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the directing council*

PAN AMERICAN SANITARY ORGANIZATION

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Topic 4 : PROPOSED PROGRAM AND BUDGET
OF THE
PAN AMERICAN SANITARY ORGANIZATION FOR 1957

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PROPOSED PROGRAM AND BUDGET OF THE
PAN AMERICAN SANITARY ORGANIZATION FOR 1957

Introduction

Pursuant to Resolution II of the 16th Meeting of the Executive Committee, the Director presented in Official Documents No. 12 a provisional draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1957 for the information of the VIII Meeting of the Directing Council. This preliminary draft, together with such comments or modifications as might be appropriate, was to be subsequently presented for consideration to the 28th Meeting of the Executive Committee, which has the constitutional function of preparing with the cooperation of the Director the proposed 1957 budget for review and approval by the IX Meeting of the Directing Council. To fulfill his duties of cooperating with the Executive Committee, the Director presents herewith his suggestions for modifications of the relevant portions of Official Documents No. 12.

During the early months of 1956 the program of the Pan American Sanitary Bureau, as the international health agency for the Americas, has been reviewed. Changes in the health needs of Member Governments as well as opportunities for expansion and for work in new fields have been carefully analyzed in relation to the potential capacity of the Bureau to provide the required international co-operation. As a result of this study, the Director feels strongly that it is his duty to recommend to the Executive Committee that the program of the PASO for 1957 be financed on the basis of a budget of \$2,400,000. In this respect, the Director wishes to make clear that the proposed increase of \$200,000 would meet only a fraction of the needs of Member Governments and of the opportunities for the Organization to render additional services in the field of international health.

As will be seen from this document, the recommended increase is necessary to meet urgent needs which fall largely into two categories: (a) revised estimates for statutory obligations and essential central services, and (b) expansion of some important field activities. The first category represents requirements which if met within the budgetary ceiling of 1956, would inevitably force reductions in the effective field program.

In regard to the first category, a survey carried out last year revealed that the salary scale for the staff recruited locally in Washington was not keeping in line with prevailing salaries paid by the U.S. Government and private institutions for similar and comparable jobs. With the concurrence of the World Health Organization,

a new revised salary scale was put into effect on 1 November 1955 on the basis of a 6% increase in the then-existing scale. Furthermore, the experience of the past year permitted a more accurate and realistic appraisal of the costs of such services as postage, cables, supplies, replacement of obsolete equipment, and reproduction of Official Documents of the Organization. Finally, it has been necessary to provide three posts to carry the workload in the services of reports, fellowships, and reproduction. The revised estimates for the above items represent a net increase of \$58,223 over the corresponding figures of Parts I and II of Official Documents No. 12.

The proposed increase in the field program (\$141,777) includes some very important activities requiring extension beyond 1956. There are also some additional projects which need to be expanded, namely Poliomyelitis, Diarrheal Diseases, Yellow Fever, and Zoonoses, details of which will be found in the body of this document.

It goes without saying that these projects represent the final selection from a long list of useful activities the implementation of which would far exceed funds currently available from all sources. As a matter of fact, activities which have been proposed to be financed with funds from the WHO Regular Budget and the UN Technical Assistance Program go beyond what can be expected from those sources.

In view of the reasons presented above, the Director requests that the Executive Committee give favorable consideration to a Program and Budget of PASO for 1957 in the amount of \$2,400,000. As national economies expand, the importance of public health to manpower and productive power increases steadily. It is believed that this is an investment which the Member Governments can and should make, and would be willing to do so.

Attached is a table showing assessments on governments in relation to the proposed budget. These assessments are based upon the scale adopted by the Council of the Organization of American States, which is binding upon the Member States of the Pan American Sanitary Organization (Article LX of the Pan American Sanitary Code).

