

CONSEJO PERMANENTE



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DE LA SESIÓN EXTRAORDINARIA  
CELEBRADA  
EL 15 DE DICIEMBRE DE 2005

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## CONSEJO PERMANENTE DE LA ORGANIZACIÓN DE LOS ESTADOS AMERICANOS

### ACTA DE LA SESIÓN EXTRAORDINARIA CELEBRADA EL 15 DE DICIEMBRE DE 2005

En la ciudad de Washington, a las diez y veinte de la mañana del jueves 15 de diciembre de 2005, celebró sesión extraordinaria el Consejo Permanente de la Organización de los Estados Americanos. Presidió la sesión el Embajador Izben C. Williams, Representante Permanente de Saint Kitts y Nevis y Presidente del Consejo Permanente. Asistieron los siguientes miembros:

Embajador Jorge Valero Briceño, Representante Permanente de Venezuela y  
Vicepresidente del Consejo Permanente  
Embajador Denis G. Antoine, Representante Permanente de Grenada  
Embajadora Sonia Merlyn Johnny, Representante Permanente de Santa Lucía  
Embajador Joshua Sears, Representante Permanente del Commonwealth de las Bahamas  
Embajador Juan Enrique Fischer, Representante Permanente del Uruguay  
Embajadora Lisa Shoman, Representante Permanente de Belice  
Embajador Ellsworth I. A. John, Representante Permanente de San Vicente y las Granadinas  
Embajador Henry Lothar Illes, Representante Permanente de Suriname  
Embajador Rodolfo Hugo Gil, Representante Permanente de la Argentina  
Embajador Salvador E. Rodezno Fuentes, Representante Permanente de Honduras  
Embajadora María Tamayo Arnal, Representante Permanente de Bolivia  
Embajador John F. Maisto, Representante Permanente de los Estados Unidos  
Embajador Francisco Villagrán de León, Representante Permanente de Guatemala  
Embajadora Abigaíl Castro de Pérez, Representante Permanente de El Salvador  
Embajador Aristides Royo, Representante Permanente de Panamá  
Embajador Duly Brutus, Representante Permanente de Haití  
Embajador Manuel María Cáceres Cardozo, Representante Permanente del Paraguay  
Embajador Álvaro Tirado Mejía, Representante Permanente de Colombia  
Embajador Osmar Chohfi, Representante Permanente del Brasil  
Embajador Mario Alemán, Representante Permanente del Ecuador  
Embajador Roberto Álvarez, Representante Permanente de la República Dominicana  
Embajador José Luis Velásquez Pereira, Representante Permanente de Nicaragua  
Embajador Fernando de la Flor Arbulú, Representante Permanente del Perú  
Consejero Juan Sandoval Mendiola, Representante Interino de México  
Basia M. Manitiu, Representante Alterna del Canadá  
Consejera Jasmine E. Huggins, Representante Alterna de Saint Kitts y Nevis  
Embajador Luis Guardia Mora, Representante Alterno de Costa Rica  
Segundo Secretario Rodrigo Hume, Representante Alterno de Chile  
Primer Secretario Forbes July, Representante Alterno de Guyana  
Primera Secretaria Donna Michelle Forde, Representante Alterna de Barbados  
Ministra L. Ann Scott, Representante Alterna de Jamaica

También estuvieron presentes el Secretario General de la Organización, doctor José Miguel Insulza, y el Secretario General Adjunto, Embajador Albert R. Ramdin, Secretario del Consejo Permanente.

## PALABRAS DEL PRESIDENTE DEL CONSEJO PERMANENTE

El PRESIDENTE: I am pleased to declare open this special meeting of the Permanent Council of the Organization of American States, convened to consider the issue of avian influenza, which is a very important health issue with potential for a catastrophic outcome in our populations and countries.

Avian flu has been given a great deal of attention in the past few months by governments, international organizations, and the media, and I feel it is important that the membership of the Organization of American States be properly apprised of the issue. Hopefully, the worst-case scenario of a catastrophic outbreak will not happen, but there is a possibility, and we have to be prepared. We have to understand what we are dealing with and what is being done to prevent an outbreak and to fight it.

It is fully appreciated within our hemisphere that it is only a matter of time before this dreaded flu virus reaches our region. Cognizant of this fact, hemispheric states are collaborating and working closely with global partners to develop prevention and response mechanisms.

In the spirit of this collaboration, the Pan American Health Organization (PAHO) convened the Hemispheric Conference on the Surveillance and Prevention of Avian Influenza in Brasilia from November 30 to December 2, 2005. In October, the U.S. Department of State convened a meeting of health experts from about ninety countries to share their experiences and approaches, and the Department of State took the initiative to brief Washington's mission chiefs and health attachés on the matter.

In the Caribbean, in Central America, and in South America, governments and health authorities are readying themselves to be able to ward off the manifold impact of this potential disaster.

[Pausa.]

I'm sorry; I mixed up my notes, and the Secretariat has issued some other things that have confused me.

As we are aware, there are many questions surrounding the avian flu phenomenon, and these questions can only be addressed by experts. We are fortunate to have with us today two such experts and supporting technical teams who will help us to better understand the significance of this public health challenge.

## PRESENTACIÓN DE LA SUBDIRECTORA DE LA ORGANIZACIÓN PANAMERICANA DE LA SALUD SOBRE INFLUENZA AVIAR

El PRESIDENTE: I have the great honor and distinct pleasure to welcome our visitors, Dr. Carissa Etienne, Assistant Director of the Pan American Health Organization (PAHO); and Dr. Katherine Bliss, Policy Advisor for Environmental Health Issues in the U.S. Department of State's Office of International Health Affairs (IHA). Dr. Etienne will give an overview of the problem, and

Dr. Bliss will deal with some of the international linkages and partnerships that the Department of State is spearheading.

I am pleased to give the floor first to Dr. Etienne.

La SUBDIRECTORA DE LA ORGANIZACIÓN PANAMERICANA DE LA SALUD:  
Thank you, Ambassador Williams.

Distinguished representatives, it is certainly a pleasure for the Pan American Health Organization (PAHO) to be here this morning to share with you a brief overview of avian influenza and pandemic influenza and the implications for Latin America and the Caribbean, and to inform you of the actions that PAHO has taken to ensure that our countries would be ready to respond to an epidemic—indeed, a pandemic.

With me this morning are the members of the PAHO team:

- Dr. Otávio Oliva is the Regional Advisor on Viral Diseases, and he is also the focal point for influenza pandemic;
- Dr. Jorge Bermudez is the Chief of the Essential Medicines, Vaccines, and Health Technologies Unit;
- Dr. Hugo Prado is Chief of the External Relations and Partnerships Unit;
- Mr. Daniel Epstein is from the Office of Public Information Unit; and
- Ms. Mónica Brana is the Program Officer in the Office of the Assistant Director.

I think it is always very important to begin with a clarification of terminology, because we recognize that there is quite some confusion about and insufficient knowledge of the terminology.

Avian influenza refers to the infection that is present among poultry—birds—so it is avian. When we speak of pandemic influenza, we are referring to the infection by influenza that occurs in pandemics among humans. We often hear about seasonal influenza, which occurs every year due to slight antigenic drifts.

We have had a number of pandemic influenza epidemics: the epidemic of 1918-19; the epidemic of 1957-58; and the epidemic of 1968-69. The longest interpandemic interval lasted 39 years. It's been 37 years now since the last epidemic, and it is felt that we are on the brink of a pandemic. The truth is that we cannot predict when this epidemic will come. We do not know whether we are ready to stem pandemic influenza globally, but we do know that at some time in the near future—a year, two years, five years—we will see the emergence of a strain of the virus that will cause a pandemic in the world.

Because the Inter-American Institute for Cooperation on Agriculture (IICA) is not represented here today, I will present some brief notes on avian influenza, or bird flu as it is called. Avian influenza is caused by highly pathogenic avian influenza A (HPAI) virus, and the strain that is currently causing the avian influenza epidemic is H5N1. This virus is firmly established among the

animals in Asia and has begun to extend as far as Europe. Migratory birds are implicated in the international spread of the virus. Once established, this virus spreads easily in birds from farm to farm through exposure of healthy birds to contaminated secretions or droppings from sick birds. This is a veterinary issue with high potential for economic loss in the agriculture industry.

The Americas constitute the largest poultry-exporting region in the world. It produces 58 percent or 7.7 billion tons of poultry every year, and five countries in this hemisphere—the United States, Brazil, Canada, Argentina, and Chile—produce 99 percent of the exports. There are other poultry producers in our region, including Venezuela, Colombia, Peru, Ecuador, Guatemala, and Bolivia.

When we refer to the economic implications of avian influenza in Latin America and the Caribbean, it is important for us to note that poultry is the most important source of protein for our people, so not only will the economy be affected, but also the nutrition of the people that we serve.

This slide shows the major flyways of the virus. It is erroneously believed in some Latin American and Caribbean countries that we will not be affected by avian influenza because the major migratory pathways do not go through the region. This is not true. We can be affected by the pathway from Alaska, and it has recently been stated that birds have, indeed, flown across the Pacific to our region and back, so we certainly are at risk of infection from avian influenza.

I want to show you the rate of spread of avian influenza. You can see here how it progressed between June 2004 and May 2005, a period of about one year. But if you look at the progress made between May 2005 and October 2005, you will see the broad extension of avian influenza across Asia and now into Europe.

It is important to note that avian influenza viruses usually do not infect humans, but we have seen several cases of highly pathogenic H5N1 infections reported among humans since 1997. The infection that we are seeing now among humans is caused by direct contact with infected birds. There is a lack of previous human exposure to this strain of the virus, and the history of animal-to-human transmission makes H5N1 a possible candidate for a pandemic strain.

Now, I said “a possible candidate.” To become a pandemic strain, the virus must be able to transmit from person to person, and for that to happen, there must be a mutation or a significant antigenic shift to enable the virus to move from person to person with ease. There is no guarantee that the next pandemic will be caused by highly pathogenic H5N1. An influenza pandemic can occur from a new strain of the virus, and so, although we are now focusing on H5N1, we must also note that there is a possibility that another strain of the virus could emerge.

