

directing council



PAN AMERICAN
HEALTH
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XI Meeting

regional committee

WORLD
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Topic 9: PROPOSED PROGRAM AND BUDGET OF THE PAN AMERICAN
HEALTH ORGANIZATION FOR 1960

The proposed program and budget of the Pan American Health Organization for 1960 has been distributed separately as Official Document No. 28. In accordance with the financial regulations this proposed program and budget was submitted to the 37th Meeting of the Executive Committee for examination. The recommendations of the Executive Committee are contained in its report (Document CE37/17) which is attached hereto and is submitted in accordance with Resolution I of that Meeting.

Annex: Document CE37/17



*executive committee of
the directing council*

PAN AMERICAN
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WORLD
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REPORT OF THE EXECUTIVE COMMITTEE TO THE DIRECTING COUNCIL ON THE
PROPOSED PROGRAM AND BUDGET OF THE
PAN AMERICAN HEALTH ORGANIZATION FOR 1960

At the first and second plenary sessions of its 37th Meeting, the Executive Committee examined the proposed program and budget of the Pan American Health Organization for 1960 (Official Document No. 24 and Document CE37/11), prepared by the Director of the Pan American Sanitary Bureau.

The Director presented to the Executive Committee some considerations of a general nature on the proposed program and budget of the Pan American Health Organization for 1960.

He began by explaining that the programs of the Organization are based on the policies established by its governing bodies and on information which the Bureau is constantly accumulating with regard to health problems in the countries and their respective priorities. Of equal importance are the quantity and quality of existing knowledge and experience useful for solving these problems and the desire of the Member Governments in relation to those considered most urgent and for which international cooperation through PAHO is required. These were the guiding considerations in preparing the 1960 program based on the provisional draft that was submitted to the XV Pan American Sanitary Conference, and now being presented to the Committee for more detailed analysis. A review of this kind will make it possible to set guidelines for the Bureau to follow in preparing the document to be submitted to the Directing Council. The Director emphasized this point because he recognizes that the Bureau is an instrument of the governing bodies, which establish the principles to be followed.

The program presented is based on advice received from the experts of the PASB, stationed in the various countries, who are in direct contact with the governments, analyzing the needs and establishing priorities, under the Bureau's broad lines of action: dissemination of knowledge and experience; technical advice for improving public health services so that

this knowledge can be placed within reach of the countries' inhabitants; and advisory services to the Member Governments in matters of organization, understood in the higher sense of leadership and basic policy in the interest of public health progress. The three broad lines of direct action that have been followed by the Pan American Health Organization can be plainly discerned in this program.

First of all there is the objective of eliminating the major pestilential diseases, of eradicating communicable diseases as existing knowledge permits, a task in which the malaria program is first in importance, not only because of the widespread prevalence of this disease in the Hemisphere -- malaria is still a threat to 86 million persons, for whom programs are in various stages of development -- but also, and equally important, because of its economic significance. The 1960 program also reflects the objective of cooperating with the Member Governments in the eradication of other communicable diseases, smallpox, for instance, which should have already disappeared from our Continent and for which, fortunately, we now have in progress a program of eradication. The program also reflects the mandate given by the Pan American Sanitary Conference, of 1947 for the eradication of the urban vector of yellow fever. So much progress has been made during recent years that we believe that a final effort is necessary to eliminate this vector from the Americas. The proposed program includes another series of projects for the control and eradication of other communicable diseases concerning which there is sufficient knowledge and experience and which the governments consider to be a problem.

The second great objective can best be described as the integration of health functions in accordance with principles set forth by the Pan American Health Organization in 1951. The purpose is to assist governments in concentrating, rather than dispersing, their efforts so that health problems can be solved and better use made of the limited technical resources available in the Hemisphere. A key feature in this process of integration is the technical advice to governments for the improvement of national and local services. In this 1960 program steps are being taken to carry forward the recommendations of the XV Pan American Sanitary Conference that special attention be given to activities in public health administration, environmental sanitation, training of personnel, maternal and child health, and tuberculosis. Naturally, these cannot be presented as fully developed activities in the program for 1960, but they are sufficiently evident to indicate a line of continuity for the Bureau to follow insofar as the Member Governments may wish it to do so. The Director expressed his belief that in this process of integration of health functions curative medicine should not be divorced from preventive medicine. It is no longer open to question that the entire health process is one and that treatment and prevention of disease should be conducted as

part of a single harmonious pattern. It would be inconceivable today, from a public health standpoint, to attack the prevalent causes of infant mortality while forgetting the sick children themselves; treatment without prevention, far from solving the problem, will often maintain it. In the field of tuberculosis, much mention is made of chemoprophylaxis through the use of isoniazid, but it is completely contrary to all sound principles of public health to neglect therapeutics and concentrate exclusively on preventive measures. Hence the interest of the Bureau in finding a regional consultant for medical care so as to supplement the activities started some years ago in various countries.