SCALE OF ASSESSMENTS OF THE MEMBER
STATES OF THE PAN AMERICAN SANITARY
ORGANIZATION FOR THE FINANCIAL YEAR
ENDING 31 DECEMBER 1957, BASED ON
THE PAN AMERICAN UNION SCALE OF
1956-1957

<u>Country</u>	<u>Percentage</u>	<u>Amount</u>
	%	\$
Argentina	7.49	172,270
Bolivia	0.31	7,130
Brazil	7.52	172,960
Chile	2.07	47,610
Colombia	2.57	59,110
Costa Rica	0.25	5,750
Cuba	1.88	43,240
Dominican Republic	0.31	7,130
Ecuador	0.31	7,130
El Salvador	0.38	8,740
Guatemala	0.44	10,120
Haiti	0.25	5,750
Honduras	0.25	5,750
Mexico	4.82	110,860
Nicaragua	0.25	5,750
Panama	0.31	7,130
Paraguay	0.25	5,750
Peru	1.00	23,000
United States	66.00	1,518,000
Uruguay	1.08	24,840
Venezuela	2.26	51,980
	<u>100.00</u>	<u>2,300,000</u>

Assessments in respect to the territories of: *

France	5,525
Netherlands	2,815
United Kingdom	15,000

In accordance with Article LX of the Pan American Sanitary Code, the assessment scale adopted by the Council of the Organization of American States is binding upon the Member States of the Pan American Sanitary Organization.

* Amounts calculated in accordance with Resolutions XV and XL of the V Meeting of the Directing Council.

REVISION OF 1957 BUDGETComparison Between Estimates Contained in
Official Documents No. 12 and Revised Estimates

<u>Activity</u>	<u>OD 12</u>	<u>Revised Estimate</u>	<u>Increase (Decrease)</u>	<u>Remarks</u>
	\$	\$	\$	
PART I PAN AMERICAN SANITARY ORGANIZATION				
Sect. 1 <u>Conference Section</u>	76,349	77,800	1,451	Net result of increases and decreases due to revised wage scales and staff turnover.
Sect. 2 <u>Organizational Meetings</u>				
Ch. 1 X Directing Council	20,489	36,380	15,891	Increase represents higher cost in the reproduction of the <u>Official Documents</u> of the Organization.
Ch. 2 31st Executive Committee	19,000	19,000		No change.
Sect. 3 <u>Common Staff Costs, Part I</u>	24,200	22,990	(1,210)	Net result of increases and decreases due to revised wage scales and staff turnover.
TOTAL PART I:	<u>140,038</u>	<u>156,170</u>	<u>16,132</u>	<u>Total increases Part I.</u>
PART II PAN AMERICAN SANITARY BUREAU - HEADQUARTERS				
Sect. 1 <u>Executive Offices</u>				
Ch. 1 Office of the Director	93,421	101,790	8,369	Net result of increases and decreases due to revised wage scales, staff turnover, new Post P3 Reports Officer, and transfer of Post W16 Clerk Stenographer to Office of Coordination.
Ch. 2 Office of Public Information	15,960	16,780	820	Net result of increases and decreases due to revised wage scales, staff turnover, and post reclassified from W15 to W17 in 1956.
Ch. 3 Office of Coordination	6,665	10,530	3,865	Net result of increases and decreases due to revised wage scales, staff turnover and transfer of Post W16 Clerk Stenographer from the Office of the Director.

		<u>QD 12</u>	<u>Revised Estimate</u>	<u>Increase (Decrease)</u>	<u>R e m a r k s</u>
	PART II (Cont'd)	\$	\$	\$	
Ch. 4	Library	31,773	33,020	1,247	Increase due to revised wage scales.
Ch. 5	Editorial	54,876	55,180	304	Net result of increases and decreases due to revised wage scales and staff turnover.
Sect. 2	<u>Division of Education and Training</u>				
Ch. 1	Office of the Chief	13,710	14,110	400	Increase due to revised wage scales.
Ch. 2	Fellowships Branch	22,544	26,100	3,556	Net result of increases and decreases due to revised wage scales, staff turnover and new Post WL6, Clerk.
Ch. 3	Professional Education Branch	30,248	30,660	412	Net result of increases and decreases due to revised wage scales and staff turnover.
Sect. 3	<u>Division of Administration</u>				
Ch. 1	Office of the Chief	22,479	22,760	281	Increase due to revised wage scales.
Ch. 2	Supply Office	40,617	41,620	1,003	Increase due to revised wage scales.
Ch. 3	Administrative Management and Personnel Branch	31,446	31,830	384	Increase due to revised wage scales.
Ch. 4	Budget and Finance Branch	70,729	71,350	621	Net result of increases and decreases due to revised wage scales and staff turnover.
Ch. 5	General Services Office	108,173	114,810	6,637	Net result of increases and decreases due to revised wage scales, staff turnover, and re-establishment of Post WL5, Machine Operator.
Sect. 4	<u>Division of Public Health</u>				
Ch. 1	Office of the Chief	34,395	33,600	(795)	Net result of increases and decreases due to revised wage scales and staff turnover.