Our first line of prevention, particularly for pandemic influenza and even for avian influenza, is containment. We must be able to contain the virus at the point of emergence. That means that we must have the capacity, the capability, and the motivation for early detection of virus circulation in poultry. We should be able to adopt immediate control measures to eradicate viral circulation. We have to pay attention to good animal husbandry; often, it leads to the culling of the entire flock and also of flocks that surround the index case.

Early detection of virus circulation in poultry requires very sensitive surveillance systems that must be able to pick up infection, not necessarily in our large poultry farms, but in backyard farms

and even in household farms with small flocks. In fact, these types of flocks usually become infected first because they are more exposed to migratory birds and the infection that comes through migratory birds.

If we are going to rely on small farmers and householders to declare infection among their birds, mechanisms need to be established to compensate farmers for the loss of their flock and to serve as an incentive for early reporting of the infection. Such reporting would lead to the culling of the entire flock and an economic loss to the householder.

The World Health Organization (WHO) has sought to model what would happen globally in the case of an influenza pandemic. If we assume an attack rate of 15 to 35 percent, several million persons will be affected:

- Somewhere between 500 million and 1,253 million persons would become ill but would not need to seek medical care;
- Between 875 million and 1,600 million persons would require medical care;
- Between 6.4 million and 28 million persons would require hospitalization; and
- Between 2 million and 7.4 million deaths could occur. These figures assume a death rate of 0.6 percent. In past epidemics, we had 2.2 percent mortality rates, much higher than what is being projected here.

Moreover, it is felt that this pandemic can occur across regions in a matter of weeks—it takes less than 24 hours to move from Asia to any one of our countries—and that there will be several waves of the pandemic. The WHO estimates that this influenza could become global within three to four weeks.

Obviously, there are implications if such a large number of people were to be infected. Health services and essential health care functions would certainly be overwhelmed. There would be a burden on other essential community services, as evidenced through absenteeism and infrastructure pressure. Public transportation, security forces, markets, airports, schools, and banks, the very core infrastructure and structure of society, would be affected.

There would be significant social and political disruption and considerable economic losses as a direct consequence of the pandemic. One indirect consequence that would occur very quickly would be a move by developed and other countries to establish trade restrictions and barriers in travel. There is no evidence, as far as the WHO is concerned, that a ban on travel would significantly reduce the transmission of pandemic influenza, mainly because persons can transmit the infection days before they have any signs of the illness. Given the ease of travel, transmission would have occurred long before restrictions on travel were established.

The WHO has defined six phases of the pandemic:

- In Phase 1, there is no new human influenza subtype and a low risk of infection by the circulating animal influenza virus.

- In Phase 2, there is no new human influenza subtype.
- In Phase 3, there is human infection with the new subtype, but no human-to-human transmission.

We are at Phase 3; humans are being infected directly by sick birds, yet there is no human-to-human transmission.

- In Phase 4, we will see small clusters with limited human-to-human transmission.
- In Phase 5, we will have large clusters, but human-to-human transmission will still be localized.
- In Phase 6, there would be a pandemic: increased and sustained transmission among the general population.

It is envisaged that we can move from Phase 4 very rapidly into Phase 6, so as individual countries, as a hemisphere, and as an organization that supports countries, we cannot wait until Phase 4 begins to launch our activities in preparation for the pandemic. We need to prepare now.

Here's a slide that we borrowed from the WHO. We've been looking at the economic impact of selected infectious diseases. You'll remember the Severe Acute Respiratory Syndrome (SARS) epidemic, which was a very small epidemic, but it cost between \$30 billion and \$50 billion. That was the economic cost. Foot and mouth disease (FMD) in the United Kingdom was very small as well, but it cost between \$25 billion and \$30 billion. Avian flu in Asia cost between \$8 billion and \$12 billion, and that was earlier in 2005. Bovine Spongiform Encephalopathy (BSE), also known as mad cow disease, cost between \$10 billion and \$13 billion in the United Kingdom in 1993. Indeed, we are speaking of significant economic losses to this hemisphere if we were to see a pandemic of influenza.

So what are some of the key actions that are necessary?

We need to prevent and contain avian influenza in birds and between birds and humans. This is the primary step.

We must strengthen countries' surveillance capacities for early detection, diagnosis, and case reporting for both humans and animals.

We must ensure linkages, networking, and sharing of information between human surveillance networks and avian or animal surveillance networks.

We must put in place now mechanisms to secure the availability of antivirals and vaccines. We need to do that by intensifying investigations regarding product development and addressing strategic stockpiling. WHO is addressing the strategic stockpiling of 30 million doses of antivirals and vaccines that would be used primarily to contain the initial outbreak.

There is a lot of misinformation and a significant lack of information, and so a key action has to be risk communication.



The development of integrated national influenza plans that will involve people at the local level will be vital. It is not enough that we have national plans, because a significant level of the action is going to occur at the local level, both in terms of prevention and response. The local level must be integrated into the planning process.

Your national plans must be integrated to ensure multisectoral participation in the planning process and that every sector of your population has developed its component of the plan. This is true for the private sector, the public sector, and civil society, but even within the public sector, your various areas must develop their own sectoral plans in response to the national influenza plan.

A very important key action is interagency coordination, especially between health and animal sectors, with international organizations, and at the regional, subregional, national, and local levels. We cannot afford fragmented approaches and increased costs due to a lack of coordination.

Recognizing the stress that such a scenario would place on our member countries, the Pan American Health Organization formed the Task Force on Epidemic Alert and Response (EAR) so as to be able to respond to an influenza pandemic. Several of the program areas in PAHO are represented on the Task Force, and we have been utilizing the expertise and experience available across PAHO to ensure an integrated response to an epidemic alert, in this case to pandemic influenza.

The Assistant Director of PAHO chairs the Task Force, and it has been given significant visibility within PAHO. The Task Force is responsible for elaborating PAHO's Strategic and Operational Plan for responding to pandemic influenza and PAHO's Staff Policy and Contingency Plan for an Influenza Pandemic. We must have a contingency plan for our own staff, and I hope that the OAS is planning one for its staff. Also, the Task Force is responsible for ensuring a coordinated technical cooperation response to our member countries.

We have taken a phase-specific approach with the Strategic Plan. There's the prepandemic phase; the phase in which the pandemic virus emerges; and then the phase in which the pandemic is declared and spread internationally. We are focusing now on the prepandemic phase but are preparing for the pandemic infection phase. Our activities include:

- promoting the development of national influenza pandemic preparedness plans (NIPPPs);
- strengthening surveillance through early warning systems;
- supporting countries in making available pandemic vaccines and antivirals;
- planning for health care services and infection control;
- reducing the opportunities for human infection;
- implementing a communication strategy and raising awareness to encourage pandemic planning;

- estimating the potential impact of an influenza pandemic and assessing additional information gaps to guide policy making, and
- building partnerships and strategic alliances.

We have completed a preliminary assessment of the cost of the Strategic Plan. PAHO's operational needs add up to \$6.7 million, and national support without antivirals and vaccines costs \$25.2 million, so we are looking at \$32 million. This does not include the purchase of vaccines and antivirals. We have estimated that across the Hemisphere, five hundred million dollars would be needed for vaccines and one billion dollars for antivirals. These figures are based on current costs and only cover 20 percent of the population of Latin America and the Caribbean, not the entire population.

But we have been moving from planning to action. In September, during the 46th Directing Council meeting, we presented PAHO's Strategic Plan to regional ministers of health.

We have begun to look at the vaccine situation in Latin America and the Caribbean, as a limited number of manufacturers produce vaccines. I believe there is only one producer of influenza vaccine in the United States of America. Our production capacity for interpandemic flu vaccine, seasonal flu vaccine, is 300 million doses per year. The global vaccination rate is 15 percent, so one billion vaccine doses would be needed worldwide. Fifteen percent of this region's population is 130 million, so we would need 130 million doses.

The seasonal vaccine that is currently being prepared is trivalent, so it's like having three vaccines in one. For H5N1, it is estimated that we would need a monovalent vaccine, so we can immediately increase production to 900 million doses.

But there are other issues. We cannot produce a vaccine for pandemic influenza until the specific strain of the virus emerges, so if we were to produce vaccines for H5N1 now, there would be no guarantee that they would be efficacious against an emerging strain that could really cause pandemic influenza. Quite apart from our production capacity, we have to determine which vaccine will work most effectively against the virus, so we have to wait until the pandemic strain emerges, and it will take eight weeks, given our current capacity, to have vaccines ready to deal with pandemic influenza.

At the moment, two antiviral drugs could be used. The most popular one is Tamiflu, which I'm sure you have heard about. There are some issues with Tamiflu, and as key policy makers, you need to know about these issues.

The first issue is the availability of Tamiflu. It is produced by one company, Roche, which has limited production capacity. Countries that are ordering supplies of Tamiflu now are being placed on a waiting list for a minimum of two years.

Second, there are some raw materials that need to be used in the manufacturing of Tamiflu. The star anise seed plant, which is available in large quantities in China, is a main source of shikimic acid, which accounts for 80 percent of the composition of Tamiflu, so the availability of raw material to make Tamiflu is vital.

Third, even though some of the laboratories in the region have licenses to produce Tamiflu, only a very limited number of them can produce it because of the complexity of the technology.

The fourth point is very important: there is no guarantee that Tamiflu will be effective against the pandemic strain that will emerge. However, Tamiflu is all that we have, so it's all that we can plan with.

What are we doing in terms of technical cooperation? We are working on an estimate of regional demand. We met in November with international vaccine producers and potential regional producers to promote technology transfer. We have contacted Roche, the producer of Tamiflu. In October and November, we assessed regional production capacity. Brazil is negotiating with Roche, and we are supporting and cooperating with Brazil in this negotiation, so Tamiflu production could begin in Brazil.

If we are going to increase the capacity to produce a pandemic influenza vaccine, it is important that we produce more of the seasonal vaccines. If more companies produce seasonal vaccines, more laboratories will be ready to produce the pandemic vaccine, so we are working with countries to increase the uptake of seasonal influenza vaccines, particularly targeting high-risk populations.