With regard to the third broad objective, namely the training of personnel, which is a matter of such great importance to public health, the governing bodies of the Organization have made frequent reference, in the course of its growth, to the need for new experts, because public health, owing to its essentially dynamic nature, is closely related to the progress of our society. In describing these lines of action, the Director added a fourth in which the Bureau has already done some important experimental work and which is awakening considerable interest in the World Health Organization: he referred to research, applied research, to which our Organization should devote its resources for the purpose of studying problems and practical public health methods. He made it clear that he was not referring to research for its own sake, that is, to the free play of ideas in pursuit of results that may have no immediate importance. While in no way underestimating the importance of pure research, what he specifically had in mind was the need for studies that would lead to the solution of problems prevalent in the Americas: the type of work that has been conducted by the Institute of Nutrition of Central America and Panama and that which is now being done on resistance of malaria vectors.

These are the four great objectives reflected in our programs for 1960. At this point, the Director asked whether specialized health workers could ever be satisfied with progress only in their own particular field of endeavor. Even if we were to succeed in eradicating communicable diseases, particularly malaria, if our national services were staffed with persons especially trained for each job and had everything needed for required research, would this mean that our work was accomplished and would lead to the well-being of those whom we serve? This does not seem to be so, for it has been shown that public health makes no headway in a stagnant economy and that there are other activities as important as public health to the general welfare. Suffice it to mention such factors as proper nutrition, sound and effective sanitation measures, housing, education to help people adjust to their environment, recreation, proper development of natural resources, agriculture, and industry, and efficient government. The Director then added that, in accordance with present-day thinking,

public health cannot go its own way but must progress in concert with all other activities intended to foster economic development in the interest of social progress and well-being. This was his interpretation of the spirit of our Constitution when it provides that the Pan American Health Organization shall coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and in this way contribute to the people's well-being. This mandate from the governing bodies means that the joint efforts of governments with the collaboration of international agencies, particularly this Organization through PASB, will increase in effectiveness the more they become part of an over-all process of economic development. This interpretation is in keeping with the historic moment through which we are passing in the Americas, where there is evidence that the governments are firmly resolved to join forces in promoting better use of our natural wealth for development and progress. The Pan American Health Organization cannot remain aloof from this movement, exemplified by "Operation Pan America," a proposal put forth by the President of Brazil and enthusiastically received by all the American governments. On the contrary, it was the Director's belief that it should join in the movement, offering the benefit of the oldest traditions and greatest experience in international organization.

Not only would public health find a broader and sounder frame of reference, but there would be greater likelihood of obtaining resources for those permanent activities, related to the normal development of individuals and communities, whose capital requirements are not always within the means of all Member Governments.

In introducing the documents, it was pointed out that this program and budget had been presented in provisional form to the XV Pan American Sanitary Conference along with the parallel proposals for the other funds, that is, Other Funds of PAHO, the Regular Budget of WHO, and Technical Assistance funds coming through WHO. This provisional draft, contained in Official Document No. 24, had been prepared on the basis of prior discussion with governments. Recently, as part of the long and complex process of preparation of the program and budget for 1960, it had again been discussed with the governments a year after the preliminary discussions. The modifications here presented are thus the result of a reappraisal of the expressed needs of the governments, in the light of the broad priorities of the Organization.

Task of the Committee

Several members of the Committee recalled that, in making comments on the proposed program and budget for 1960, no member of the Executive Committee could, at this time, commit his government to any specific figure for the budget level. The Committee considered that its present duty was, in representation of all the members of the Organization, to examine in detail the practicability and feasibility of the proposed program and budget from the standpoint of needs and resources.

