



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 13th INTER-AMERICAN MEETING, AT THE MINISTERIAL LEVEL, ON HEALTH AND AGRICULTURE

Washington, D.C., 24–25 April 2003

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*Provisional Agenda Item 5*

RIMSA13/3 (Eng.)

7 March 2003

ORIGINAL: SPANISH

### REPORT OF THE PROGRAM ON VETERINARY PUBLIC HEALTH ON COMPLIANCE WITH THE STRATEGIC AND PROGRAMMATIC ORIENTATIONS OF THE PAN AMERICAN SANITARY BUREAU, 1999-2002

The Veterinary Public Health Unit of the Pan American Health Organization (PAHO), with its centers, PANAFTOSA (Pan American Foot-and-Mouth Disease Center) and INPPAZ (Pan American Center for Food Protection and Zoonoses), cooperates with the Member States in formulating the policies and executing the plans and activities for the prevention and control of zoonoses and foodborne diseases and the eradication of foot-and-mouth disease. These activities follow the strategic and programmatic orientations (SPO) of PAHO, defined every quadrennium.

With the support of PANAFTOSA, the countries have developed programs for the vaccination of cattle, the control of foci, and epidemiological surveillance. These efforts have led to a significant reduction in the areas infected with foot-and-mouth disease in the Region. Through INPPAZ, information systems, networks, and committees have been created to support the countries in the area of food safety. The commitment to eliminate rabies transmitted by dogs is being met, resulting in a 75% reduction in human and canine cases in the Region over the past 10 years.

For PAHO, integrating health and agriculture is key to improving health and living conditions in the Region. For the political support indispensable for technical cooperation, it has the *Inter-American Meeting, at the Ministerial Level, on Health and Agriculture* (RIMSA), the only high-level regional policy forum for collaboration and coordination between the two sectors.

An emphasis on coordination between health and agriculture for the development of rural areas, the modernization of information and epidemiological surveillance systems, mass communication strategies targeting the national and regional levels, new institutional and community partnerships, and the strengthening of policy forums for decision-making are some of the priority areas for cooperation with the countries in the next quadrennium.

This document presents information on the execution and development of the Unit in the period 1999-2002 and its outlook for the future for the consideration of the ministers of agriculture and health participating in RIMSA 13, pursuant to the mandates of the Governing Bodies of PAHO.

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## **The Pan American Health Organization and Veterinary Public Health**

1. The association between animal health and human health is recognized by PAHO and its Member States, who express that recognition in their efforts to protect public health against possible zoonotic or foodborne diseases, given the human dependence on animals for food and nutrition.
2. The Veterinary Public Health Unit of PAHO, part of the Area of Disease Prevention and Control, is comprised of the Coordinating Unit in Washington, D.C. and two specialized centers: the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) in Rio de Janeiro, Brazil, and the Pan American Center for Food Protection and Zoonoses (INPPAZ), in Buenos Aires, Argentina. The PAHO/WHO Representative Offices have advisers on staff, while 150 regular staff members, including 50 professionals, work at Headquarters, at the Centers, and in the countries. The 21 PAHO/WHO Collaborating Centers in Veterinary Public Health, located in universities or research centers around the Region, participate in the cooperation.
3. For the political support essential to technical cooperation, the Veterinary Public Health Unit has the Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA), the only regional forum at the highest political level for collaboration and coordination between the health and agriculture sectors.
4. Other forums at the highest political level, in addition to RIMSA, are: the Hemispheric Committee for the Eradication of Foot-and-mouth Disease (COHEFA) and the Pan American Commission for Food Safety (COPAIA), which bring together representatives of food/livestock producers and consumer groups.
5. PAHO is pursuing greater integration with the agriculture sector through mechanisms such as the agreement with the Inter-American Institute for Cooperation on Agriculture (IICA) for work with rural communities; it also collaborates with the International Office of Epizootics (IOE) in matters related to foot-and-mouth disease, the International Zoosanitary Code, and animal health. For activities in the surveillance of zoonoses such as equine encephalitis, the partnership with the Regional International Organization for Plant Protection and Animal Health (RIOPPAH) is important. PAHO is collaborating with the Food and Agriculture Organization of the United Nations (FAO) to set up the Inter-American Network of Food Analysis Laboratories (INFAL) and carry out epidemiological surveillance of swine fever.

