



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



48th DIRECTING COUNCIL

60th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 29 September-3 October 2008

Provisional Agenda Item 4.15

CD48/19, Rev. 1 (Eng.)
26 September 2008
ORIGINAL: SPANISH

15th INTER-AMERICAN MEETING, AT THE MINISTERIAL LEVEL, ON HEALTH AND AGRICULTURE (RIMSA): “AGRICULTURE AND HEALTH: ALLIANCE FOR EQUITY AND RURAL DEVELOPMENT IN THE AMERICAS”

1. The 15th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA 15) was held in Rio de Janeiro on 11-12 June 2008, convened by the Director of PAHO/WHO and hosted by the government of Brazil. For the first time, the meeting was organized jointly by PAHO/WHO and the Inter-American Institute for Cooperation on Agriculture (IICA).
2. The ministerial deliberations were based on the conclusions of the international meeting “Trans Fatty Acids: Challenges and Opportunities for Agriculture,” held on 8-9 June 2008 (Annex A, Declaration of Rio: “Trans Fat Free Americas”); the 11th Meeting of the Hemispheric Committee for the Eradication of Foot-and-Mouth Disease (COHEFA) (Annex B, Resolution No.1); the 5th Meeting of the Pan American Commission on Food Safety (COPAIA) (Annex C, Declaration); the Forum for Ministers of Agriculture and Health (Annex D, Conclusion of the Panels), and followed by to the Caucus of Ministers (Annex E, Declaration of Rio: “Agriculture and Health: Alliance for Equity and Rural Development in the Americas”).
3. The Forum for Ministers of Health held at RIMSA 15 was attended by 30 PAHO Member States with the following 15 international organizations attending as observers: Food and Agriculture Organization of the United Nations; Amazon Cooperation Treaty Organization; Joint United Nations Program on HIV/AIDS; Institute for Public Health of the Community of Madrid; Association of American Veterinary Medical Colleges; Caribbean Alliance for Sustainable Tourism; Panama-United States Commission for the Eradication and Prevention of Screwworm in Livestock; Mexican-American Commission for the Eradication of Screwworm in Livestock; and the World Society for Animal Protection.

4. The frame of reference included the follow-up reports on the actions of RIMSA 14, the report on the mandates of the Ministerial Meetings on Agriculture and Rural Life, and the results of the technical forums on regional coordination for surveillance, eradication, and control of the principal zoonoses, eradication of foot-and-mouth disease, and food safety. These reports were included as working documents and information at RIMSA 15.¹

5. There are specific examples in the Region of regional, national, and local intersectoral strategies to reduce poverty, promote local development of health, and create opportunities for rural enterprise, particularly in the most neglected and excluded social groups.

6. The work of the different agents should be coordinated at the regional, national, and local levels within the framework of sustainable development and should facilitate effective action to guarantee food security, food safety and the nutritional quality of food, better nutrition and health conditions, and zoonosis control and elimination.

7. In particular, partnerships between the private sector and government should be encouraged that foster competitive and sustainable development of the food and agriculture chains, especially an agreement on market mechanisms for equitable distribution of the value added generated at the different stages of these chains and an integral approach to monitoring livestock health, with special attention to zoonoses, the nutritional quality and safety of food, and a safe water supply, promoting innovative alternative financing responses.

8. Policies that contribute to an improvement in the quality of life and integral development of the most vulnerable groups should also be promoted, with social development indicators beyond unmet basic needs in rural and urban areas to target development and achieve the MDGs through regional initiatives such as Faces, Voices, and Places; Healthy and Productive Municipalities and Communities; Microcredit for Rural Women; and rural agro- and ecotourism enterprises, preserving and promoting biodiversity and the agricultural practices of native peoples; rediscovering traditional, local, and indigenous knowledge; and adding that knowledge and its potential to the new practices and lessons learned about food and nutrition security, environmental protection, and inclusive, sustainable development.

Action by the Directing Council

9. The Directing Council is requested to take note of the reports from RIMSA15, attached as annexes, and consider adoption of the proposed Resolution (see Annex G.).

Annexes

¹ RIMSA 15 Working and Information Documents (see www.panaftosa.org.br).