	<u>Activity</u>	<u>OD 12</u>	<u>Revised Estimate</u>	<u>Increase (Decrease)</u>	<u>Remarks</u>
	PART II (Cont'd)	\$	\$	\$	
Ch. 2	Health Promotion Branch	21,011	21,580	569	Increase due to revised wage scales.
Ch. 3	Communicable Diseases Branch	76,783	79,330	2,547	Net result of increases and decreases due to revised wage scales and staff turnover.
Ch. 4	Environmental Sanitation Branch	16,140	16,630	490	Increase due to revised wage scales.
Sect. 5	<u>Common Staff Costs</u>	185,168	190,730	5,562	Net result of increases and decreases due to revised wage scales, staff turnover, and revised entitlements.
Sect. 6	<u>Common Services</u>	73,861	79,680	5,819	Increase due to revised requirements for postage, cables, supplies, reproduction, and replacement of obsolete equipment.
	TOTAL PART II	<u>942,992</u>	<u>992,090</u>	<u>42,091</u>	<u>Total increases Part II.</u>
	PART III				
	PAN AMERICAN SANITARY BUREAU -				
	FIELD AND OTHER PROGRAMS				
Sect. 1	<u>Zone Offices</u>				
Ch. 1	Zone II	75,886	80,020	4,134	Increase due to revised wage scale and higher cost of statutory travel.
Ch. 2	Zone III	89,666	90,440	774	Net result of increases and decreases due to new established post GL5, Clerk, staff turnover and lower cost of statutory travel.
Ch. 3	Zone IV	93,366	94,240	874	Net result of increases and decreases due to revised wage scale and staff turnover.
Ch. 4	Zone V	60,085	60,150	65	Net result of increases and decreases due to revised wage scale, staff turnover and lower cost of statutory travel.

	<u>Activity</u>	<u>OD 12</u>	<u>Revised Estimate</u>	<u>Increase (Decrease)</u>	<u>Remarks</u>
	PART III (Cont'd)	\$	\$	\$	
Ch. 5	Zone VI	104,902	90,850	(14,052)	Net result of increases and decreases due to revised wage scales, lower cost of statutory travel and revised rates of exchange when converting U.S. Dollar currency.
Ch. 6	Field Office Zone I Jamaica	30,947	31,390	443	Net result of increases and decreases due to new established post, J13, Clerk Typist, and lower cost of statutory travel.
	Total Sect. I	<u>454,852</u>	<u>447,090</u>	<u>(7,762)</u>	

Sect. 2 ProgramsZone I

AMRO-22: Training
Center for Public
Health Nurses and
Sanitary Inspectors

12,400	12,400	-	No change.
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Zone II

Cuba-1: Aedes aegypti
Eradication

35,023	37,630	2,607	Increase due to staff turnover.
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Dominican
Republic-4: Reorganization of
Local Health
Services

37,948	36,490	(1,458)	Decrease due to lower statutory travel.
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Dominican
Republic-52: Venereal Diseases
Control

13,276	13,390	114	Net result of increases and decreases due to changes in entitlements.
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Haiti-I: Yaws
Eradication and
Syphilis Control