We have completed an initial assessment of the NIPPPs. All of our countries are working on their national plans. We translated WHO guidelines into Spanish and circulated them to all of our countries. We have a WHO checklist, and as soon as countries define their national plans, we go through the plans with the checklist and communicate with the countries as to how their plans could be improved.

PAHO/WHO representatives (PWRs) in our member states are forming task forces to promote and accelerate the development of national plans. We are introducing some modeling tools for planning purposes, and we are working with the Centers for Disease Control (CDC) to assess the surge capacity of health services and the requirements to respond to a pandemic.

We held a meeting in Paraguay for the Southern Cone countries, and six countries attended, and we held another meeting in Peru for the Andean countries. Six countries also attended that meeting. A workshop is now taking place in Costa Rica for Central American countries, and 10 of them are attending.

Here is the status of the NIPPPs:

- Plans are in progress in Bolivia, Colombia, the Dominican Republic, Ecuador, El Salvador, Haiti, Nicaragua, Paraguay, Peru, Uruguay, Venezuela, and Guatemala.
- Draft plans already exist in Argentina, Brazil, Costa Rica, Cuba, Honduras, and Panama, as well as the subregional plan of the WHO/PAHO Caribbean Epidemiological Center (CAREC).
- Plans are finished in Chile, Mexico, Canada, and the United States of America.

We want to emphasize, however, that as we interact with countries, we continue to tell them that these plans should always be in progress. Obviously, we have to continue to update and develop these plans; they represent living documents. As such, we encourage multisectoral participation and the development of local plans in response to national plans. In addition, these plans should lead to simulation exercises, evaluations, and redefinitions. A simulation exercise is being carried out as we speak in Argentina, and we are supporting this exercise.

As part of our technical cooperation, we are working on early warning systems. We are providing training in expanding surveillance targets to include influenza-like illnesses in addition to the existing network of influenza virus surveillance. We are doing hands-on training on viral isolation and immunofluorescence. Regional experts are assessing national laboratories. The Global Influenza Surveillance Network is being expanded, additional National Influenza Centers (NICs) have been designated, and nonreporting centers have been reactivated.

We have worked in Paraguay and will be working in Costa Rica to help them in the development and operation of national plans that work right down to the local level. We will present those cases as best practices for other countries as they develop their own local planning processes. This project is being carried out in conjunction with the CDC.

In Latin America and the Caribbean, influenza surveillance has been occurring for a very long time. We have had NICs for more than thirty years; we are building on what already exists. We have the Global Influenza Surveillance Network, we have WHO Collaborating Centers, and we have national laboratories in our region. All three bodies are present in the United States of America, and we utilize their services to strengthen the work in our 130 NICs.

This map represents the 25 national influenza centers in the region. Some of those countries have multiple centers. Some labs are not NIC labs, but they send samples to the CDC regularly. We do have subregional networks for emerging infectious diseases in the Caribbean, Central America, the Amazon, and the Southern Cone, and they are being strengthened and supported to ensure that we do have the necessary surveillance for pandemic influenza.

We have conducted a number of training sessions. We have assessed surveillance capacity in Central America, Ecuador, Bolivia, and Paraguay. We have also done hands-on training in sentinel site implementation in Bolivia, El Salvador, Honduras, Venezuela, Ecuador, and Costa Rica.

The Inter-American Meeting, at the Ministerial Level, in Health and Agriculture (RIMSA) was held in April 2005 in Mexico. RIMSA addressed veterinary public health implications and actions for avian influenza.

The Hemispheric Conference on the Surveillance and Prevention of Avian Influenza was held in Brasilia at the end of November and was cosponsored by PAHO, the United Nations Food and Agriculture Organization (FAO), the World Organisation for Animal Health (OIE), the Poultry Producers Association of Brazil, and the Brazilian Government. Emanating from that conference was the Brasilia Declaration, which calls on governments to support the establishment and execution of integrated national avian influenza plans that speak mainly to agriculture and veterinary public health, in conjunction with pandemic influenza plans. This is occurring. The Brasilia Declaration has given the responsibility to the Global Framework for the Progressive Control of Transboundary Animal

Diseases (GF-TAD) initiative to elaborate a regional plan for avian influenza and to have this ready in 90 days. This regional plan will also instruct the national plans.

Veterinary public health is one of the weakest links in the region. Surveillance in particular is a significant problem for veterinary public health, and we are working with other sectors to help strengthen it. Unlike other regions of the World Health Organization, veterinary public health is a significant component of PAHO, so we are very involved in the response to avian influenza.

The private sector and nongovernmental organizations (NGOs) are very involved. They were very active in the meeting in Brasilia and want to participate fully. We recognize that it is very important to work with (NGOs), foundations, conservation agencies, zoos, bird watchers, and those with pet birds, as they would have early information and would be more willing to report early.

We are working to develop our health services delivery and to ensure preparedness, assessing the capacity of health care personnel, and developing best practices and models and health services networks for pandemic influenza. We have to train our health care personnel.

Risk communication was identified in the WHO meeting and in Brasilia as a very important component of pandemic preparedness. It is not easy to deal with the media. Health officials are not trained to deal with the media, nor are they the best persons to deal with the media. We do need to acknowledge the uncertainty surrounding pandemic influenza and avian influenza, but it is important that the public get clear, concise, consistent, honest, and transparent messages in a timely manner. We don't know many things about pandemic influenza and avian influenza, and we need to be able to tell the public that, but we need to be able to give the public credible information to help people protect themselves and plan for the future.

Our planning and the guidance and technical cooperation that we have carried out all fit under the umbrella of the International Health Regulations (IHRs), which were passed at the 59th World Health Assembly. We have been supporting countries as they develop their core capacities so as to be able to comply with the IHRs, as countries are supposed to become compliant in 2007. Brazil has tabled a motion, which is expected to go before the Executive Board of the World Health Organization, requesting that the date of compliance be advanced, because pandemic influenza is one of the conditions listed under the IHRs.

There have been a number of meetings since the 46th Directing Council when we briefed the ministers. Ambassador Williams referred to the International Partnership on Avian and Pandemic Influenza and the meeting that was held at the U.S. Department of State in October. The Global Pandemic Influenza Readiness Meeting was held in Ottawa, Canada, also in October, and PAHO participated in this meeting. Andean ministers of health also met, so we are seeing a lot of subregional initiatives. PAHO participated in and supported a video conference of Central American ministers of health. The meeting in Geneva to work towards a global consensus to control the avian influenza virus was held in November 2005 and was jointly sponsored by the World Bank, the FAO, and the WHO.

But I want to be frank. The WHO and the World Bank are focusing on what they call "countries at high risk and affected countries," meaning Asia and Africa. As key policy makers, you need to know that. Our region is very low on the priority list, but that does not mean that we are not at risk or that we should not get ready for pandemic influenza.

The Plan of Action of the Fourth Summit of the Americas requested PAHO to support countries to ensure finalization of their NIPPPs by June 2006. The Plan of Action also called on countries that already have plans to implement them immediately. Brazil launched its national plan in November.

Many, if not all, Latin American countries and some Caribbean countries were represented at the Hemispheric Conference on the Surveillance and Prevention of Avian Influenza, which was held in Brazil in November and December.

I reiterate that we are at risk for avian influenza, but even more so for pandemic influenza. We cannot afford to ignore this opportunity to plan and to ensure that we are prepared. Such action will demand significant commitment at the national and subregional levels as our countries support each other in pandemic planning and preparation and through significant interagency coordination.

PAHO has been moving to ensure this level of interagency coordination. We've held meetings with the Inter-American Development Bank (IDB). Dr. Mirta Roses, PAHO's Director, has made a presentation to the Board of the IDB, and we are continuing to work with the IDB. We've also had significant meetings with the World Bank, and Dr. Roses made a presentation to the World Bank as well. We are continuing discussions with IICA. We met with IICA in Brasilia and have pledged to continue working together. So we recognize the need for that level of interagency coordination, and we have taken the lead to ensure that we bring that level of coordination to the task that is ahead of us.

I thank you for listening, but even more, I thank you for the work that you will continue to do to ensure that our peoples will be protected from pandemic influenza.

Thank you.

El PRESIDENTE: Thank you, Dr. Etienne, for your very interesting and informative presentation.

Representatives, please hold your questions until the end. The rapt attention that representatives gave to this presentation bespeaks how seriously we all regard this health issue.

MENSAJE DEL DIRECTOR GENERAL DEL INSTITUTO INTERAMERICANO  
DE COOPERACIÓN PARA LA AGRICULTURA  
SOBRE INFLUENZA AVIAR

El PRESIDENTE: We had hoped to have greater participation in this forum by the Inter-American Institute for Cooperation on Agriculture (IICA). Dr. Chelston Brathwaite, however, has kindly asked one of his senior staff, Dr. Carlos Echeverría, to make a brief presentation just before Dr. Bliss makes hers.

El REPRESENTANTE DEL INSTITUTO INTERAMERICANO DE COOPERACIÓN PARA LA AGRICULTURA: Señor Presidente, señores Embajadores, señor Secretario General Adjunto, señoras y señores:

En nombre del Director General del Instituto Interamericano de Cooperación para la Agricultura (IICA), Dr. Chelston W. D. Brathwaite, me es grato leer el siguiente texto:

Todos reconocemos que la globalización del comercio agropecuario ha incrementado el volumen y la interdependencia del comercio agrícola internacional. También es un hecho que aumentó el riesgo a la salud humana debido a enfermedades transmitidas a través de los alimentos.

En este momento, nadie puede afirmar con seguridad si la influenza aviar originará una pandemia de gripe en algún momento cercano o no. De lo que sí podemos estar seguros es que las naciones deben preparar expeditamente respuestas conjuntas, coordinadas y rápidas ante la amenaza que supone la influenza aviar altamente patógena, porque de lo contrario será muchísimo más difícil y costoso controlar ésta u otras enfermedades agropecuarias de rápida expansión una vez que lleguen. Se requiere de esfuerzos internacionales coordinados con el fin de controlar esta enfermedad. Asimismo, hay que proveer el máximo apoyo para la presentación de los servicios nacionales veterinarios y de salud pública, puesto que serán ellos los primeros en enfrentar los brotes de enfermedades en animales y humanos.