### **Mission of the Veterinary Public Health Unit**

6. The mission of PAHO, the Regional Office of the World Health Organization (WHO), is “to cooperate technically with the Member Countries and to stimulate

cooperation among them ...while maintaining a healthy environment and charting a course to sustainable human development” on behalf of the peoples of the Americas. PAHO carries out its mission in collaboration with the ministries of health, other government and international agencies, nongovernmental organizations, universities, social security institutions, community groups, and other entities.

7. The mission of the Veterinary Public Health Unit of PAHO is to support the Member States in their national programs for:

- the surveillance, prevention, and control of zoonoses important to public health;
- the prevention of foodborne diseases;
- the safety of food for human consumption;
- the promotion of animal health to boost production and productivity and thus, the food supply and socioeconomic development;
- environmental protection to deal with potential threats to public health deriving from livestock production and pet ownership; and
- the development of biomedical models for health research and the conservation of neotropical primates.

8. These activities are linked with and centered on the food production chain “from the farm to the table.” This is one of the most representative processes in veterinary public health, beginning with animal husbandry and ending with the consumption of animal products. Between these two extremes, products pass through different stages, such as inspection, transport, manufacturing, and preservation, until they reach the consumer’s table, and each stage demands integrated attention to quality and safety.

9. During this process, diseases like foot-and-mouth disease may occur that, while not posing a direct threat to public health, have a negative impact on the economy, because they decrease cattle production and exports, in addition to reducing the supply of protein for human nutrition. Infectious diseases may also occur—for example, salmonellosis and colibacillosis (from *Escherichia coli*), common agents in foodborne disease outbreaks in the Region. In addition to the human suffering that they cause, these diseases are particularly damaging to tourism and the food trade.

10. Another sphere of action in veterinary public health is the control of zoonoses that pose a threat to public health, even though they are not necessarily linked with the food chain. The best known of these, due to its severity and case-fatality rate, is rabies, a

disease transmitted mainly by dogs but also by other domestic animals and wildlife, especially bats.

11. Some zoonoses with a public health impact are linked with the environment. Examples of these are leptospirosis, outbreaks of which often occur after floods; Lyme disease, a tick-borne illness found in wooded areas of the United States; and arboviral encephalitides, among them Venezuelan equine encephalitis and recently, West Nile encephalitis.

12. After the attacks of September 11, another group of zoonoses—anthrax and plague—came to the fore because of their potential use as biological weapons.

13. The Veterinary Public Health Unit is promoting the development of biomedical research models. Through the Peruvian Primatology Project's Center for Primate Reproduction and Conservation, it participates in the conservation of endangered species of neotropical primates.

14. Veterinary public health education and setting up services in the countries' health and agriculture sectors have also been important areas for technical cooperation.

### **Plan of Action and Achievements of the Veterinary Public Health Unit**

#### ***Food Safety***

15. *“Promoting food protection along the lines of action suggested by PASB”* (PAHO/SPO, 1999-2002).

### **Plan of Action**

- Employ the strategic approaches of PAHO to set standards, disseminate information, promote human resources education, coordinate research, and provide direct technical assistance;
- Expand the potential for technical cooperation by utilizing the network of PAHO/WHO Collaborating Centers and specialized institutions and promoting partnerships with other international and binational technical cooperation agencies;
- Use the results and orientations of the WHO Advisory and Consultative Groups and *Codex Alimentarius* to cooperate with the countries in establishing the scientific basis for standards and procedures in their food protection services;
- Mobilize the community to encourage its participation as an agent of change;
- Promote technical cooperation among countries.

