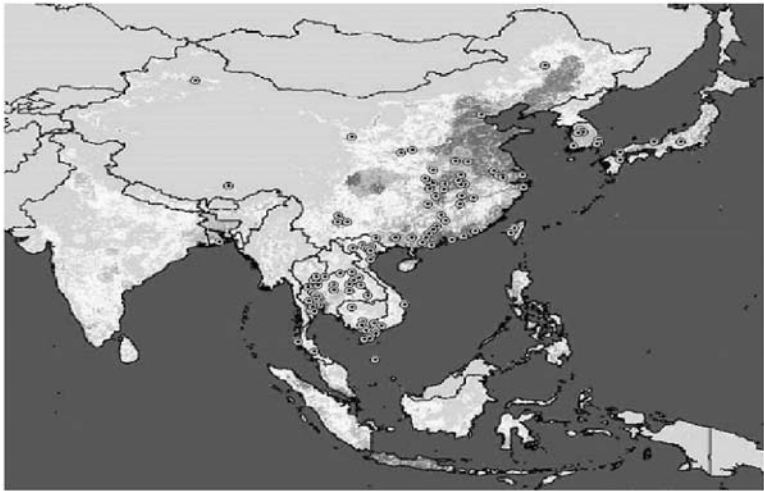
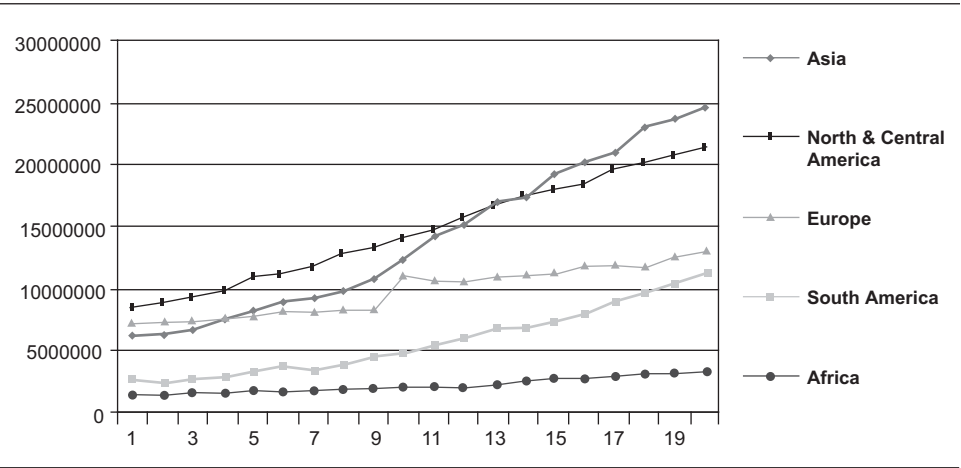


Figure 20 shows the trend of poultry production in the world. It can be seen that poultry production in Asia has increased most steeply, 5 times over the last 20 years. This also may be one of the reasons that Asia has been most severely hit.

FIGURE 20. Trend of Poultry Production in the World



Regarding husbandry practices in Asia, I would like to share with you my personal experience in visiting some of the backyard farms in Phnom Penh, Cambodia. The owner of one of the small-scale backyard farms that I visited told me that in October of 2004 many of her chickens suddenly died. She said that most of her chickens usually move around freely, so they have had regular contact with humans and other poultry, such as ducks.

On the way back from the yard, I came across a motorcycle carrying so many chickens that I became interested in following it. We ended up in a market, where

the owner of a market stall was plucking the feathers of the chickens, putting her hands in the intestines, and even selling the fresh blood. I am sure that if the chickens had been infected, she would have contracted the disease. This type of practice has contributed to the outbreak of avian influenza in Asia. When I asked her about her knowledge of the current avian influenza problem, she said she knew nothing.

What we have seen so far is the background of this problem. Now we come to the crux of the matter: the possibility of a human influenza pandemic. I would like to explain why we believe that a pandemic is likely, as long as the current situation continues.

The first reason comes from a historical perspective. If we look at the history of pandemics in the 20th century, we have had three major outbreaks. In 1918, there was the famous Spanish flu, which killed 22 million people. Then in 1957 the Asian flu occurred, and 1 to 4 million died. And in 1968, Hong Kong flu killed 1 to 4 million people. So this means that every 30 or 40 years we have had major pandemics, and so some people may say that the next pandemic is due.

The second reason why we are concerned is that the virus has already become entrenched in Asia, as Figure 21 illustrates. The dark color indicates provinces in Vietnam where the outbreak of avian influenza occurred over three separate periods of time. The dots indicate the human cases for these three periods. It is evident that 16 months after the outbreak started, the virus is still circulating in Viet Nam.

FIGURE 21. Provinces Affected by Avian Influenza in Viet Nam, 2003-2005

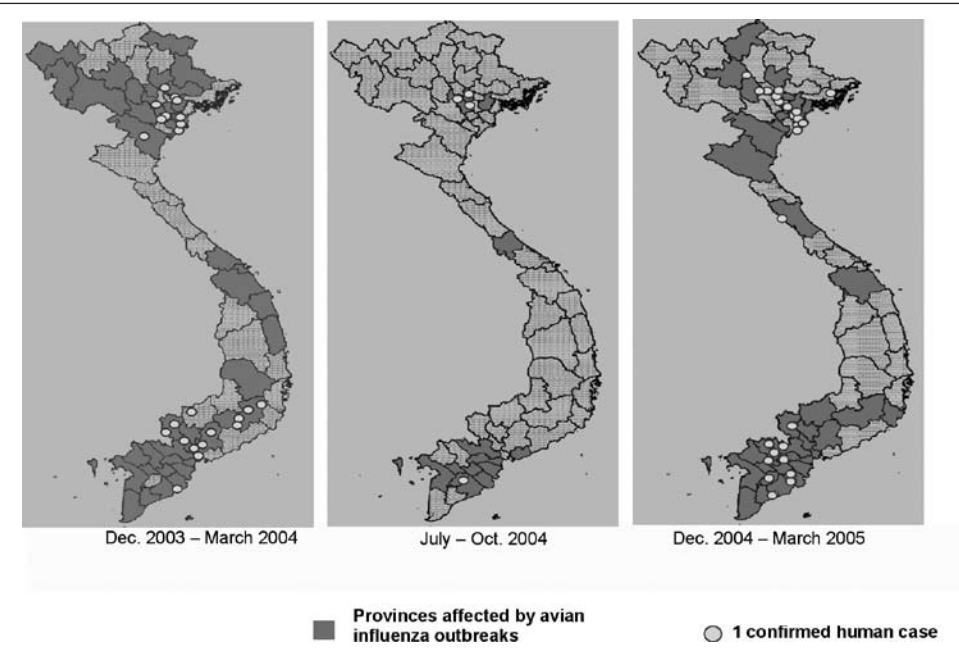
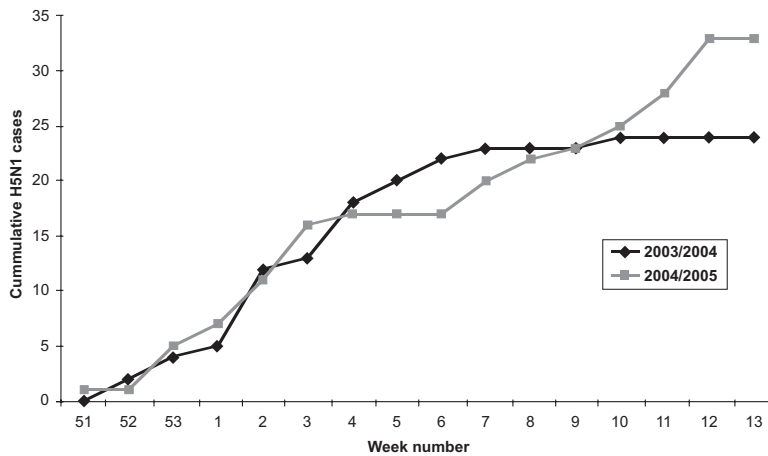


Figure 22 shows cumulative human avian influenza H5N1 cases in Viet Nam for two distinct outbreaks. The first one started at the end of 2003, then the second one erupted at the end of 2004. You will note that cases in the second wave already

FIGURE 22. Cumulative Human H5N1 Cases, Viet Nam

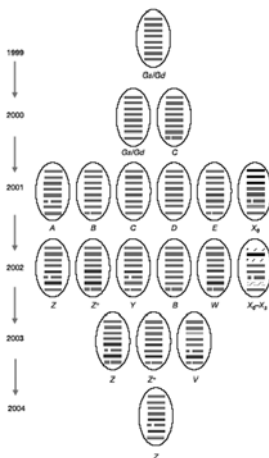


Note: Dates of occurrence not officially confirmed as yet by the Ministry of Health of Viet Nam

outnumber those in the first wave. In our judgment, it is likely that this curve will continue to rise at least for some time.

The third reason is that the virus is very versatile. Genetic analysis has shown that it has changed considerably since 1999. Influenza viruses have eight segments of genes. Figure 23 shows, in different colors, the segments from different avian influenza viruses. For example, the light blue indicates segments derived from the virus called H9N2.

FIGURE 23. Ability of the H5N1 Virus to Change over Time



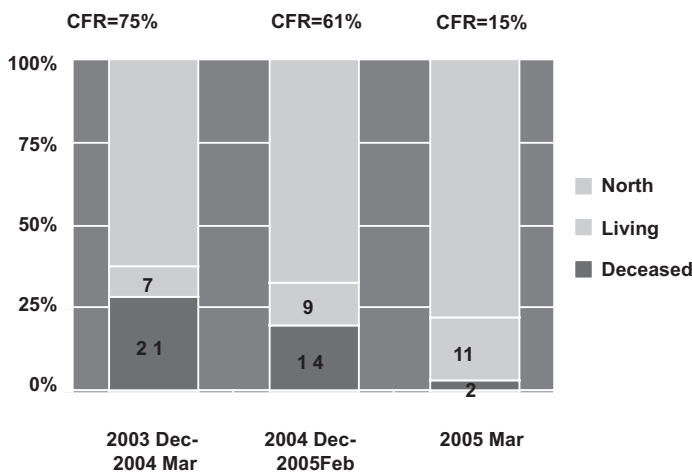
Source: K. S. Li et al. Nature. Vol. 430, 8 July 2004, p. 209-213. (<http://www1.od.nih.gov/oir/demystifyingMed/DM06/AvianInfluenza/Li-et-al.pdf>)

The clinical manifestation has also changed in terms of case-fatality rate (CFR) (Figure 24). From December 2003 to March 2004, the case-fatality rate was 75%. And from December 2004 to February 2005, CFR was 61%. But the CFR for March 2005 is down to 15%. This sounds like good news, but that may or may not be the case. Given the presence of only mild symptoms during March, we might be missing many real cases, which may, in turn, facilitate further transmission.

In view of the following, we cannot ignore the possibility that the virus has recently gained the potential for slightly higher infectivity in humans:

- 1) There are more human cases; for example, higher number of infected persons per cluster (2 to 3 previously, now 4 to 5);
- 2) Some cases are presenting with milder symptoms;

FIGURE 24. Case-fatality Rate in Confirmed Cases in Viet Nam



- 3) The virus is being detected from some asymptomatic cases; and
- 4) The virus is already undergoing changes in genetic composition. This virus is versatile. We have already found this virus, H5N1, not only in chickens and ducks, but also in pigs and tigers.

The fourth reason, and this may be one of the most important reasons, is that ducks are now serving as silent reservoirs. This means ducks are infected but do not show symptoms; yet they can pass the virus to chickens and even humans. Three pieces of evidence indicate that ducks are acting as silent reservoirs.

The first is that when you infect domestic ducks with H5N1 virus in laboratories, the infected ducks excrete high levels of the virus, and this virus excretion lasts for a long period. But those infected ducks do not develop any symptoms. Yet, they can pass the virus to other species such as chickens or humans. This is in sharp contrast with chickens that show symptoms. As a matter of fact, the majority of chickens die once they have become infected. The second piece of evidence comes from surveys, some of which are not yet reported officially, which indicate that almost 30% of ducks tested were positive for the virus. The third piece of evidence is that the virus can survive up to 6 days, at 37° C, in feces from ducks.

I would like to share with you more circumstantial evidence to show that ducks are playing a role as silent reservoirs. The left part of Figure 25 shows the distribution of the chicken population and outbreaks of avian influenza. The right part shows the distribution of the duck population and avian influenza outbreaks. You will note that avian influenza outbreaks are occurring in areas where the duck population is very dense.

The last reason why we are concerned about a possible pandemic is that a few suspected cases of human-to-human transmission have already been reported. Figure 26 shows the 11 family clusters reported in Vietnam, Cambodia, and Thai-

FIGURE 25. Avian Influenza Outbreaks

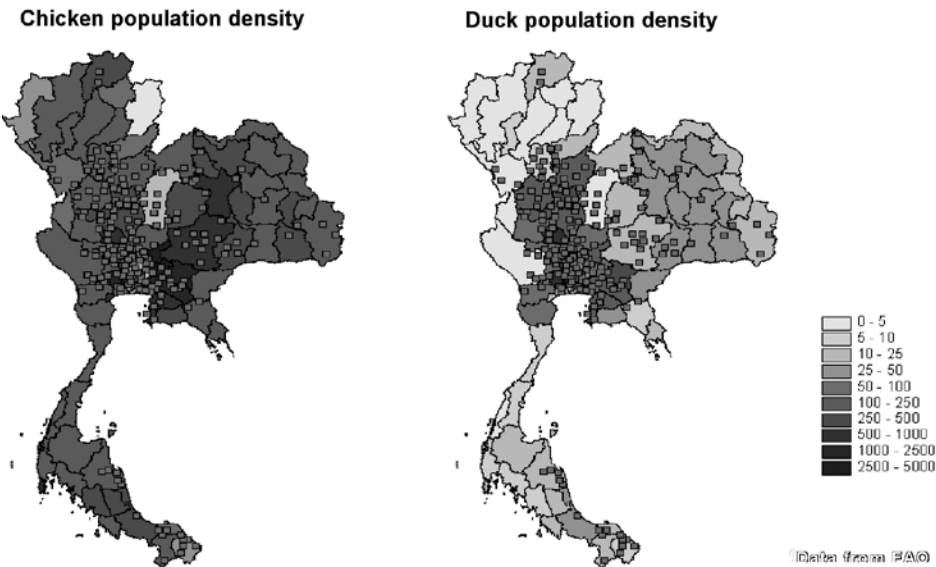
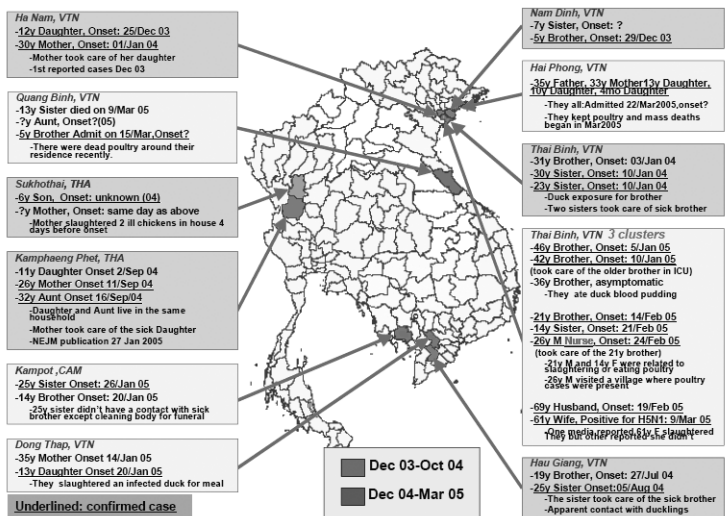


FIGURE 26 Clusters of Human H5N1 Cases: Possible Human-to-human Transmission?



land. Out of these 11 clusters, we suspect that human-to-human transmission has occurred in 2 clusters because some of the family members never had contact with infected chickens or ducks, but they did provide very close care to the infected index case. Because of this history, and taking into account onset dates, WHO believes that human-to-human transmission has occurred in these family clusters.