Durante la Reunión Global sobre el “Control de la Influenza Aviar”, realizada en Ginebra, los líderes mundiales coincidieron en que la evaluación y fortalecimiento de las capacidades de los servicios veterinarios, de laboratorio y de vigilancia epidemiológica en los países afectados y en aquellos que afrontan un mayor riesgo constituyen prioridades que requieren apoyo urgente.

Así también, en la recientemente celebrada en Brasilia “Reunión Hemisférica de los Ministerios de Agricultura y Salud en Planes de Contingencia para la Influenza Aviar” y la “Conferencia Hemisférica para la Vigilancia y Prevención de la Influenza Aviar”, organizada de manera conjunta por el Ministerio de Agricultura de Brasil, la Unión Brasileña de Avicultores, la Organización Panamericana de la Salud (OPS) y el IICA, se suscribió la Declaración de Brasilia, en la que se acuerda apoyar el compromiso político, técnico, presupuestario y financiero para emprender acciones nacionales, regionales y continentales, con vistas a dar respuesta a la situación actual de riesgo zoonosario de la influenza aviar. Se acuerda, además, la constitución de un Grupo de Trabajo, en el marco de la iniciativa del “Programa Global para el Control Progresivo de las Enfermedades Transfronterizas de los Animales” (GF-TADs), capaz de desarrollar las líneas estratégicas para la implementación de acciones continentales, regionales y nacionales, a fin de prevenir dicha enfermedad. El IICA estará formando parte activa de este grupo de trabajo.

Como miembros de la Organización Mundial del Comercio, cada país en nuestro hemisferio ha de cumplir con los compromisos establecidos en el Acuerdo sobre Medidas Sanitarias y Fitosanitarias. Este acuerdo establece el marco normativo por medio del cual los países toman decisiones para mantener un equilibrio entre la protección y el comercio y cómo deben reaccionar ante situaciones de emergencia como la de la influenza aviar.

El IICA apoya y estimula a los países a participar activamente en el Codex Alimentarius, la Organización Mundial de Salud Animal y la Convención Internacional de Protección Fitosanitaria. Los estándares internacionales pueden ayudar a los servicios nacionales a armonizar los controles, operar de modo transparente, disminuir los conflictos y

confusiones entre las diferentes regulaciones nacionales, y permitir a los países evaluar y responder mejor a los riesgos sanitarios y fitosanitarios.

Las medidas sanitarias y fitosanitarias, cuando están basadas en la ciencia, se constituyen en herramientas poderosas para que cada país responda a las amenazas a la salud humana y animal, y al mismo tiempo mantenga el acceso a mercados y la confianza de los consumidores.

Usando una guía de caracterización preparada en colaboración con la Oficina Internacional de Epizootia (OIE) denominada “Instrumento de Desempeño, Visión y Estrategia” (DVE), el IICA llevó a cabo una investigación sobre el desempeño de los servicios veterinarios en las Américas. El instrumento fue usado para identificar el nivel de avance para 27 competencias críticas que deben contemplar los servicios veterinarios nacionales. Los resultados revelaron una necesidad imperiosa de re-priorizar e invertir en los servicios veterinarios nacionales, pues de otra forma se convertirán en un “cuello de botella” para el crecimiento y el desarrollo del país.

El IICA encontró que los servicios de sanidad agropecuaria de las Américas se estaban desempeñando a menos del 40% de los niveles óptimos requeridos y que la sostenibilidad institucional era de cerca del 20%. Los gobiernos nacionales solo estaban asignando, como regla, alrededor de un 5% del presupuesto nacional a la agricultura y que de ese monto solo entre el 5% y el 10% se destinaba a la atención de los temas sanitarios y fitosanitarios. Las estimaciones muestran que esto es aún menos que los préstamos y donaciones externas, destinados específicamente a propósitos de sanidad agropecuaria. Está claro que se deben asignar más recursos y conceder mayor prioridad a esta área.

A este respecto, el IICA continúa trabajando con sus Estados Miembros y con el apoyo del sector privado a fin de aplicar el instrumento DVE, y apoyando a sus servicios sanitarios veterinarios para crear una visión común sobre el avance en el grado de preparación en cuatro áreas fundamentales:

- Conjuntar el talento humano y los recursos económicos para dotar a los servicios nacionales de sostenibilidad institucional y financiera que permita producir resultados de impacto.
- Coordinar e integrar la participación del sector privado para ejecutar operaciones y llevar a cabo actividades y acciones conjuntas.
- Fortalecer las capacidades para superar las barreras sanitarias y regulatorias, con el fin de facilitar y energizar el comercio agropecuario y el acceso a mercados.
- Mejorar la capacidad técnica y la modernización de los servicios nacionales para lograr una mejor implementación de las medidas sanitarias por medio del uso de métodos basados en la ciencia y de procedimientos internacionalmente reconocidos.



Como miembro de su Comité Ejecutivo, el IICA también está apoyando “Las fronteras globales”, una iniciativa de la OIE sobre las enfermedades animales transfronterizas que enfoca este reto desde una perspectiva regional y hemisférica. La visión de esta iniciativa es apoyar a los países en el control de enfermedades por medio del fortalecimiento de sus servicios veterinarios. Sus objetivos se centran en dos verdades fundamentales.

La primera: la presencia de una enfermedad en un país (y la habilidad para eliminarla) depende en gran medida del estatus sanitario de los países vecinos, lo que implica que son esenciales las acciones colaborativas más allá de sus fronteras.

La segunda: aquellos países que están mejor posicionados para mejorar su estatus sanitario pueden confrontar los retos de enfermedades de hoy y aprovechar las oportunidades del mañana, y lo logran a través de un mejoramiento continuo de sus servicios veterinarios sobre la base de cuatro componentes: capacidad técnica, inversiones en recurso humano y financiero, alianzas con el sector privado, y desarrollo de capacidades en acceso y retención de mercados.

Creemos firmemente que la conjunción de esfuerzos y objetivos comunes en esta área nos permitirá aumentar la cooperación hemisférica y permitir a las naciones mejorar la protección de la salud humana, que debe ser de la más alta prioridad, al igual que la de la producción agropecuaria y el desarrollo económico en las Américas, que seguirán siendo retos una vez hayamos podido controlar la influenza aviar.

Muchas gracias. Gracias, señor Presidente.

El PRESIDENTE: Thank you, Dr. Echeverría, for your message on behalf of the Director General of the Inter-American Institute for Cooperation on Agriculture (IICA). Do convey to Dr. Brathwaite the thanks of this Council.

PRESENTACIÓN DE LA ASESORA DE POLÍTICA DE SALUD AMBIENTAL  
DE LA OFICINA DE ASUNTOS INTERNACIONALES DE SALUD  
DEL DEPARTAMENTO DE ESTADO DE LOS ESTADOS UNIDOS  
SOBRE INFLUENZA AVIAR

El PRESIDENTE: I now give the floor to Dr. Katherine Bliss, Advisor for Environmental Health Issues in the U.S. Department of State’s Office of International Health Affairs (IHA), for her presentation.

La ASESORA DE POLÍTICA DE SALUD AMBIENTAL DE LA OFICINA DE ASUNTOS INTERNACIONALES DE SALUD DEL DEPARTAMENTO DE ESTADO DE LOS ESTADOS UNIDOS: Thank you, Mr. Chairman.

It is a great pleasure to be here and an honor to have the opportunity to talk to you a bit today about the International Partnership on Avian and Pandemic Influenza. I know that some of you attended the first meeting of senior officials, which took place at the Department of State in October 2005, and a number of your countries have been hosting meetings regarding agricultural preparedness and pandemic preparedness, so I look forward to our discussion later this morning.

I'll start out by telling you about the origins of the International Partnership, some of its core principles and activities, and some of the activities that could take place in the next few months. I believe you have a handout that was placed on your seats earlier this morning; if not, it will be distributed.

The International Partnership on Avian and Pandemic Influenza is a voluntary association of governments and international organizations dedicated to promoting and protecting human and animal health and to mitigating the global socioeconomic and security consequences that could be associated with an avian influenza pandemic. President Bush announced the formation of the International Partnership in his speech at the United Nations on September 14, 2005.

The Partnership is centered around 10 core principles, which include promoting political leadership; public health emergency preparedness; promoting transparency with respect to disease reporting; promoting cooperation with the international organizations that have been focused on avian and pandemic influenza, including the World Health Organization (WHO), the Food and Agriculture Organization (FAO), and the World Organisation for Animal Health (OIE); and emphasizing, above all, cooperation at the international, regional, and subregional levels.

Dr. Etienne has spoken very eloquently about the origins of the threat of avian influenza, in particular the focus on H5N1 as it emerged in Hong Kong in 1997 and then spread to humans, leading to increased concerns that a human influenza pandemic could arise from the spread of avian flu. Its reemergence in Asia in 2003 and 2004 and its spread now to 17 countries, including many in Europe, have increased fears that the spread of avian influenza could lead to the evolution of a human influenza pandemic within the next few years.

As Dr. Etienne has already explained, pandemics seem to occur in regular cycles. We know that there were three in the 20th century. Historical evidence seems to suggest that they occur at regular intervals, or at least they have in past centuries. They are linked to avian viruses and to other animal viruses. The concern is that, as happened in 1918 with the so-called Spanish flu, in 1957-58, and in 1968, the virus could either move from birds to directly affect humans, or to move through another animal to directly affect humans, and then turn into a virus against which humans would have no natural immunity. The concern of the International Partnership is that we be prepared in order to anticipate and mitigate the potential social, economic, and political consequences that a new influenza pandemic might raise.

Here's a demonstration of the different routes that avian viruses could take to affect humans. They could work through an intermediary animal, such as the pig, in which case a human and avian virus could combine, or the virus could strike directly from an infected bird to a human.

A pandemic could have serious social, economic, and political consequences, which is what the International Partnership is dedicated to anticipating. We've heard about the potential morbidity statistics; millions of people could become infected and many would have to seek hospital care. We've heard about the potential mortality associated with a human pandemic. There could be considerable absenteeism from work as people, even those who were not infected, would have to stay home in order to take care of family members, and there could be general uncertainty about what the pandemic might hold in store for communities.