16. The purpose of the food safety activities promoted by the Veterinary Public Health Unit is to protect the health of consumers and producers alike and secure better access to the international markets for food produced in the Americas. Since 1991, INPPAZ has been responsible for these activities.

17. The Pan American Commission for Food Safety (COPAIA) was created in 1999, pursuant to Resolution RIMSA12.R3. The Commission met for the first time in 2001. Its objectives are to strengthen the political will to promote national food safety programs and to foster joint action among countries and sectors throughout the chain of production.

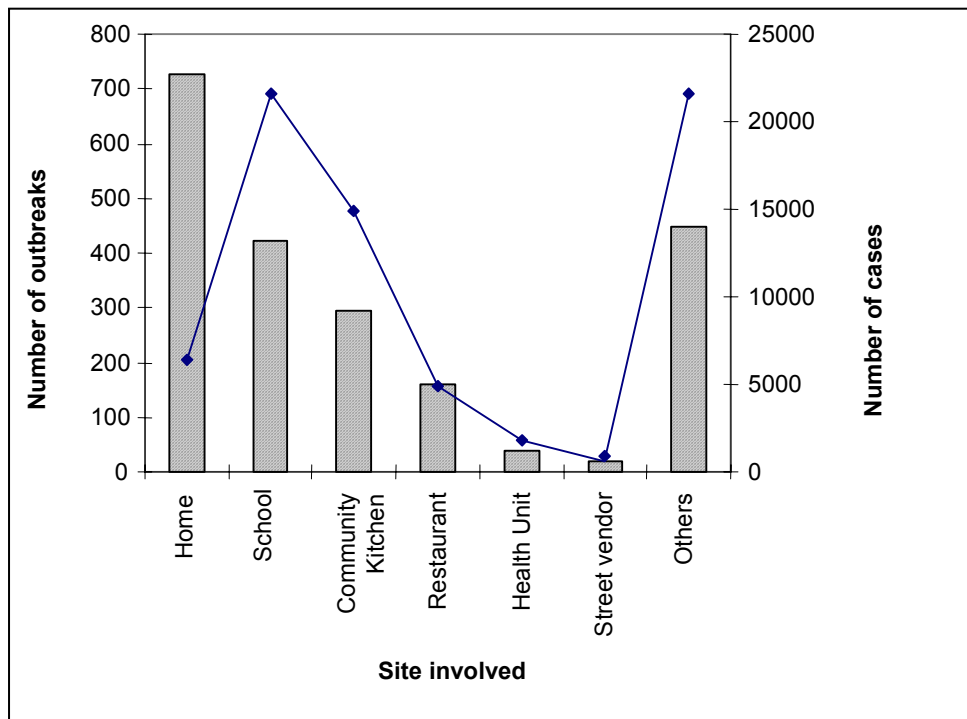
18. The initiatives of INPPAZ, carried out in cooperation with the countries that coordinate food safety activities, are: the Regional Epidemiological Surveillance System for Foodborne Diseases (SIRVETA), the Inter-American Network of Food Analysis Laboratories (INFAL), the Regional Information System on Food Legislation, and the *Codex Alimentarius* Coordinating Committee for Latin America.

19. Twenty-one Member States participate in SIRVETA (known by its Spanish acronym), which was created to monitor foodborne diseases (FBDs). This system, which is available on the Web ([www.panalimentos.org/sirveta](http://www.panalimentos.org/sirveta)), has been recognized as a singular instrument for developing programs for the prevention and control of foodborne diseases.

20. A total of 2,266 foodborne disease outbreaks were reported through SIRVETA during the period 1999-2002, with 77,605 cases and 70 deaths. Although it is recognized

that these data do not reflect the actual FBD situation in the Region, they can be used to identify certain problems. The highest percentage of outbreaks (34%) occurred in homes, followed by schools (20%), which accounted for the greatest number of cases (21,639). Bacteria were the most common etiologic agent in the outbreaks (63%), with *Salmonella* spp the most important (implicated in 20% of all outbreaks); next in line were viruses (17%), with hepatitis A showing the highest incidence (16% of all outbreaks). Water (21%) and red meat (17%) were the food items most frequently implicated in the outbreaks (Figure 1).

