ORGANISATION PANAMÉRICAINE DE LA SANTÉ
ORGANISATION MONDIALE DE LA SANTÉ

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QUINZIÈME RÉUNION INTERAMÉRICAINE AU NIVEAU MINISTÉRIEL EN MATIÈRE DE SANTÉ ET D'AGRICULTURE (RIMSA): « AGRICULTURE ET SANTÉ: UNE ALLIANCE POUR L'ÉQUITÉ ET LE DÉVELOPPEMENT RURAL AUX AMÉRIQUES »

1. La Quinzième Réunion interaméricaine au niveau ministériel en matière de santé et d'agriculture (RIMSA 15) s'est déroulée à Rio de Janeiro les 11 et 12 juin 2008, convoquée par la Directrice de l'OPS/OMS et accueillie par le Gouvernement du Brésil. Pour la première fois, elle a été organisée conjointement par l'OPS/OMS et l'Institut interaméricain de coopération pour l'agriculture.

2. Les délibérations ministérielles sont basées sur les conclusions de la réunion internationale « Acides gras trans : Enjeux et débouchés pur l'agriculture » tenue les 8 et 9 juin 2008 (Annexe A. Déclaration de Rio : « Les Amériques libres d'acides gras trans » ; de la Onzième Réunion de la Commission continentale sur l'éradication de la fièvre aphteuse (COHEFA) (Annexe B, Résolution No. 1) ; de la Cinquième Réunion de la Commission panaméricaine d'innocuité des aliments (COPAIA) (Annexe C. Déclaration ; du Forum à l'intention des Ministres de l'agriculture et de la santé (Annexe D. Conclusion des panels), et suivi du Groupe des Ministres (Annexe E. Déclaration de Rio « Agriculture et santé : une alliance pour l'équité et le développement rural aux Amériques »

3. Le Forum des Ministres de la santé organisé lors de la RIMSA 15 a compté avec la participation de 30 États membres de l'OPS et des 15 organisations internationales ci-après en qualité d'observateurs : Organisation des Nations Unies pour l'agriculture et l'alimentation ; Organisation du Traité de coopération amazonienne; Programme commun des Nations Unies sur le VIH/sida ; Institut de la santé publique de la Communauté de Madrid ; Association américaine des facultés de médecine vétérinaire ; Partenariat antillais pour le tourisme durable ; Commission Panama-États-Unis pour l'élimination et la prévention de la lucilie bouchère (communément appelée la mouche verte ou la mouche dorée); la Commission mexicaine-américaine pour l'éradication de la lucilie bouchère et

lucilie bouchère et la Société mondiale pour la protection animale.

4. Le cadre de référence a inclus des rapports de suivi des initiatives de la RIMSA 14, le rapport sur les mandats émanés des Réunions ministérielles sur l'agriculture et la vie rurale, ainsi que les résultats des forums techniques de coordination régionale pour la surveillance, l'éradication et le contrôles des principales zoonoses, l'éradication de la fièvre aphteuse et l'innocuité des aliments. Les rapports mentionnés ont été inclus en tant que documents de travail et d'information de la RIMSA 15.[1]

5. Il existe des exemples concrets dans la région en matière de stratégies intersectorielles régionales, nationales et locales visant à réduire la pauvreté, à promouvoir le développement local de la santé et à créer des débouchés d'entreprises rurales, particulièrement à l'intention des groupes sociaux les plus reculés et exclus.

6. Il faut articuler la tâche des différents acteurs aux échelles régionale, nationale et locale dans le cadre du développement durable, en vue de faciliter une action effective propre à garantir la sécurité alimentaire, l'innocuité et la qualité nutritionnelle des aliments, l'amélioration des conditions de nutrition et la santé, ainsi que le contrôle et l'éradication des zoonoses.