It is clear that the longer the current situation persists, the greater the chance that the virus will gain the potential for efficient human-to-human transmission. Now, some people may say, "Dr. Omi, compared to 1917, we have now had scientific advances, better surveillance, and greater public awareness. But still, you are talking about the possibility of a human pandemic. To us you sound like an alarmist."

Yes, you are right. Today, there are lots of positive factors compared to 1917. However, we have to remind ourselves that borders in Asia and elsewhere are highly porous. The cross-border movement of people, animals, and goods is unprecedented. And what is equally troubling is that the transmission of avian influenza is occurring mainly on small-scale farms, which makes good surveillance very difficult.

I would like to conclude my presentation by sharing with you some recommendations for joint action by health and agriculture authorities. As an immediate action, I think rapid and transparent information-sharing between countries, agriculture officials, health professionals, and other stakeholders is crucial. An increase in public awareness, including among those living on backyard farms, is also very important. Another element involves strengthening surveillance of both humans and animals. Quick epidemiological analysis and laboratory analysis through the network is also important.

When an outbreak occurs, prompt response is crucial. Better preparedness for pandemics is also important. Coordinated plans of action for infection control are necessary, and vaccine development and stockpiling of antiviral drugs are important. In addition, because of the massive absenteeism a pandemic could cause, massive social disruption should be expected and each country should come up with contingency plans to minimize such problems.

As everyone is aware, the root cause of this infection stems from the ever-increasing demand for poultry, which has led to the raising and marketing of many chickens and ducks in very unhygienic conditions. It is very important to address the root cause so that we can minimize unnecessary contact between humans and poultry. Therefore, in addition to the immediate actions that I have just mentioned, we need to come up with mid- and long-term actions to restructure farming and market practices to address the root cause of the disease.

The regional approach includes joint meetings of ministers of agriculture and health — the type of meeting that PAHO is having here. And I hope that other Regions will have similar meetings with their ministers of agriculture and health. The FAO/OIE/WHO joint strategy must be employed along the length of the production and marketing chain. For individual nations, a national plan must call for policy, legislation, and enforcement along the length of the production and marketing chain.

The local approach will include the improvement of farming practices, particularly in backyard farms, and the improvement of wet markets through multisectoral collaboration.

Certainly, there is potential for a human pandemic. Let us work together to prevent this worse-case scenario.

ELIMINATION OF HUMAN RABIES IN LATIN AMERICA: CURRENT STATUS

Josette Bijou,
Minister of Health and Population of Haiti
Port-au-Prince, Haiti

INTRODUCTION

At the 3rd Inter-American Meeting, at the Ministerial Level, on Animal Health (RIMSA 3) and at the 29th Directing Council of PAHO, held in 1983, the countries of the Americas committed to eliminating urban rabies from the principal cities of Latin America.

That mandate led to the first Meeting of Directors of Rabies Control Programs in Latin America (REDIPRA 1), held in Guayaquil, Ecuador (1983), where strategies and a Plan of Action for the Elimination of Urban Rabies were adopted (OPS, 1983). During REDIPRA 4, the objectives were expanded to include the elimination of rabies transmitted by dogs throughout the Region, including rural areas, with 2005 the target year for its achievement. That meeting also underscored the importance of sylvatic rabies surveillance.

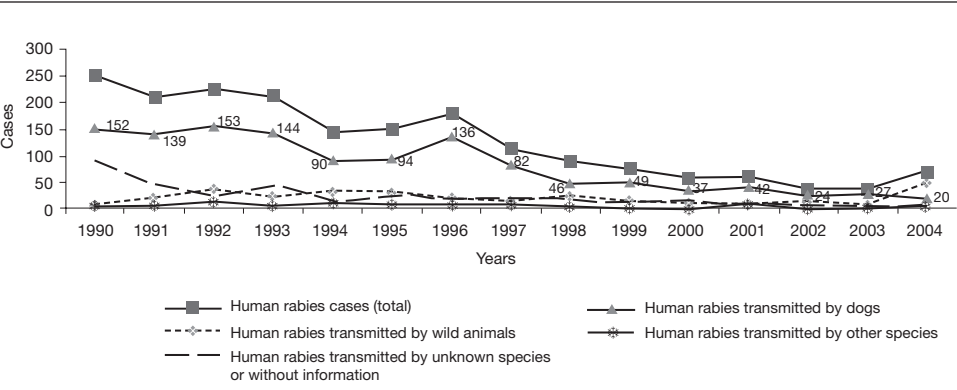
CURRENT EPIDEMIOLOGICAL SITUATION AND PROGRESS ACHIEVED

With a view to meeting the elimination goal, the countries have been successfully executing the Regional Program for the Elimination of Human Rabies Transmitted by Dogs in the Americas. The 20 years since its start-up have witnessed a substantial reduction in the number of cases: between 1982 and 2003 the number of human cases plummeted from 355 to 35, a 91% reduction, very similar to the decline in rabies in dogs, which was 93%, with cases decreasing from 15,686 to 1,131 (Figure 27).

As the deadline for meeting the goal of eliminating dog-transmitted human rabies loomed, PAHO commissioned a study to evaluate the rabies situation in Latin America, looking at what had been accomplished and what needed to be done to meet the goal (OPS, 2005). The results of the study will provide the technical basis for the formulation of a new Regional Plan for Rabies Elimination and will help mobilize the political, social, and financial support needed for that purpose.

In 65% of the human rabies cases reported, dogs were found to be the primary source of infection. The number of cases fell by 82% during the period in question, dropping from 152 in 1990 to 27 in 2003. In 2004, 20 cases of canine-transmitted

FIGURE 27. Trend of Human Rabies, Latin America, 1990-2004



Source: PAHO (1990 to 2000) and ministries of health of the Region (2001 to 2003).

human rabies were confirmed in six countries, the lowest number since the launch of the Regional Program: Bolivia (4), Brazil (5), El Salvador (2), Haiti (5), Paraguay (1), and Venezuela (3) (Figure 28).

FIGURE 28. Cases of Human Rabies Transmitted by Dogs, Latin America, 2004



Source: OPS. Eliminación de la rabia humana transmitida por perros en América Latina: análisis de al situación. Washington, DC: OPS; 2005.

This success is basically attributable to a strategy grounded in mass canine rabies vaccination campaigns and timely prophylaxis for people exposed (Belotto, 2004).

Unfortunately, in 2004 the number of human rabies cases transmitted by different species rose to 70. In the majority of these cases (48), wildlife were the source of the infection, which is unusual considering that, historically, the majority of rabies cases have always been associated with dogs.

In recent years, human rabies transmitted by dogs has been concentrated in just a few countries, and in specific areas in those countries, areas characterized by lower levels of social and economic development, and among low-income human populations living in the outskirts of major cities, such as La Paz and Cochabamba

in Bolivia, various cities in the northeast of Brazil, San Salvador in El Salvador, and Port-au-Prince in Haiti. Such areas usually have a large population of stray dogs and low and irregular vaccination coverage, which contributes to the continued circulation of the virus. The populations of these areas also have difficulty accessing pre- or post-exposure medical care, owing to high transportation costs and reluctance to lose time from work (OPS, 2005).

With regard to canine rabies, 1,131 seropositive animals were reported in 2003, the majority of them in a handful of countries (Argentina, Bolivia, Brazil, El Salvador, Guatemala, Mexico, and Venezuela), most of which, however, had only a few cases relative to their large dog population. However, like human rabies, these cases were concentrated in 68 of the 414 lowest-level geopolitical units in the respective countries (16.4%), all of them socially and economically depressed areas: the area along the Bolivian border in Jujuy state in northern Argentina; several states in northeast Brazil, such as Bahia; and Zulia state in Venezuela, in addition to Bolivia, El Salvador, and Guatemala, countries where the disease was also present in 2001 and 2002 (OPS, 2005). In 2004, 903 cases of canine rabies were reported (OPS/SIRVERA, 2005). The decrease in canine rabies is indicative of the Regional Program's efficacy in eliminating the main source of the infection in humans.

Based on analysis of the frequency of canine rabies cases by lowest-level geopolitical unit during the period 2001-2003, the Latin American region can be divided into five different epidemiological areas. One is the area that has been rabies-free for over 10 years, consisting of: Panama and Costa Rica in Central America; most of the Southern Cone in South America (i.e., Argentina, except for the area along the border with Bolivia; all of southern Brazil, including the states of São Paulo and Rio de Janeiro; Chile; some departments in Peru; and Uruguay). At the other extreme is an area in which the rabies virus continues to circulate actively in dogs, although it is concentrated in circumscribed geographic regions, such as the border zones between Argentina and Bolivia and between Bolivia and Peru, most of Bolivia, northern and northeastern Brazil, Zulia state in Venezuela, San Salvador, Guatemala, and the Guatemala-Mexico border area. The other areas are characterized by medium and low epidemiological risk, with epidemiological surveillance systems functioning properly in the majority of them. Several states in Mexico are in the process of becoming certified as areas free of canine rabies (OPS, 2005).

Nevertheless, human rabies transmitted by wildlife — 75% of the cases attributable to bats — is an issue that is becoming increasingly important, with epidemic outbreaks occurring continually in tropical and subtropical areas of the region, in some cases giving rise to health emergencies. In 2004, 46 cases of rabies transmitted by vampire bats were reported in five countries of the region, most of them associated with epidemic outbreaks in Brazil (22 human cases), Colombia (14), and Peru (8) (OPS/SIRVERA, 2005).

The main risks and impediments to the prevention of sylvatic rabies in the communities in question include changes in the environment; economic activities in tropical and subtropical areas that result in migration to vulnerable zones without risk mitigation; extreme poverty, limited health services, and access barriers; the absence of domestic animals of commercial interest; the resignation of residents to attacks by

vampire bats (*Desmodus rotundus*); the length and cost of the prophylactic treatment currently available; and inadequate interaction between the health, agriculture, and natural resources sectors to monitor risk (Schneider, 1995).

CONTROL MEASURES

The main focuses of the Regional Program are proper care for people at risk for rabies, which includes pre or post-exposure treatment, mass vaccination of dogs, and epidemiological surveillance — activities whose efficiency is directly linked to the availability of and access to vaccines and immunobiologicals of recognized quality, control of foci, creation of diagnostic laboratory networks, and use of mass communication strategies, together with community organization and participation.

Care for exposed persons

In Latin America, nearly 1 million people a year are exposed to the risk of rabies. In some countries, one of the main reasons for medical consultations is attacks by animals suspected of carrying rabies, generally in major urban centers with high numbers of stray dogs. The emphasis in national programs has therefore been on decentralizing prophylactic treatment and providing an adequate supply of quality immunobiologicals in order to ensure access to care for people who are exposed.

The ratio of population to health posts providing treatment in the region was 34,383 to 1, with a median of 16,397 and a range of 4,300 per health post in Peru to 148,043 in Paraguay. In some areas in the Southern Cone, doubtless because rabies is no longer a major threat, treatment is less decentralized. In 2003, of the 961,195 people in Latin America who were treated following animal attacks, an average of 25.4% received post-exposure treatment. The median for the region of people treated as a proportion of people seen in health posts was 21.6%, with the figures ranging from 3.2% in Cuba to 58.4% in Brazil (OPS, 2005).

In the period 2001-2003, approximately 2,500,000 doses of rabies vaccine for human use were distributed throughout the region. The majority of the countries of the region, especially Brazil and Mexico, use cell culture rabies vaccine; however, seven countries still use the suckling mouse brain (SMB) vaccine. Immunoglobulin is prescribed as part of the treatment for serious cases, in line with WHO technical standards, but only seven of the countries (33%) actually use it. This is a serious limitation for the national programs (OPS, 2004).

Vaccination of dogs

Vaccination of dogs is the most important control strategy for interrupting circulation of the virus. The strategy is based on intensive one- or two-day vaccination campaigns, with active community participation.

In Latin America, around 44 million dogs are vaccinated each year, with the programs in Brazil and Mexico vaccinating the largest number (17 million and 16 mil-

lion, respectively). In 2001-2003, the average annual vaccination coverage for the region as a whole was 68%. However, in some countries and areas, the coverage was almost 100%, while in others, it was less than the average. In the majority of states in Brazil and Mexico and in some departments of Peru, coverage is over 80% (OPS, 2005).

In view of their current epidemiological situation, some of the countries have suspended canine vaccination in all or part of their territory, while at the same time strengthening their epidemiological surveillance systems.

Epidemiological surveillance

Epidemiological surveillance is crucial during this period of rabies control in Latin America. In epidemiologically silent areas that lack good systems for reporting rabies cases, the Regional Program has stressed the need to obtain scientific evidence that this situation is due to the absence of viral circulation and not to poor surveillance.

To get some idea of the quality of epidemiological surveillance, an indicator of 0.1% was taken as the analytical reference standard for an adequate number of samples for diagnosis in the estimated canine population. The findings suggest that, generally speaking, there is very good epidemiological surveillance in the countries. Four of them—Argentina, Brazil, Mexico, and Peru—far exceed the average of 0.1% (OPS, 2005). This evaluation shows that, in lowest-level geopolitical units, countries such as Bolivia, Brazil, Chile, Mexico, and Peru, along with most of Argentina, have reliable epidemiological surveillance.

In some areas of the Southern Cone and Central America that no longer report circulation of the virus or have made considerable progress in controlling the disease, the number of samples collected for diagnosis is minimal, which weakens epidemiological surveillance.

In 2003, 73,752 samples from dogs were processed in 138 rabies diagnostic laboratories in Latin America, half of them located in Brazil and Mexico. In some countries, such as Argentina, Colombia, Cuba, Ecuador, and Peru, diagnosis is decentralized and performed in laboratories located throughout the country.

FINAL CONSIDERATIONS

The principal strengths that have made this progress in human and canine rabies control possible include the following:

- a) In the Americas, unlike other regions, rabies is not a neglected disease. All cases reported to health systems receive care, are referred for epidemiological investigation, and trigger corrective measures.
- b) There is a tradition and a scientific background that have given rise to a critical mass of highly skilled human resources, equipped with the necessary technical instruments for controlling the disease.