The possible outbreak of an avian human pandemic has led to considerable discussion within the popular press. Back in October, at least here in the United States, magazines like *National Geographic*, *Newsweek*, and *Time* carried front cover stories and cartoons on the subject, so there has been considerable public commentary about what a pandemic might do.

We heard about the possible economic implications of an avian pandemic for Latin America and the Caribbean with respect to the poultry industry. We know that in Asia, which is where avian influenza has hit the hardest so far, the implications for agriculture have been significant.

A pandemic could also lead to curtailed labor productivity; limits on the availability of goods in a global economy, as people are not able to go to work and to prepare goods for distribution; reduced transportation of goods, whether by air, by sea, by rail, or by road; and potentially increased reliance and new dependence on telecommunications and the Internet as people stay away from areas of general congregation and communication. This kind of social distancing, which historians noted during the 1918 pandemic, led to people being afraid to come outside or not congregating in their normal places for quite some time. This could lead to reduced civil society participation and to security implications, such as the reduced presence of police to assist and maintain order or the diminished capacity of the justice system.

These are speculations that people have considered based on the history of previous pandemics. We don't know what exactly would happen, but we know that a pandemic would cause considerable concern at the national, community, and local levels.

As I mentioned earlier, the International Partnership is centered around ten core principles, and I believe they are listed on the sheet that was distributed earlier this morning. They are:

- international cooperation to protect the lives and health of our people;
- timely and sustained high-level global political leadership to combat avian and pandemic influenza;
- transparency in reporting of influenza cases in humans and in animals caused by strains that have pandemic potential;
- immediate sharing of epidemiological data and samples with the WHO and the international community;
- rapid reaction to address the first signs of accelerated transmission of H5N1 and other highly pathogenic influenza strains;
- prevention and containment of an incipient epidemic through capacity building and in-country collaboration with international partners;
- working in a manner complementary to and supportive of expanded cooperation with and appropriate support of the key multilateral organizations: the WHO, the FAO, the OIE, and their regional constituent parts or regional representatives;

- timely coordination of bilateral and multilateral resource allocations; the dedication of domestic human and financial resources; improvements in public awareness; and development of economic and trade contingency plans;
- increased coordination and harmonization of preparedness, prevention, and response and containment among nations; and
- actions based on the best available science.

You have these principles on paper to consider at a more leisurely pace than we may have here during this presentation. Those who have become involved in the Partnership agree on these general principles and see them as the means through which the international community must try to work together in order to promote preparedness for a pandemic.

Let me tell you a little bit about the activities that the Partnership has undertaken so far. President Bush announced the formation of the Partnership at the United Nations in September 2005. About three weeks later, the U.S. Department of State organized a meeting of senior officials; many of you attended. Today, we have lots of snow, but there was a deluge the day that we met here in Washington. There were over two hundred representatives of 88 countries and nine international organizations. Participants agreed that there were three key areas that needed to generate the focus of the international community:

- developing a sense of the principles around which a global antiviral stockpile of medical countermeasures might be developed and utilized;
- promoting the development and distribution of vaccines internationally; and
- improving rapid response in the event of the determination of a pandemic outbreak.

Argentina, Brazil, Canada, Colombia, Costa Rica, the Dominican Republic, Mexico, Nicaragua, Peru, Saint Kitts and Nevis, Trinidad and Tobago, and the United States attended.

On October 24 and 25, Canada hosted the Global Pandemic Influenza Readiness Meeting in Ottawa to discuss the place of avian influenza within domestic agriculture and the potential response to a pandemic.

Shortly after that, Australia hosted, under the auspices of the Asia-Pacific Economic Cooperation (APEC) Task Force for Emergency Preparedness (TFEP), a meeting to discuss rapid response and containment measures, preparedness of countries within the Asia-Pacific region, and the possibility of undertaking regional cooperation. Canada, the United States, Mexico, Chile, and Peru, I believe, were represented at that meeting.

In November, there was the partners' meeting in Geneva that Dr. Etienne mentioned, and it was cosponsored by the WHO, the FAO, the OIE, and the World Bank. The meeting sought, among other things, to discuss promotion of vaccine development and vaccine distribution, as well as global stockpiling. At the beginning of this week, there was another meeting in Geneva to discuss some of the questions surrounding a stockpile and a concept of operations for its use.

I'd like to draw your attention to two meetings coming up in the next couple of months. One is the International Pledging Conference on Avian and Human Pandemic Influenza that China, the European Union (EU), and the World Bank are organizing. The second one is a second meeting of the International Partnership for senior officials, to be held in Washington in the spring of 2006.

We have already heard about the activities that have taken place recently in the Americas. I'll just mention a couple of other events.

The APEC Health Task Force (HTF) met in July in San Francisco to promote dissemination of information about preparedness within the Asia-Pacific region and ways in which individual countries could work with international organizations to bolster their response to public health emergencies.

Avian influenza and pandemic influenza are mentioned in the Declaration of the Fourth Summit of the Americas. The Summit's Plan of Action notes that countries should work together to improve their national pandemic preparedness.

Dr. Etienne mentioned the Hemispheric Conference on Surveillance and Prevention of Avian Influenza, which took place just two weeks ago in Brasilia.

Within the Security and Prosperity Partnership (SPP) of North America, which is a partnership among the United States, Canada, and Mexico, the Health Working Group is focusing on pandemic preparedness issues.

I'll end my presentation on a note that echoes what some of my colleagues have already said. We don't know if this avian influenza will be the one that turns into a pandemic influenza, but the important thing is to begin working now and to bolster preparedness. By being prepared for a public health emergency, we will be better able to help our veterinary and public health sectors to meet and respond not only an influenza pandemic, but to any other public health emergency that may arise.

I thank you for your attention, and I look forward to the discussion.

El PRESIDENTE: Thank you much, Dr. Bliss, for your intervention and for the information you shared.

The Chair now offers the floor to delegations that may wish to comment or ask questions. I think it would be tidier if we asked the presenters to take note of questions raised, and at the end we would ask for their responses.

The Chair wants to ask two questions.

We don't know what will happen, or how soon it will happen. International cooperation does pose a problem. I know the International Health Regulations (IHRs) are supposed to address the issue of transparency, but can the World Health Organization (WHO) really police compliance with these regulations? Are there mechanisms for enforcing this transparency?

My second concern is the development and availability of vaccines, especially for those developing countries that may not be considered "high-risk." We wonder about the availability of

vaccines, considering the significant limitations to production within developing and even developed countries.

Representative of Costa Rica, you have the floor.

El REPRESENTANTE ALTERNO DE COSTA RICA: Gracias, señor Presidente.

En primer lugar, nuestra Delegación quiere agradecerle a usted el haber traído este importante tema al conocimiento del Consejo Permanente.

Asimismo, la Delegación de Costa Rica quiere agradecerle muy especialmente a la doctora Carissa Etienne, a la doctora Katherine Bliss y al doctor Carlos Manuel Echeverría, en la presentación que nos hizo en representación del doctor Chelston Brathwaite, el Director del IICA en Costa Rica, sobre esta posible pandemia que podría traer efectos catastróficos.

El Gobierno de Costa Rica, consciente del peligro y la amenaza que representa para el Hemisferio, no solamente por las millonarias pérdidas económicas que podría ocasionar a nuestra agroindustria, sino también por las pérdidas a la salud y otros en todas nuestras poblaciones, se apresta a tomar todas las medidas pertinentes de prevención del caso, así como dar la mayor cooperación y contribución efectiva para el combate de esta influenza.

De nuevo, señor Presidente, nuestras felicitaciones a los expositores y a usted por haber traído este importantísimo tema.

Gracias.

El PRESIDENTE: Thank you, Ambassador. The Ambassador of Guatemala is recognized.

El REPRESENTANTE PERMANENTE DE GUATEMALA: Gracias, señor Presidente.

Mi Delegación también quiere agradecer las presentaciones de la doctora Carissa Etienne, Subdirectora de la Organización Panamericana de la Salud, así como de la doctora Katherine Bliss y del señor Carlos Manuel Echeverría. Las presentaciones han sido muy completas y nos han dado una idea clara del riesgo real que existe de una pandemia de influenza aviar que, sin duda, de llegar a ocurrir, sería una catástrofe de grandes proporciones.

Quiero también reconocer la iniciativa de la Presidencia de convocar a esta reunión. Espero que no sea la primera y la única. Tendremos que abordar este tema en el futuro.

Como bien explicó la doctora Etienne, hay cosas que se conocen pero todavía falta información acerca del riesgo y acerca del surgimiento o las fases siguientes de la influenza aviar. Sin duda, todavía hay un alto grado de confusión y de desinformación, como ella lo planteó, lo que nos obliga a mantener consultas permanentes, no solo en esta Organización, sino como ella explicó, con otras organizaciones internacionales.

Entendemos que hay un grado de coordinación entre la OEA y la OPS, y nos parece que debe intensificarse, que debe haber mayor coordinación y que deben discutirse posibles acciones conjuntas.

Pero también después de escuchar la presentación de la doctora Etienne, y de la doctora Bliss, me surge la preocupación y me surge la duda sobre cuánto se habrá avanzado en nuestra Organización en el desarrollo de un plan de contingencia. En este sentido, quiero hacer una invitación a la Secretaría General a que, en una futura oportunidad, sostengamos un intercambio sobre este tema. La Secretaría General tendrá que prepararse y tomar acciones relativas a la seguridad de los funcionarios y desde luego será muy importante que estas acciones se puedan coordinar con las delegaciones de los países aquí presentes.

Sabemos que la OPS mantiene debidamente informadas a las autoridades de salud de todos países de las acciones que está llevando a cabo. Y sabemos que hay una preocupación compartida y muy sentida en todos los países miembros de esta Organización y miembros de la OPS. Pero como dije al principio, es muy importante que continuemos una evaluación seria, serena y objetiva de lo que nos corresponde hacer en esta Organización. Al agradecer la iniciativa que ha tenido el Presidente del Consejo Permanente, lo quiero exhortar a que nos mantenga atentos a este tema y a que se convoquen reuniones en el futuro para discutir planes de contingencia de la Organización y de la Secretaría General.