TRANS FAT FREE AMERICAS

Declaration of Rio de Janeiro

The undersigned, public health authorities, representatives of the food industry and cooking oil companies, convened by the Pan American Health Organization in the city of Rio de Janeiro 8 – 9 June 2008, and adherents to the present declaration,

Taking into account:

- That during the last decade conclusive scientific evidence has linked the consumption of industrially produced trans fatty acids (TFAs), with alterations of the metabolism of blood lipids, vascular inflammation and the development of cardio-vascular diseases;
- That the TFAs are, mainly present, in cooking oils, margarines and shortenings which are regularly used in the preparation of pastries, bread and "snacks" among others; and
- Considering the recommendations of international agencies, such as the World Health Organization (WHO) and the Pan American Health Organization (PAHO); in addition to the global trend to replace industrially produced TFAs;

We express the following:

1. Industrially produced Trans fatty-acids (TFAs) should be replaced in manufactured food and we suggest that its presence should not be greater than 2% of total fat in oils and margarines; and not greater than 5% of total fat in processed food. How to achieve this should be defined in accordance with the situation of the food industry and in dialogue with national public health authorities;
2. The nutritional label of processed foods should be obligatory, including the declaration of the content of TFAs and we suggest its harmonization in the Americas;
3. The alternative preferred to TFAs should be the unsaturated fats cis, including the polyunsaturated fatty acids of the family ω -3. The saturated fats² should only be used as substitutes of the TFAs, in the absence of a viable alternative for specific applications;
4. It is desirable that restaurants and food service companies advance toward the suggested changes and report on content of TFAs in their preparations. Public funded food programs should be an important part of this effort through food aid programs, hospitals, school feeding programs, etc.;

² Particularly myristic and palmitic acids

5. It is suggested that governments establish tax incentives for substitutes of TFAs, including crop production and processed foods. In addition, governments should also ensure funds for research on such substitutes; ease the transfer of new technology, and the creation of preferential credit schemes, among others;
6. It is desirable that public health authorities in coordination with the private sector, develop programs for educating the population on the different types of fat, the correct way to read labels and their application in everyday life;
7. The participating sectors recognize the need for discussing within their national working groups aspects related to the publicity of food that contains TFAs, in particular advertising that targets children and adolescents;
8. Studies and monitoring of the content of fatty acids should be conducted in the food supply, as well as food intake and biological markers of TFAs in the population. This will permit to identify what is the current situation and also evaluate changes after the adoption of the proposed measures;
9. We wish to maintain this regional and national dialogue, under the auspices of PAHO, with the aim of materializing the objective of Trans Fat Free Americas, in the shortest possible time.
10. We recommend that in order to materialize the present declaration and to adapt it to the reality of every country, that national working teams should be formed with the participation of industry, scientists, and public health authorities. Moreover, PAHO should convene periodically such working teams in order to evaluate progress, difficulties and challenges in their work;
11. Use the WHO Global Strategy on Diet, Physical Activity and Health as a framework for the national working teams;

Fabio Acerbi	Kraft Foods, Brazil
Adrian Alasino	Chronic Diseases Prevention Program “ Guardacorazon” of PROPIA
Percival Andrade	Innovation Director, La Fabril (Aceites y Grasas), Ecuador
Emilia Araki	Sadia S.A. (Alimentos congelados), Brasil
Carmen Arruda	Cargill, Brasil
Eduardo Atalah	President of the XV Latin American Nutrition Congress (SLAN) , Chile
María Luisa Ávila Agüero	Minister of Health, Costa Rica
Silvia Baeza	Coordinator of Food, Ministry of Health, Chile
Carlos Becerra	Mc Cain S.A, Argentina
Maria Soledad Barria	
Iroume	Minister of Health, Chile
Sonia Bozzi	Corporate Affairs and Government of Latin America, Krafts Foods
Marcelo Cerda	Granix Argentina (food industry), Argentina