14,057	10,590	(3,467)	Decrease due to staff turnover and delays in recruitment.
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<u>Activity</u>	<u>OD 12</u>	<u>Revised Estimate</u>	<u>Increase (Decrease)</u>	<u>Remarks</u>
PART III (Cont'd)	\$	\$	\$	
Haiti-9: Public Health Laboratory	-	13,250	13,250	Increase due to extension of project.
Mexico-13: Venereal Diseases Training Course	300	300	-	No change.
Mexico-11: Course for Nursing Instructors	-	13,100	13,100	Increase due to extension of project and inclusion of one fellowship award of \$4,000.
Mexico-12: National University School of Nursing	28,517	28,320	(197)	Decrease due to staff turnover.
<u>Zone III</u>				
AMRO-54: Assistance to INCAP				
Technical Advisory Committee	3,000	3,000	-	No change.
Council	3,000	3,000	-	No change.
STC	7,800	7,800	-	No change.
<u>Zone IV</u>				
Bolivia-10: Public Health Services	40,431	42,050	1,619	Net result of increases and decreases due to changes in entitlements.
Colombia-52: Yellow Fever, Carlos Finlay Institute	31,648	31,600	(48)	Decrease due to cancellation of premiums for surety bond.
AMRO-83: Typhus Control (Bolivia, Peru)	7,700	2,600	(5,100)	Decrease due to reduction in length of service of short-term consultants.

<u>Activity</u>	<u>OD 12</u>	<u>Revised Estimate</u>	<u>Increase (Decrease)</u>	<u>Remarks</u>
PART III (Cont'd)				
<u>Zone V</u>				
Brazil 51: Yellow Fever Laboratory	6,818	6,540	(278)	Decrease due to change in rate of exchange.
<u>Zone VI</u>				
Argentina-51: Aedes aegypti Eradication	34,625	28,800	(5,825)	Decrease due to reduction in duty travel and changes in entitlements.
<u>Inter-Zone</u>				
AMRO-35: Fellowships (Unspecified) (Inter-Zone)	64,520	64,520	-	No change.
AMRO-43: Hydatidosis Control (Zone VI)	14,000	14,000	-	No change.
AMRO-57: Yellow Fever Studies (Zone III)	39,941	68,120	28,179	Increase due to establishment of two additional posts, Pl Sanitarian and a consultant for three months, and additional provision for supplies and equipment, fellowships, duty travel and contractual services. (See narrative Page11).
AMRO-75: Statistical Education (Inter-Zone)	19,600	19,600	-	No change.
AMRO-81: Pan American Zoonoses Center (Inter-Zone)	-	12,000	12,000	Represents the cost of the post of the Director for the Zoonoses Center established under PASB funds. Other requirements funded by UN/TA. (See narrative Page13).
AMRO-88: Adviser on Aedes aegypti Eradica- tion (Inter-Zone)	19,066	19,070	4	No change; figure rounded off.

<u>Activity</u>	<u>OD 12</u>	<u>Revised Estimate</u>	<u>Increase (Decrease)</u>	<u>Remarks</u>
PART III (Cont'd)	\$	\$	\$	
AMRO-90: Eradication of Malaria (COMEP) (Inter-Zone)	100,000	100,000	-	No change.
AMRO-92: Poliomyelitis (Inter-Zone)	-	40,300	40,300	Expansion of this important activity. (See narrative Page 14).
AMRO-94: Control of Diarr- heal Diseases in Childhood (Inter-Zone)	16,700	66,700	50,000	Expansion of project in all phases. (See narrative Page 16).
	550,370	695,170	144,800	
INCAP Admini- stration	31,017	31,420	403	Increase due to change in statutory entitlements.
Field Office El Paso	27,224	27,560	336	Net result of increases and decreases due to staff turnover and changes in statutory entitlements.
Total Sect.2:	608,611	754,150	145,539	Total increase Programs.
Sect. 3 Publications				
Ch. 1 PASB Bulletin	30,000	30,000	-	No change.
Ch. 2 Weekly and Quarterly Epidemiological Report	1,500	3,500	2,000	Provision for purchase of special publications and guides.
Ch. 3 Special Publi- cations	10,000	12,000	2,000	Provision for additional publications.
Ch. 4 AIDIS Journal	5,000	5,000	-	No change.
Total Sect.3:	46,500	50,500	4,000	Total increase Publications.
TOTAL PART III:	1,109,963	1,251,740	141,777	Total increase Part III.
TOTAL: ALL PARTS	2,200,000	2,400,000	200,000	Total Overall Increase.