Muchas gracias.

El PRESIDENTE: Thank you, Ambassador. The Chair recognizes the Representative of Argentina.

El REPRESENTANTE ALTERNO DE LA ARGENTINA: Gracias, señor Presidente.

Quisiéramos saludar la iniciativa de convocar esta reunión para tratar el tema de la influenza aviar. Agradecemos las exposiciones de la doctora Carissa Etienne y de la doctora Katherine Bliss.

Tomamos nota de varias observaciones que ha hecho la doctora Etienne, en particular hacia nosotros como funcionarios que adoptan decisiones políticas, y teniendo en cuenta que ahora los esfuerzos están concentrados en los países en riesgo, que están en la región de Asia. También tenemos en cuenta la necesidad de comenzar a desarrollar nuestros planes, tanto nacionales como regionales.

En ese sentido, los Ministros de Salud del MERCOSUR se reunieron el pasado 11 de noviembre en la ciudad de Montevideo y acordaron implementar un plan de acción conjunto para enfrentar los riesgos e impacto de una pandemia de influenza y gripe aviar. Asimismo, los Presidentes reunidos en su reunión del Consejo del Mercado Común, entre los días 7 y 9 de diciembre, también en la ciudad de Montevideo, resaltaron la relevancia de estos trabajos realizados por los Ministros de Salud y los instaron a trabajar coordinadamente con sus pares de agricultura para elaborar dicho plan, tanto de contingencia con componentes de vigilancia epidemiológica y zoonosaria, y para el control de la gripe aviar o de cualquier enfermedad con potencial pandémico.

Finalmente, vemos que los planes nacionales muchas veces se focalizan en la concentración de drogas antivirales y el futuro desarrollo de una vacuna contra esta gripe, pero entendemos que estos esfuerzos van a concentrarse en una proporción relativamente reducida de la población, en un 20%, y se deben implementar otros tipos de medidas sanitarias para protegerla a toda.

Gracias.

El PRESIDENTE: Thank you, Argentina. The Ambassador of the United States is recognized.

El REPRESENTANTE PERMANENTE DE LOS ESTADOS UNIDOS: Thank you, Mr. Chairman.

I would like to thank Dr. Etienne and Dr. Bliss for their clear, cogent, and thought-provoking presentations on the threat of the H5N1 strain of avian influenza and what it means for our region and for the world. I would also like to thank Carlos Manuel Echeverría for presenting the role and perspective of the Inter-American Institute for Cooperation on Agriculture (IICA) with regard to this very important issue.

Mr. Chairman, the United States has worked closely with countries of this hemisphere to build a response network to prepare against the threat of avian and pandemic flu, and we are very pleased that the Fourth Summit of the Americas resulted in a commitment by our leaders to finalize their national influenza pandemic preparedness plans (NIPPPs) by June 2006.

My delegation congratulates the Government of Brazil for successfully hosting the Hemispheric Conference on the Surveillance and Prevention of Avian Influenza in November and earlier this month. That conference provided a forum for our governments and private sector partners to make the necessary political, technical, and financial commitments to address the threat of avian influenza.

We have heard about the International Partnership on Avian and Pandemic Influenza. As you know, the United States hosted the meeting of the Partnership in October, and I note that the Chairman of the Permanent Council, Dr. Williams, attended. That was very important attendance.

The United States has contributed \$37 million globally to support containment efforts and to strengthen preparedness. Additionally, our economic development mission throughout the world, the U.S. Agency for International Development (USAID), has been working with host governments, with the Pan American Health Organization (PAHO), and with other partners to raise the awareness of the threat of pandemic flu and has been supporting planning and preparedness efforts.

We can reduce the potential impact of a pandemic. We can possibly save millions of lives if we take this threat seriously and prepare the necessary actions. I want to underline that the United States is a willing partner with the region to ensure that we all carry out the commitments that were made in Mar del Plata, in Brasilia, and in Washington to address this threat.

Mr. Chairman, I would like to take up the suggestion of the Ambassador of Guatemala about the need for the Permanent Council to be regularly apprised of this issue, particularly with regard to contingency plans and general information. My delegation considers the subject to be that important, and we are particularly grateful to you, Mr. Chairman, Dr. Williams, for your leadership on this issue. My delegation would welcome your continuing personal interest in it to keep us focused, as we should be, regularly over the next few years.

Thank you, Mr. Chairman.



El PRESIDENTE: Thank you, Ambassador. I am available. I don't know for how long, you know. [Risas.]

The Ambassador of Colombia is recognized.

El REPRESENTANTE PERMANENTE DE COLOMBIA: Gracias, señor Presidente.

En primer lugar, nuestra Delegación quiere agradecer las presentaciones que nos han hecho el día de hoy los distinguidos expertos sobre un tema tan importante para el mundo y para el cual todos debemos estar preparados, tanto en nuestros propios países como a nivel internacional.

En respuesta a la llamada de la Organización Mundial de la Salud (OMS), Colombia está desarrollando un plan de prevención y mitigación del impacto de la gripa aviar y está preparada para enfrentar esta enfermedad que actualmente afecta a los países del Sureste asiático y que podría llegar a nuestros países en los próximos meses.

En la construcción de este plan están involucradas varias entidades del sector de la salud, tanto a nivel central como departamental, el sector agropecuario y el Ministerio del Medio Ambiente, junto con la Organización Panamericana de la Salud (OPS), la Academia Nacional de Medicina y expertos del Programa Ampliado de Inmunizaciones.

El plan contempla, entre otras cosas, la preparación intersectorial para la emergencia, la vigilancia en salud pública, la investigación y manejo de casos, la prevención de la propagación de la enfermedad en la comunidad, la preservación de los servicios básicos, y la investigación y evaluación.

En materia de vigilancia en salud pública de los virus de la influenza en los humanos y animales, Colombia cuenta, desde 1997, con un Sistema de Vigilancia Viroológica Sentinela para Virus Respiratorios que incluye el virus de la influenza. Además, se están desarrollando actividades tendientes a fortalecer la vigilancia de la enfermedad respiratoria aguda a través de la implementación de los observatorios que funcionan en 16 centros de atención hospitalaria en Bogotá.

Todas las direcciones de vigilancia epidemiológica del país han sido capacitadas en las medidas que contemple el plan de prevención de la pandemia. Para el mejoramiento de la capacidad diagnóstica, se han fortalecido los laboratorios de salud pública en varios sitios del país.

El plan antipandémico prevee acciones de prevención y protección específica contra la influenza. Es así como se han programado en el Plan de Inmunizaciones 2005-2008, la aplicación de 5.400.000 dosis de vacunas para proteger a cerca de 3.300.000 niños entre 6 y 18 meses, y aproximadamente 500.000 adultos mayores de 65 años, con factores de alto riesgo.

Colombia reconoce que, si bien este plan no nos garantiza que la gripa aviar no llegue al país, sí permitirá reducir el impacto de la misma en las personas que eventualmente puedan verse afectadas.

Como una demostración de que el sistema de vigilancia previsto en el plan de prevención de la pandemia está funcionando correctamente, el Instituto Colombiano Agropecuario (ICA) detectó tempranamente un virus de influenza tipo A, por virus H-9, en pollos asintomáticos, el cuál es de muy baja patogenicidad en animales y casi inocuo para el ser humano. La oportuna respuesta técnica de

las autoridades colombianas para controlar la aparición del virus H-9 ha sido reconocida por los Ministros de Salud del Área Andina.

De igual forma, nuestro país hace parte del Grupo de Trabajo *Ad Hoc* Subregional Andino, que tiene como objetivo presentar una propuesta que permita enfrentar conjuntamente una eventual pandemia de influenza en la región.

Colombia coincide en la necesidad de seguir construyendo un proceso de intercambio veraz y oportuno de información y fortalecer la colaboración mutua, de acuerdo con los lineamientos de la OMS y la OPS, tal como se acordó en la Reunión de Ministros de Salud del Área Andina.

Gracias, señor Presidente.

EL PRESIDENTE: Thank you, Ambassador. Ambassador Roberto Álvarez of the Dominican Republic, you have the floor.

EL REPRESENTANTE PERMANENTE DE LA REPÚBLICA DOMINICANA: Muchas gracias, Presidente.

Gracias de nuevo por su iniciativa de traernos este tema al Consejo, el día de hoy. Igualmente, a las presentaciones de las doctoras Etienne y Bliss y el licenciado Echeverría.

Este es un tema de fundamental importancia y me han surgido muchísimas preguntas acá, muchas inquietudes. No sé si este es el momento para tener un intercambio de esa naturaleza. Pero de todas formas, tengo una pregunta. La doctora Etienne dijo que estamos en la fase o etapa cuatro en este momento y que podríamos pasar muy rápidamente a la fase seis. ¿Cuánto tiempo podría pasar entre una fase y la otra? Sé que no hay respuesta específica, pero dentro de las probabilidades, ¿hay alguna manera de determinarlo? Esta es una pregunta.

Por el otro lado, el licenciado Echeverría dijo que nadie puede asegurar que habrá una pandemia de gripe aviar; de todas manera, la doctora Etienne dijo que cada cierto tiempo –39 años– ha ocurrido una pandemia, y que están dadas las condiciones actualmente para que esta ocurra.

Mi pregunta a la Secretaría General, no sé si en este sentido se está haciendo algo dentro de la Secretaría para preparar el plan de contingencia que mencionó el Embajador de Guatemala y que apoyó el Embajador de los Estados Unidos, sobre el cual estoy totalmente de acuerdo. Pero creo que este plan de contingencia, además de la seguridad de los funcionarios, que obviamente debería tomarse en consideración, tiene que ir mucho más allá.

Mi inquietud es la siguiente: ¿Cómo podría acompañar el Consejo Permanente ante una pandemia? Es decir, ¿cuál sería el papel de este Consejo en un momento como ese? ¿Qué se hizo en la pandemia del 1968? ¿Qué ocurrió en la pandemia del 1958? ¿Qué hizo esta Organización anteriormente? ¿Cómo afectó a nuestro continente? Si en este momento no se le está dando la atención principal a las Américas, se está enfocando en otros continentes, ¿cuál fue el impacto de las pandemias de 1918, 1958 y 1968 sobre nuestro continente?