Brian Chaz	Cooperativa Obrera, Argentina
Silvia Cozzolino	Sociedade Brasileira de Alimentação e Nutrição (SBAN), Brazil
Jaice da Silva O. Vicari	ADM do Brasil Ltda. (soy, wheat and cocoa products), Brazil
Antonia Maria de Aquino	Special Products Management (GPESP), Brazil
Miguel de Billerbeck	Grupo Arcor, Argentina
Juan M Dellacha	Foro Argentino de Biotecnología (FAB)
Abelardo J. de la Vega	Advanta Semillas S.A.I.C, Argentina
Jaime Dinamarca	Director Operation and Enviroment, Sociedad de Fomento Fabril, Chile
Roberto Daniel Dominguez	Integradd SRL, Argentina
Eduardo Dubinsky	Consultant, Argentina
Nora Engo	Molinos de la Plata, Argentina
Juan Carlos Escamilla	PepsiCo, Mexico
Mariana Galarza	Program “Aliméntate Ecuador”, Ministry of Social and Economic Inclusion, Ecuador
Alejandro Gallego	Oleaginosa Moreno, Argentina
Sussumu Honda	President of ABRAS, Brazil
Eduardo Jaramillo	
Navarrete	Federal Commission Against Health Risks (COFEPRIS), Mexico
Edmundo Klotz	Associação Brasileira das Indústrias da Alimentação (ABIA), Brazil
Juan Carlos Lopez Musi	International Life Sciences Institute (ILSI), Argentina
Alberto Leon	NutriSun Bussiness Unit, Argentina
Ana Meisel	Kraft Foods, Latinoamérica
Rafael Monge	Costa Rican Institute of Research and Teaching of Nutrition and Health, Costa Rica
Enrique Moreno	Cooperativa Obrera, Argentina
Jorge Moutous	Advanta Semillas S.A.I.C., Argentina
Rosa M Novygrodt Vargas	Tech. Dir., Secretary of the National Policy on Food and Nutrition, Costa Rica
Pedro Palatnik	Arcos Dourados Comércio de Alimentos Ltda., Brazil
Tito Pizarro	Nutrition Department, Ministry of Health, Chile
Maria Rosa Rabanal	Kraft Foods, Regulatory and Scientific Affairs for Southern Latin America
Gastón Rosselot Pomes	WATTS - Gerente de Desarrollo y Calidad, Chile
Mario Henry Rodríguez	Director, National Institute of Public Health, Mexico
Adolfo Sanchez de Leon	Subsecretary of Health Relations and Research, Ministry of Health, Argentina
Cristina Santos	Cargill Corporation, Food Technology in Latin America,
Marcelo Tavella	Heart Attack Prevention Program (PROPIA), U de la Plata ,Argentina
Ricardo Uauy	International Union For Nutritional Sciences
Alfonso Valenzuela	Institute of Nutrition and Food Technology (INTA), University of Chile
Ana Beatriz Vasconcelos	Coordinator, Nutrition Department, Ministry of Health, Brazil
Flavia Vigio	Communications Vice President, Arcos Dorados America Latina
Derek Yach	Vice President of the Global Health Policy, PepsiCo, United States of America
Jaime Zabludovsky Kuper	Mexican Council of Industry and Consumer Products (CONMEXICO), Mexico

Secretariat

Albino Belotto
Roberto Del Águila
James Hospedales
Enrique Jacoby
Tomo Kanda
Michelline Meiner
Enrique Pérez
Juan Manuel Sotelo

PAHO/ WHO

Director Pan American Foot and Mouth Disease Center (PANAFTOSA)
Office, Costa Rica
Chief of the Non Communicable Diseases Unit, Washington D.C.
Non Communicable Diseases Unit, Washington D.C.
Office, Chile
Office, Brazil
Pan American Foot and Mouth Disease Center (PANAFTOSA)
PAHO/WHO Representative, Chile

**Recommendations of the 11th Meeting of the Hemispheric Committee of
Foot-and-Mouth Disease Eradication (COHEFA 11)**

RESOLUTION N° 1

***THE ORDINARY MEETING OF THE HEMISPHERIC COMMITTEE FOR THE
ERADICATION OF FOOT-AND-MOUTH DISEASE,***

Considering:

1. that PHEFA, throughout its development has been capable of producing meaningful improvements towards the goal of eradication, by creating a model of sanitary intervention, specific and effective to south American conditions
2. that the evaluation carried out during this meeting of the Committee revealed that the eradication goal established by PHEFA, originally proposed to 2009, must be re evaluated due to the difficulties in the application of the strategies, particularly in critical areas with structural problems and clear persistence of the disease.
3. the straight request for technical cooperation by the delegates of Ecuador and Venezuela, and at the same time the concern of the delegates of the participating countries and private institutions about the situation in Bolivia in respect to its Veterinary Service, and that both cases require the joint collaboration of the countries and technical cooperation agencies.
4. the importance that the international technical and financing cooperation have in supporting the execution of the programs.

RESOLVES:

1. that PANAFTOSA and CVP, in coordination with FAO, OIE, IICA and other financing and technical cooperation agencies, carry out a situation diagnosis, in 6 months time, through technical visits under a political, strategic and operative aspect of the critical areas or in those that need special attention, such as Bolivia, Ecuador and Venezuela, and formulate a proposal of complementary actions to what is already being performed by the countries as well as in the framework of the regional strategies, establishing a chronogram for the fulfillment of PHEFA goals.
2. that PANAFTOSA coordinates with the authorities of the said countries to give the necessary conditions to the completion of the missions.
3. that the cost of these technical missions must be borne by the participating organizations.
4. that after completion of this phase, the ex officio Secretariat shall call for an extraordinary meeting in one of the countries visited, in a date to be fixed, in order to establish regional agreements and commitments to strengthen all the actions within PHEFA framework, and

- PHEFA framework, and the fulfillment of the required conditions.
5. request Brazil to establish a political/technical and operative plan to include those areas considered as not free of the disease, to be treated during the next COHEFA meeting
 6. to evaluate the mechanisms of prevention of the countries and free zones and propose strategies for their strengthening and consolidation aiming its sustainability.
 7. to request the international cooperation agencies to continue to coordinate their efforts in delivering the support to the countries.
 8. to request the countries that have not already completely fulfilled the general goals of the PHEFA, in especial those relate to prevention, to make all efforts towards its completion.

