



*executive committee of
the directing council*

PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

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PROPOSALS FOR THE WHO DIRECTOR GENERAL'S DEVELOPMENT PROGRAM, 1978-1979

The Twenty-ninth World Health Assembly, meeting in May 1976, adopted Resolution WHA29.48 which requires that by 1980 no less than 60 per cent of the regular funds of WHO be budgeted for technical cooperation and provision of services in benefit of the Member Countries. In responding to the desires expressed by the World Health Assembly, the Director-General has initiated a progressive reduction, to take place over several years, of the activities carried out at the Headquarters Office in Geneva. The funds released will be transferred to a new account to be known as the "Director-General's and Regional Directors' Development Program."

The Director-General will make funds available to the six Regions within this Program. The Region of the Americas will be allotted \$440,000 for 1978 and \$660,000 for 1979. These funds are to be spent on projects proposed by the Regional Director and agreed to by the Director-General and the Regional Committee. Also, the Director-General has invited the Regional Directors to submit projects additional to those being funded out of the allocations provided each Region which he will consider in the light of their relative merits.

The Director-General has indicated that the projects to be undertaken should involve genuine technical cooperation activities and that small fragmented projects should be excluded. Priority should be given to projects involving multidisciplinary participation and to a number of research and development institution building activities within the concept of technical cooperation between developing countries (TCDC), in fields such as primary health care, advancement of appropriate technology, health administration and managerial skills. Examples of projects that might be included are research promotion and development, expanded programs of immunization, diarrheal diseases, and extension of coverage.

In accordance with the wishes of the Director-General, the Director is pleased to present to the Executive Committee a series of proposed projects, contained in the Annex to this document. Comments and suggestions from the members of the Executive Committee would be welcomed by the Director in order that he can draw up proposals for the Directing Council.

Should any health authority wish to undertake activities along the lines indicated above, the Director will make every effort to respond within the means of the resources available.

Annex

PROJECTS FOR POSSIBLE FUNDING FROM DIRECTOR GENERAL'S DEVELOPMENT PROGRAM

1. Intercountry research in methods for development of community participation in primary health care programs

Through a five-year study an appropriate technology for rural community participation in health service programs would be developed. Local communities in Latin America vary greatly in background, ethnic composition and even in language. The study will focus on the nature of community concepts of health, the indigenous health system and its reconciliation with modern health service practices.

Estimated funding: 1978 - \$150,000, 1979 - \$225,000

2. Regional program for control of diarrheal diseases

These widespread diseases cause a heavy excess of deaths in the 0-4-years age group. Basic oral rehydration techniques are life saving in most cases, and simple enough to be taught to mothers by auxiliaries as a normal local health service activity. The program would emphasize development of national self-sufficiency in production of oral rehydration salts, and training of local health service personnel.

Estimated funding: 1978 - \$125,000, 1979 - \$175,000

3. Expanded program of immunization in the Americas

Deaths from immunizable diseases are no longer tolerable, but immunity levels are low. Technical cooperation would be offered in establishment of surveillance mechanisms, identification of problem areas, training of personnel, national vaccine production and development of simplified methods for use in basic local health units. Funds would be sought elsewhere to establish a revolving fund for the purchase of vaccines.

Estimated funding: 1978 - \$200,000, 1979 - \$350,000

4. Emergency preparedness

Earthquakes, floods, hurricanes, droughts and other disasters are all too common. Assistance would be offered to Governments to create permanent units with trained personnel to cope with disasters. These units would be prepared in advance with standby plans for the different disaster probabilities. Training is important, as is direct assistance after a disaster has occurred. A research phase would concentrate on the epidemiology of different types of disasters and on methods of coordination to minimize duplication and confusion in relief efforts.

Estimated funding: 1978 - \$130,000, 1979 - \$175,000

5. Improvement of public health and clinical laboratories

Central or national public health laboratories that are equipped and capable of developing and improving a national laboratory system are extremely rare. The immediate objective is to build up at least three agreed upon national laboratories which could then serve as regional centers for training of personnel from nearby countries. Attention would be given to such activities as production and control of diagnostic reagents, use of test procedures, training of personnel, testing of satellite laboratory performance, and methodological research in test procedures.

Estimated funding: 1978 - \$150,000, 1979 - \$200,000

6. Development of an appropriate technology for primary health care

Testing of various methods for provision of primary health care. Methods already in use would be studied critically and evaluated. Guides for training, utilization and supervision of auxiliaries would be developed. A major center might be developed for research and training in methods to be developed and used.

Estimated funding: 1978 - \$100,000, 1979 - \$180,000

7. Identification of an appropriate technology in environmental health through collaborating institutions

Subregional institutions would be identified, and each assisted to study and develop appropriate technologies in environmental health within its own subregion. Technologies which might be developed include simple single dwelling and rural community water supply and excreta disposal systems; rural housing sanitation; and methods of community self help.

Estimated funding: 1978 - \$180,000, 1979 - \$320,000

8. Traffic accidents

Death rates from traffic accidents in Latin America are estimated at 10 to 15 times those of Canada and the United States of America. Only in two or three countries are there strong efforts at coordination among health, police and highway planning sectors. The objective of this project would be to bring together in workshops, seminars, etc. the various government agencies involved.

Estimated funding: 1978 - \$160,000, 1979 - \$200,000

9. Training in supervision and consultation in local health service units

There exist in most countries well qualified consultants and supervisors within central ministries of health. Lack of funds, means for easy travel and other factors, however, make it difficult for these professionals to provide necessary help and advice at the local level. A simple program is planned to provide a series of "in-service" or "continuation" training sessions for local health workers, using qualified professionals already available as teachers. Vehicles and training aids would be provided, and training programs would be decentralized, i.e., carried out in the health centers where local health workers are available.

Estimated funding: basic staff per year, \$85,000; each country per year, \$50,000

10. Special project (for possible funding above allotment ceiling):
Training in health facilities maintenance and biomedical engineering

The maintenance of health, hospital and scientific equipment is a serious problem throughout Latin America. The cost of technical equipment is high since much of it must be imported, and there is a serious shortage of trained technicians to repair and maintain it.

The only organized program for training of biomedical engineers in Latin America was created in Venezuela in 1967 with PAHO/WHO collaboration. This center is now providing excellent leadership throughout the Region.

It is proposed to establish a center for training and practical research in biomedical engineering in an appropriate location. This center would give training in maintenance to national leaders, and carry out practical studies on methods within the Latin American context. The design of hospitals and health centers for ease of maintenance under Latin American conditions would also be an appropriate function of the center.

The center could be initiated in 1978 or 1979 with a first year budget of \$200,000 to \$300,000. Within five years the annual cost would be in the neighborhood of \$1,000,000.