Es decir, hay muchísimas inquietudes. Creo que sería importante desde ya tener ese tipo de información. En consecuencia, le pido a la Secretaría, si ya está haciendo ese tipo de trabajo, que lo

acelere y que lo profundice, y en caso de que no, pues a ver si podría iniciarse y manteniendo, obviamente, un contacto sumamente estrecho con los organismos que ya están trabajando en este caso, obviamente la Organización Panamericana de la Salud, IICA, junto con las otras instituciones que han sido mencionadas.

Muchas gracias, Presidente.

El PRESIDENTE: Thank you, Ambassador. The Ambassador of Honduras is recognized.

El REPRESENTANTE PERMANENTE DE HONDURAS: Gracias, señor Presidente.

Primero, quisiera hacer un reconocimiento a su iniciativa de programar esta reunión sobre un asunto de gran relevancia para la vida de todas nuestras sociedades.

Segundo, quiero agradecer a la doctora Etienne, a la doctora Bliss y al licenciado Echeverría por ponernos al tanto sobre todos los esfuerzos que se están haciendo, tanto a nivel nacional como a nivel de conjunto, tanto internacional como hemisférico y subregional, para prevenir, establecer sistemas de vigilancia, y mantener alerta a nuestras sociedades ante la inminencia de esta influenza aviar.

Señor Presidente, creo que usted recordará que en la Declaración sobre Seguridad en las Américas que aprobamos en el mes de noviembre, en la Ciudad de México, en el 2003, se estableció que las pandemias son una amenaza para la seguridad de nuestros países. En ese sentido, alabamos nuevamente la iniciativa de traer este tema y también es un alivio tratar un tema de esta significación, especialmente como un alivio de la agenda un tanto abstracta en la cual nosotros nos desenvolvemos acá.

La doctora Etienne, en su presentación, en un punto especificó que el Banco Mundial no tiene una política prioritaria para la atención o asignación, tal vez, de recursos para nuestro hemisferio en la parte de prevención de la influenza aviar. Mi pregunta sería ¿qué podemos hacer nosotros para manifestar al Banco Mundial nuestro deseo de que podamos contar con más y mejores recursos para estos trabajos que ustedes nos han explicado esta mañana y que tienen mucha relevancia para el tratamiento y prevención en nuestros países?

Nuevamente, yo también quisiera agregar acá la concordancia de esta Delegación por la iniciativa presentada por el señor Embajador de Guatemala de que el Consejo Permanente mantenga este tema en su agenda a fin de que podamos contribuir, de una forma u otra, sea a través de políticas o el apoyo de nuestros gobiernos y, tal vez, por medio de alguna forma en que podamos comunicarnos con los otros organismos internacionales para hacer más efectiva la acción multilateral de lucha contra la influenza aviar.

Muchas gracias.

El PRESIDENTE: Thank you, Ambassador. The Representative of Brazil is recognized.

La REPRESENTANTE ALTERNA DEL BRASIL: Gracias, señor Presidente.

Inicialmente, quiero agradecer la iniciativa de promover esta reunión y de darnos la posibilidad de conocer los distintos esfuerzos que se están haciendo en el Hemisferio para combatir la gripe aviar.

Quiero agradecer igualmente el reconocimiento al Gobierno brasileño y a los esfuerzos que estamos haciendo para estar preparados para combatir a la gripe. Brasil es un gran productor de aves, un gran exportador, y desde el punto de vista económico, esto tiene un impacto y una relevancia muy grande. Y, en este sentido, la coordinación con la iniciativa privada es muy útil para que estemos efectivamente preparados en el caso de un brote.

Pero seguramente nuestra principal preocupación se refiere a que se produzca la transmutación y haya una transmisión de la gripe entre humanos. En este sentido, el país tiene una gran capacidad instalada de laboratorios y una capacidad de producción de vacunas y de medicamentos. Estamos trabajando en esto, como fue dicho acá. Y seguramente, ojalá no nos pase pero si llegamos a tener un brote, nuestra contribución no solo para el Hemisferio sino globalmente, será la posibilidad de efectivamente utilizar esta capacidad instalada para la producción de Tamiflu y de vacunas.

Muchas gracias.

El PRESIDENTE: Thank you. The Ambassador of Saint Lucia is recognized.

La REPRESENTANTE PERMANENTE DE SANTA LUCÍA: Thank you, Mr. Chair.

Let me join with the others in thanking Dr. Etienne, Dr. Bliss, and Dr. Echeverría for their extremely informative but frightening presentations. They were frightening in the sense that we hear that this pandemic is inevitable, yet, though we prepare, we are not sure whether our preparations will be of any help. We are not sure that we would have the right vaccines to combat the particular strain of the virus that may emerge. It is, indeed, frightening. We are preparing, but for what? We are not sure; we don't know what is going to happen.

So what do we do? We still continue to prepare; we still continue to work in this vacuum, believing that the preparation is for the particular strain that is present now. It is a little frightening, and I will continue to say that.

My concern is for our fledgling poultry producers, particularly in countries like mine where poultry production is being done on very small family farms. These people are not well informed about avian flu. We believe that they, too, could make a contribution by being educated and being informed. They might not wish to inform their government if they know that something is happening to their poultry, for the fear that their livelihood would be in jeopardy and that they would not be compensated, for instance, in the small states of the Caribbean, if the poultry sector were wiped out.

The Caribbean countries always try to work together on the regional or subregional level, so I would like to know how closely you have been working with the Caribbean Epidemiological Centre (CAREC). Are you working with CAREC on any programs to educate small poultry farmers, particularly in the Eastern Caribbean, which is where Saint Lucia is located?

Thank you.

El PRESIDENTE: Thank you, Ambassador Johnny of Saint Lucia. The Representative of Chile is recognized.

El REPRESENTANTE ALTERNO DE CHILE: Muchas gracias, señor Presidente.

Mi Delegación quería también unirse a las delegaciones que me precedieron en el uso de la palabra para agradecer, en primer lugar, a usted por haber traído este tema que es de gran relevancia al Consejo Permanente, y a los tres oradores que nos han dado una información muy clara sobre este problema que nos aqueja actualmente.

Señor Presidente, en octubre de este año, el Ministro de Salud de Chile, Pedro García, dio a conocer el Plan Nacional de Preparación para una Pandemia de Influenza Chile 2005, el que detalla la organización de las respuestas a las distintas fases del desarrollo de una pandemia y desde diferentes ópticas: comunicacional, control comunitario, vigilancia epidemiológica, respuesta de la red asistencial, uso de vacunas y antivirales, y vigilancia animal.

Este Plan, señor Presidente, se refiere a la influenza y al riesgo de pandemia y no a los actuales brotes de influenza aviar provocados por los virus H5N1. En Chile, el riesgo de influenza aviar es muy bajo, según informaciones del Ministerio de Salud. Sin embargo, no puede descartarse.

El objetivo principal del Plan es prepararnos para una eventual pandemia, situación que no se ha presentado ya que el virus de influenza aviar que ha producido casos humanos aún no es capaz de transmitirse de persona a persona.

En ese sentido, señor Presidente, yo quería aprovechar la oportunidad para preguntarles a los expertos qué grado de investigación hay en esta materia, porque entiendo que el problema sería cuando este virus pueda mutar y pueda transmitirse de persona a persona, según la explicación que nos han dado los expertos. Me gustaría saber cuál es el avance de la investigación científica en esa materia y qué posibilidades reales hay de que eso pueda ocurrir.

Quiero aprovechar también la oportunidad, señor Presidente, de agradecer a la Organización Mundial de la Salud y la Organización Panamericana de la Salud porque ayudó con su asesoría a nuestro país para poder elaborar este Plan Nacional.

Muchas gracias, señor Presidente.

El PRESIDENTE: You are welcome. It is clear that the presenters have piqued the interest of the representatives, and perhaps they have scared them—or both. We now give the presenters the opportunity to respond to the queries that were raised. I kindly ask that they be brief because we have time constraints.

La SUBDIRECTORA DE LA ORGANIZACIÓN PANAMERICANA DE LA SALUD: Thank you, Mr. Chairman.

It is not our objective to scare anybody, but we have to be knowledgeable about the facts, and we must learn how to utilize those facts to allay our fears and to work with our publics to ensure preparedness.

May I make a few comments? I will ask George and Otavio to make a few comments as well.

I agree that ongoing consultations with the Organization of American States are important. We probably need to develop a mechanism so that the OAS can accompany us as we engage with the other international organizations, particularly the international financial institutions (IFIs). We would be very happy to brief you from time to time on progress made in working with member states.

It is important to state that in working with countries as they define their national plans, we encourage them to plan as though we would not have vaccines and antivirals. We ask them to plan for the worst-case scenario. We recognize that in the event of a pandemic, it may well be that countries would move to nationalize whatever supplies they have, so it is quite possible that several of our countries would not have supplies of vaccines and antivirals.

However, recognizing the very real possibility that some small countries may not have supplies, the Pan American Health Organization (PAHO) is already developing a mechanism whereby the Organization would work with producers of vaccines and antivirals to ensure some level of stockpiling or availability in case of an outbreak.

I stated that we are now at Phase 3 of the pandemic, not Phase 4. Once human-to-human transmission is established, and even if it is localized, we can move very quickly to a pandemic scenario in which it will spread beyond the local setting and across continents. I have read that it could occur in as little as two to four weeks. I can't sit here and tell you that we are at Phase 3 and that in the next three or five months or the next year, we will move to Phase 6. This is one of the areas of uncertainty that surrounds the pandemic. That's why it is important that we institute measures to ensure readiness.

The World Bank places priority on Asia and Africa in its policy, but we have had discussions with the World Bank and it is willing to work with us to ensure some level of funding for Latin America and the Caribbean. I think we need to pursue that at the national and international levels. In fact, we have reached the point with the World Bank where we are asking them whether we can work together on country assessments in terms of preparedness and to develop the real cost of the epidemic for the various sectors. So we have been involved with the World Bank, and I am sure that the World Bank will be prepared to give funds to Latin America and the Caribbean regarding pandemic preparedness.