- c) There is solidarity among the countries, which translates into international cooperation, frequently taking the form of mobilization of human and material resources (e.g., immunobiologicals).
- d) Rabies transmitted by dogs is a problem limited to a few areas, which makes it possible to concentrate efforts.
- e) The majority of the countries, especially those with larger populations, have a sufficient supply of biologicals (cell culture vaccine).
- f) The ministers of health and agriculture of the region have demonstrated the political will to work together for the prevention of rabies transmitted by wildlife.

REDIPRA Resolutions

The last Meeting of Directors of National Rabies Control Programs in Latin America (REDIPRA 10), held in Santo Domingo, Dominican Republic, from 28 to 30 October 2004, issued the following recommendations concerning the current situation of rabies:

- a) Prepare a draft regional proposal for the final phase of rabies elimination for presentation at RIMSA 14 in Mexico City.
- b) Certify areas as free of canine rabies, under standard guidelines drawn up by PAHO/WHO based on Mexico's experience.
- c) Ensure access to and the availability of effective treatment against rabies for all inhabitants of the region.
- d) Strengthen cooperation between ministers of health and agriculture and with other sectors for the prevention of human cases of sylvatic rabies. To that end, the need was reiterated to identify risk areas and design specific strategies, including active case-finding among people attacked by vampire bats, ensuring mass availability of immunogens, protecting the cold chain, and providing pre- and post-exposure treatment in risk areas.

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REPORTS

REPORT ON THE 10TH MEETING OF THE HEMISPHERIC COMMITTEE FOR THE ERADICATION OF FOOT-AND-MOUTH DISEASE (COHEFA 10)

The 10th Regular Meeting of the Hemispheric Committee for the Eradication of Foot-and-Mouth Disease (COHEFA 10), convened by the Director of the Pan American Sanitary Bureau (PASB), was held in the Conference Hall of the Mexican Ministry of Foreign Affairs on 19 April, 2005.

OFFICERS

President	Dr. José Angel del Valle Molina, Director-General of Animal Health, Ministry of Agriculture, Rural Development, Fisheries, and Food (SAGARPA), Mexico
1st Vice-President	Dr. Antenor Nogueira, President of the National Forum of Beef Producers, National Agriculture Confederation, Brazil
2nd Vice-President	Mr. Bolívar Ceballos, Undersecretary for Strategic Management of Agricultural Production, Ministry of Agriculture, Ecuador
Rapporteur	Dr. Emerio Serrano, Director-General, Institute of Veterinary Medicine, Cuba

Dr. Albino Belotto, Chief of the Veterinary Public Health Unit, PAHO, served as Secretary *ex officio* of the meeting, representing Dr. Mirta Roses Periago, Director of PASB, and Dr. Eduardo Correa Melo, Director of the Pan American Foot-and-Mouth Disease Center (PANAFTOSA/PAHO), served as Technical Secretary.

PARTICIPANTS

The following people represented their respective regions:

Amazon Subregion

Dr. Gabriel Maciel, Minister of Agriculture and Livestock Defense, Ministry of Agriculture, Fishing, and Supply, Brazil, and Dr. Miriam Melean, representing the National Confederation of Farmers and Livestock Producers of Venezuela (CONFAGAN).

Andean Area

Mr. Bolívar Ceballos, Undersecretary of Strategic Management of Agricultural Production, Ministry of Agriculture, Ecuador; and Dr. Jaime Giraldo Saavedra, Deputy Director, Federation of Cattle Farmers, Colombia.

Caribbean Subregion

Dr. Emerio Serrano, Director-General, Institute of Veterinary Medicine, Cuba; and Mr. Miguel Zaglul, President, National Association of Cattle Farmers, Dominican Republic.

Southern Cone

Dr. Jorge Nestor Amaya, President, National Animal Health and Food Quality Service, Argentina; and Mr. Antenor Nogueira, President, National Forum of Beef Producers, National Agriculture Confederation, Brazil.

Mesoamerican Subregion

Dr. Cesar Sandoval, National Director, Animal Health, Ministry of Agriculture and Livestock Development, Panama; and Mr. Ronny Chaves Solano, President, Livestock Development Corporation (CORFOGA), Costa Rica.

North America

Dr. José Ángel del Valle Molina, Director-General, Animal Health, Ministry of Agriculture, Rural Development, Fisheries, and Food (SAGARPA); and Mr. Phillip E. Bradshaw, President, Illinois Soybean Board, United States of America.

Also present were representatives of intergovernmental organizations, nongovernmental organizations, representatives of the state governments of Brazil, academic institutions and representatives of the agriculture and livestock sectors of the countries of the Region.

SESSIONS

Two plenary sessions and a closing session were held.

OPENING OF THE MEETING

Dr. José Germán Rodríguez Torres, PAHO/WHO Representative, a.i., Mexico, opened the meeting, welcoming the participants on behalf of the Director of PAHO. Dr. Del Valle Molina then greeted the delegates on behalf of the Minister of Agriculture of Mexico.

Election of the President and Rapporteur: The official delegate for the Southern Cone proposed Dr. Del Valle Molina as President of the meeting, and he was elected unanimously. Dr. Antenor Nogueira and Mr. Bolívar Ceballos were elected as First and Second Vice-Presidents, respectively, and Dr. Emerio Serrano was elected Rapporteur.

Dr. Albino Belotto, Chief of the Veterinary Public Health Unit of PAHO, representing Dr. Mirta Roses Periago, Director of the Pan American Sanitary Bureau and Executive Secretary of COHEFA, served as Secretary *ex officio*; Dr. Eduardo Correa Melo, Director of PANAFTOSA, served as Technical Secretary.

ADOPTION OF THE AGENDA

Dr. Del Valle Molina acknowledged the presence of the Minister of Agriculture of Haiti, Mr. Phillipe Mathieu. He then submitted the proposed agenda for consideration by the Committee, which adopted it unchanged.

REPORT OF THE SECRETARIAT OF THE COMMITTEE

Dr. Eduardo Correa Melo, Director of PANAFTOSA, presented a historical overview of the programs implemented to fight foot-and-mouth disease, in the context of PHEFA (Hemispheric Program for the Eradication of Foot-and-Mouth Disease), and provided an update on the current status of the disease, underlining the most recent events during the biennium. He spoke specifically about the endemicity of foot-and-mouth disease in Ecuador and Venezuela, and the presence of O- and C-type viruses in the Amazon region of Brazil. He then commented on the appearance of foci of O-type virus in Lurín, Peru, and of A-type virus in Tibú, Colombia.

He went on to provide details of the measures taken by the affected countries and the cooperation afforded by PANAFTOSA/PAHO to control those outbreaks. He also reported on the progress of Argentina, Brazil, Colombia, Paraguay, and Peru in achieving recognition of disease-free areas and on the resources, from both the public and the private sectors, expended by the countries in the framework of their national programs. He then presented a report on the resolutions adopted at COHEFA 9; at the Hemispheric Conference in Houston; and at 31st and 32nd meetings of COSALFA (South American Commission for the Fight Against Foot-and-Mouth Disease). He also mentioned the resolutions of the First Special Meeting of COHEFA, held on 2 December 2005 in Brasilia, Brazil, highlighting those related to the development and improvement of the PHEFA Plan of Action for 2005-2009, drawn up by GIEFA (Inter-American Group for the Eradication of Foot-and-Mouth Disease).

Discussion

Mr. Bolívar Ceballos, Undersecretary for Strategic Management of Agricultural Production, said that he was honored to have been elected Vice-President of the meeting. Noting the high quality of the presentation, he underscored the importance for his country of eradicating the disease and the need for cooperation between the public and private sectors in order to achieve that objective, which was a priority for his Government. Mr. Antenor Nogueira thanked the delegates for electing him First Vice-President and referred to the efforts undertaken by the region with a view to eradicating the disease, particularly in Brazil. Dr. Ronny Chaves, a private-sector representative for Central America, noted the importance of the 2005-2009 Plan of Action and the work of GIEFA, and their implications for maintaining the disease-free status of countries of the subregion.

Dr. Belotto, speaking on behalf of Dr. Mirta Roses, informed the participants of PAHO's vision regarding the development of programs for the eradication of foot-and-mouth disease, drawing a comparison to the eradication of human smallpox in terms of the impact on animal and human health, the conjunction of public and private-sector efforts, and the creation of national animal health programs, which were also having an impact on other diseases of socioeconomic importance to the Region. He mentioned the concerns voiced by some Member States regarding the importance of maintaining a technical cooperation program for foot-and-mouth disease within the PAHO system that took account of the social impact of the disease in the context of opening up new opportunities for local development, increasing production, and reducing hunger in the Region.

There being no further comments, the President pronounced the report of the Technical Secretary approved.

PROPOSED PHEFA PLAN OF ACTION, 2005-2009

Dr. Alfonso Torres, a GIEFA member for the North American subregion, mentioned the composition of the group responsible for drawing up the plan in cooperation with PANAFTOSA, noting that the group included representatives of the public and private sectors from all subregions, with the exception of the Caribbean. He explained that the version being presented resulted from discussions during the five meetings that had been held and from the participation of members and observers through the PANAFTOSA website. He provided an in-depth account of the events leading to the creation and development of GIEFA and a detailed explanation of the various components of the Plan of Action for 2005-2009, drawing attention to several conditions that must be met in order to achieve the objective of the plan by the target date.

Dr. Torres went on to describe the current status of national programs and their successes, pinpointing the problem areas in countries identified as priorities, and noting that the plan was intended to supplement the activities of national programs in those areas. He then described the strategies drawn up by each subregion, in accordance with criteria designed to classify the level of development of each national program.

He also described the participation of regional and international organizations as players in joint technical cooperation efforts and the important contribution of the private sector.

He said that the chapter on audits was considered a priority, as they were a means of ensuring transparency in the execution of activities. The audits would be based on a model employed in the Southern Cone. The plan also included prevention activities in disease-free regions, with the necessary prevention levels to be determined for each country. He noted that the resources required to supplement national programs totaled US\$ 48 million. Those resources were of two types: national resources, which originated in the country in which they were to be used, and international resources, which were to be used in the strategic areas identified, with the recipient country being accountable for their use. It had been suggested that the resources be managed by an administrative group located within PANAFTOSA, with its own personnel and autonomy of action, while an executive body would keep all members of GIEFA and donors informed regarding the use of resources. It would be necessary to draw up a formal memorandum of understanding between GIEFA and PAHO, which could be signed during the next RIMSA.

Discussion

Dr. Jorge Amaya, an official sector representative for the Southern Cone, expressed appreciation on the behalf of the Standing Veterinary Committee for the opportunity to participate in GIEFA, and requested clarification on the audit procedures to be employed. Dr. Correa replied that audits would be conducted according to the proposed annual audit schedule provided for under the Plan of Action. Dr. Emerio Serrano, of Cuba, said that the Plan of Action represented a major landmark in the programming of GIEFA and asked whether there was any definite information regarding the source and volume of resources, and whether a date had been set for the administrative group to begin functioning. He said that for Cuba, as a country free of foot-and-mouth disease, the plan was of particular importance, owing to the possibilities for collaboration with regard to local development models, one of the strategies envisaged. The conditions that must be met in order to obtain funding, such as the signing of the memorandum of understanding and the approval of the Plan of Action, were mentioned. The private-sector representative from the Caribbean noted the need to develop prevention programs in the poor countries of the subregion that were receiving products and byproducts of animal origin.

Dr. Correa pointed out that the plan incorporated preventive activities, as mentioned previously. Mr. Nogueira agreed with Cuba's comments on GIEFA resources and activities. He also said that GIEFA needed to be supervised and underlined the importance of conducting audits as a means of supporting the programs and providing guidance on the channeling of resources. In addition, he pointed out the importance of participation by private-sector representatives from the Southern Cone countries in the Standing Veterinary Committee.

The private-sector representative for the Andean area said he was satisfied with the plan, with the details that were provided on the progress of national programs, and

with the involvement of a consultant in countries deemed problematic. Dr. Hernán Rojas, of the Ministry of Agriculture of Chile, said that the plan was the result of joint effort by the public and private sectors, with the cooperation of PANAFTOSA. As such, commitment by all partners must be the guiding principle for the plan, as such commitment was even more important than the amount of resources. In his view, audits were an instrument that allowed for ongoing evaluation; the consultants to be assigned to some countries should play an advisory role, with the countries themselves taking responsibility for the management of their programs.

Dr. Amaya said that the possibility of private-sector participation in the Standing Veterinary Committee was being discussed. With regard to the audits, he said that they should also be used to address emergencies. Dr. Ronny Chavez underlined the importance of conducting audits in disease-free countries in order to evaluate their prevention capacity. He suggested that OIRSA (Regional International Organization for Plant Protection and Animal Health) should support the creation of a regional institution that would include producers, with a view to promoting preventive activities on a regional level. Dr. Torres commented on the technical capacity of the region to eradicate major diseases. Dr. Zaglul referred to his earlier comment regarding the problem of donations from non-disease-free countries to poor countries in the sub-region, which in his view should be subject to certification by their governments of origin. The OIRSA representative, responding to Dr. Chavez's comment, described the preventive activities being carried out by his organization in the subregion.

Dr. Bradshaw welcomed the information presented and said that the productive sectors of North America should be informed of the level of progress achieved. He was convinced that the objectives of the plan could be reached, but emphasized the importance of the audits and the participation of the private sector in order to do so. In his view, the western hemisphere would be responsible for producing food for the entire world. He also pointed out that the flow of people to the United States represented a health risk to the country, which needed to be communicated to the general public.

Dr. Héctor Acuña, former Director of PAHO, congratulated the GIEFA Secretariat on the quality of the plan and suggested that it should be presented to the health and agriculture ministers of the countries in order to validate its approval at COHEFA 10. He also suggested that alternative plans that might be more acceptable to individual countries should be drawn up, plans that would allow for the shortening or extension of target dates for the achievement of objectives.

Dr. Jaime Giraldo, a private-sector representative for the Andean Area, noted that the Andean subregion presented the greatest problems within the plan, as it lacked a culture of health and the necessary participation of the private sector. He called on PANAFTOSA to continue supporting countries in the implementation of their programs. Mrs. Melean, speaking for the Amazon Region, cited the difficulties Venezuela was facing with the management of its program. She said that the public and private sectors continued to work together and that a bill had been presented in the legislature, calling for the eradication of the disease. She also reported that the Zulia project had been put forward as a model for the structural reorganization in Venezuela.

CLOSING CEREMONY

Dr. Belotto thanked all the participants for their contribution to the meeting and noted that there had been a high level of agreement on the proposals presented. Dr. Gabriel Maciel from Brazil thanked the delegates for the opportunity to participate in the meeting and described the progress attained over the last six years in his country. He also mentioned future projects for the inclusion of states in the northeast and northern regions of Brazil, in which the private sector and State entities would collaborate. Dr. Correa thanked all participants and reminded them of the important role that the fight against foot-and-mouth disease played in improving economic conditions, adding that eradicating the disease would serve as a basis for combating other diseases. Dr. Del Valle Molina brought the meeting to an end by thanking everyone on behalf of Minister Usabiaga Arroyo for their contribution to the development of the plan and their commitment to fulfilling its objectives.