PROJECT DESCRIPTIONS

AMRO-57

YELLOW FEVER STUDIES

The outbreaks of yellow fever in recent years in Central America and Trinidad, and the continued presence of the disease in many places in Brazil, Colombia, Venezuela, and elsewhere, in spite of intensive vaccination of the human population, show very clearly that there are still a great many aspects of the epidemiology of yellow fever which need to be studied. It is now obvious that yellow fever virus is permanently ensconced in the jungles in several places in South America, and that it cannot be eradicated from its last refuge with any procedure now known.

This project was originally set up to study the epidemiology of the current wave of jungle yellow fever in Central America and to help the Member Governments provide protection against the disease to their citizens. This epidemic is unique in the degree to which it was preceded and accompanied by a fatal epizootic in the monkeys of the region--so much so that the progress of the yellow fever virus could be traced by the monkeys it killed through large areas in which there were no human fatalities.

The epidemic appeared to have burned itself out in northern Honduras in late 1954. But such was not the case, for in February 1956 two monkeys dead of yellow fever were found in eastern Guatemala, as well as two more near Esparta, Honduras. This locality is only 20-30 kilometers from the place where two monkeys dead of yellow fever had been collected in July and August 1954. Furthermore, extensive studies of mosquitoes in the area have revealed that the well-known South and Central American vector of yellow fever, Haemagogus spegazzinii falco, does not occur in the places where these six monkeys were killed by yellow fever virus. Therefore, it seems that some other vector transmits the virus in this region. This matter needs to be studied.

It is expected that the Central American epidemic will resume its advance to the north and east into British Honduras and the Guatemalan Petén, thence into the Mexican States of Chiapas, Tabasco, and Vera Cruz.

In 1957 the area in which these epidemiological studies are to be carried out is expanded to all areas of the Americas wherever yellow fever may occur.

Epidemiological studies of yellow fever involve the use of a variety of laboratory procedures, such as: the isolation of virus from man, from monkeys and other warm-blooded forest vertebrates, and from mosquitoes and other blood-sucking arthropods; serologic studies of man, monkeys, and other vertebrates, using one or more different techniques; the collection of human and monkey tissues for

histopathologic examination; and taxonomic and distributional studies of mosquitoes. All the laboratory procedures need to be coordinated by adequate field observations so that the all-important ecological aspects of the problem may receive full attention.

Close cooperation is envisaged with several interested scientific institutions, among which are the Carlos Finlay Institute, the Gorgas Memorial Institute, and the Rockefeller Foundation Virus Laboratories.

Provision is requested for continuing the services of one medical officer, one entomologist, and two sanitarians, as well as the insect collectors who may be needed. Since 1955 the Rockefeller Foundation has been contributing the services of an additional medical officer whose duties are those of adviser on studies of the epidemiology of jungle yellow fever. Provision has also been made for the PASB to assume the cost of the services of this medical officer late in 1957. Fellowships are also provided. Funds have been included for the purchase of the equipment which will be required to enable one or more strategically located public health laboratories to undertake studies of yellow fever virus.

Budget Estimates for 1957

1 Medical Officer (P.5)	\$11,420
1 Entomologist (P.3)	9,320
1 Sanitarian (P.1)	7,140
1 Sanitarian (P.1)	7,210
1 Consultant (3 mos)	2,120
Duty Travel	13,910
Supplies and Equipment	8,000
Fellowships	6,000
Contractual Services	<u>3,000</u>
	<u>\$68,120</u>
Project calculations in <u>Official Documents No. 12</u>	- <u>39,941</u>
Net increase	<u>\$28,179</u>

ANRO-81

PAN AMERICAN ZOOSES CENTER

The first formal action concerning the international zoonoses center was taken in Caracas, in February 1953, when on the basis of a proposal by the Government of Argentina, the Inter-American Economic and Social Council, at its III Special Session, resolved to "request that the Coordinating Committee on Technical Assistance, within the established regulations, in the next program (1954) of Technical Cooperation of the Organization of American States, consider the inclusion of a project for the creation of a Training Center for the Study and Control of Zoonoses."