7. Il faut particulièrement stimuler la création de partenariats entre le secteur privé et l'État dans la perspective d'un développement compétitif et durable de chaînes d'approvisionnement agroalimentaire; il faut tout spécialement mettre en place des mécanismes de marchés élaborés par consensus en vue de la répartition équitable de la valeur ajoutée qui est créée aux diverses étapes de ces chaines d'approvisionnement et aborder dans une perspective intégrale le contrôle de la santé agricole, spécialement les zoonoses, la qualité nutritionnelle et l'innocuité des aliments et la fourniture d'une eau potable en encourageant des réponses optionnelles et innovatrices de financement.

8. Il est aussi indispensable de plaider en faveur de politiques qui favorisent l'amélioration de la qualité de vie et le développement intégral des groupes les plus vulnérables, avec des indicateurs de développement social allant au-delà des besoins essentiels insatisfaits dans les régions rurales et urbaines, en vue de canaliser le développement et parvenir aux objectifs de développement du Millénaire, en adhérant aux initiatives régionales telles que : Visages, voix et lieux ; Municipalités et communautés saines et productives ; Microcrédits pour les femmes rurales ; et les entreprises rurales d'agro et d'écotourisme, en préservant et en encourageant le maintien de la biodiversité et des pratiques agricoles des peuples originaires, en sauvegardant les connaissances traditionnelles, locales et autochtones, et en ajoutant ce savoir et ces possibilités aux nouvelles pratiques et leçons apprises au sujet de la sécurité alimentaire et

[1] Documents de travail et documents d'information de la RIMSA 15 (consultez le www.panaftosa.org.br).

et nutritionnelle, la protection de l'environnemental et le développement inclusif et durable.

Mesures à prendre par le Conseil directeur

9. Il est demandé au Conseil directeur de prendre note des rapports de la RIMSA 15 figurant en annexes et d'envisager l'adoption du projet de résolution. (voir annexe G).

Annexes (A, B, C, D et E en anglais)

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 `omega`-3. The saturated fats[2] 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;

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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
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Maria Soledad Barria Iroume	Minister of Health, Chile
Sonia Bozzi	Corporate Affairs and Government of Latin America, Krafts Foods
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Alejandro Gallego	Oleaginosa Moreno, Argentina
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Ricardo Uauy	International Union For Nutritional Sciences
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Jaime Zabluodvsky Kuper	Mexican Council of Industry and Consumer Products (CONMEXICO), Mexico

Secretariat	**PAHO/ WHO**
Albino Belotto	Director Pan American Foot and Mouth Disease Center (PANAFTOSA)
Roberto Del Águila	Office, Costa Rica
James Hospedales	Chief of the Non Communicable Diseases Unit, Washington D.C.
Enrique Jacoby	Non Communicable Diseases Unit, Washington D.C.
Tomo Kanda	Office, Chile
Michelline Meiner	Office, Brazil
Enrique Pérez	Pan American Foot and Mouth Disease Center (PANAFTOSA)
Juan Manuel Sotelo	PAHO/WHO Representative, Chile

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

RESOLUTION Nº 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 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 distributers;
- 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;

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* 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 leas 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]

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[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
WORLD HEALTH ORGANIZATION

FORMULAIRE ANALYTIQUE VISANT À LIER UNE QUESTION FIGURANT DANS LE PROGRAMME AUX SECTEURS ORGANISATIONNELS

1. Point de l'ordre du jour : 4.15	**2. Titre du point de l'ordre du jour:** 15e Réunion interaméricaine au niveau ministériel sur la Santé et l'Agriculture (RIMSA): Agriculture et santé, une alliance pour l'équité et le développement rural aux Amériques"

3. Unité responsable: HSD/VP-PANAFTOSA

4 Fonctionnaire chargé de la préparation: Albino José Belotto

5. Liste de centres collaborateurs et d'institutions nationales liées à la question figurant dans le Programme :

À tout le secteur vétérinaire de la santé publique, OMS-CC, ministères de la santé, de l'agriculture et de l'élevage et des services vétérinaires.