Declaration of the 5th Meeting of the Pan American Commission for Food Safety (COPAIA 5), Rio de Janeiro, 10 June 2008*

The members at the 5th meeting of the Pan American Commission for Food Safety (COPAIA 5), comprised of delegates from the ministries of health and ministries of agriculture, and representatives of the consumer and producer sectors of the Andean Area, the English-speaking Caribbean, Central America and the Latin Caribbean, the Southern Cone, and North America, gathered in Rio de Janeiro on 10 June 2008,

Recognizing that access to safe food and to a nutritionally sound diet is the right of each individual,³ and convinced that:

- Food safety is an essential public health function that protects consumers from health risks caused by chemical and physical biohazards in food;
- If the risks associated with food are not controlled, they can be a major cause of disease and premature mortality and can also result in losses associated with lower productivity and grave economic harm to the agriculture, livestock, and tourism sectors, including agribusiness, the food processing industry, and food distributors;
- Proper implementation of food safety measures among and within the countries can improve food safety in the Region and at the global level;
- Integrated food safety systems can ensure the management of potential risks throughout the food chain, from production to consumption;
- Food safety measures should be based on scientific evidence and the principles of risk analysis and should not raise unnecessary barriers to the food trade;
- Safe food production is a primary responsibility of the food industry;
- Consumer education is essential for promoting appropriate food safety measures in the home and in food vending in general, and
- Interactive communication with consumers is important for ensuring that the values and expectations of society are considered during the decision-making process throughout the entire food chain.

Therefore, the delegates of COPAIA 5 recommend that:

- Competent food safety authorities be established as independent agencies within a comprehensive legal framework that spans the entire process from production to consumption;
- Regulations and other measures based on risk analysis be developed to guarantee safety from production to consumption and harmonized with the guidelines and standards of the Codex Alimentarius Commission and other relevant agencies involved in the drafting of regulations and standards;

* Unofficial PAHO translation.

³ World Declaration on Nutrition (1992) FAO/WHO International Conference on Nutrition, Rome.

- Food legislation be properly enforced, using methodologies based on risk analysis, such as the Hazard Analysis Critical Control Point (HACCP) systems, whenever possible;
- Food monitoring programs be set up and studies of total diets and disease surveillance systems be conducted to obtain rapid, reliable information on the prevalence and emergence of foodborne diseases and biological and chemical hazards in food sources;
- Procedures, such as traceability and warning systems, be established throughout the food industry to swiftly identify and investigate incidents related to contaminated food and to report to WHO on any incidents mentioned in the International Health Regulations (RSI, 2005) through the International Food Safety Authorities Network (INFOSAN) and the IHR focal points;
- Effective communication and consultation be promoted with consumers, the food industry, and other sectors pertinent to the development, implementation, and modification of food safety policies and priorities, including education with a systematic approach from production up to the consumer;
- Progress be made toward strengthening capacity in food safety through effective cooperation between developed and developing countries, as well as among developing countries, to promote access to safe food for all.
- Cooperative programs between international and regional agencies that provide technical cooperation in food safety be established in areas of common interest, in keeping with the mandates of the Member States.
- Procedures be established for analyzing the ways foods containing excess fats, sugar, or salt are marketed, in relation to consumer health and the Global Strategy on Diet, Physical Activity, and Health of WHO.

Comments of the delegation of Canada:

Canada is pleased at the opportunity provided by the recommendations of several Member States on nutrition, obesity, sugar and salt consumption, etc., and wishes to support these important aspects of nutritional quality. However, in the English language, these aspects are not traditionally included in the concept of food safety. Including concepts related to nutritional quality in COPAIA may require a change in the name and mandates of the commission to reflect this change in the scope of its objectives.

**CONCLUSIONS OF THE PANELS OF THE AGRICULTURAL
SECTOR-HEALTH FORUM**

RIMSA-15

PANEL 1: Facing new challenges: Climate Change, Food Security, and Economic Growth

1. There is a need for technical institutions with the capacity to develop sustainable production technologies to improve the quality of life for rural populations while maintaining a harmonic relationship with the environment.
2. The solution to the food crisis should be linked with rural development, implementing programs with transparent rules for international trade especially within the region. In the case of Haiti, a special international effort is required.
3. There is a need to work with rural youth so that they are aware of a viable sustainable rural life so preventing migrations to marginal urban settlements.
4. Implementation of new technologies for organic production should be encouraged to attract investments in the food production sector so to reach environmental sustainability. This must be done from the perspective of the food value chain not only focusing on foreign markets but also the domestic consumer promoting equity in the distribution of added value.
5. The impacts of the rise in food prices must be mitigated in most vulnerable groups through specific policies such as subsidies to the consumer, popular and school lunches. The impacts of such programs are enhanced when the food stuffs are purchased locally and thus support vulnerable groups..
6. There is a need to build capacity to integrate and develop markets with a focus on the preservation of the environment and sustainable development in order to mitigate and adapt to the effects of global warning.
7. There is a need to build capacity at the national level with the technical and financial support of international organizations to contribute to the integration of the necessary policies to improve agriculture and health in the face of climate change.
8. Joint work is required between the public and private sectors to improve public regulatory systems as well as private sector self-regulation to guarantee the right of the consumers to environmental quality, personal health, food and safe water.
9. It is necessary to encourage mechanisms as compensations for environmental credits promoting innovation and financing of programs to adapt to climatic change that consider options of sustainable development especially for vulnerable groups.