RESOLUTION

The following resolution was adopted during the second working session.

RESOLUTION 1

THE 10th REGULAR MEETING OF THE HEMISPHERIC COMMITTEE FOR THE ERADICATION OF FOOT-AND-MOUTH DISEASE,

Considering:

The complete and detailed report presented by the Technical Secretary of COHEFA on the status of programs to prevent and eradicate foot-and-mouth disease on the American continent, and the positive comments of participants in COHEFA 10;

The 2005-2009 Plan of Action of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA), presented at this COHEFA 10, and drawn up by the Inter-American Group for the Eradication of Foot-and-Mouth Disease (GIEFA), in conjunction with the official veterinary services and private sectors of the countries, together with the international organizations affording technical cooperation in the region;

The effectiveness of the work carried out by the current members of GIEFA, which has culminated in the preparation of the document for the 2005-2009 Plan of Action of PHEFA;

The importance of the aforementioned plan as a guide for the work of national programs in the securing of PHEFA's goals, bearing in mind the broad participation of all players in the drawing up of the document;

The importance of the audit process in terms of transparency and in the follow-up of all actions undertaken, and the need for this process to be applied to all the countries in the region, both under normal circumstances and in emergency situations;

The need for greater inclusion of the private sector in measures to prevent and eradicate the disease throughout the continent;

The importance of making the relationship between GIEFA and the Pan American Health Organization official as soon as possible, so that the Plan of Action can be initiated effectively and executed promptly;

RESOLVES:

1. To approve the report of the Technical Secretary for the 2003-2004 period, without comment.
2. To approve all the terms of the 2005-2009 Plan of Action of PHEFA and to assign responsibility to the Technical Secretariat for the editing, final publication and dissemination of the plan.
3. To ratify the extension of the mandate of the current members of GIEFA and to ask PAHO to nominate public- and private-sector representatives for the Caribbean.
4. To request countries to strengthen their commitment to attaining the goals proposed under the Plan of Action within the framework of PHEFA and to use the plan as a guide for national programs and the application and optimization of resources.
5. To apply the audit process to national programs for the eradication of foot-and-mouth disease and to the veterinary services and systems that implement them in all the countries of the region, both under normal circumstances and in emergency situations, in accordance with the methodologies developed in the Southern Cone and validated in the Andean Area, and to define annual programs in this area.
6. To urge countries and organizations in the various subregions to encourage the participation and integration of the private sector in measures to prevent and eradicate the disease, both in terms of the financing of these measures and their participation in the decision-making process;
7. To encourage PAHO and GIEFA to proceed with the signing of a Memorandum of Understanding, with a view to formalizing the relationship between the two parties and initiating the implementation of the Plan of Action.
8. To thank all members of GIEFA and PANAFTOSA - PAHO/WHO for their efforts.
9. To thank the Mexican authorities for their hospitality and for providing the facilities to hold the meeting.

REPORT ON THE 4TH MEETING OF THE PAN AMERICAN COMMISSION FOR FOOD SAFETY (COPAIA 4)

The 4th meeting of the Pan American Commission for Food Safety (COPAIA), convened by the Director of the Pan American Health Organization (PAHO), was held in the Conference Hall of the Mexican Ministry of Foreign Affairs on 20 April 2005.

OFFICERS

President	Dr. Graciela Rosso, Minister of Health, Ministry of Health and Environment, Argentina
Vice-President	Mr. Ernesto Perdomo, Director General Directorate of Environmental and Public Health, Ministry of Health and Social Development, Bolivarian Republic of Venezuela
Rapporteur	Dr. Anne Mackenzie, Science Advisor, Canadian Food Inspection Agency, Canada

Dr. Mirta Roses, Director, Pan American Sanitary Bureau, served as the Secretary *ex officio* of the meeting and Dr. Albino Belotto, Chief, Veterinary Public Health Unit, PAHO, served as Technical Secretary

PARTICIPANTS

The following people represented their respective regions:

North America

Dr. Anne Mackenzie, Science Advisor, Canadian Food Inspection Agency, Canada; Dr. Julio José Frenk Mora, Secretary of Health, Mexico; Mr. Fabián Vásquez Villalobos, Food Safety Coordinator, State Plant Health Committee, Mexico; and Dr. Carolina Smith DeWaal, Director of Food Safety, Center for Science in the Public Interest, United States of America.

English-speaking Caribbean

Mr. James Paul, Chief Executive Officer, Barbados Agricultural Society, Barbados; Hon. Dave Burgos, Minister of State, Ministry of Agriculture and Fisheries, Belize;

Dr. Josette Bijou, Minister of Public Health and Population, Haiti; Mr. Robert A. Best, Caribbean Poultry Association, c/o Livestock and Livestock Products Board of Trinidad and Tobago.

Central America and the Spanish-speaking Caribbean

Dr. Rolando Mateo Cabrera Marquetti, Specialist, Vice-Ministry of Hygiene and Epidemiology, Ministry of Public Health, Cuba; Dr. Estela Emilia Berliza de Ramírez, Representative of the Consumer Sector, Dominican Republic; Mr. Mariano Jiménez Talavera, Minister of Agriculture and Livestock, Ministry of Agriculture and Livestock, Honduras.

Andean Area

Mr. Luis Chávez, Food Unit, Consumer Education and Protection Service (SEDECO), Bolivia; Mr. Christian Wahli, President, Association of Food and Beverage Manufacturers, Ecuador; Mr. Ramón Ernesto Perdomo, Director, General Directorate of Environmental and Public Health, Ministry of Health and Social Development, Venezuela.

Southern Cone

Dr. Graciela Rosso, Minister of Health, Argentina; Mr. Jaime Alfonso Campos Quiroga, Minister of Agriculture, Chile; Dr. Cláudio Roberto Gonçalves Martins, Executive Director, Brazilian Association of Chicken Producers and Exporters and Brazilian Association of Pork Production and Exporting Industries, Brazil; Dr. Raquel Sánchez, Nutritionist, Consumer Organization of Uruguay.

SESSIONS

Opening Session

Dr. Mirta Roses Periago, Director of PAHO, welcomed the delegates, describing COPAIA as a forum unique in the world, where the public and private sectors had the opportunity to examine problems, progress, limitations, and innovations in the area of food safety. She stressed that food safety and security were fundamental to ensuring each individual's right to have access to safe and nutritious foods, as enshrined in the Universal Declaration of Human Rights and ratified at the International Conference on Nutrition, held in Rome in 1992. She also emphasized that food safety and security would contribute to the achievement of the Millennium Development Goals, particularly those relating to the eradication of hunger and poverty, the reduction of child morbidity and mortality, and the promotion of education and sustainable development.

She went on to say that, although precise figures were not available, the direct and indirect economic impact of diseases associated with the consumption of contaminated foods was estimated to be high on a global, regional and national level, espe-

cially among vulnerable populations. PAHO's cooperation program was carried out in the framework of the WHO global strategy for food safety, taking into account the special characteristics and specific problems of the Region of the Americas. The program would increasingly focus on the use of risk analysis to classify and prioritize dangers and risks, development of interventions for risk management, and risk communication. Increasing emphasis would also be placed on education regarding food safety and development of manuals for the implementation of the five keys to food safety within the framework of the healthy environments strategy.

Dr. Roses highlighted PAHO's collaboration with the Food and Agriculture Organization of the United Nations, the Inter-American Institute for Cooperation on Agriculture, and other international organizations in promoting national food safety systems. She also underlined the importance of involving all the public and private stakeholders in the food chain, not forgetting the important role played by consumers and producers. She noted that, over the previous few decades, PAHO had been working in the area of food safety mainly through the Pan American Institute for Food Protection and Zoonoses (INPPAZ), the Pan American Food Safety Commission (COPAIA), and advisors in each country under the Veterinary Public Health Program.

She noted that, in the light of the new Regional Program Budget Policy adopted in 2004, the discussions taking place within the Working Group on PAHO in the 21st Century, and the management strategy for PAHO for the 2003-2007 period, a process of reviewing all institutional mechanisms, including those of governance, was currently under way. In that context, a strategy for the Pan American centers was being discussed with a view to identifying new opportunities and new forms of technical cooperation. In that context, talks had been initiated with the Government of Argentina for a restructuring of INPPAZ.

She emphasized the importance of political will by Member States to allocate, coordinate, and mobilize resources at the national, regional, and global levels, as a condition sine qua non for progress towards the common objective of reducing the health, social, and economic repercussions of water- and foodborne diarrheal diseases and of the presence of microbiological and chemical contaminants in foods.

She concluded by stressing that COPAIA, a unique forum in the world, had an important opportunity to examine problems, progress, limitations, and innovations in the area of food safety, and to draw up recommendations so that, as a team, all involved could contribute to the achievement of common goals. She assured participants that PAHO/WHO stood ready to implement the activities arising from the Commission's deliberations.

REPORT OF THE TECHNICAL SECRETARIAT AND ON IMPLEMENTATION OF THE RECOMMENDATIONS OF THE THIRD MEETING OF COPAIA

The Chief of Technical Cooperation at INPPAZ, Dr. Enrique Pérez Gutiérrez, gave a report on the technical cooperation activities of INPPAZ and the follow-up on the recommendations of the third meeting of COPAIA.

He reviewed the current context of food safety, PAHO's mission and values, and the lines of action, purposes and objectives approved by COPAIA.

He also summarized the progress achieved to date in food safety systems, including the use of cluster analysis methodology, employing variables from five areas of work:

- Food laws and regulations.
- Food control management.
- Inspection services.
- Monitoring of foods and epidemiological data.
- Information, education, communication, training.

He then reported on the implementation of the recommendations of COPAIA 3 and RIMSA 13.

He concluded by pointing out that PAHO functioned as a clearinghouse for consultation and information on the experiences of countries, disseminating timely and relevant information and providing training aimed at addressing problems related to food safety. INPPAZ had worked in conjunction with COPAIA and followed the resolutions adopted by RIMSA, seeking to promote food safety programs in the Region. It had also encouraged intersectoral coordination all along the food chain. In addition, INPPAZ had established cooperation partnerships with other international and subregional organizations and had actively encouraged the participation of Member States in meetings of the *Codex Alimentarius* Commission.

Panel on Cooperation between the Health and Agriculture Sectors, Producers, and Consumers within a Food Safety System

Mr. Ernesto Perdomo, of Venezuela, gave a presentation on his country's integrated food safety system, emphasizing that, unlike other Latin American countries, Venezuela did not have a tradition of exporting agricultural and livestock products, because its economy depended primarily on the oil industry. Consequently, there was a strong trend toward the importation of food, by both the private and public sectors. That, in addition to other political, economic, social, and cultural factors, had meant that food control in Venezuela did not conform to a systematized model as occurred in other countries that were required to meet external quality control standards, standards that often were eventually extended to food products destined for domestic consumption. The Venezuelan food control system had been characterized by the involvement of many organizations with diverse legal frameworks, duties, and responsibilities, all acting separately.

However, the country did have a favorable constitutional framework, which it could use as a basis for the development of updated, harmonized regulations to support the modernization of food control. Venezuela also had an infrastructure of national food inspection laboratories and services under the various ministries, which could be

strengthened through appropriate management, including training of human resources, ensuring adequate supplies of material resources, and other aspects of management.

Dr. Cristina Tirado, Regional Advisor on Food Safety for the WHO Regional Office for Europe, gave a presentation on a technical cooperation strategy for food safety, nutrition, and sustainable production.

Dr. Francisco Muzio, representing the Ministry of Health of Uruguay, related his country's experience with the "Municipal Healthy Food Day," during which school children were taught about the basics of food safety through "open door" experiences. He proposed that PAHO should consider declaring 20 May of each year "Inter-American Healthy Food Day," as a commemorative day to increase public awareness about the issue of food safety in the Region. He noted that in Uruguay, that date marked the creation, in 1897, of the first municipal food inspection service for markets.

Panel on Strategic Partnership between Nongovernmental Organizations and PAHO for Food Safety and Security in the Region of the Americas

The consumers' representative for North America, Dr. Carolyn Smith DeWaal, Director of Food Safety at the Center for Science in the Public Interest (SCPI) (United States of America), began by pointing out that, as a consequence of the globalization of world food supplies, food contamination knew no boundaries. Innovations in transportation and refrigeration methods meant that food was now being transported rapidly between countries and continents. And while consumers were reaping the benefits of being able to purchase fresh foods at affordable prices from all over the world, the risks were higher. Food contamination that originated in one area was quickly spread to other areas and could cause a great number of people in countries far away from each other to become ill. The globalization of world food supplies also increased the risk of intentional contamination.

The countries of the Region of the Americas faced many food safety problems, owing to changing economic conditions, cultural practices, and geographical factors. In the United States, foodborne diseases caused approximately 76 million cases of illness, 325,000 hospitalizations, and 5,000 deaths a year. In developing countries, levels of reporting of cases of foodborne disease were too low to determine their occurrence accurately. Nonetheless, according to information compiled by PAHO/WHO, 21 countries in Latin America and the Caribbean had reported 10,400 outbreaks of food- and waterborne disease which were responsible for approximately 400,000 cases of illness and 500 deaths between 1993 and 2002.

Some countries had well-developed food safety programs, while others lacked the necessary resources to ensure strict enforcement of food safety regulations. Even in the most developed nations in the Americas, food safety programs faced daunting challenges.

Consumer organizations had begun to play an increasingly important role in the establishment of standards of acceptability for foods in the context of international trade. International collaboration in the drawing up of guidelines and the evaluation of national food safety programs would help ensure greater access to safe foods

on domestic markets, in addition to improving food safety and making it easier to market foods from other countries to domestic consumers.

The consumers' representative for the Andean region, Mr. Luís Chávez, explained that the consumer movement in Bolivia stressed the rights and responsibilities of consumers in the context of a broader effort to achieve social and economic justice for all. The United Nations Guidelines for Consumer Protection, endorsed by Consumers International, reflected his country's view that protecting and upholding the rights of consumers could make a significant contribution towards securing that objective.

He emphasized that food safety was a priority issue for the Consumer Education and Defense Service (SEDECO) of Bolivia, and noted that food sovereignty and food safety in his country were being affected by several factors, among them political instability, inequality, ethnic and racial discrimination, persistent corruption, and, to a certain extent, dependence on transnational companies. Rather than improving, the situation was becoming steadily worse, leading to an increase in hunger and malnutrition, especially among vulnerable segments of the population, such as people living in rural areas and children.

He concluded by saying that the right to food was a human right, a universal right that did not just imply access to food, but access to safe, high-quality foods that reflected ecological, political, and cultural diversity. Consequently, access to safe food was a basic human right, and guaranteeing it was a public health concern of vital importance to the progress and development of the peoples of the Region, one that should be given priority in State policies, in which all actors involved in the food chain had an important role to play. Several sectors had made an effort to ensure the safety of the foods available to Bolivian consumers on the market, but those efforts were not sufficient. The issue deserved to be given priority on the country's political agenda and merited greater attention from international organizations working in the area. All actors in the food chain must assume their responsibilities and make a commitment to ensuring the quality and safety of food.