6. Liens entre ce point de l'ordre du jour et l'Agenda de la santé pour les Amériques:

* Aborder les aspects déterminants de la santé
* Réduire les inégalités
* Renforcer la sécurité sanitaire

7. Liens entre ce point de l'ordre du jour et le Plan stratégique du Bureau sanitaire panaméricain pour la période 2008-2012:

* ODM
* Agenda inachevé (e.g. éradication de certaines maladies)
* SO 1 et 9 (transmissibles et aliments)

8. Pratiques optimales appliquées dans ce secteur et exemples tirées d'autres pays de l'AMRO:

Stratégies intersectorielles régionales, nationales et locales en vue de réduire la pauvreté; contrôle des zoonoses, éradication de la fièvre aphteuse, innocuité des aliments, élimination des acides gras trans. Expériences de visages, voix et lieux, promotion du développement local de la santé et création de débouchés d'entreprises rurales, particulièrement parmi les groupes sociaux les plus reculés et exclus

9. Incidences budgétaires du point de l'ordre du jour:

Non applicable.

ORGANISATION PANAMÉRICAINE DE LA SANTÉ
ORGANISATION MONDIALE DE LA SANTÉ

48e CONSEIL DIRECTEUR

60e SESSION DU COMITÉ RÉGIONAL

Washington, D.C., E-U, du 29 septembre au 3 octobre 2008

CD48/19, Rév. 1 (Fr.)
Annexe G

Point 4.15 (Fr.)
25 août 2008
ORIGINAL: ESPAGNOL

PROJET DE RÉSOLUTION

QUINZIÈME RÉUNION INTERAMÉRICAINE AU NIVEAU MINISTÉRIEL EN MATIÈRE DE SANTÉ ET D'AGRICULTURE (RIMSA) : « AGRICULTURE ET SANTÉ : UNE ALLIANCE POUR L'ÉQUITÉ ET LE DÉVELOPPEMENT RURAL AUX AMÉRIQUES"

LE 48e CONSEIL DIRECTEUR,

Ayant examiné le rapport du Secrétariat sur la Quinzième réunion interaméricaine au niveau ministériel en matière de santé et d'agriculture (RIMSA 15) (document CD48/19, Rev. 1), *et*

DÉCIDE :

1. De prendre note du rapport de RIMSA 15 et des conclusions et recommandations émanées de la Réunion internationale des Amériques libres d'acides gras trans; de la Onzième Réunion du Comité continental pour l'éradication de la fièvre aphteuse (COHEFA) 11) ; de la Cinquième Réunion de la Commission panaméricaine d'innocuité des aliments (COPAIA 5) ; et du Forum agro-santé des Ministres de l'agriculture et de la santé.

2. De prier instamment les États membres de créer ou de renforcer les partenariats et les politiques en vue d'aborder les déterminants de la santé dans le domaine partagé par les secteurs de la santé et de l'agriculture identifiés par la RIMSA 15, à savoir en particulier :

a) Adopter l'approche des déterminants de la santé et identifier et réduire les écarts et les disparités entre des groupes de population en mettant en œuvre des stratégies convergentes et synergiques ;

b) Plaider en faveur de politiques qui favorisent l'amélioration des conditions de vie et le développement intégral des groupes les plus vulnérables, avec des indicateurs de développement social allant au-delà des besoins insatisfaits dans les régions rurales et urbaines, en vue de canaliser le développement et atteindre les Objectifs du Millénaire pour le développement, en adhérant aux initiatives régionales comme : Visages, Voix et Lieux ; Municipalités et communautés saines et productives ; Microcrédits à l'intention des femmes rurales ; et Entreprises rurales d'agrotourisme et d'écotourisme, en préservant et en encourageant la maintien de la biodiversité et des pratiques agricoles des peuples originaires, en sauvegardant les connaissances traditionnelles, locales et autochtones, et en y joignant le savoir et les possibilités des nouvelles pratiques;

c) Promouvoir des initiatives à l'intérieur des pays et entre eux pour prévenir et réduire la prévalence de maladies endémiques, non traitées et émergentes, et dont l'évolution a été ou peut être affectée par des déterminants sociaux et environnementaux liés au changement climatique, à la modification des écosystèmes et la transformation des systèmes de production ;