10. The current crisis of access to food in quantity, quality and nutritional value sufficient to ensure the health of the population has special relevance in the Americas.
11. The production, domestic consumption and exportation of food are interdependent and linked to the life and work conditions of the rural community.
12. Tourism in all its forms including eco-tourism forms an important part of economic activity and health promotion. It is closely related with the health conditions and epidemiologic situation of the areas and tourist facilities.

PANEL 2: Nutrition, Food Safety and Health: how to meet the new challenges

1. The concept of food safety should be integrated with food security and nutritional quality requiring a holistic approach.
2. Food safety must be based on national regulations aimed at improving the health of the country and improve the competitiveness of exports in a consistent, synergistic and complementary manner.
3. The national food regulatory agencies must be independent, avoiding being situated in departments in which there may be a conflict of interest. They must ensure that the information is available at the right time and in the right place to take regulatory action. All stakeholders including the consumer must work towards the development of regulations to ensure compliance.
4. The concept of “farm to fork” is logical within the framework of food borne diseases, but the policies to promote food safety and nutritional quality should focus the process (in the opposite direction) from the consumer to the producer.
5. Municipalities can develop plans for the sustainable production of enough nutritious and quality foods supported by available technology, such as intensive urban farming, and international cooperation.
6. Governments can engage with stakeholders to achieve food safety and nutritional goals with a combination of regulatory standards and self-regulatory measures including food guidelines, public information, product labeling and consumer education.

PANEL 3: Rural Development and Health: directing the efforts toward the social inclusion

1. Social inclusion and health are inseparable concepts. From the presentations and discussion, it is clear that social determinants of health such as socioeconomic level, employment conditions, and education, allow the identification of multiple approaches to the development of public policy, plans and programs for social inclusion and health.

2. Agro-tourism, eco-tourism, health tourism and healthy tourism, are emerging concepts as regards to health. They must be planned and organized following criteria of protection and promotion of health and environment protection to make them healthy and sustainable activities, as well as a stimulus to economic and social development of countries and communities.
3. “*Faces, Voices and Places*” is an initiative which demonstrates the exercise of citizens’ rights to health at the local level. This initiative is promising for achieving Millennium Development Goals and targets national health. Its integration with other initiatives such as “*Productive and Healthy Municipalities and Communities*” has great potential.
4. The need for a rapid collective multi-agency response, especially in view of possible pandemic and epidemic outbreaks, is a major challenge that requires coordination between continents, countries, and agencies to protect the entire global population.
5. Neglected diseases and zoonoses are a great burden on rural populations. Urgent measures for strengthening prevention, surveillance, control and eventually elimination/eradication should be carried out especially in rural communities, giving priority to indigenous people and other vulnerable groups.
6. Social inclusion is part of equity in health. If equity in health is not addressed, progress towards health as a right of all people will not be possible. The programs’ sustainability and scale is a great challenge that requires systematization of experiences, lesson learning and political will. The cultural relevance of the strategies is an ethical, technical, and political requirement.

Declaration of Rio of Janeiro*

“Agriculture and Health: Alliance for Equity and Rural Development in the Americas”

RIMSA-15

We, the Ministers of Health and of Agriculture, gathered in Rio de Janeiro on 11 and 12 June 2008 for the 15th *Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA-15)*, with the objective of coordinating sectoral public policies that will contribute to the development of food, agriculture, and health, with attention to rural development and based on the criteria of equity and the well-being of the peoples of the Hemisphere,

Renewing our commitments to continue promoting intersectoral strategies aimed at achieving the Millennium Development Goals (MDGs); understanding that the progress made can be affected by current global processes that have a greater impact on the most vulnerable groups,

Reaffirming our commitment to coordinating joint efforts to meet the objectives of the Health Agenda for the Americas 2008-2017 and the AGRO 2003-2015 Plan,

Take note of:

- a) The agreements and negotiations emerging from the *World Summit on Sustainable Development*, citing the global growth of the demand for food, raw materials, and energy; the expansion of the arable surface, and the barriers to increasing crop and livestock productivity; the effects of international trade on domestic markets; the status of national programs for the conservation of natural resource; and the medium- and long-term effects on agriculture, public health, and the environment;
- b) The progress in the negotiations on the United Nations Framework Convention on Climate Change, the Kyoto Protocol, the Costa Rica Consensus, and the key points in the Roadmap approved at the Bali Conference 2007, which warn about climate change and its impact on agriculture, the environment, and human and animal health;
- c) The agreements of the High-level Conference on World Food Security: The Challenges of Climate Change and Bioenergy, held in Rome from 3 to 5 June 2008;
- d) The Hunger-free Latin America and Caribbean Initiative of FAO
- e) The Inter-American Development Bank and World Food Program (IDB-WFP) initiative for the eradication of chronic child undernutrition in the Region, endorsed by the Regional Directors of the agencies of the United Nations system for Latin America and the Caribbean and the General Assembly of the OAS;

* Unofficial PAHO translation.

- f) The agreements and commitments made by the Heads of State and Government at the V Latin America-Caribbean–European Union Summit (ALC-UE, Peru 2008), establishing shared and differentiated responsibilities with respect to the items of the Lima Agenda
- g) The progress in implementing the International Health Regulations (2005) and the Standards of the World Organization for Animal Health (OIE) and Codex in the Region, and the need to coordinate efforts to set up warning and early response systems to confront the risk of public health threats of zoonotic origin, animal diseases that adversely affect production and the food trade, and foodborne diseases, whose management is associated with the entire food chain

Considering:

That the action to respond to the challenges explored at this meeting requires universal public policies with local approaches and strategies that have a real impact in terms of reducing the gaps in access to goods and services and enjoyment of the benefits of food and agriculture development in the Region,

That there are specific examples in the Region of regional, national, and local intersectoral strategies to reduce poverty, promote local health development, and create opportunities for rural enterprise, especially for the most neglected and excluded social groups

That the evolution of the food and agriculture production chains and their proper linkage with global production systems are necessary for economic growth and for creating opportunities for equitable development, health, and the environment, and especially for just distribution of the value added of these production chains;

That it is imperative to adopt an integrated approach to the monitoring of agricultural health issues, especially zoonoses, nutritional quality and food safety, and the provision of safe water, coordinating the public and private sectors to promote alternative and innovative financing responses;

That it is necessary to coordinate work by regional, national, and local actors, within the framework of sustainable development, that will facilitate effective action to guarantee food security, food safety, and the nutritional quality of food, better nutrition and health conditions, and the surveillance and elimination of zoonoses,

DECLARE:

1. Our commitment to acting in our respective areas of authority and to advocating in all areas for regional coordination and technical and financial cooperation in order to:
 - a. Strengthen activities to generate evidence, sensitize the population, forge partnerships, and mobilize resources for the prevention, adaptation, and mitigation of the effects of climate change on health and agriculture, through the building of national capacity, indicator-based evaluation, health metrics, and the financing required.

- b. Promote consensus to take advantage of the opportunities for international trade and tourism and, in general, of the market mechanisms associated with sustainable development, for the improvement of agriculture, health, and rural life.
- c. Promote private sector-State partnerships geared especially to the competitive and sustainable development of the food and agricultural production chains [and] agree on market mechanisms for equitable distribution of the value added generated at the different stages of these production chains.
- d. Adopt a health determinants approach and identify and bridge the gaps and disparities among population groups, employing convergent, synergistic strategies.
- e. Advocate for policies that favor an improvement in the quality of life and integral development of the most vulnerable groups, using social development indicators that go beyond unmet basic needs in rural and urban areas to channel development and achieve the MDGs, joining regional initiatives such as: Faces, Voices, and Places; Healthy and Productive Municipios and Communities; Microcredits for Rural Women; and rural efforts by the agricultural and ecotourism sectors, preserving and promoting biodiversity and the agricultural practices of original peoples, preserving traditional local indigenous knowledge and adopting this wisdom and the possibility of new practices.
- f. Promote action within and among the countries to prevent and reduce the presence of endemic, neglected, and emerging diseases, whose behavior has been or may be affected by social and environmental determinants linked to climate change, changes in ecosystems, and the transformation of production systems.
- g. Establish or strengthen multisectoral agreements and effective regulations to improve the nutritional quality of food and reduce or eliminate substances that may be harmful to health, through regulatory and voluntary measures aimed at the elimination of trans fats from human consumption and their replacement with healthy oils, within the framework of public policies geared to promoting healthy lifestyles and the reduction of associated risks.
- h. Conduct systematic reviews of scientific evidence and promote research that will contribute to decision-making and the formulation and evaluation of food and nutrition and food safety policies and that will guide public information and consumer education.
- i. Advocate for intersectoral coordination in all areas at every level, promoting cooperation among countries with the support and collaboration of international cooperation and financing agencies.