Relation of Requests to Resources

The Committee noted that "the total requests for collaboration as indicated by the above-mentioned consultations with governments exceed the anticipated resources of the Organization by more than \$1,500,000" and an explanation was requested on how this figure was arrived at and what criteria were used in deleting projects requested by governments. It was explained that this figure represented the total of projects and parts of projects which could not be included in the budget within the resources available to the Bureau from all funds, and that only those projects having the greatest urgency were included. It had, in fact, often been necessary to reduce the amount proposed even though this involved eliminating desirable portions of projects. As in previous years, the Director planned to include as an annex to the budget document a selection of projects which could not be included because of lack of resources.

Influence of Cost of Living

In connection with the effect of the increase in cost of living on the budget, a factor which had motivated the 34th Meeting of the Executive Committee to recommend a compensatory increase in the 1959 budget, it was stated that it was very difficult to assign a specific percentage or amount to this factor. Mention was made of some of the items contributing to increased costs, such as changes in post adjustments, increased costs for various services (air travel, cables, etc.), and increased rental costs in some countries.

There was discussion of the problems connected with recruitment of personnel, and it was recognized that the most important criterion is the need for the Organization to have the most qualified personnel available.

Costs of Zone Offices

In reviewing the costs for the zone offices, attention was called to the increase of \$42,151.00 in the cost for Zone Office I and it was further noted that, even allowing for the very generous contribution of the Government of Venezuela, the costs for this Office to the Organization in 1960 would be more than twice what had been spent in 1958. In explanation, it was pointed out that the 1958 figures were not comparable since for half the year the Office had been located in Kingston at a much smaller level, as only a Field Office rather than a Zone Office, and was not responsible for programs in Venezuela, which at that time was in Zone IV. It was further noted that although the activities of any zone office are largely administrative, the professional staff do provide an important technical service as advisers to governments.

In further explanation of the increase in costs in the Zone I Office as compared with the estimates in Official Document No. 24, it was stated that at the time of preparation of that document the local salary scale had not been established. Such a scale must be based on a careful study of existing employment practices in the city as well as the general level of living costs. Note was also made that expansion of the activities of the Zone had made it necessary to add two additional local posts. The Director stated that in view of the observations by the Committee, a thorough review of costs of the Zone Office I will be made.

Projects Financed with WHO/TA Funds

There was considerable discussion regarding the problem of assigning projects to financing with WHO/TA funds and the difficulties involved in transferring such projects to or from the regular budget of the Organization. Of particular interest were the projects Surinam and Netherlands Antilles-1, (Aedes aegypti eradication) and Haiti-16, (Public Health Services). The fear was expressed that transfer of posts to WHO/TA funds might subject the project to instability. In explanation, a review was given of the complicated process of Technical Assistance planning; it was stated that unless specific plans were made to have the countries include in their target figures firm proposals for the use of Technical Assistance funds previously assigned for health in that country, there was danger of reduction of the total amount of TA funds assigned for health projects. Previous experience had indicated that this danger was very real, as evidenced by a progressive decline of the proportion of funds available to WHO from 22 per cent at the start of the Expanded Program of Technical Assistance to approximately 17 per cent today. When project Surinam and Netherlands Antilles-1 was originally planned, one sanitarian was called for. Development of the project and prospects of increased accomplishment called for assignment of an additional sanitarian, but since this post could not be fitted within the Technical Assistance target figure for Surinam and the Netherlands Antilles, provision was made for it in the regular budget of the Organization. In contrast, there was room within the TA target figure for Haiti for two posts which at the time of preparation of

Official Document No. 24 were planned for the PAHO regular budget. Assurance was given that continuity of an urgent project would not suffer because of such necessary transfers.

Special Projects for Fellowships

In connection with projects for several countries, query was made as to why special fellowship projects had been deleted when these projects allowed countries needed flexibility in making plans for training personnel of various categories. Furthermore, emphasis had been given at the time of the discussions of the 1959 program and budget to the need for more fellowship funds. It was pointed out that the Director had wished to concentrate activities in fewer projects in order to maintain major program objectives in a less diffuse framework. For this reason, where a country had a project related to general public health administration, provision was made in that project for needed fellowships and a separate fellowships project was unnecessary. Allocation of fellowships in this manner did not imply any limitation in flexibility and the fellowship could be used for a variety of subjects as needed in the development of the country's public health program. It was noted, however, that in certain countries, it was necessary to maintain a specific fellowship project with funds of the regular budget of the Organization because the general public health administration project was financed with Technical Assistance funds and the entire available monies from that fund were needed to cover the consultants.