The consumers' representative for the Southern Cone, Dr. Raquel Sánchez, spoke about the Consumers and Users Association of Uruguay (CUA), a member of Consumers International. She said that the Association's mission was to study and solve problems that concerned consumers, and to guide, advise, and protect them with regard to their rights and obligations. One of the objectives of the CUA was to disseminate information on and encourage the promotion of the rights and obligations of consumers with respect to food, which meant that one aspect of its work related to the area of food safety and security, the environment, and biotechnology.

She pointed out that foodborne diseases were on the rise in the Region, owing to population growth, increased tourism, intensive urbanization, aggressive international trade in food, and regional socioeconomic crises, which had given rise to greater numbers of vulnerable groups and new forms of chemical and microbiological contamination.

She stressed that food was a basic human right that required appropriate legal instruments to ensure its effective enforcement. There could be no doubt that food

safety was a central issue for public health authorities worldwide, but consumer associations also had an important role to play in confronting the challenge.

She went on to say that, as a consumer association, the CUA sought to shape “responsible consumers” who would act as agents of change with regard to food safety; who would demand the use of best practices in the handling, production, and sale of food; who would be aware of the relationship between food, nutrition, and health; and who could play an active role in forming healthy eating habits. She added that improving the safety and quality of food would require political will, investment, and commitment on the part of all those involved in the food chain, not just public institutions, but also the productive, industrial, and commercial sectors and the community at large. Given the level of development achieved in trade and communications and the close relationship between them at the regional and international level, it would be difficult for individual countries to make headway on their own on issues of common interest to the Region. She therefore stressed the need to create national food safety commissions with members from State agencies, intergovernmental agencies, the private sector, and civil society, in order to identify weak points in the system, propose solutions, and work as a network with the other countries of the Region.

CONCLUSIONS AND RECOMMENDATIONS

Bearing in mind that:

Food safety and security are fundamental to ensuring the quality of life of the population, in keeping with the basic principles enshrined in the Universal Declaration of Human Rights; and that food safety and security will contribute to the achievement of the Millennium Development Goals, particularly those relating to the eradication of hunger and poverty, the reduction of infant morbidity and mortality, and the promotion of sustainable development;

An intersectoral approach to food safety control programs will contribute to health, tourism, and trade in food products;

COPAIA 4 agrees:

1. To approve the report of the Technical Secretariat for the 2003-2004 period.
2. To encourage Member States to continue to foster the political will needed to mobilize and coordinate resources at the national, regional, and global levels in order to progress towards the common objective of reducing the health, social, and economic repercussions of foodborne diseases.
3. To call on PAHO/WHO to continue providing technical cooperation in the area of food safety, in conjunction with the public and private sectors in the countries, international cooperation agencies, and multilateral and bilateral agencies.
4. To acknowledge:

- a. The benefits of a food safety approach that takes into account all aspects of the food chain, from "farm to plate."
 - b. The use of evidence-based analysis to determine which interventions along the food chain are effective for producing safe food.
 - c. The importance to food production of enforcing animal health regulations.
 - d. A high level of awareness about the impact that the lack of safe foods has on human health.
 - e. Active and growing participation by consumer and producer organizations in the development of national food safety policies.
 - f. The existence of reports of inadequate risk control at the producer level and at other stages in the food chain in several Member States of COPAIA.
 - g. The implementation of an integrated food safety system coordinated by PAHO with openness and transparency.
 - h. The need for each Government to prioritize food safety as a State policy.
 - i. The need for multidisciplinary, intersectoral, and interinstitutional work.
 - j. The shared responsibility of governments, producers, and consumers in the food safety programs of the countries, with leadership coming from the public sector.
5. To encourage the countries of the Region of the Americas to follow the example of Uruguay and establish a "Healthy Food Day."
6. To propose to the next World Health Assembly that the issue of food safety be considered as the theme for World Health Day.
7. To establish, under the leadership of PAHO, a self-evaluation system for food safety programs that will enable each country to ensure that these programs are effective in practice and that they produce the desired results, i.e., that they improve the quality of life of the population.
8. To step up the incorporation of laboratories as a tool in subprograms for monitoring foodborne diseases and food contaminants.
9. To recognize that food safety is an essential public health function, necessary for improving the standard of living of populations and increasing the export potential of food products, thus putting an end to the false dichotomy of health vs. trade.
10. To underline the importance of continuing to strengthen food safety programs on a local level through healthy and productive communities initiatives.
11. To encourage the countries of the Region to share their experiences in the various areas of food safety, as identified by PAHO.
12. To thank the Mexican authorities for their hospitality and for providing the facilities to hold this meeting.



CLOSING ADDRESS

STRENGTHENING STRATEGIES FOR PROMOTING THE SAFETY OF FOODS OF AGRICULTURAL ORIGIN

Javier Usabiaga Arroyo,
Minister of Agriculture, Livestock, Rural
Development, Fisheries, and Food of Mexico
Mexico City, Mexico

It has been an honor for me to participate in 14th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture, which has brought together ministers from 26 countries of the Americas, as well as renowned international specialists on the important topics that have been discussed here. I trust that your stay in Mexico has been pleasant and that when you return to your respective countries you will remember the warmth, the hospitality and the *joie de vivre* that characterize Mexican society. I want to express my gratitude to all of you for the work you have undertaken during this ministerial meeting; I am certain that your efforts have given rise to new proposals for addressing the shared problems of our respective countries, which will enable us to move forward more swiftly towards their solution.

I appreciate the opportunity to speak to you on the topic “Strengthening Strategies for Promoting the Safety of Foods of Agricultural Origin,” which I consider to be of utmost importance in order to protect and preserve health in all its manifestations. We are living in a time of change, in which the traditional approaches to production and marketing of foods are undergoing significant modification, with the emergence of a new culture focused on the protection of consumers, plants, animals, and the environment, which is a shared responsibility of us all. The development of the food and agriculture sectors in Mexico — and in the other countries of the Region of the Americas in general — faces the challenge of responding to the demands of a globalized market, in which governments establish preventive measures to guard against possible risks of contamination by chemical, physical, or microbiological agents. Meeting consumer expectations is also a shared responsibility of the productive sectors in each country and their governments, each fulfilling its respective interests and obligations.

Producers of fruits and vegetables, animal products, fish and aquaculture products in Mexico and other countries of the Region have been gradually incorporating into their day-to-day operations the Best Production Practices and Best Manufacturing Practices that their direct clients require of them, either as an ethical commitment or as a matter of commercial interest. Nevertheless, despite this trend in the productive sectors, most governments have not put in place the mechanisms that would enable them to carry out the activities for which they are responsible in the context of the new obligations imposed by the globalization of trade in agricultural products.

In various countries, the need to establish government regulations for production and management processes is recognized. However, this is an area in which agriculture ministries do not have the necessary legal authority — in spite of the clear interest in the establishment and implementation of such regulations. Ministries of Health, on the other hand, have the authority to establish regulations, but they have difficulties monitoring compliance.

The foregoing is due in part to the fact that monitoring of the safety of agricultural products (many of which are still produced by artisanal methods) is only one of the many issues for which they have legal responsibility. At the same time, agriculture ministries have received signs from the market that the obligatory regulation of good production practices is a priority issue.

National governments have the necessary elements to address the issue of agricultural safety through a series of powers and functions exercised separately by the ministries of health and agriculture. The two ministries together have the necessary capacities, and if they were used synergistically they could respond effectively to the demands of the global consumer who has access to foods of diverse origins — a consumer who trusts that production processes will meet safety standards and that compliance will be enforced by federal authorities.

However, most countries of the Region have still not established a strategy for the development of food safety monitoring and control systems that will assure their citizens that the foods that end up on their tables meet food safety standards. In other countries, the spheres of competence of the various authorities responsible for food safety are not clearly defined.

In the search for the best formula, there are countries that have taken structural steps under a different approach in which, without losing their respective authorities, the ministries of agriculture and health share direct responsibility for food safety. Spain, which is represented at this meeting by the Spanish Food Security Agency, provides an example of this. There, responsibility for the food safety system is shared by the Ministry of Health and the Ministry of Agriculture. This model shows that it is possible, from the broad platform of federal governments, to move beyond the idea that a single ministry should take responsibility for complex problems.

Another example is found in a group of countries that includes Canada, Denmark, Germany, Ireland, the Netherlands, New Zealand, and the United Kingdom, which have seen the wisdom of establishing a single agency to oversee the regulation and monitoring of food safety systems. This decision came in response to the concerns of customers who want access to safe foods, the need to improve the effectiveness and efficiency of food safety systems, and, of course, the desire of these countries to improve their competitive position in international agricultural trade.

The problem that these countries faced was, first, that of making a policy decision to consider food safety a priority issue to be addressed immediately and, then, to form a new agency that might be independent or associated with a specific ministry and to determine what its specific responsibilities would be.

Although these seven countries decided that the best formula was a single agency,

its sphere of competency varies from country to country. In some, almost all activities related to food safety are concentrated in this agency, while in others risk assessment, inspection, and other activities continue to be carried out by other entities.

These countries have demonstrated that in order to bring about such a change and strengthen food safety systems, consensus must be achieved between government and consumer agencies and the food industry. Their perceptions with regard to the formation of this new agency are positive, and government officials, representatives of the food industry, consumers and all the sectors involved consider that the benefits outweigh the costs that creating this new structure has entailed, since they have seen an improvement in the effectiveness and efficiency of food safety systems. It is interesting to note, as well, that initiatives have been proposed in both houses of Congress in the United States of America to create a single specialized agency that would perform the functions that up to now have been shared by the Food and Drug Administration and the Department of Agriculture.

In Mexico, we have established close interinstitutional coordination between the Ministries of Agriculture and Health, with the former taking responsibility for matters related to production and the latter for the end product. However, we have still not introduced the legislative modifications needed to bring about the structural changes required to give certainty to the productive sector and ensure a future horizon for the integration of these responsibilities. In this area, an important role is played by producers and operators all along the agricultural production chain, who are committed to implementing systems for reducing the risks of contamination in order to ensure the safety of the foods that reach consumers.

Hence, the functions of governments with respect to food safety systems would be to create and monitor compliance with applicable regulations, establish strategies to facilitate trade in agricultural products, and provide information to the public about possible risks associated with foods. The latter is crucial, because the commitment to food safety is, first and foremost, a commitment to consumers. Information for consumers about food safety must be completely and totally transparent, accurate, timely, reliable, and always science-based. It is not acceptable to conceal data, but neither is it acceptable to use information irresponsibly. It is not acceptable to deny or minimize health risks, but neither is it acceptable to cause alarm without a sound scientific basis, particularly when such information is issued solely for the purpose of obtaining some commercial or other advantage, since this can destroy entire markets and productive sectors. It is also highly important that any food safety strategy be accompanied by a consumer information and guidance scheme, so that consumers will be capable of making decisions and obtaining from their governments effective responses to their concerns. To be effective, food safety systems should focus on the organized food and agriculture chain, where the regulatory and voluntary provisions established by the authorities in this area are to be applied.

Previously, food safety was ensured through controls on the products available on the shelves. Now, food safety systems are oriented towards preventive measures, designed to assess and reduce risks of contamination that are present throughout the process — all of this with an integrated approach to the entire food and agriculture chain, with a consequent reduction in costs, as well as minimization of risks. Governments require that both domestic and foreign producers follow measures

such as best agricultural, veterinary, and manufacturing practices and the Hazard Analysis and Critical Control Points system.

This same approach has been adopted by the *Codex Alimentarius* Commission, which has promoted general principles of hygiene, rather than the traditional specifications relating to the end product. In the establishment or strengthening of national food safety systems, international organizations such as the World Health Organization, the Pan American Health Organization, the World Organization for Animal Health, and the *Codex Alimentarius* Commission play a very important role by supporting countries in developing regulatory frameworks, adopting rules, building capacity, providing technical assistance, and formulating internal policies. If this support continues, the number of countries with a national food safety strategy will continue to rise, which will benefit consumers and will enable a smoother and more secure flow of trade in agricultural products.

While regional and international organizations have provided important support for the establishment of food safety systems in countries such as Argentina, Guatemala, Panama, Paraguay, Uruguay, and other countries of the Region, it is necessary to further strengthen national capacity with regard to government oversight and regulation, so that governments can more effectively fulfill their responsibility for ensuring food safety. It is also essential to make more rapid progress in activities relating to recognition and application of systems for reducing contamination risks in order to improve the quality of foods from a health standpoint and to enhance access to the globalized market for agriculture and fish products. Other areas that require strengthening — areas in which international organizations can offer support for the establishment of food safety strategies — include the network of food analysis laboratories that analyze foods for both chemical and biological contaminants and epidemiological information systems that make it possible to track problems associated with foodborne diseases.

In the case of Mexico, the Government performs a dual function, one which we will undoubtedly be reinforcing: one part of this function is to continue to establish rules to ensure the healthfulness and safety of food and agriculture products, and the other is to maintain and increase support for production chains, especially producers, so that they have the elements necessary to enable them to fulfill their responsibilities. I want to make you who are attending this meeting aware that producers in my country have put forth a great effort in order to progress in the area of food safety, and they have achieved very significant results. Mexico today has become a model because of its food safety systems, which have proved their effectiveness in the prevention of diseases. But, while we are very pleased with what has been achieved, we are by no means completely satisfied. We know that the challenge facing those of us who share this hemisphere is to harmonize the regulation of agricultural production processes and to coordinate activities in order to advance together towards the goal of offering safer foods that will inspire consumer confidence while also ensuring access to a more demanding market. Without a doubt, the exchange of information and experiences that has taken place here will enable us as a country and as a Region to rise to the challenges that exist in this area, as well as to continually serve the needs of those who are the main targets of our efforts in relation to trade: consumers, both in our own country and in the countries to which we export our products. This is our responsibility with regard to food safety.



ANNEXES

ANNEX I

AGENDA

PROGRAM OF MEETINGS

Luis Padilla Nervo Conference Room		
Thursday, April 21, 2005		Other
7:00	Registration*	Meeting of Heads of Delegation (Magna room)
7:30		
8:30 – 12:15	Item 1 • Opening of the Meeting by the Outgoing President • Welcoming Remarks by Dr. Mirta Roses, Director of the Pan American Sanitary Bureau • Welcome on behalf of the Host Country • Address by His Excellency, Mr. Vicente Fox, President of Mexico Item 2 Keynote Address: Twenty-five years after the Declaration of Alma-Ata — Agriculture and Health Collaboration in Primary Health Care in the Americas, Experiences: and New PerspectivesSecretary of Health, Mexico Item 3 Election of the President, Two Vice-Presidents, and the Rapporteur Item 4 Adoption of the Agenda and the Program of Sessions Documents RIMSA14/1, Rev. 2 and RIMSA14/WP/1	

* Pre-registration of the delegations will take place at the Hotel Melia.