2. Our endorsement of the recommendations of the 11th Meeting of Directors of the National Rabies Control Programs of Latin America (REDIPRA); and we especially commit to acting in our respective areas of competence to undertake and sustain the activities necessary for eliminating human rabies transmitted by dogs from the Hemisphere by 2012.
3. Our endorsement of the recommendations of the 11th Meeting of the Hemispheric Committee for the Eradication of Foot-and-mouth Disease (COHEFA), and within the framework of the Hemispheric Program for the Eradication of Foot-and-mouth Disease, we commit to implementing initiatives for cooperation among countries to accelerate the elimination of disease in the Hemisphere.
4. Our endorsement of the recommendations of the 5th Meeting of the Pan American Commission for Food Safety (COPAIA); and we especially make a commitment to adopting measures that strengthen national food safety systems.
5. We urge Member States and international organizations to strengthen regional and global mechanisms to coordinate the alert and early response to health risks associated with zoonoses, foodborne diseases, and animal diseases, within the framework of the International Health Regulations (2005) linked with INFOSAN for public health and the OIE Standards for animal health.
6. Our interest in having international organizations support and increase their financial and technical cooperation to the countries of the Region, pursuant to the commitments made in this declaration, and promote the coordination and harmonization of public policies among the associated areas. Within this framework we affirm the commitments by many developed countries to achieve the target of 0.7% of gross national income for official development assistance by 2015 and to reach at least 0.5% of gross national income for official development assistance by 2010, as well as the target of 0.15% to 0.20% for least developed countries, and urge those developed countries that have not yet done so to make concrete efforts in this regard in accordance with their national commitments.⁴
7. Our interest in continuing to promote inter- and intraregional initiatives for cooperation among countries, promoting an active role by multilateral cooperation agencies in the triangulation of cooperation among countries.
8. *[Our support to the resolutions of the General Assembly of the United Nations in relation to the lifting of economic sanctions, blocking, and international embargoes that negatively impact on health and nutrition of the populations of the Hemisphere, in particular of the most vulnerable groups.]*⁵

⁴ At the suggestion of the United States, the second sentence of paragraph 6 was edited to conform to the language of paragraph 8 of the preamble to Resolution WHA.61 of the 61st World Health Assembly http://www.who.int/gb/ebwha/pdf_files/A61/A61_R18-en.pdf.

⁵ Canada considers paragraph 8 inappropriate and recommends its elimination. The United States considers paragraph 8 inappropriate and requested its complete elimination. If the paragraph is not eliminated, the United States cannot support the Declaration.

9. Our indication to the Directors of PAHO/WHO and IICA to submit this declaration to their respective Governing Bodies and to promote its dissemination within the international community.
10. Our interest in ensuring that this declaration, and especially the commitments made herein, are submitted for the consideration and endorsement of the Heads of State and Government of the Hemisphere within the framework of the 5th Summit of the Americas and other high-level forums that promote policies and actions to confront the challenges and demands outlined in this Declaration.
11. Our gratitude to the Government of Brazil for its support and hospitality during RIMSA 15 and to PAHO and IICA for their excellent work in organizing and holding this meeting.



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the Americas
WORLD HEALTH ORGANIZATION

CD48/19, Rev. 1 (Eng.)
Annex F

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL AREAS

<p>1. Agenda Item: 4.15</p>	<p>2. Agenda Title: 15th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA): “Agriculture and Health: Alliance for Equity and Rural Development in the Americas”</p>
<p>3. Responsible Unit: HSD/VP-PANAFTOSA</p>	
<p>4. Preparing Officer: Albino, José Belotto</p>	
<p>5. List of collaborating centers and national institutions linked to this Agenda item:</p> <p>The entire veterinary public health area, WHO-CC, ministries of health, agriculture, and livestock, and veterinary services.</p>	
<p>6. Link between Agenda item and Health Agenda for the Americas:</p> <ul style="list-style-type: none"> * Tackling health determinants * Diminishing health inequalities * Strengthening health security 	
<p>7. Link between Agenda item and Strategic Plan 2008-2012:</p> <ul style="list-style-type: none"> * MDGs * Unfinished agenda (e.g. elimination of certain diseases) * SO 1 and 9 (communicable and foodborne diseases) 	
<p>8. Best practices in this area and examples from other countries within AMRO:</p> <p>Regional, national, and local intersectoral, strategies to reduce poverty; control zoonosis, eliminate foot-and-mouth disease, promote food safety, and eliminate the use of trans fatty acids. Experiences of the Faces, Voices, and Places initiative, promotion of local health development, and the creation of opportunities for rural projects, particularly among the most neglected and excluded social groups</p>	
<p>9. Financial implications of Agenda item:</p> <p>Not applicable.</p>	



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



48th DIRECTING COUNCIL

60th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 29 September-3 October 2008