The Caribbean Epidemiology Centre (CAREC) is a member of PAHO's Task Force on Epidemic Alert and Response (EAR). CAREC has already held meetings with epidemiologists through the Caribbean, including the Eastern Caribbean, to put together a subregional plan that will help to inform national plans. We are planning a meeting in early 2006 with our Caribbean Program Coordination Office (CPC) in Barbados and our WHO/PAHO country representatives (PWRs) to ensure that we move from there to defining national plans for each of our countries that will be supported by the subregional plan.

The Caribbean Community (CARICOM) was represented at the Hemispheric Conference on the Surveillance and Prevention of Avian Influenza in Brasilia. CARICOM is also planning a meeting and is involved in the Caribbean Disaster Emergency Response Agency (CDERA) in that respect.

Some countries in the Caribbean have begun working on their national plans, but I would expect those to take off in early 2006.

I wanted to say too that Colombia experienced an outbreak of the H9 strain of avian flu, and we learned a few lessons from that. PAHO participated in the response and assisted Colombia through the Pan American Foot-and-Mouth Disease Center (PANAFTOSA). Although the H9 was a low-pathogenic influenza, surrounding countries immediately placed trade restrictions on Colombia, and there were international restrictions as well. It was not even a reportable condition because there is no compulsory reporting for low-pathogenic avian influenza, so we have to be very careful as to what and how we report. As we build transparency and greater collaboration and cooperation, we have to begin to examine our response.

It is extremely important that we get information to our small farmers and our domestic poultry producers. Compensatory schemes have to be developed. At our meeting with the World Bank, the issue came up, and the World Bank and the Inter-American Development Bank (IDB) separately have thought about ways to support countries by setting up compensatory mechanisms. I would think that for CARICOM, and for the Eastern Caribbean in particular, that probably would have to be done on a subregional basis. But compensatory schemes are being considered, because unless such schemes are set up and available to small farmers, they will not report, and we recognize that. It's one of the most critical issues in terms of avian influenza in the Caribbean and certainly in other countries.

Dr. Bermúdez, very quickly, and then Dr. Oliva.

EL JEFE DE LA UNIDAD DE MEDICAMENTOS ESENCIALES, VACUNAS Y TECNOLOGÍA DE LA SALUD DE LA ORGANIZACIÓN PANAMERICANA DE LA SALUD:  
Thank you very much, Dr. Etienne.

With your permission, Mr. Chairman, I will address very briefly two points in addition to Dr. Etienne's presentation and her last comments.

We met on November 21 here in Washington with all the current global and regional vaccine manufacturers. Two companies that are already producing vaccines are BIRMEX in Mexico and Instituto Butantan in Brazil. There is ongoing cooperation with current manufacturers to develop the technology so as to begin manufacturing a seasonal vaccine, and that will be linked to the pandemic vaccine as well. We are analyzing other possibilities here in the region and are seriously addressing capacity building and strengthening cooperation in the region.

We are estimating the antiviral needs for our region because we know that all the developed countries have addressed with Roche their need to stockpile Tamiflu for their populations. We know that we have to address all the regional needs; otherwise, rich countries will have antivirals and poor countries will not have access to them.

We are following very closely Brazil's request to Roche for technological cooperation. Roche has announced that it is analyzing 10 sublicensing possibilities, and we are discussing with Brazil's Ministry of Health the need to not limit the technology transfer from Roche to Brazil only. A regional approach, working together with the Pan American Health Organization (PAHO), is needed in order to advance in producing and storing antivirals and vaccines for our populations.

You may ask why we are stocking vaccines for only 15 to 20 percent of our population. We will not have the vaccine until we know the strain of the virus that is in effect. It is estimated that if we vaccinate or treat 15 to 20 percent of the population, we would be able to halt the pandemic. That is why other countries are talking about stockpiling vaccines and antivirals for 15 to 20 percent of their populations.

Thank you.

El ASESOR REGIONAL DE INFLUENZA DE LA ORGANIZACIÓN PANAMERICANA DE LA SALUD: Investing in epidemiological preparedness can help mitigate the impact of an influenza pandemic, and it can also help countries deal with any epidemiological emergency listed in the International Health Regulations (IHRs). This preparedness also positively affects natural disaster response.

Pandemic preparedness should strengthen current systems and infrastructure. This is not only a public health issue; it is a national issue, and so we recommend that the financial authorities in our countries participate in this process, because pandemic preparedness activities need to be incorporated into their national budgets.

Thank you.

La SUBDIRECTORA DE LA ORGANIZACIÓN PANAMERICANA DE LA SALUD: We didn't respond to the question about policing compliance with International Health Regulations (IHRs). A component of the IHRs is the ability of the World Health Organization (WHO) to independently collect information about countries and to move a team into countries for surveillance and to investigate outbreaks, so policing mechanisms are built into the IHRs.

Thank you.

El PRESIDENTE: Dr. Bliss, you have the floor.

La ASESORA POLÍTICA DE SALUD AMBIENTAL DE LA OFICINA DE ASUNTOS INTERNACIONALES DE SALUD DEL DEPARTAMENTO DE ESTADO DE LOS ESTADOS UNIDOS: Thank you, Mr. Chair.

I'll just address two small components of the questions that were posed regarding the International Health Regulations (IHRs) and communications strategies.

At the meeting of senior officials hosted by the International Partnership on Avian and Pandemic Influenza in early October, participants agreed that it would be important to encourage members of the Partnership to voluntarily begin to comply with the IHRs before they enter into force in 2007.

Another priority area that was discussed was the development of appropriate and relevant communication strategies at a variety of different levels. A strategy was needed at the national level for communicating with veterinary and health sector officials, and communications strategies were needed to deal with the agricultural sector, from the industrial agricultural sector all the way down to



the small farmers. The Partnership is taking these strategies very seriously and is working on developing them.

Thank you.

El PRESIDENTE: Dr. Echeverría, you have the floor.

El REPRESENTANTE DEL INSTITUTO INTERAMERICANO DE COOPERACIÓN PARA LA AGRICULTURA: Muchas gracias, señor Presidente. Voy a corresponder a su generosidad y a la paciencia de los excelentísimos señores Embajadores siendo breve.

Tres puntos muy precisos. Primero, con referencia a las expresiones de los Embajadores de Guatemala y la República Dominicana, nosotros consideramos que esta acción, inclusive hoy en día, donde están aquí dos entidades, parte del sistema interamericano, más la OEA representada en su Consejo y Secretaría General, es una demostración del valor que tiene el trabajo intrasistémico, y cómo, como sistema, podemos trabajar conjuntamente para acometer este tipo de situaciones difíciles y también para acometer oportunidades en otros casos.

Yo creo que el liderazgo de este Consejo y de la Secretaría General es vital dentro de ese trabajo intrasistémico y nosotros aspiramos, como el IICA, a poder seguir colaborando con la OPS y otros organismos del sistema y seguir gozando de la confianza y el apoyo, ojalá, irrestricto de ustedes. Nos parece muy importante.

Segundo punto, el Embajador de Honduras expresó que cómo podemos nosotros, decía él, nosotros, captar el interés de las entidades financieras internacionales para que colaboren. Quisiera decir, en primera instancia, que cuando nosotros invitamos, desde nuestra oficina en Washington, al Banco Mundial y al Banco Interamericano de Desarrollo (BID) a participar en una reunión, además de otras entidades subregionales, encontramos en ellos una actitud muy positiva, y una disposición muy grande de ir a Brasil. De hecho, el Banco Mundial participó con una delegación importante y creo que ellos están conscientes, obviamente, dentro de su orden de prioridades, del trabajo que tienen que realizar en apoyo al técnico y político, que ya se viene realizando en el Hemisferio.

Dentro de este contexto, nos parece muy importante que este Consejo, de alguna forma u otra, a través de los canales correspondientes en cada país, se ponga en contacto con los directores, no solamente en el Banco Mundial, en el BID, sino también en organismos como el Caribbean Development Bank, como la Corporación Andina de Fomento (CAF), como el Banco Centroamericano de Integración Económica (BCIE), y quizás se me olviden algunos, pero con todos ellos para que tomen conciencia de la necesidad de hacer un *pool* de recursos y colaborar con nosotros.

Como último punto, es importante también ver esto en una perspectiva estratégica. No se trata simplemente de prepararnos para esta emergencia, que obviamente en este momento requiere la mayor atención, sino que se trata con las debidas limitaciones –porque esto es como con los desastres naturales, que nunca se está plenamente preparado– pero se trata de ir estableciendo cada vez mejores sistemas que nos permitan enfrentar no solamente esta epidemia potencial sino epidemias futuras.

Agradezco muchísimo, señor Presidente. Lo felicito en nombre del doctor Brathwaite por la iniciativa de esta reunión, si se quiere, de emergencia, y por supuesto, a los señores Representantes por la atención y el interés que le están prestando al asunto.

Muchísimas gracias.

El PRESIDENTE: Thank you so much, Dr. Echeverría.

There are no further requests for the floor, so the Chair suggests that we take note of the presentations by Drs. Etienne, Bliss, and Echeverría and of the comments by delegations, which will all be included in the minutes of this meeting.

We will hold Dr. Etienne to her offer to keep us updated. I'll be Chairman of the Permanent Council for a few more weeks, but as a member of this Council, I certainly will maintain the important link between the Pan American Health Organization (PAHO) and the Organization of American States so that we can benefit from your invaluable knowledge and guidance.

Dr. Echeverría also spoke about the importance of strengthening the ties within the inter-American system, and I am sure that there are mechanisms for doing that.

It is very important that we remain alert and ready for this potential catastrophe. Fortunately, there are institutions working hard to prevent and minimize the impact of avian flu, and we are very grateful to them all.

On behalf of the members of the Permanent Council, I thank our special guests, Drs. Bliss, Etienne, and Echeverría, and the team from PAHO, for being here with us today. We also express our gratitude to their institutions—PAHO, the U.S. State Department, and the Inter-American Institute for Cooperation on Agriculture (IICA)—for their work.

This special meeting of the Permanent Council stands adjourned. We will take a five-minute break before opening the regular meeting of the Council.

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