**Figure 1. Number of outbreaks and cases, by site where the food implicated in the FBD was consumed. The Americas, 1999–2002**



Source: SIRVETA 2002, PAHO

21. Fifty-five food analysis laboratories in the countries participate in INFAL, which supports the national food safety programs, interaction among laboratories, and the harmonization of procedures for applying standards and interpreting results.

22. The objective of the Regional Information System on Food Legislation is to promote the modernization of national legislation and its harmonization with

international standards to improve food safety and boost the competitiveness of the Member States in the markets. Ten countries are currently participating in the System.

23. For the organization of national programs, INPPAZ encourages the countries to participate in the *Codex Alimentarius* system. The *Codex Alimentarius* is the compendium of food regulations defined by international standards and presented in a uniform manner. Its purpose is to improve the quality of food for domestic consumption, facilitate international trade, and guarantee equitable trade practices. Working with the *Codex Alimentarius* Coordinating Committee for Latin America, INPPAZ has developed a website with interactive chat rooms to encourage information exchange and the sharing of opinions among the countries of the Region.

24. To assist the countries in modernizing their food inspection and protection systems and in adopting modern methods accepted worldwide, INPPAZ offers training programs on the Hazard Analysis Critical Control Point (HACCP) methodology, good manufacturing practices (GMP), and the Sanitation Standard Operating Procedures for cleaning and disinfection (SSOP).

25. Toward the end of the quadrennium, INPPAZ promoted education and mass communication strategies in public and private institutions to develop education policies in food safety. In 2002, the Community Channel [Canal Comunidad] was created as a consumer website ([www.panalimentos.org/community](http://www.panalimentos.org/community)), with basic information on the concept of food safety.

26. The results are described in detail in document RIMSA13/5 on the Proposed Plan of Action of the Pan American Institute for Food Protection and Zoonoses (INPPAZ), 2004-2005.

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

27. *“Preventing new outbreaks of foot-and-mouth disease...and expanding eradication zones in the Andean countries and northern Brazil, with special attention to border areas”* (PAHO/SPO, 1999-2002).

#### **Plan of Action:**

The objectives of the plan, adopted by RIMSA in 1987 and evaluated every two years by COHEFA, are:

- To help countries free of foot-and-mouth disease to maintain their status.
- To ensure that countries where foot-and-mouth disease is present intensify and upgrade their programs to expand areas that are already disease-free.



28. Eradicating foot-and-mouth disease in South America is essential for the economies of the countries, mainly those that export meat and other animal products, and for ensuring the availability of animal protein for nutrition.

29. The Hemispheric Program for the Eradication of Foot-and-mouth Disease (PHEFA), implemented by the Member States since the 1960s, is coordinated by PANAFTOSA, the Center responsible for the technical cooperation activities of the Veterinary Public Health Unit in this area. The goal of this Unit is to eradicate the disease in South America by the year 2009.

30. The Hemispheric Committee for the Eradication of Foot-and-mouth Disease was created (COHEFA) to provide coordination and support for PHEFA, bringing together the Ministers of Agriculture and the representatives of livestock associations in the countries. PANAFTOSA serves as the Secretariat *ex officio* and is responsible for coordination and monitoring compliance with the resolutions adopted by the Committee.

31. In the 1960s, when the programs for the control of foot-and-mouth disease were in their infancy, North America, Central America, and the Caribbean were already disease-free. However, all of South America was affected, except for the Guyanas, Suriname, and Patagonia in Argentina. In the mid-70s, when PANAFTOSA had already implemented the surveillance system for vesicular diseases in the Region, the morbidity was 28.8 cases for every 10,000 head of cattle, and the ratio of infected herds was 2.5 per 1,000.