Program Areas

While in the review of the specific programs attention was given to all of the subjects proposed for activities, certain subjects were the object of special questions.

Leprosy

It was noted that projects for the control of leprosy were being carried out in several areas and that a definite plan for a survey followed by control measures, was in process. In Central America a survey now being completed under Project AMRO-1149, the general interzone project for leprosy control, has resulted in definition of a geographic belt where active cases of leprosy were occurring. As a result, therefore, a new project, AMRO-202, is proposed for leprosy control in Zone III. By contrast, it was noted that in Zone IV funds proposed for leprosy control could be reduced since in these areas, less short-term consultation will be required than had been previously anticipated.

It was pointed out that in this field, as in others, the principle of the initial approach to a subject through an interzone project to set the general basis for action, followed by more specialized projects in individual countries and areas, had proved to be efficient. Several members of the Committee commented that for such an important subject it would have been desirable to have more funds available.

Smallpox

Reference was made in this connection to the mandates of the Pan American Sanitary Conferences for a hemisphere-wide eradication plan. Great satisfaction was taken from the fact that whereas in 1949, 14 countries were reporting smallpox, in the first three months of 1959 cases were reported for only four countries. For example, Peru has not had a case of smallpox since 1954.

It was reported that in Colombia, which had one of the highest incidences of smallpox in the Continent, a house-to-house vaccination program was initiated in October 1955 with the aim of covering at least 80 per cent of the population in five years. At first the project developed slowly, but in the last 12 months it has gained new momentum. Five million persons have already been vaccinated and reported cases of smallpox in Colombia have dropped from 7,200 in 1954 to 1,600 in 1958, the major part of these due to a heavy outbreak in the Department of Tolima.

While there was no intention of decreasing the collaboration by the Organization in this field in Colombia (Colombia-17), it had been possible to reduce the estimate considerably since in addition to the supplies and fellowships previously provided by the Organization and by UNICEF, additional financing to take care of current needs for supplies had been obtained through the WHO/TA Contingency Fund.

In Ecuador, 500,000 inhabitants have already been vaccinated and the incidence of the disease has been reduced considerably in the capital city. The vaccination campaign is now being extended to other areas. The laboratory of the National Institute of Hygiene in Guayaquil produces good-quality vaccine, at the rate of 100,000 doses monthly, and has installations that would enable it to increase this production if necessary. For this reason, it is to be expected that by 1962 the vaccination campaign will have covered the entire national territory.

Tuberculosis

With reference to tuberculosis, it was noted that the interest of several countries in taking advantage of newer developments in chemotherapy and in BCG campaigns would result in expansion of the interzone project (AMRO-110) to provide, inter alia, survey teams which would define the problem and lay the basis for a sound preventive program.

Mental Health

Question was raised as to how many countries were considering programs in the field of mental health. It was explained that in those countries where plans for the control of urgent communicable disease programs were well along, practical projects were being considered, such as that in Argentina for the training of psychiatric nurses and those in Jamaica and Venezuela for assistance regarding the administration of mental hospitals and out-patient services. In Chile, a plan was under discussion regarding a seminar in alcoholism, a problem of considerable importance in the field of mental health.

An intercountry project is also planned in mental health to survey the needs and resources of the countries to determine those areas where practical programs can be developed. The Director recognizes the great importance of the field of mental health, but in view of current budgetary limitations must consider this subject only in the light of other urgent activities.

Food and Drug Services

In connection with project AMRO-150 (Food and Drug Services), the Director was requested to review the present status of the Bureau's collaboration in this field. It was mentioned that the Bureau has active projects related to Food and Drug Control in Brazil and Chile and that under the interzone project two consultants are now being recruited to survey the situation in the various countries with a view to studying the feasibility of a regional reference laboratory service.

Nutrition

The Director was asked to review the programs in nutrition services and to indicate to what extent the countries are applying the research being carried on at INCAP. The Director referred to recent publications of INCAP and mentioned some examples of research studies with obvious implication for practical public health nutrition. He also made mention of investigations on the iodization of salt to combat endemic goiter, on the use of diets based on indigenous foods rich in proteins to combat infant malnutrition, on the development of school gardens (as planned in Chile and Paraguay through tripartite projects between the Government, UNICEF, and PAHO), and other activities.