This subject was referred to the Bureau, which, following a detailed study, decided that it would be appropriate for international action and presented a project proposal. The project was approved by the Inter-American Economic and Social Council (Resolutions 1/54 and 20/54) as part of the Program for Technical Cooperation of the OAS for operation as soon as funds were available. No funds were available in 1954 or 1955. There is no prospect of funds from this source in 1956 or 1957.

The VIII Meeting of the PASO Directing Council considered this problem in September 1955. In the discussion of this subject the government delegates stressed the importance of zoonoses as a problem in the Americas and the need for a Center of the type proposed. They also took note of the fact that this proposal was circulated to all governments and a majority of them have expressed in writing their desire to participate. In order to promote the development of this activity, the Directing Council authorized the Director of the Pan American Sanitary Bureau to take appropriate measures so that the Pan American Zoonoses Center may receive, at the earliest possible date, the funds required for its operation.

In view of the above mandate of the Directing Council, the Director considered possible sources of funds and decided to submit the proposal to the Director-General of WHO for presentation to the Technical Assistance Board for financing under the UN Program of Technical Assistance. This project has now been included provisionally in the TA Program for 1957, for the limited amount of \$45,000.

As the prospective funds from the UN Program of Technical Assistance will be inadequate, it is proposed to assure initiation of the Center by providing the Director of the Center from PASB.

The proposed budget for this project for the first year of operation is set forth below. These budgetary provisions include the basic international personnel and a small amount for supplies. In future years, it is expected to obtain more funds from the UN

Program of Technical Assistance, and from any other available sources, to provide fellowships for the training courses and to provide more supplies.

Budget Estimates for 1957

	<u>PASB</u>	<u>UN/TA</u>
1 Director (P.5))	\$11,650	
1 Epidemi-Epizootiologist (P.4))		
1 Comparative Pathologist (P.4))		\$31,740
1 Administrative Officer (P.2))		
Duty Travel	350	
Short-term Consultant (3 mos.)		3,900
Supplies and Equipment		6,360
Contractual Services		3,000
	<u>\$12,000</u>	<u>\$45,000</u>

AMRO-92

POLIOMYELITIS

Poliomyelitis is causing growing concern to the health administrations of many countries of the Continent. The incidence of paralytic poliomyelitis is increasing in countries where the disease has been present for some time, and the disease is appearing in areas previously believed to be free. The last epidemic in Argentina, as well as the epidemics which occurred recently in Chile, Haiti, Costa Rica, Jamaica, and Mexico, not to mention the United States and Canada, are good examples.

The availability of a vaccine that has already been used with reported good results in mass vaccination campaigns in several countries, especially the United States, Canada, and Denmark, has aroused the interest of the countries of the Region in tackling and solving the poliomyelitis problem. Some of them are already producing or taking steps toward the production of a vaccine.

The successful use of this vaccine, as well as future developments in this field, may depend on the knowledge of the characteristics of the prevalent poliomyelitis viruses in the various countries, as well as of other associated viruses.

On the other hand, if a mass vaccination campaign is considered advisable in a given country or area of a country, it would be necessary to decide which groups would have to receive the vaccine to obtain the maximum benefit with minimum costs.

In countries where accurate records of the age incidence of paralytic poliomyelitis over a number of years are not available or are incomplete, serological surveys will have to be carried out to obtain good information on the general immunological status of the population. For carrying out this type of work, laboratory facilities and highly trained scientific personnel are necessary. Both are lacking or insufficiently developed in many countries of the Region.

The WHO has organized a world network of Regional Laboratories designated as Poliomyelitis Centers for the isolation, typing, and further study of poliomyelitis virus. Owing to the limited funds available, it has been possible to establish only one Regional Center in the Americas, namely, the Poliomyelitis Unit of the Section of Preventive Medicine of Yale University.

The extension and importance of the problem in the Continent requires that more emphasis be put on the study of poliomyelitis and that an effort be made to establish more poliomyelitis centers to permit better coverage of the problem in the Americas.

The increasingly frequent and devastating poliomyelitis epidemics have resulted in larger numbers of crippled children, adolescents, and even adults, creating a more urgent need to establish measures for their rehabilitation. Requests for assistance in this field have already been received from several countries.