32. With PANAFTOSA's assistance, the countries of the Region set up programs whose main activities are the vaccination of cattle, the control of foci, and epidemiological surveillance, which includes laboratory diagnosis of the viral strains circulating in the outbreaks. These efforts led to a significant reduction in the indexes, which in the period 1993–1997, fell to 2.6 cases per every 10,000 head of cattle, and a ratio of 0.5 infected herds for every 1,000. These values were even lower in 1999, at 0.6 and 0.3, respectively (Table 1).

**Table 1. Morbidity in Cattle and Herds Infected With Foot-and-Mouth Disease  
South America, 1967–2001**

Period	Morbidity (per10,000 head of cattle)	Infected herds (per 1,000)
Prior to 1960 <sup>a</sup>	200-300	13–20
1967–1972 <sup>a</sup>	36–42	8–10
1973–1977 <sup>b</sup>	28.8	2.5
1978–1982 <sup>b</sup>	16.7	2.0
1983–1987 <sup>b</sup>	7.5	1.1
1988–1992 <sup>b</sup>	3.4	0.9
1993–1997 <sup>b</sup>	2.3	0.5
1998	0.6	0.4
1999	0.6	0.3
2000	0.4	0.1
2001 <sup>c</sup>	6.9	1.0

<sup>a</sup>Estimated

<sup>b</sup>Average for the period

<sup>c</sup>Outbreak in the Southern Cone

Source: PANAFTOSA/PAHO, 2002

33. As of mid-2000, the following areas were foot-and-mouth disease-free: the Southern Cone (Argentina, Chile, Paraguay, and Uruguay) and all the states comprising Brazil's Southern, West Central, and Eastern livestock circuits, an area of roughly 6.2 million km<sup>2</sup> with 140 million head of cattle (49% of South America's cattle population). Argentina, Chile, and Uruguay had already obtained international certification as disease-free without vaccination, and Paraguay and Brazil, as disease-free with vaccination.

34. This favorable epidemiological situation represented economic gains for the Southern Cone countries, which eliminated the losses suffered from the disease, saved on vaccination and treatment costs, began exporting meat to North America, and expanded their trade with Europe and Asia.

35. Since the latter half of 2000, outbreaks have been reported in Brazil and Uruguay. Argentina had a serious epidemic that began in February 2001 and spread throughout the country, except to the disease-free area of Patagonia. Chile, Paraguay, and the rest of the Brazilian states in the disease-free area maintained their disease-free status. Paraguay has had a focus of foot-and-mouth disease since December 2002 and has lost its certification as a disease-free area.

36. Cooperating with PANAFTOSA, whose mandate is the surveillance of foot-and-mouth disease in the Region, the Southern Cone countries hit by the outbreak reacted swiftly and brought the situation under control. Control measures have intensified and include periodic audits of the national programs to advance toward eradication.

37. The results are described in detail in document RIMSA13/4 on the proposed Plan of Action of the Pan American Foot-and-Mouth Disease Center (PANAFTOSA), 2004-2005.

38. Subregional projects such as those for the Amazon basin and the Andean Community of Nations have made significant progress.

### ***Rabies Control***

39. *"Promoting rabies prevention activities, coupled with establishing a laboratory network in which WHO/PAHO Collaborating Centers would participate."* (PAHO/SPO, 1999-2002).

#### **Plan of Action**

- The rabies control plans and strategies adopted at different RIMSA meetings seek the elimination of human rabies transmitted by dogs in Latin America and the monitoring and prevention of sylvatic rabies.

40. Eliminating human rabies transmitted by dogs is one of the Organization's mandates and a priority of the Veterinary Public Health Unit. Efforts have centered on buttressing national programs for the implementation of traditional control measures: vaccination of dogs, treatment for people who have been bitten, and epidemiological surveillance. Every year, nearly 42 million dogs are vaccinated in Latin America, and some 1 million people are treated after exposure to the disease. In addition, over 100 laboratories are part of the rabies diagnosis network.