CD48/19, Rev. 1 (Eng.)
Annex G

Item 4.15 (Eng.)
26 September 2008
ORIGINAL: SPANISH

PROPOSED RESOLUTION

15th INTER-AMERICAN MEETING AT MINISTERIAL LEVEL ON HEALTH AND AGRICULTURE (RIMSA): “AGRICULTURE AND HEALTH: ALLIANCE FOR EQUITY AND RURAL DEVELOPMENT IN THE AMERICAS”

THE 48th DIRECTING COUNCIL

Having considered the report of the Secretariat on the 15th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA 15) (Document CD48/19, Rev. 1),

RESOLVES:

1. To take note of the report on RIMSA15 and the conclusions and recommendations of the International Meeting on Trans Fat-free Americas; the 11th Meeting of the Hemispheric Committee for the Eradication of Foot-and-Mouth Disease (COHEFA 11); the 5th Meeting of the Pan American Commission for Food Safety (COPAIA 5); and the Agricultural-Health Forum of the Ministers of Agriculture and Health.

2. To urge Member States to establish or strengthen alliances and policies in order to address the determinants of health in the area shared by the health and agriculture sectors identified by RIMS 15, particularly:

- (a) To adopt the determinants of health approach, and identify and reduce the gaps and disparities between population groups by applying convergent and synergistic strategies;
- (b) To advocate policies that favor improvement of the quality of life and integral development of the most vulnerable groups, with indicators of social development other than the unmet basic needs in rural and urban areas, in order to channel development and reach the MDGs, adhering to regional initiatives such as Faces, Voices, and Places; Healthy and Productive Municipalities and Communities; Microcredits for Rural Women; and Agrotourism and Ecotourism rural enterprises, preserving and promoting maintenance of biodiversity and the agricultural practices of native peoples; restoring traditional, local, and indigenous knowledge; and joining the knowledge and potential of the new practices;
- (c) To promote actions within countries and between countries that seek to prevent and reduce the presence of endemic, neglected, and emerging diseases with behavior that has been or can be affected by social and environmental determinants linked to climate change, modification of ecosystems, and conversion of production systems;
- (d) To establish or strengthen multisectoral agreements and effective regulations in order to improve the nutritional quality of food, and reduce or eliminate the substances that can have an adverse effect on health through regulatory and voluntary measures to eliminate trans fats from human consumption and replace them with healthy oils, within the framework of public policies that seek to promote healthy lifestyles and reduce associated risks;
- (e) To execute and maintain the actions required to eliminate dog-transmitted human rabies from the hemisphere by 2012;
- (f) To implement cooperation initiatives between countries in order to expedite the elimination of foot-and-mouth disease from the hemisphere;
- (g) To strengthen the national food safety systems;

- (h) To strengthen the mechanisms of regional and global coordination for warning and early response to the health risks associated with zoonoses, foodborne diseases, and animal diseases, within the framework of the International Health Regulations (2005) linked to the International Food Safety Authorities Network (INFOSAN) for public health and the World Organization for Animal Health (OIE) standards for animal health.
3. To request the Director, within the framework of the 2008-2012 Strategic Plan of the Pan American Sanitary Bureau and in association with the IICA and other international cooperation agencies, to undertake actions that favor integration and collaboration between the health and agriculture sectors in order to ensure and follow up, as appropriate, on the recommendations and conclusions of the meetings held within the framework of RIMSA 15.



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



48th DIRECTING COUNCIL 60th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 29 September-3 October 2008

CD48/19, Rev. 1 (Eng.)
Annex H

Report on the Financial and Administrative Implications for the Secretariat of the Resolutions Proposed for Adoption by the Directing Council

1. Resolution: 15th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA): “Agriculture and Health: Alliance for Equity and Rural Development in the Americas”	
2. Linkage to program budget	
Area of work HSD/VP-PANAFTOSA and also ERP, PED, FCH and SDE.	Expected result: Mainly linked to 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 6.5, 7.1, 7.2, 7.6, 8.1, 8.2, 9.1, 9.2, 9.3, 9.4, 9.5 and 9.6.
3. Financial implications	
a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000; including staff and activities): Does not apply. The resolution is within the scope of the PASB Strategic Plan for 2008-2012. The resources needed for the implementation are already assigned to the entities listed in Area of Work, thus, the resolution has no financial implications.	
b) Estimated cost for the biennium 2008-2009 (estimated to the nearest US\$ 10,000; including staff and activities): Same as above.	
c) Of the estimated cost noted in (b) what can be subsumed under existing programmed	

activities?

Same as above.

4. Administrative implications

- a) **Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions, where relevant):**

PAHO HQ, PANAFITSA and country offices.

- b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):**

Does not apply. Same reason as for 3.a

- c) **Timeframes (indicate broad timeframes for the implementation and evaluation):**

The resolution will be evaluated within the framework of the 2008-2012 PASB Strategic Plan evaluation and with the tools available in AMPES.