

# GENERAL AGREEMENT ON

RESTRICTED

# TARIFFS AND TRADE

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## RESTRICTIONS ON EXPORTS FROM PERU FOLLOWING THE CHOLERA EPIDEMIC

### Communication from Peru

The following communication, dated 16 June 1992, has been received from the Permanent Mission of Peru with the request that it be circulated to contracting parties.

The Permanent Mission of Peru to the International Organizations at Geneva presents its compliments to the secretariat of the General Agreement on Tariffs and Trade (GATT) and has the honour to transmit herewith a copy of a communication No. HST/28/1 (229) sent to the Minister of Foreign Affairs of Peru by Mr. Carlyle Guerra de Macedo, Director of the Pan American Health Organization (PAHO), Regional Office for the Americas of the World Health Organization.

With reference to the cholera epidemic that has afflicted a number of Latin American countries, the PAHO communication states that the United States FDA and the European Economic Community after inspection visits to the affected countries and extensive active laboratory research, have decided to recommend the elimination of restrictions on commercial imports of food.

The communication also states that the joint "FAO-PAHO-WHO technical consultation on food safety in light of the cholera epidemic in the Americas", held in Buenos Aires from 6 to 8 April 1992, concluded that "none of the available analytical information relating to the controls imposed on food exports and/or imports showed any evidence that the spread of cholera is related to the commercial export of food".

Consequently, the Permanent Mission of Peru would appreciate it if the text of this communication could be brought to the attention of contracting parties, particularly those that imposed trade restrictions on products from countries affected by cholera.

The Permanent Mission of Peru takes this opportunity to renew to the GATT secretariat the assurances of its highest consideration.

Sir,

As of 22 April 1992, nineteen countries had been struck by cholera since the epidemic began in Peru in late January 1991. The cumulative total of cases now stands at approximately 500,000, with 4,600 reported deaths. The course of the epidemic over the last fifteen months suggests that cholera will continue to spread to the other countries of Latin America and the Caribbean and will become endemic in several of them.

Research carried out in various countries of the Region has shown that cholera is introduced into new areas by infected individuals, who may or may not be symptomatic. Subsequently, local transmission occurs through contamination of water or certain foods intended for human consumption. Some of these are eaten raw, while others may become contaminated during preparation as a result of improper food-handling techniques. This situation is exacerbated by the adverse health and sanitation conditions that prevail in the countries of the Region.

The governments have launched emergency actions aimed at preventing death, curtailing the spread of the disease, and lessening the economic and social impact of the epidemic. As a result of these efforts, only 1 per cent of those who have contracted the disease have died. Moreover, the incidence of cases is tapering off and the epidemic has spread less swiftly than was initially anticipated.

Early in the epidemic, several countries imposed restrictions on tourism and international trade in food products, thus attempting to prevent the introduction of cholera into new areas. Such measures proved to be extremely detrimental from an economic standpoint and did nothing to halt the spread of the disease. The Pan American Health Organization has acted in collaboration with governmental and specialized technical agencies to address this matter. In this connection, representatives of the United States Food and Drug Administration (FDA) and the European Economic Community, after inspection visits to the countries affected by the disease and extensive laboratory testing, have decided to recommend the elimination of restrictions on commercial imports of food products. Similarly, in the recent joint FAO/PAHO/WHO technical consultation on food safety in light of the cholera epidemic in the Americas, convened by PAHO in Buenos Aires from 6 to 8 April 1992, it was concluded that none of the available analytical information relating to the controls imposed on food exports and/or imports showed any evidence that the spread of cholera is related to the commercial export of food.

I would therefore like to underscore the need for the countries of Latin America and the Caribbean to ensure the application of Resolution XVII approved by the XXXV Directing Council of the Pan American Health Organization, which urges the Member Governments "not to apply to countries affected by the epidemic restrictions on passenger transit and imports of products from those countries which are not justified from the standpoint of public health".

In addition, I would like to call the attention of the Member Governments to the possibility that the adoption of measures restricting trade in our Region might encourage countries in other regions to reopen the matter and might provide them with a "justification" to impose restrictions on the import of products from Latin American countries.

The Pan American Health Organization is prepared to continue to provide technical co-operation to the member countries with a view to enabling them to face the challenge that cholera represents for health in the Region and do so in the spirit of solidarity and co-operation.

With my thanks for your co-operation in responding to this important request, I remain,

Sincerely,

(Signed) Carlyle Guerra de Macedo  
Director