41. This picture also includes supervising the use of vaccines and other biologicals of recognized quality and safety, creating diagnostic laboratory networks made up of the

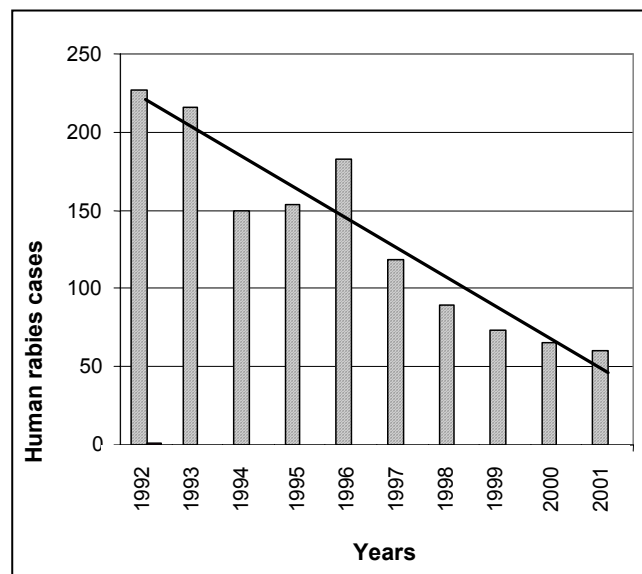
PAHO/WHO Collaborating Centers, and using mass communication strategies to promote prevention. PANAFTOSA has a regional epidemiological surveillance system for rabies, SIRVERA, which was launched in the 1970s and is essential for analyzing the epidemiology of rabies in the Region and developing control strategies.

42. In the early 1980s, the countries made a commitment to eliminating urban rabies from the principal cities of the Region. This commitment is being met: 19 of Latin America's 21 capital cities have not reported any cases of human rabies transmitted by dogs in recent years, and only 12% of the principal cities (provincial/state capitals) have reported cases. PAHO's current goal, endorsed by the countries of the Region, is to eliminate human rabies transmitted by dogs by the year 2005.

43. The number of human rabies cases in the Region of the Americas has fallen sharply in the past 10 years, from 227 cases in 1992 to 56 in 2001—a 75% reduction in deaths from this disease.

44. In 2002, the reports, which are still only preliminary, point to an even greater reduction, with 25 human cases. Trend analysis confirms that in the 10 years examined (1992-2001), there was an average reduction of 20 human cases per year (Figure 2).

**Figure 2. Human rabies cases. The Americas, 1992-2001**



Source: SIRVETA 2002, PAHO

45. The same downward trend can be seen for canine rabies. In the 10-year period, the figure fell by 76%, with 1,652 cases reported in 2001. This significant outcome was

made possible by the enormous effort of the governments of the Region—consisting mainly of the mass vaccination of dogs, which was accomplished with PAHO support.

46. In 2001, dogs were the source of infection in 71.2% (or 37 cases) of the 52 reported cases with information on the animal transmitter. These cases occurred in just seven of the 48 countries and territories in the Americas (representing 38% of the Region's population). Half the cases were reported in countries with 7% of the Region's population. Cases of human rabies transmitted by dogs were reported in Bolivia, Brazil, Haiti (the country with the highest rate), Ecuador, El Salvador, Guatemala, and Mexico.

47. While rabies transmitted by dogs is coming under control, human cases transmitted by wildlife are assuming greater importance. In 2001, almost 15% of human cases were transmitted by bats. These cases occur both in Latin America, the majority of them transmitted by vampire bats, and in North America, where they are transmitted by other types of bats.

48. In 2001, 12,486 cases of rabies in animals were reported; of these 7,800 (62%) were in wildlife. The majority of the reported cases in wildlife were in North America (94%), which has better epidemiological surveillance for these species, while the majority of cases in dogs were in Latin America (94.2%).