Thursday, April 21, 2005 <i>(cont.)</i>		<i>Other</i>
8:30 – 12:15	Item 5	Veterinary Public Health: Progress Report on the Compliance of the Secretariat to the Mandates of the Governing Bodies of PAHO, 2004-2005. Document RIMSA14/3
	Item 6	Plan of Action of the Pan American Foot-and-Mouth Disease Center, 2006-2007. Document RIMSA14/4
	Item 7	Report on the 10 th Meeting of the Hemispheric Committee for the Eradication of Foot-and-Mouth Disease (COHEFA10). Document RIMSA14/5
	Item 8	PAHO/WHO Proposed Plan of Action for Technical Cooperation in Food Safety, 2006-2007. Document RIMSA14/6
14:00 – 18:00	Item 9	Report on the 4 th Meeting of the Pan American Commission for Food Safety (COPAIA 4). Document RIMSA14/7
	Item 10	Special Presentation: Converging Human and Animal Health Expertise and Resources in the Global Response to New and Emerging Zoonoses (Avian Influenza and SARS). Document RIMSA14/24
	Item 11	Panel 1: Millennium Development Goals (MDGs) for the Eradication of Extreme Poverty and Hunger: Primary Health Care Strategies and Local Development
		11.1 Overview of the Millennium Development Goals (MDGs) for Eradication of Extreme Poverty and Hunger with Reference to Latin America and the Caribbean. Document RIMSA14/8
		11.2 Community Participation in the Food Production Chain and Food Safety. Document RIMSA14/9
		11.3 Appropriate Technology — Small Producers and Food Security. Document RIMSA14/10
		11.4 Intersectoral Collaboration for the Promotion of Agriculture and Livestock Production and Human Development. Document RIMSA14/11
		11.5 Special Support to Small Island States in Capacity Building for Food Safety and International Trade. Document RIMSA14/12

Friday, April 22, 2005		Other
8:30 – 12:15	<p data-bbox="376 311 998 401">Item 12 Elimination of Human Rabies in Latin America Current Status. Documents RIMSA14/13 and RIMSA14/INF/1.</p> <p data-bbox="376 426 998 484">Item 13 Panel 2: International Cooperation on Emerging Issues in Agriculture and Health</p> <p data-bbox="475 510 998 683">13.1 Current Situation of New and Emerging Animal Diseases — the International Zoosanitary Code as a Basis for Policy and Trade and the International Zoosanitary Code as a Basis for Political Decision-making. Document RIMSA14/14</p> <p data-bbox="475 709 998 799">13.2 Initiatives for Food Security, Food Safety, and Animal Transboundary Diseases. Document RIMSA14/15</p> <p data-bbox="475 824 998 967">13.3 Public and Private Sector Roles of Agriculture and Health in Eradicating Hunger and Extreme Poverty in Rural Areas — Mobilizing International Cooperation. Document RIMSA14/16</p> <p data-bbox="475 993 998 1078">13.4 Intercountry Cooperation in the International Food Trade — Implications for Health and Development. Document RIMSA14/17</p> <p data-bbox="475 1103 998 1188">13.5 Attention to Neglected Diseases with, Emphasis on Zoonoses, in Neglected Populations. Document RIMSA14/18</p> <p data-bbox="475 1213 998 1356">13.6 Central American Regional Cooperation in Health and Agriculture — Catalytic Role of the Specialized Regional Agencies (Federal Commissioner for Protection Against Sanitary Risks of Mexico). Document RIMSA14/25</p> <p data-bbox="376 1381 998 1472">Item 14 Panel 3: Mandates of the Summits — Advancing Human Security through Innovative Approaches Centered on Local Development</p> <p data-bbox="475 1497 998 1640">14.1 Financial Initiatives of the Inter-American Development Bank (IDB) in Support of the Mandates of the Summits of the Americas in Rural and Social Development. Document RIMSA14/19</p> <p data-bbox="475 1665 998 1723">14.2 Agricultural Health and Sustainable Rural Development. Document RIMSA14/20</p> <p data-bbox="475 1748 998 1833">14.3 Agricultural and Livestock Policy, Science and Technology Applied to the Food Chain. Document RIMSA14/21</p>	

Friday, April 22, 2005 (cont.)		Other
14:00 – 17:30	<p>14.4 Empowering and Expanding the Role of Women in Food Security and Local Development. Document RIMSA14/22</p> <p>14.5 Roles of Local Organizations and Indigenous Communities as Agents for the Mobilization of Basic Community Services. Document RIMSA14/23</p> <p>14.6 Rural Poverty — Health and Lifestyle (President of the Inter-American Heart Foundation). Document RIMSA14/26</p>	
18:00	<p>Closing of the Meeting</p> <p>Item 15 Address: Strengthening of Strategies to Promote the Safety of Agricultural Food Products (Secretary of Agriculture, Livestock, Rural Development, Fisheries, and Food, Mexico)</p>	

ANNEX II

LIST OF PARTICIPANTS

MEMBER STATES

ANTIGUA AND BARBUDA

Agriculture

Hon. Charlesworth Samuel
Minister of Agriculture, Lands, Marine
Resources, and Agro Industries
Ministry of Agriculture, Lands, Marine
Resources, and Agro Industries

ST. JOHN'S

Agriculture

Dr. Kanyuira Gikonyo
Chief Veterinary Officer
Ministry of Agriculture
St. John's

Health

Hon. H. John Maginley
Minister of Health, Sports, and Youth Affairs
Ministry of Health, High Street
St. John's

ARGENTINA

Agriculture

Dr. José Néstor Amaya
Presidente
Servicio Nacional de Sanidad y Calidad
Agroalimentaria
Secretaría de Agricultura, Ganadería, Pesca
y Alimentos
Buenos Aires

Dr. Jorge Dillon
Director Nacional de Sanidad Animal
Servicio Nacional de Sanidad y Calidad
Agroalimentaria
Buenos Aires

Dr. Guillermo Spaini
Coordinador Técnico Administrativo de
la Dirección Nacional de Fiscalización
Agroalimentaria
Servicio Nacional de Sanidad y Calidad
Agroalimentaria
Buenos Aires

Health

Dra. Graciela Rosso
Secretaría de Programas Sanitarios
Ministerio de Salud
Buenos Aires

Dr. Matias De Nicola
Director
Instituto Nacional de Alimentos (INAL)
Ministerio de Salud
Buenos Aires

Lic. Alfredo Eduardo Ladillinsky
Consultor - Comisión Cascos Blancos
Ministerio de Relaciones Exteriores
Capital Federal, Buenos Aires

Sr. Oscar G. Galié
Embajador de la República Argentina
México

Sr. Jorge E. Perren
Secretario
Embajada de la República Argentina
México

BAHAMAS

Agriculture

Hon. V. Alfred Gray
Minister of Agriculture, Fisheries, and Local
Government
Ministry of Agriculture, Fisheries, and Local
Government
Nassau, Bahamas

Dr. Simeon Pinder
Director
Department of Agriculture
Nassau, Bahamas

Dr. Lyn Jeffrey
Senior Veterinarian
Ministry of Agriculture, Fisheries, and Local
Government
Nassau, Bahamas

BARBADOS

Agriculture

Dr. Mark Trotman
Chief Veterinary Officer
Ministry of Agriculture and Rural
Development
St. Michael

BELIZE

Agriculture

Hon. Dave Burgos
Minister of Agriculture and Fisheries
Ministry of Agriculture and Fisheries
Belmopan

Health

Hon. Vildo Marin
Minister of Health, Energy and
Communications
Ministry of Health, Energy and
Communications
Belmopan

Sr. Salvador Figueroa
Embajador de Belice
México, DF

Sr. Maximiliano Ruiz
Consejero
Embajada de Belice en México
México, DF

BOLIVIA

Agriculture

Lic. Victor Gabriel Barrios Arancibia
Ministro de Asuntos Campesinos y
Agropecuarios
Ministerio de Asuntos Campesinos y
Agropecuarios
La Paz

Dr. Ernesto Salas García
Jefe Nacional de Sanidad Animal
Servicio Nacional de Sanidad
Agropecuaria e Inocuidad Alimentaria
Trinidad, Beni

Health

Dra. Lourdes Ortiz Daza
Viceministra de Salud y Deportes
Ministerio de Salud y Deportes
La Paz

Dr. Walter Agreda
Director de Control y Prevención de
Enfermedades
Ministerio de Salud y Deportes
La Paz

Sr. Guido Rafael Capra Jemio
Embajador de la República de Bolivia
México, D.F.

Sra. Eunice del Rosario Vedia de Heins
Ministra Consejera
Embajada de la República de Bolivia
México, D.F.

BRAZIL***Agriculture***

Dr. Roberto Rodrigues
Ministro da Agricultura, Pecuária e
Abastecimiento
Secretaría da Agricultura, Pecuária e
Abastecimiento
Brasília, D.F.

Dr. João Carlos de Souza Meirelles
Secretário de Ciência, Tecnologia e
Desenvolvimento
Secretaría de Ciência, Tecnologia e
Desenvolvimento
Estado de São Paulo

Sr. Mauricio Cortés Costa
Embajador Asesor Especial del Ministro de
Agricultura de Brasil
Secretaría da Agricultura, Pecuária e
Abastecimiento
Brasília, D.F.

Dr. Gabriel Alves Maciel
Secretario de Defesa Agropecuária
Secretaría de Agricultura, Ganadería y
Abasto de Brasil
Brasília, D.F.

Dr. Nelmon Oliveira da Costa
Diretor do Departamento de Inspeção de
Produtos de Origem Animal
Secretaría da Agricultura, Pecuária e
Abastecimiento
Brasília, D.F.

Dr. Guilherme Antonio Da Costa Junior
Coordinador de los Asuntos en la OMC
Secretaría da Agricultura, Pecuária e
Abastecimiento
Brasília, D.F.

Dr. Jamil Gomes de Souza
Coordinador General de Combate a
Enfermedades
Secretaría da Agricultura, Pecuária e
Abastecimiento
Brasília, D.F.

Health

Dr. Jarbas Barbosa da Silva Júnior
Secretário de Vigilância
Ministério da Saúde
Brasília, D.F.

Dr. Cleber Ferreira dos Santos
Gerente Geral de Alimentos
Agência Nacional de Vigilância Sanitária
Brasília, D.F.

Sr. Luiz Augusto de Araújo Castro
Embajador de Brasil
México, D.F.

Sra. Ana Maria Morales
Jefa del Sector Económico y Financiero
Embajada de Brasil
México, D.F.

CANADA***Agriculture***

Mrs. Anne A. MacKenzie
Science Advisor
Canadian Food Inspection Agency
Ottawa

Health

Dr. Susan Read
Science Program Coordinator
Laboratory for Foodborne Zoonoses
Public Health Agency of Canada
Guelph, Ontario

Mr. Daniel Burgoyne
International Relations Advisor
Canadian Food Inspection Agency
Ottawa

CHILE***Agriculture***

Dr. Jaime Campos Quiroga
Ministro de Agricultura
Ministerio de Agricultura
Santiago

Dr. José Antonio Valenzuela Silva
Asesor del Ministro de Agricultura
Ministerio de Agricultura
Santiago

Dr. Hernán Rojas
Jefe de División de Protección Pecuaria
Ministerio de Agricultura
Santiago

Dr. Oscar Videla
Jefe, Sistema de Inspección de Productos
de Origen Animal
Servicio Agrícola y Ganadero
Santiago

Health

Dr. Pedro García
Ministro de Salud
Ministerio de Salud
Santiago

Dr. Roberto Tapia
Jefe de la Oficina de Cooperación y
Asuntos Internacionales
Ministerio de Salud
Santiago

Dra. Soledad Ubilla
Jefe División Políticas Públicas Saludables
Ministerio de Salud
Santiago

Sr. Oscar Troncoso Muñoz
Consejero Agrícola
Embajada de Chile
México, D.F.

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Embassy

Dr. José Triviño Padilla
Ministro Consejero
Embajada de Colombia
México, D.F.

Dra. Luz Marina Palacios González
Ministro
Embajada de Colombia
México, D.F.

COSTA RICA

Agriculture

Dr. José Joaquín Oreamuno Toledo
Director General
Ministerio de Agricultura y Ganadería
Producción Pecuaria
San José

Health

Dr. Francisco Cubillo Martínez
Viceministro de Salud
Ministerio de Salud
San José

Sr. Ronald Gurdián Marchena
Embajador de Costa Rica
México, D.F.

Sra. Adriana Bagnarello
Consejero
Embajada de Costa Rica
México, D.F.

CUBA

Agriculture

Dr. Emerio Serrano Ramírez
Director General del Instituto de Medicina
Veterinaria
Ministerio de Agricultura
La Habana

Health

Dr. Rolando Mateo Cabrera Marqueti
Especialista del Viceministerio de Higiene y
Epidemiología
Ministerio de Salud Pública
La Habana

DOMINICAN REPUBLIC

Agriculture

Dr. Ángel Faxas
Director General de Ganadería
Secretaría de Agricultura
Santo Domingo

Dr. Amilcar Romero
 Secretario de Estado de Agricultura
 Secretaría de Agricultura
 Santo Domingo

Health

Dr. Rafael Schiffino
 Subsecretario de Salud Colectiva
 Secretaría de Estado de Salud Pública y
 Asistencia Social
 Santo Domingo

Dr. Guillermo Rosario
 Director del Centro Antirrábico Nacional
 Secretaría de Estado de Salud Pública y
 Asistencia Social
 Santo Domingo

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Agriculture

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 Presidente
 Federación de Ganaderos de Ecuador
 Quito

Emb. Reynaldo Huerta Ortega
 Embajada del Ecuador
 México, D.F.

Dra. Guadalupe Moreno Loayza
 Ministra
 Embajada del Ecuador
 México, D.F.

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 Ministra Consejera
 Embajada de El Salvador
 México, D.F.

Emb. Francisco Imendia Maza
 Embajada de la República de El Salvador
 México, D.F.

FRANCE

Agriculture

Dr. Carol Buy
 Deputy Counselor
 Economic Mission, Agriculture Service
 French Embassy
 Washington, D.C.

Sr. Philippe Cheron
 Asistente de Cooperación
 Embajada de Francia en México
 México, D.F.

Sra. Jeanne Texier
 Ministra Consejera
 Embajada de Francia
 México, D.F.

Sr. Guillaume Mounier
 Agregado de Cooperación Científica y
 Técnica
 Embajada de Francia
 México, D.F.

GUATEMALA

Agriculture

Ing. Bernardo López Figueroa
 Viceministro de Agricultura, Recursos
 Naturales Renovables y Alimentación
 Ministerio de Agricultura, Ganadería y
 Alimentación
 Ciudad de Guatemala

GUYANA

Agriculture

Hon. Satyadeo Sawh
 Minister of Agriculture
 Ministry of Agriculture
 Georgetown

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Mr. Ing. Philippe Mathieu
Ministre de l'Agriculture, des Ressources
naturelles et du Développement Rural
Ministère de l'Agriculture, des Ressources
naturelles et du Développement Rural
Damien

Health

Dr. Josette Bijou
Ministre de la Santé publique et de la
Population
Ministère de la Santé publique et de la
Population
Port-au-Prince

Dr. Marie-Ghislaine Adrien
Directeur d'unité de ressources humaines
Ministère de la Santé publique et de la
Population
Port-au-Prince

Mr. Idalbert Pierre Jean
Ambassadeur d'Haïti
México, D.F.

Sr. Pierre Joseph Martin
Ministre Consultatif
Ambassade de Haïti
México, D.F.