Environmental Sanitation

The Committee noted with satisfaction the increased attention being given to this important field. The Committee emphasized the importance of water supply as one of the most urgent problems in the countries, as set forth in Resolutions IV and XL of the XV Pan American Sanitary Conference. Development of urban water supplies (AMRO-187) is a basic step which will

favorably affect sanitation and health conditions in general. Furthermore, the program and budget will now include plans for a sanitary engineer in every zone office through the allocation of funds for such posts in Zones V and VI. A sanitary engineer is also being assigned to the Field Office in El Paso which, as noted below, is carrying on excellent work along the border.

Concern was expressed over the elimination of the item related to Sanitation of Travel Centers (AMRO-108) because of the continued general increase in travel and the number of persons exposed to hazard in this connection. It was explained that the manual which had been prepared regarding minimum sanitation standards for travel centers would probably be issued in July or August of 1959; its introduction to the countries and advice for making effective use of the recommendations of the manual were considered an important regular activity for the zone and project engineers.

Advisory Committees

In connection with the Advisory Committee on Environmental Sanitation (project AMRO-39), the Director reported that he plans to expand the use of this device in other fields so that the Bureau staff may have the benefit of the invaluable experience of the technicians of the Hemisphere. He mentioned specifically the field of education and also the fact that a group of experts was being called to advise him on the administrative problems connected with introducing a system of "performance budgeting."

Questions regarding specific projects

It was pointed out that the decrease in allotment for Peru-26, Orientation in Public Health, did not reflect any lack of interest in what the Director actually considered an important project since it represented collaboration with a national in-service training course. Rather, the reduction resulted from a reappraisal of the way the Organization could collaborate with the Government for the maximum success of the project. It was considered more desirable, for example, to award any fellowship for study abroad which might result from this project, through the regular fellowship program.

In regard to the Typhus Vaccination Program (project Peru-54) several members of the Committee emphasized the need to give public recognition to the role played by the Government of Peru in facilitating the testing of so important a procedure for preventing a serious disease, as well as to PASB collaboration in this project. Only a few days before the meeting of the Executive Committee word had been received that the preliminary results of the vaccination program indicated a strong likelihood that the vaccination was highly effective. If this is confirmed, further collaboration will be supplied to Peru for the production of this vaccine.

The combination of the projects Mexico-20, Virus Center, and Mexico-28 Public Health Laboratory, had been effected under the previously mentioned principle of trying to combine related projects. A saving had been achieved through the expectation that consultant services could be provided by the same person.

Question was raised as to why two projects for statistics in Brazil had been combined in project AMRO-201, particularly since Zone V contained only one country. It was explained that even though the latter was true it was planned to have a general statistical consultant in every zone and Zone V should not be an exception. Furthermore, the objectives of the individual projects could be better achieved through the device of a single generalized zone consultant.

Several members of the Committee expressed great satisfaction at the expansion of the El Paso Field Office and called attention to the important and increasingly effective work being carried out by this office along the 2,000 miles of the United States-Mexico Border. Great progress had been made through the efforts of the small Bureau staff to coordinate programs of health authorities in neighboring states and countries across the Border.

The Malaria Technical Advisory Services (project AMRO-90) is planned to be shifted to the Special Malaria Fund, as has been suggested by the governing bodies at several previous budget reviews. It was noted that there would still be the basic nucleus of the central unit for malaria under the regular budget in Part II.

An explanation was asked for the reduction in the program for Diarrheal Diseases in Childhood (AMRO-94), in view of the great importance of this subject and its prominence as a cause of death. It was pointed out that the reduction reflected no lack of interest but was based on the availability of a grant from the National Institutes of Health of the U. S. Public Health Service to support the investigational portion of this project. Provision for advisory services to governments would be continued.

Summary and Recommendations

In the considered opinion of the Committee, the program and budget as presented by the Director in Documents CE37/11 and Official Document No. 24 is well conceived and interprets in excellent fashion the wishes and requirements of the governments, within the established priorities of the Organization. The Executive Committee therefore recommends to the Directing Council the adoption of the proposed budget prepared by the Director and examined at the present meeting.