### ***Control of Other Zoonoses***

49. *“Promoting the elimination of bovine tuberculosis and brucellosis. Supporting the eradication of the echinococcosis/hydatidosis in the countries of the Southern Cone. Promoting the development of laboratory diagnostic capabilities for epidemiological surveillance in the areas at risk for Venezuelan equine encephalitis (PAHO/SPO 1999-2002).*

#### **Plan of Action**

- Policy development and strengthening of national programs for the control and/or eradication of bovine tuberculosis, brucellosis, hydatidosis, and taeniasis/cysticercosis.
- Characterization of risks and development of surveillance systems for the prevention and timely control of emerging and reemerging zoonoses such as equine encephalitis, bubonic plague, and bovine spongiform encephalopathy (BSE).

50. Brucellosis and bovine tuberculosis remain significant public health and economic problems in Latin America. Canada is free of the two diseases, as is most of the

United States (41 states). The presence of brucellosis has not been verified in most of the countries and territories of the English-speaking Caribbean. These diseases are endemic in the majority of Central and South American countries.

51. Brucellosis control programs are being strengthened in Mexico, Peru, and the Southern Cone countries. Brucellosis, caused by *Brucella melitensis* and transmitted chiefly by goats, is a serious public health problem in Mexico, Peru, and the border area between Argentina, Bolivia, and Paraguay. To address this problem, control programs based on the mass vaccination of sheep and goats are being implemented.

52. In the Region, the countries with active **plague** foci, where sporadic cases have been reported are Bolivia, Brazil, Ecuador, the United States, and Peru. There has been a sharp drop in the number of cases—mainly in Peru, which experienced several outbreaks in the first half of the 1990s. These countries have instituted measures to interrupt the transmission cycle between rodents and human beings by controlling rat infestation in silos used for storing grains and other foods and by establishing a surveillance system with laboratory support.

53. Central America and the Caribbean witnessed a surge in **leptospirosis** cases in the wake of Hurricane Mitch. PAHO collaborated with the affected countries in epidemiological surveillance, improving the diagnostic capacity of their laboratories. Several countries in Region have ongoing leptospirosis surveillance and control activities. However, greater efforts to implement prevention and control measures are still required.

54. In 2000, there was a meeting of experts in **hydatidosis**, another important zoonosis in the Region, mainly in the Southern Cone. At this meeting, the basic document for hydatidosis control and elimination was drafted, with strategic orientations for harmonizing the programs for the elimination of this disease in the Southern Cone countries.

55. **Taeniasis** and its larval form, **cysticercosis**, are endemic in the Region. Neurocysticercosis is a major public health issue, owing to the disability produced by its neurological symptoms and its case-fatality rate. In the period covered by this report, PAHO has provided support to the countries of the Andean Area in parasitic disease control. Coordination with WHO and the Collaborating Centers has intensified.

56. PANAFTOSA coordinates an **equine encephalitis** information and surveillance system with the Regional International Organization for Plant Protection and Animal Health (RIOPPAH), covering Brazil, Colombia, Ecuador, Honduras, Mexico, Panama, and Venezuela. These countries, with the exception of Brazil, are at greatest risk for seasonal outbreaks of Venezuelan equine encephalitis that trigger epidemics at certain

times of the year. To complement the surveillance systems, laboratories characterize the antigen of the strains involved. This information is then used in campaigns for the mass vaccination of horses, which help to reduce the risk of human cases.

57. The Hemisphere continues to be free of **bovine spongiform encephalopathy** cases. To promote prevention and epidemiological surveillance plans, PAHO held a consultative meeting of experts from Europe and the Americas, in which the directors of the national veterinary services participated. The meeting issued recommendations to prevent the introduction of the disease.

*Other Areas of Action of the Veterinary Public Health Unit*

**Plan of Action**

- Conservation, reproduction, and rational use of laboratory animals, especially nonhuman primates, for biomedical research and the development of vaccines for human use.
- Strengthening of veterinary public health services by promoting veterinary public health education, community participation, and the development of integrated programs in local health systems.
- Promotion of environmental protection and programs for rationalizing animal production and ownership to keep from polluting the environment with animal waste that can transmit disease agents.