HONDURAS**Health**

Dra. Reina Teresa Velásquez
Jefa
Departamento de Control de Zoonosis del
Nivel Central
Ministerio de Salud
Tegucigalpa

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Dr. Richard Harrison
Permanent Secretary
Ministry of Agriculture
Kingston

Hon. Headley Edwards
Director
Veterinary Services Division
Ministry of Agriculture
Kingston

Health

Dr. Linnette Peters
Policy & Program Director
Veterinary Public Health
Ministry of Health
Kingston

MEXICO**Agriculture**

Dr. Javier Usabiaga Arroyo
Secretario de Agricultura, Ganadería,
Desarrollo Rural, Pesca y Alimentación
Secretaría de Agricultura, Ganadería,
Desarrollo Rural, Pesca y Alimentación
México, D.F.

Dr. Víctor Villalobos
Coordinador de Asuntos Internacionales
Secretaría de Agricultura, Ganadería,
Desarrollo Rural, Pesca y Alimentación
México, D.F.

Sra. Lourdes Cruz
Directora de Asuntos Internacionales
Secretaría de Agricultura, Ganadería,
Desarrollo Rural, Pesca y Alimentación
México, D.F.

Dr. José Angel del Valle Molina
Director General de Salud Animal
Secretaría de Agricultura, Ganadería,
Desarrollo Rural, Pesca y Alimentación
México, D.F.

Dr. Miguel Angel García Díaz
Subdirector de Inocuidad Pecuaria
Secretaría de Agricultura, Ganadería,
Desarrollo Rural, Pesca y Alimentación
México, D.F.

Dra. Mayra Pérez Saudi
Subdirectora Inocuidad Alimentaria
Secretaría de Agricultura, Ganadería,
Desarrollo Rural, Pesca y Alimentación
México, D.F.

Dr. Igor Romero Sosa
 Director General de la Comisión México
 Americana para la erradicación de
 la Fiebre Aftosa y otras Enfermedades
 Exóticas de los Animales
 Secretaría de Agricultura, Ganadería,
 Desarrollo Rural, Pesca y Alimentación
 México, D.F.

Dr. Javier Trujillo Arriaga
 Director en Jefe del Servicio Nacional de
 Sanidad,
 Calidad e Inocuidad Agroalimentaria
 Secretaría de Agricultura, Ganadería,
 Desarrollo Rural, Pesca y Alimentación
 México, D.F.

Lic. Fernando Valderrabano Pesquera
 Subdirector Asuntos Multilaterales
 Secretaría de Agricultura, Ganadería,
 Desarrollo Rural, Pesca y Alimentación
 México, D.F.

Dra. Amada Vélez Méndez
 Subdirectora General de Inocuidad
 Agroalimentaria
 Acuicola y Pesquera
 Secretaría de Agricultura, Ganadería,
 Desarrollo Rural, Pesca y Alimentación
 México, D.F.

Health

Dr. Julio José Frenk Mora
 Secretario de Salud
 Secretaría de Salud
 México, D.F.

Lic. Ernesto Enríquez Rubio
 Comisionado Federal
 Comisión Federal para la Protección
 Contra Riesgos Sanitarios
 Secretaría de Salud
 México, D.F.

Lic. Marcela Madrazo
 Coordinadora General
 Sistema Federal Sanitario
 Comisión Federal para la Protección
 Contra Riesgos Sanitarios
 Secretaría de Salud
 México, D.F.

Lic. Eduardo Jaramillo Navarrete
 Comisión Federal para la Protección
 Contra Riesgos Sanitarios
 Secretaría de Salud
 México, D.F.

Lic. Renée Salas
 Subdirectora de Operación Internacional
 Comisión Federal para la Protección
 Contra Riesgos Sanitarios
 Secretaría de Salud
 México, D.F.

Lic. Fernanda Martínez
 Comisión Federal para la Protección
 Contra Riesgos Sanitarios
 Secretaría de Salud
 México, D.F.

Dra. Carolina Castellanos
 Gerente
 Asuntos Internacionales en Alimentos
 Comisión Federal para la Protección
 Contra Riesgos Sanitarios
 Secretaría de Salud
 México, D.F.

Dr. Jaime Sepúlveda
 Coordinador General de los Institutos
 Nacionales de Salud
 Secretaría de Salud
 México, D.F.

Dr. Carlos Tena Tamayo
 Comisionado Nacional de Arbitraje Médico
 Secretaría de Salud
 México, D.F.

Dr. Enrique Ruelas Barajas
 Subsecretario de Innovación y Calidad
 Secretaría de Salud
 México, D.F.

Dr. Roberto Tapia Conyer
 Subsecretario de Prevención y Promoción
 de la Salud
 Secretaría de Salud
 México, D.F.

Dra. Mercedes Juan López
 Secretaría del Consejo de Salubridad General
 Secretaría de Salud
 México, D.F.

Lic. Mauricio Bailón
 Director General
 Dirección General de Relaciones
 Internacionales
 Secretaría de Salud
 México, D.F.

Dr. Eduardo Pesqueira
 Director de Asuntos Regionales y Bilaterales
 Dirección General de Relaciones
 Internacionales
 Secretaría de Salud
 México, D.F.

Dra. Adriana Antillón
 Subdirectora para América del Norte
 Dirección General de Relaciones
 Internacionales
 Secretaría de Salud
 México, D.F.

Lic. Karen Aspuru
 Subdirectora de Cooperación Internacional
 Dirección General de Relaciones
 Internacionales
 Secretaría de Salud
 México, D.F.

Lic. Gabriela Sánchez
 Dirección General de Relaciones
 Internacionales
 Secretaría de Salud
 México, D.F.

Secretaría de Relaciones Exteriores

Dr. Luis Ernesto Derbéz
 Secretario de Relaciones Exteriores
 México, D.F.

Min. Yanerit Morgan Sotomayor
 Directora General
 Dirección General de Organismos y
 Mecanismos Regionales Americanos
 Secretaría de Relaciones Exteriores
 México, D.F.

Lic. Julián Juárez
 Director General Adjunto
 Dirección General de Organismos y
 Mecanismos Regionales Americanos
 Secretaría de Relaciones Exteriores
 México, D.F.

Lic. Norma Angélica Contreras
 Jefa de Departamento
 Dirección General de Organismos y
 Mecanismos Regionales Americanos
 Secretaría de Relaciones Exteriores
 México, D.F.

NICARAGUA

Agriculture

Ing. José Augusto Navarro
 Ministro Agropecuario y Forestal
 Ministerio Agropecuario y Forestal
 Managua

Health

Dr. Norman Jirón Romero
 Director General de Acreditación y Regulación
 Ministerio de Salud
 Managua

NETHERLANDS

Embassy

Ing. Pieter de Rijk
 Consejero de Agricultura, Naturaleza y
 Calidad Alimentaria
 Embajada del Reino de los Países Bajos
 México, D.F.

PANAMA

Agriculture

Dr. Franklin Clavel
 Director Técnico
 Comisión Panamá - Estados Unidos para
 la Erradicación y Prevención del Gusano
 Barrenador del Ganado (COPEG)
 Panamá

Health

Dra. Dora Jara
 Viceministra de Salud
 Ministerio de Salud
 Ciudad de Panamá

PARAGUAY***Agriculture***

Dr. Gerardo José Bogado Ayala
 Viceministro Agricultura y Ganadería
 Ministerio de Agricultura y Ganadería
 Asunción

Dr. Hugo Adolfo Corrales Irrazabal
 Presidente
 Servicio Nacional de Calidad y Salud
 Animal
 San Lorenzo

Dr. Manuel Adrián Barboza González
 Director General de Salud Animal,
 Identidad y Trazabilidad
 Servicio Nacional de Calidad y Salud
 Animal (SENASA)
 Paraguay

Health

Dr. Julio Cesar Velázquez
 Ministro de Salud Pública y Bienestar Social
 Ministerio de Salud Pública y Bienestar
 Social
 Asunción

Dra. Sonia Noemí Chávez Galeano
 Primer Secretario
 Embajada del Paraguay
 México, D.F.

PERU***Agriculture***

Ing. Manuel Manrique Ugarte
 Ministro de Agricultura
 Ministerio de Agricultura
 Lima

Dr. Ernesto Salas García
 Jefe Nacional de Sanidad Animal
 Ministerio de Agricultura
 Lima

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 Minister of Health and the Environment
 Ministry of Health and the Environment
 Kingtown

SAINT LUCIA***Agriculture***

Hon. Darius Gabriel
 Deputy Director of Agricultural Services
 Ministry of Agriculture, Forestry and
 Fisheries
 Castries

SURINAME***Agriculture***

Dr. Edmund Rozenblad
 Director Animal Husbandry
 Ministry of Agriculture, Animal Husbandry
 and Fisheries
 Paramaribo

Health

Hon. Dr. Mohamed Rakieb Khudabux
 Minister of Health
 Ministry of Health
 Paramaribo

UNITED STATES OF AMERICA***Agriculture***

Dr. Peter Fernandez
 Associate Administrator
 Animal and Plant Health Services
 Washington, D.C.

Dr. Dan J. Sheesley
 Associate Deputy Administrator
 Animal and Plant Health Inspection Service
 U.S. Department of Agriculture
 Washington, D.C.

Dr. John Clifford
 Assistant Deputy Administrator
 Animal and Plant Health Inspection Service
 U.S. Department of Agriculture
 Washington, D.C.

Ms. Linda Swacina
Director, Food Safety Institute of the Americas
Food Safety and Inspection Service
Washington, D.C.

Dr. Kelly Preston
Acting Agricultural Attaché, Mexico City
Animal and Plant Health Inspection Service
U.S. Department of Agriculture
Brownsville, Texas

Mr. David L Bergman
State Director- Animal and Plant Health
Inspection Service
U.S. Department of Agriculture
Phoenix, Arizona

Dr. Micheal Dunbar
Program Manager -Wildlife Disease
Animal and Plant Health Inspection Service
U.S. Department of Agriculture
Ft. Collins, Colorado

Dr. Thomas J. DeLiberto
National Coordinator of Wildlife Diseases
Program
Animal and Plant Health Inspection Service
U.S. Department of Agriculture
Ft. Collins, Colorado

Dr. Laura Robinson
Zoonoses Control Veterinarian
Department of State Health Services
Animal and Plant Health Inspection Service
U.S. Department of Agriculture
Austin, Texas

Mr. Seth R. Swafford
Operational Support Staff
Animal and Plant Health Inspection Service
U.S. Department of Agriculture
Wild Services
Riverdale, Maryland

Dr. Gary L Nunley
State Director
Animal and Plant Health Inspection Service
U.S. Department of Agriculture
San Antonio, Texas

Dr. Luis Lecuona
USDA APHIS IS-Mexico
Animal and Plant Health Inspection Service
U.S. Department of Agriculture
Brownsville, Texas

Dr. Martin Mendoza, Jr.
Associate Deputy Administrator
Wildlife Services
Animal and Plant Health Inspection Service
U.S. Department of Agriculture
Washington, D.C.

Dr. Dennis Slate
National Rabies Program
U.S. Department of Agriculture
Concord, New Hampshire

Dr. John Lewis Shaw
U.S. Department of Agriculture (USDA)
Animal and Plant Health Inspection Service
(APHIS)
México, D.F.

Health

Dr. Lester Crawford (Head of Delegation)
Commissioner, Food and Drug
Administration
Department of Health and Human Services
Washington, D.C.

Dr. Robert Brackett
Director
Center for Food Safety and Applied
Nutrition
Food and Drug Administration
College Park, Maryland

Ms. Melinda Brackett
Director, Center for Food Safety and
Applied Nutrition
Food and Drug Administration
Washington, D.C.

Ms. Melinda Plaisier
Assistant Commissioner for International
Programs
Food and Drug Administration
Washington, D.C.

Mr. Charles Gaylord (Advisor)
Americas Desk Officer, Office of
International Affairs
Food and Drug Administration
Washington, D.C.

Mr. Richard Walling
Director, Office of the Americas and Middle
East
Office of the Secretary
Washington, D.C.

Dr. Charles E. Rupprecht
Chief, Rabies Section
Director, WHO Collaborating Centre for
Reference and Research on Rabies
National Centers for Disease Control and
Prevention
Atlanta, Georgia

Sr. Carlos A. González
Agregado de Agricultura
Embajada de los Estados Unidos
México, D.F.

Ms. Suzanne Heinen
Agricultural Minister- Counselor
Foreign Agriculture Service
U.S. Embassy
Mexico, D.F.

URUGUAY

Agriculture

Sr. Francisco Muzio
Director General de los Servicios Ganaderos
Ministerio de Ganadería, Agricultura y
Pesca
Montevideo

Health

Dra. María Julia Muñoz
Ministra de Salud Pública
Ministerio de Salud Pública
Montevideo

Dr. Enrique Delgado Genta
Embajador del Uruguay
México, D.F.

Sr. Bernardo Greiver
Ministro Consejero
Embajada del Uruguay
México, D.F.

VENEZUELA

Agriculture

Ing. Betsaida Viáfara Rey
Directora - Servicio Autónomo de Sanidad
Agropecuaria
Ministerio de Agricultura y Tierras
Caracas

Health

Ing. Ramón Ernesto Perdomo
Director General de Salud Ambiental y
Control Sanitario
Ministerio de Salud
Caracas

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PUERTO RICO

Agriculture

Dr. Jose Orlando Fabre Laboy
Ministro de Agricultura
Secretaría de Agricultura
Santurce

OBSERVER STATES

SPAIN

Agriculture

Dr. Arnaldo Cabello Navarro
Subdirector General de Sanidad Animal
Ministerio de Agricultura Pesca y
Alimentación
Madrid

Sr. José Ma. Iturbe
Consejero de Agricultura, Pesca y
Alimentación
Embajada de España
México, D.F.

Health

Dra. María Neira González
Presidenta de la Agencia Española
de Seguridad Alimentaria
Ministerio de Salud
Madrid

OBSERVERS FROM OTHER COUNTRIES AND TERRITORIES

EUROPEAN COMMUNITY

Health

Dr. Antoine van der Haegen
Head of Food Safety, Health and Consumer
Affairs Section
European Comisión Delegation
Washington, D.C.

ITALY

Embassy

Dra. Gianfranca D'Ignazio
Embajada de Italia
México, D.F.

TAIWAN

Lic. Carlos Liao
Director General
Oficina Económica y Cultura
México, D.F.

TUNISIA

Dr. Faouzi Kechrid
Vice President
World Veterinary Association
Tunis

Dr. Ahlem Kechrid
Tunisian Small Animal
Veterinary Association
El Menzah

UNITED NATIONS AND SPECIALIZED AGENCIES

FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS

Sr. Moises Vargas Terán
Animal Health Officer
Santiago

ECONOMIC COMMISSION FOR LATINAMERICAN AND THE CARIBBEAN

Sra. Alicia Bárcena
Secretario Adjunta
Santiago

UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES

Mrs. Mérida Morales O'Donnell
Representative in Mexico
Mexico, D.F.

UNITED NATIONS DEVELOPMENT PROGRAMME

Mrs. Rosa Santizo
Deputy Resident Representative
Mexico, D.F.