Other virus diseases are also being recognized as of great importance from the public health point of view. A better knowledge of laboratory diagnostic and preventive methods available is advisable and must be stimulated.

This project will enable the WHO/PASB to fulfill its coordinating function, acting as a clearing center for technical, epidemiological information and research activities, organizing training courses and seminars, and channelling all available resources for assistance to countries in normal as well as in emergency conditions.

This project provides:

- 1) Consultant services to help in the organization of virus laboratories, and in the study of specific problems related to poliomyelitis.
- 2) Fellowships for training in the modern techniques of virology, particularly in the field of poliomyelitis.
- 3) Consultant services for the therapy of poliomyelitis cases and physical rehabilitation.

- 4) Fellowships for training in rehabilitation techniques, according to needs and availability of national personnel.
- 5) Some essential equipment difficult to obtain locally for laboratory work.
- 6) A laboratory course on the application of virus techniques for the diagnosis, epidemiology, and control of poliomyelitis and other virus diseases.

Budget Estimates for 1957

Poliomyelitis, Short-term Consultant (6 mos)	\$ 7,800
Rehabilitation, Short-term Consultant (5 mos)	6,500
Fellowships	8,000
Supplies and Equipment	2,000
Virus Training Course	<u>16,000</u>
	<u>\$40,300</u>

(Above is separate from provision under WHO funds of fellowships and supplies and equipment for a total of \$12,000 as shown in Official Documents No. 12).

AMRO-94

DIARRHEAL DISEASES

Diarrheal diseases are among the major health problems in Latin America. Statistics indicate that diarrhea is one of the principal causes of death in almost all the Latin American countries and is the leading cause in nine countries. Excessive death rates are noted in children under five years of age. In eight countries in 1952 the infant death rates from diarrheal diseases were ten times higher than the lowest recorded country rate in the Americas. The contrast was even sharper for the age group 1-4 years; in three countries the death rates were 150 times higher than the lowest rate.

The high levels of illness from diarrheal disease resulting in the excessive death rates impose a heavy burden on the limited financial and professional resources of the health services.

The purpose of this project is to collaborate in the development of programs in Latin America for the substantial reduction of mortality and morbidity due to diarrheal diseases. There are two specific methods capable of potential application on a mass scale, namely, availability of water in homes for personal cleanliness and simple means for prevention and early treatment of severe dehydration, which is the lethal factor of the disease.

One immediate objective is to apply these methods under the prevailing conditions in Latin America, and at the same time evaluate their effectiveness for use in other areas. Another important objective is to assist in the study of the complex etiology of these diseases, with particular reference to the relationship of malnutrition. Such studies are an essential basis for sound program planning on a national and regional basis for the removal of diarrheas as a major cause of death in the Americas.

In order to achieve these objectives, the Organization proposes to collaborate with interested governments in the development and evaluation of the following phases of their public health programs: (a) increased availability of water in selected communities where diseases have high incidence; (b) early oral rehydration, making full use of auxiliary health workers, as a simple lifesaving measure in areas lacking adequate medical care facilities. In connection with INCAP, studies will be carried out to ascertain the epidemiological distribution of etiologic agents and the relation of diarrheal disease to nutritional deficiencies, particularly in children under five years.

A team of special consultants will assist in these programs, which will be continuously focused on short cuts for practical application. These consultants will be available for collaboration with all interested governments.

For 1957 the budget provides for an epidemiologist, a bacteriologist, a statistician and a nurse, for limited supplies and equipment, and local contractual services. In 1958 the budget will be expanded according to the needs and requests of the countries, including the additional personnel and fellowships. The project is planned to permit development of long-term programs directed to the prevention of morbidity and mortality from diarrheal disease.

Budget Estimates for 1957

1 Medical Epidemiologist (P.4)	\$10,940
1 Medical Bacteriologist (P.4)	10,940
1 Statistician (P.2)	7,800
1 Public Health Nurse (P.2)	5,320
Contractual Services for local personnel	6,000
Duty Travel	1,000
Supplies and Equipment	<u>8,000</u>
	<u>\$50,000</u>

(Above is in addition to budgetary provision under PASB in Official Documents No. 12 for a seminar costing \$16,700).