d) Établir ou renforcer des accords multisectoriels et les règlementations effectives en vue de relever la qualité nutritionnelle des aliments et réduire ou éliminer les substances qui peuvent avoir des incidences adverses sur la santé, au moyen de l'adoption de mesures de réglementation et volontaires visant à éliminer les acides gras trans de consommation humaine pour les remplacer par des huiles saines, en vertu de politiques publiques orientées vers la promotion de modes de vie saine et la réduction des risques connexes;

e) Exécuter et prendre les initiatives nécessaires pour éradiquer d'ici 2012 dans le Continent américain la rage humaine transmise par le chien;

f) Mettre en œuvre des initiatives de coopération entre les pays en vue d'accélérer l'éradication de la fièvre aphteuse dans le Continent américain;

g) Renforcer les systèmes nationaux d'innocuité des aliments ;

h) Renforcer les mécanismes d coordination régionale et mondiale pour l'alerte et la réponse anticipée face aux risques sanitaires liés aux zoonoses, aux maladies transmises par des aliments et aux maladies animales, dans le cadre du Règlement sanitaire international (2005) lié au Réseau international des autorités de sécurité sanitaire des aliments (INFOSAN) pour la santé publique et l'Organisation mondiale de la santé animale (OIE) pour les normes liées à la santé animale.

3. De demander à la Directrice, d'entreprendre, dans le cadre du Plan stratégique 2008-2012 du Bureau sanitaire panaméricain et en association avec l'IICA et d'autres organismes internationaux de coopération, des actions en faveur de l'intégration et de la collaboration entre les secteurs de la santé et l'agriculture, en vue d'assurer et d'effectuer le suivi des recommandations et conclusions formulées dans les réunions tenues dans le cadre de la RIMSA 15.

ORGANISATION PANAMÉRICAINE DE LA SANTÉ
ORGANISATION MONDIALE DE LA SANTÉ

48e CONSEIL DIRECTEUR
60e SESSION DU COMITÉ RÉGIONAL

Washington, D.C., E-U, du 29 septembre au 3 octobre 2008

CD48/19, Rév. 1 (Fr.)
Annexe H

Rapport sur les incidences administratives et financières qu'auront pour le Secrétariat les résolutions proposées aux fins d'adoption par le Conseil directeur

1. Résolution : 15e Réunion interaméricaine, à niveau ministériel, sur la Santé et l'Agriculture (RIMSA): "Agriculture et santé, une alliance pour l'équité et le développement rural aux Amériques"	
2. Lien avec le budget programme **Domaines d'activité** HSD/VP-PANAFTOSA et également ERP, PED, FCH et SDE.	 **Résultat escompté** Relié principalement à 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 et 9.6.

3. Incidences financières

a) **Coût estimatif total de la mise en oeuvre de la résolution sur toute sa durée (à US $ 10 000 près ; activités et personnel compris) :**

Ne s'applique pas. La résolution entre dans la portée du plan stratégique du BSP pour 2008-2012. Les ressources nécessaires pour la mise en oeuvre sont déjà octroyées aux entités indiquées sous Domaines d'activités et partant la résolution ne comporte pas d'implications financières.

b) **Coût estimatif pour l'exercice 2008-2009 (à US $ 10 000 près ; activités et personnel compris):**

Idem que ci-dessus.

c) **Sur le coût estimatif indiqué au point (*b)* quel montant peut être inclus dans les activités programmées existantes ?**

Idem que ci-dessus.

4. Incidences administratives

a) **Niveaux de l'Organisation où les activités seront exécutées en précisant, le cas échéant, dans quelle Régions:**

Siège OPS, PANAFTOSA et Bureaux de pays

b) **Besoins supplémentaires en personnel (indiquer le personnel supplémentaire nécessaire en équivalent à plein temps, en précisant les qualifications requises) :**

Ne s'applique pas. Même raison que pour 3.a

c) **Calendriers (indiquer des calendriers approximatifs pour la mise en oeuvre et l'évaluation):**

La résolution sera évaluée dans le cadre de l'évaluation du Plan stratégique du BSP 2008-2012 et les outils disponibles dans AMPES.

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