WORLD FOOD PROGRAMME

Ms. Susana Malcorra
Deputy Director
Roma, Italy

INTERNATIONAL LABOR ORGANIZATION

Sr. Marcelo Castro-Fox
Deputy Director
Office for Cuba
Mexico, D.F.

Mrs. Valentina Forastieri
Senior Specialist on Health and Safety
at Work and Environment
Mexico, D.F.

WORLD HEALTH ORGANIZATION (WHO)

Dr. Shigeru Omi
WHO Regional Director for the Western
Pacific
Manila, Philippines

Dr. Jorgen Schlundt
Director
Food Safety Department
Geneva, Switzerland

Sra. Cristina Tirado
Consejera Regional en Inocuidad de Alimentos
Roma, Italia

REPRESENTATIVES OF INTERGOVERNMENTAL ORGANIZATIONS

INTER-AMERICAN INSTITUTE FOR COOPERATION IN AGRICULTURE

Dr. Chelston W. D. Brathwaite
Director General
San José, Costa Rica

Dr. Kevin Walker
Director de Sanidad Agropecuaria e
Inocuidad de Alimentos
San José, Costa Rica

Dr. Lizardo de las Casas
Director de la Oficina de Seguimiento del
Proceso de las Cumbres de las Américas
San José, Costa Rica

Sr. Edgardo Moscardi
Representante
México, D.F.

Sra. Gloria Abraham Peralta
Especialista Regional en Políticas y
Comercio
México, D.F.

Dr. Armando Mateos
Especialista en Salud Animal e Inocuidad
México, D.F.

INTERAMERICAN DEVELOPMENT BANK

Sr. Gabriel Montes Llamas
Especialista Principal en Agricultura
Washington, D.C.

WORLD ORGANIZATION FOR ANIMAL HEALTH

Dr. Bernard Vallat
Directeur Général
Paris, France

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Brasília, D.F.

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Tesoureiro do Conselho Federal
de Medicina Veterinária
Brasília, D.F.

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Diretor Dept. Econômico
Brasília, D.F.

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Diretora da Escola de Saúde Pública do
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Secretaria de Saúde do Paraná
Curitiba, Paraná

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Vice-Presidente
Sindicato Nacional da Indústria de Produtos
para Saúde Animal (SINDAN)
São Paulo, São Paulo

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Federación Colombiana de Ganaderos
Bogotá

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Gerente División Sanidad Animal
Laverlan, S.A.
Bogotá

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 San José

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 Instituto de Medicina Tropical "Pedro Kouri"
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 Santo Domingo

Dr. Estela Emilia Berliza de Ramírez
 Representante del Sector Consumidores
 Santo Domingo

ECUADOR

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 Presidente
 Asociación de Fabricantes de Alimentos y
 Bebidas
 Quito

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 Secretario General de la Facultad de
 Medicina Veterinaria y Zootecnia
 Universidad Nacional Autónoma de México
 Delegación Coyoacán, México, D.F.

Dr. Juan Garza Ramos
 Universidad Nacional Autónoma de México
 Delegación Coyoacán,
 México, D.F.

Dr. Raúl Vargas García
 Departamento de Medicina Preventiva y
 Salud Pública
 Facultad de Medicina Veterinaria y
 Zootecnia
 Universidad Nacional Autónoma de México
 Delegación Coyoacán, México, D.F.

Sra. Ma. Cristina Acevedo Hernandez
 Coordinadora del Programa Inocuidad
 Alimentaria
 Fundación México-Estados Unidos para la
 Ciencia
 México, DF.

Dr. Alejandro S. Parra Carretero
 Facultad de Medicina Veterinaria y
 Zootecnia
 Universidad Nacional Autónoma de México
 Delegación Coyoacán, México, D.F.

Dr. Arturo Campomanes Cortés
 Subdirector Técnico
 Comisión México-Estados Unidos para la
 Prevención de la Fiebre Aftosa
 México, D.F.

Dr. Víctor García
 Subdirector de Inocuidad Agrícola
 Comisión México-Estados Unidos para la
 Prevención de la Fiebre Aftosa
 México, D.F.

Dr. Jacobo Finkelman
 Consultor Independiente
 México, D.F.

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 Coordinador de Protección contra Riesgos
 Sanitarios
 Instituto de Salud
 Tuxtla Gutiérrez, Chiapas

Dr. Noe Angel Méndez Vázquez
 Subdirector de Vigilancia Epidemiológica y
 Control de Enfermedades
 Secretaría de Salud
 Tuxtla Gutiérrez, Chiapas

Dr. José Pedro Cano Celada
Presidente
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Médicos Veterinarios Zootecnistas
de México
México, D.F.

Dra. María de los Angeles Julio Miranda
Gerente
Federación de Colegios y Asociaciones de
Médicos Veterinarios Zootecnistas
de México
México, D.F.

Dr. Osvaldo Pérez
Asistente Regional
Comisión México-Americana para la
Erradicación del Gusano Barredor del
Ganado
México, D.F.

Dra. Martha Chavez Niño
Agriculture Specialist Animal Health
Comisión México-Americana para la
Erradicación del Gusano Barredor del
Ganado
México, D.F.

Dra. Carmen Rodríguez
Especialista en Agricultura
Comisión México-Americana para la
Erradicación del Gusano Barredor del
Ganado
México, D.F.

Dr. Alejandro Perera
Especialista en Agricultura
Comisión México-Americana para la
Erradicación del Gusano Barredor del
Ganado
México, D.F.

Dr. Oscar Velázquez Monroy
Director General
Centro Nacional de Vigilancia
Epidemiológica y Control de
Enfermedades
Secretaría de Salud
México, D.F.

Dra. Carmen González Almeida
Directora del Programa de Urgencias
Epidemiológicas
Centro Nacional de Vigilancia
Epidemiológica y Control de
Enfermedades
Secretaría de Salud
México, D.F.

Dr. Jorge Méndez Galván
Director del Programa de Vectores
Centro Nacional de Vigilancia
Epidemiológica y Control de
Enfermedades
Secretaría de Salud
México, D.F.

Dr. Luis Correa González
Subdirector de Seguridad Nacional
Centro Nacional de Vigilancia
Epidemiológica y Control de
Enfermedades
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México, D.F.

Dr. Raúl Olmedo Núñez
Subdirector de Prevención de Cólera
Centro Nacional de Vigilancia
Epidemiológica y Control de
Enfermedades
Secretaría de Salud
México, D.F.

Dr. Fernando Vargas Pino
Subdirector del Programa de Zoonosis
Centro Nacional de Vigilancia
Epidemiológica y Control de
Enfermedades
Secretaría de Salud
México, D.F.

Dr. Miguel Lutzou Steiner
Coordinador
Centro Nacional de Vigilancia
Epidemiológica y Control de
Enfermedades
Secretaría de Salud
México, D.F.

Dra. Verónica Gutiérrez Cedillo
Jefe de Departamento de Zoonosis
Centro Nacional de Vigilancia
Epidemiológica
y Control de Enfermedades
Secretaría de Salud
México, D.F.

Dr. Gustavo A. Rodríguez Heres
Director por México
Comisión México-Americana para la
Erradicación del Gusano Barredor del
Ganado
México, D.F.

Dr. Francisco Javier Rojas Castro
Subdirector Técnico
Comisión México-Americana para la
Erradicación del Gusano Barredor del
Ganado
México, D.F.

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Presidente
Industrial San Martín
Managua

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Dr. Alberto Antonio Soljancic Vargas
Presidente
Asociación Rural del Paraguay
Asunción

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Dr. Guillermo Leguia Puente
Decano
Universidad Peruana Cayetano Heredia
Facultad de Veterinaria y Zootecnia
Urb. Ingeniería, Lima

Dra. Amanda Chavez Velásquez
Profesora
Facultad de Medicina Veterinaria UNMSM
San Borja, Lima

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Secretario General
Instituto de Salud Pública
Comunidad de Madrid
Madrid

Dr. José Luis Peñuelas
Instituto de Salud Pública
Comunidad de Madrid
Madrid

Dr. Nolan Hartwig
Outreach Academy for Veterinary Medicine
and Rural Community Development
Iowa State University
Ames, Iowa

Dr. David Hansen
Outreach Academy for Veterinary Medicine
and Rural Community Development
Iowa State University
Ames, Iowa

Dr. Alfonso Torres
Associate Dean and Director
College of Veterinarian Medicine
Cornell University
Ithaca, New York

Dra. Louise Maranda
Assistant Professor
Tufts University School of Veterinary
Medicine
North Grafton, Massachusetts

Dr. Reba Carruth
Former Director
Transatlantic Policy and Global Market
Governance Project
School of Business and Public Management
The George Washington University
Washington, D.C.

SWEDEN

Mr. Jorge Moreno-López
Professor of Virology
Biomedical Sciences and Veterinary Public
Health
Swedish University of Agricultural
Swedish

TRINIDAD AND TOBAGO

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Caribbean Poultry Association
c/o Livestock and Livestock Products
Board
St Augustine

UNITED KINGDOM

Ms. Saskia Hendrickx
M.Sc. Veterinary Epidemiology Candidate
2005
Royal Veterinary College
London

UNITED STATES OF AMERICA

Dr. Tom Sidwa
Project Director
Oral Rabies Vaccination
Department State Health Services
Austin, Texas

Dr. Robin W. Yeaton Woo
Team Leader
International Policy
US Food and Drug Administration
Center for Food Safety and Applied
Nutrition
College Park, Maryland

Dr. Catherine W. Carnevale
Director
Office of Constituent Operations
Food and Drug Administration
Washington, D.C.

Sra. Nicole Detmann-Quisbert
Directora de Programas Latinoamericanas
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Houston, Texas

Dr. Matías Fernández Madero
Consultant
University of Florida, Food Safety
Amigos de las Américas
Miami, Florida

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Griggsville, Illinois

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Regional
College of Veterinary Medicine
Virginia Polytechnic Institute and State
University
Blacksburg, Virginia

Dr. Caroline Smith DeWaal
Food Safety Director
Center for Science in the Public Interest
Washington, D.C.

Mr. Marc Hall
Research Associate
TEXAS A&M University-Kingsville
Kingsville, Texas

Sr. Fale Maki
Director Regional U.S. Department of
Agriculture (USDA)
Animal and Plant Health Inspection Service
(APHIS)
Comisión México-América para la
Erradicación del Gusano Barredor del
Ganado
México, D.F.

Dr. John B. Welch
Director para Estados Unidos
U.S. Department of Agriculture (USDA)
Animal and Plant Health Inspection Service
(APHIS)
Comisión México-América para la
Erradicación del Gusano Barredor del
Ganado
México, D.F.

Dr. Charles O. Thoen
Professor
Dept. of Veterinary Microbiology and
Preventive Medicine
College of Veterinary Medicine
Iowa State University
Ames, Iowa

Dr. Ewen C.D. Todd
 Director
 National Food Safety & Toxicology Center
 Michigan State University
 East Lansing, Mississippi

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 Department of Veterinary Science
 Director of the Huck Institutes of the Life
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 The Pennsylvania State University
 University Park, Pennsylvania

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 Animal Population Health Institute (APHI)
 College of Veterinary Medicine and
 Biomedical Sciences
 Colorado State University
 Fort Collins, Colorado

Dr. Rosa Alicia Yunes
 McDonald's Corporation
 McDonald's Plaza
 Oak Brook, Illinois

Dr. Ricardo Angel Ertze
 CADMS- Center for Animal Disease
 Modeling and Surveillance
 VM: Medicine and Epidemiology
 University of California, Davis
 Davis, California

Dr. Eldon K. Uhlenhopp
 Associate Professor and Coordinator for
 Livestock Security and Bioterrorism
 Defense
 Outreach Academy for Veterinary Medicine
 and Rural Community Development
 Iowa State University
 Ames, Iowa

URUGUAY

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 Organización de Consumidores
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Washington, D.C.

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Asesor Regional
Unidad de Salud Pública Veterinaria
Washington, D.C.

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Consultor
Unidad de Salud Pública Veterinaria/
Washington, D.C.

Dra. Daniela Fernandes
Consultor
Unidad de Salud Pública Veterinaria
Washington, D.C.

Mrs. María Elena Cimino
Asistente
Gobierno, Política y Sociedades
Washington, D.C.

Dr. Otavio Oliva
Asesor Regional
Unidad de Enfermedades Transmisibles
Washington, D.C.

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Dr. Enrique Pérez Gutiérrez
Jefe Cooperación Técnica
Buenos Aires, Argentina

Lic Jorge Torroba
Oficial de Servicios de Referencia
Buenos Aires, Argentina

Dr. Celso Rodríguez
Consultor
Buenos Aires, Argentina

Dra. Ana Oviedo de Díaz
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Buenos Aires, Argentina

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Secretaría Cooperación Técnica
Buenos Aires, Argentina

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Vesiculares
Rio de Janeiro, Brasil

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Jefe del Área de Zoonosis
Rio de Janeiro, Brasil

Dr. José Naranjo
Jefe del Área de Epidemiología
Rio de Janeiro, Brasil

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Comunicación Social
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ANNEX III

LIST OF ABBREVIATIONS AND ACRONYMS

ALADI	Latin American Integration Association
BSE	Bovine Spongiform Encephalopathy
CARICOM	Caribbean Community
COHEFA	Hemispheric Committee for the Eradication of Foot-and-Mouth Disease
COPAIA	Pan American Commission for Food Safety
COSALFA	South American Commission for the Fight Against Foot-and-Mouth Disease
ECLAC	United Nations Economic Commission for Latin America and the Caribbean
FAO	Food and Agriculture Organization of the United Nations
GIEFA	Inter-American Group for the Eradication of Foot-and-Mouth Disease
HPS	Hantavirus Pulmonary Syndrome
IDB	Inter-American Development Bank
IHRs	International Health Regulations
IICA	Inter-American Institute for Cooperation on Agriculture
INFOSAN	International Food Safety Authorities Network
IPPC	International Plant Protection Convention
MDGs	Millennium Development Goals
OIE	World Organization for Animal Health
OIRSA	Regional International Organization for Plant Protection and Animal Health
PAHO	Pan American Health Organization
PANAFTOSA	Pan American Foot-and-Mouth Disease Center

PASB	Pan American Sanitary Bureau
PHC	Primary Health Care
PHEFA	Hemispheric Plan for Eradication of Foot-and-Mouth Disease
REDIPRA	Meeting of Directors of National Rabies Control Programs in Latin America
RICAZ	Inter-American Meeting, at the Ministerial Level, on Foot-and-Mouth Disease and Zoonoses Control
RIMSA	Inter-American Meeting, at the Ministerial Level, on Health and Agriculture
SARS	Severe Acute Respiratory Syndrome
SPS	Sanitary and Phytosanitary
SPSMs	Sanitary and Phytosanitary Measures
UNDP	United Nations Development Program
WFP	World Food Program
WHO	World Health Organization
WHO/WPRO	Regional Office for the Western Pacific of the World Health Organization



VETERINARY PUBLIC HEALTH UNIT
Area of Disease Prevention and Control

525 Twenty-third St. NW,
Washington, DC 20037

<http://www.paho.com>