58. The generation of **biomedical models** for developing new vaccines for human use, quality control of the drugs and biologicals used in public health, and studies on human diseases such as malaria and AIDS are some of the major contributions of veterinary public health.

59. The primatology centers, which supply animals for scientific purposes, have another important role: **conservation**, through controlled harvesting and reproduction in captivity. PAHO has actively collaborated with the Peruvian Primatology Project, established 27 years ago for the protection of primate species threatened with extinction. Every year, some 250 specimens of primates for biomedical use are transferred to scientific institutions.

60. As part of its activities to strengthen veterinary public health and animal health programs, the Veterinary Public Health Unit has promoted and participated in several activities with other PAHO units, universities, Collaborating Centers, and trade associations.

### **Outlook for the Veterinary Public Health Unit**

61. Approximately 211 million people in PAHO's sphere of activities are living in poverty. Latin America has the most unequal income distribution of all the regions in the world, a phenomenon reflected in the inequality in the health status of its inhabitants. Thus, veterinary public health issues are a part of this context of inequality within and among the countries of the Region.

62. In the next quadrennium, the Veterinary Public Health Unit of PAHO will focus on the development objectives outlined in the United Nations Millennium Declaration, endorsed by WHO: eradicating extreme poverty and hunger, integrating the principles and variables for sustainable development into public policy, and special attention to the neediest countries. According to the Director of PASB, Dr. Mirta Roses, **the health sector bears a great responsibility for attaining these millennium objectives and expects to benefit in turn from the progress made, the fruit of the joint action of all sectors.**

63. The Veterinary Public Health Unit is part of PAHO's initiatives in the search for equity. It will center its cooperation efforts on the heavily indebted poor countries (HIPC) (Bolivia, Haiti, Honduras, Guyana, and Nicaragua), which have worrisome veterinary public health situations.

64. Current trends affect veterinary public health—among them, globalization and the need to control diseases linked with the marketing, export, and importation of food; uncontrolled urban growth; environmental disasters; and the emergence and reemergence of certain zoonoses. Other important issues are the potential risks to human health from genetically modified foods, the use of biological agents in terrorism, and the search for equity in the application of scientific and technological advances in this area.

65. In order to fulfill its mission, the Veterinary Public Health Unit will focus on the functions outlined in the Strategic Plan of the Pan American Sanitary Bureau 2003-2007 for the next quadrennium, gearing its activities to low-income groups, rural populations, and children, while attending to the specific needs of the countries.

66. Some issues have been designated priorities for cooperation:

- **Linkage between the health and agriculture sectors for rural development:** Integrated action between the two sectors that can contribute effectively to greater equity in living conditions among urban areas and especially among rural areas.
- **Upgrading of information and epidemiological surveillance systems:** To meet PAHO's goal of becoming the public source of health information, existing



- information systems in the Unit must be upgraded to make them more accessible to technical personnel and policymakers in the countries.
- **Mass communication strategies for the national and regional initiatives:** Support must be provided to build the necessary communication channels among the actors in veterinary public health to consolidate public policy in this area.
  - **Consolidation of existing partnerships and development of new ones:** Although the Veterinary Public Health Unit already has a tradition of institutional and other types of partnerships, they must be expanded, not only to WHO/PAHO Collaborating Centers and research and training institutes but to civil society organizations as well. The Unit intends to strengthen this joint effort by establishing communications networks and working groups.
  - **Strengthening of regional policy forums to secure the indispensable political support of the Member States:** In addition to technical and scientific expertise, cooperation programs must have the political support of the governments, without which the proposals cannot be implemented. The activities of RIMSA, COHEFA, and COPAIA have confirmed this assertion.

67. The work of the Veterinary Public Health Unit will help to make the words of the Director of PASB, Dr. Mirta Roses a reality: **“Health can mobilize all of society for the rapid attainment of sustainable human development in the Hemisphere.”**

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