



*directing council*

PAN AMERICAN  
SANITARY  
ORGANIZATION

IX Meeting

Antigua Guatemala  
September 1956

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

VIII Meeting



CD9/28 (Eng.)  
17 September 1956  
ORIGINAL: SPANISH

PROVISIONAL PRECIS MINUTES OF THE FIRST PLENARY SESSION  
Antigua Guatemala  
Monday, 17 September 1956, at 9:30 a.m.

<u>Provisional Chairman:</u>	Dr. Juan ALLWOOD PAREDES	El Salvador
<u>Chairman:</u>	Dr. Carlos SOZA BARILLAS	Guatemala
<u>Vice-Chairmen:</u>	Dr. Daniel ORELLANA Dr. Félix HURTADO	Venezuela Cuba
<u>Secretary:</u>	Dr. Carlos L. GONZALEZ	Pan American Sanitary Bureau

Contents

Topic 1: Opening by the Provisional Chairman of the Directing Council

Topic 2: Establishment of the Committee on Credentials

First Report of the Committee on Credentials (Document CD9/27)

Best Wishes for the Recovery of Dr. José Zozaya of Mexico

Topic 4: Rules of Procedure of the Directing Council (Document CD9/3)

Topic 3: Election of Chairman and two Vice-Chairmen

(continued)

Note: These précis minutes are provisional, and the representatives are therefore requested to notify the Secretary within 48 hours of any corrections they wish made in the text.

Contents (Cont.)

Topic 7: Establishment of the General Committee

Topic 5: Adoption of the Agenda (Document CD9/1, Rev. 2)

Topic 6: Adoption of the Program of Sessions (Document CD9/2)

Topic 8: Annual Report of the Chairman of the Executive Committee  
(Document CD9/23)

Reception by the Municipal Authorities of Antigua Guatemala

TOPIC 1: OPENING BY THE PROVISIONAL CHAIRMAN OF THE DIRECTING COUNCIL

Dr. Juan ALLWOOD PAREDES (El Salvador), the Provisional Chairman of the VIII Meeting, opened the IX Meeting of the Directing Council. He greeted the representatives and observers present and emphasized the twofold significance of the meeting: a reaffirmation that the international effort and collaboration in behalf of human welfare has not been slackened, and a promise that these efforts will be increasingly intensified to promote the health of the peoples of America and the world. Of special meaning to Central America is the fact that the meeting is being held in Antigua Guatemala, since no Pan American public health meeting has been held in Central America for over forty years. During this period, however, Central America has not remained on the threshold of international health activities, but has shown an active interest in public health cooperation, as is evidenced by that unique example of what international collaboration can accomplish--INCAP. In the name of the Directing Council he expressed appreciation to the people and the Government of Guatemala for their hospitality and to the Preparatory Commission of the meeting for its arrangements, and hoped that the efforts of the representatives would be crowned with success.

The SECRETARY reported on the documents distributed for the meeting and made certain announcements on matters that would facilitate the deliberations.

TOPIC 2: ESTABLISHMENT OF THE COMMITTEE ON CREDENTIALS

The PROVISIONAL CHAIRMAN announced that, in accordance with Article 22 of the Rules of Procedure of the Council, the members would next appoint the Committee on Credentials.

Dr. HURTADO (Cuba) expressed his satisfaction at the fact that the meeting had begun under the Provisional Chairmanship of Dr. Allwood Paredes, who has been untiring in his efforts in behalf of the Pan American Sanitary Organization and who has expert knowledge of how it functions. He proposed that the Committee on Credentials be composed of the Representatives of Nicaragua, the United States, and Venezuela.

Dr. MAIA PENIDO (Brazil) seconded the motion of the Representative of Cuba.

Decision: The Representatives of Nicaragua, the United States, and Venezuela were unanimously elected to the Committee on Credentials.

The session was recessed at 9:40 a.m. and resumed at 10:45 a.m.

#### FIRST REPORT OF THE COMMITTEE ON CREDENTIALS

Dr. ORELLANA (Venezuela), as Chairman and Rapporteur of the Committee on Credentials, read its first report. He stated that the Committee had examined the credentials of the representatives, alternates, and advisers of the following countries and had found them acceptable: Argentina, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Dominican Republic, El Salvador, France, Guatemala, Haiti, Honduras, Mexico, Netherlands, Nicaragua, Peru, United Kingdom, United States, and Venezuela.

The CHAIRMAN submitted the report for approval.

Decision: The First Report of the Committee on Credentials was unanimously approved without change.

#### BEST WISHES FOR THE RECOVERY OF DR. JOSE ZOZAYA OF MEXICO

Dr. VAN ZILE HYDE (United States) called attention to the absence of Dr. José Zozaya of Mexico, who has done a great deal for the World

Health Organization and the Pan American Sanitary Organization and who is unable to participate in the deliberations of this meeting because of illness. He proposed that the Director send Dr. Zozaya the best wishes of the Council for a speedy recovery.

The PROVISIONAL CHAIRMAN seconded the proposal of the Representative of the United States and asserted that Dr. Zozaya's work is well known to every one and the Council should send him a message of affection and esteem.

Dr. HURTADO (Cuba) also supported the proposal of the Representative of the United States.

Decision: It was unanimously agreed to request the Director of the Bureau to transmit to Dr. José Zozaya of Mexico the best wishes of the Directing Council for a speedy recovery.

TOPIC 4: RULES OF PROCEDURE OF THE DIRECTING COUNCIL (Document CD9/3)

The SECRETARY stated that Document CD9/3 contains a recommendation of the Executive Committee on the interpretation that should be given to the Rules of Procedure of the Council with respect to a quorum and the vote required for the adoption of a resolution, and also proposes several amendments to the Rules of Procedure with a view to clarifying them.

Mr. OLIVERO (Guatemala) called attention to the fact that in the Spanish text of the Resolution of the Executive Committee contained in Document CD9/3, the third sentence of paragraph one of the operative part reads: "the number of affirmative or negative votes," and stated that the conjunction "or" should be replaced by the conjunction "and."

The SECRETARY explained that the text was in error and that the original English text is correct.

Decision: In accordance with recommendations of the Executive Committee unanimous approval was given to:

1. The following interpretation of the Rules of Procedure concerning a quorum and the vote required for the approval of a resolution:

"A resolution shall be considered adopted if it obtains a simple majority vote of the representatives of the Members who cast an affirmative or negative vote, or a two-thirds majority in those instances in which a two-thirds majority is required by the Rules of Procedure or by decision of the Council in accordance with Article 6-B of the Constitution. It is not necessary that the number of affirmative and negative votes cast in any particular case be equal to or greater than the number required to establish a quorum."

2. The following amendments to the Rules of Procedure:
  - a) Amend Article 8 of the Rules of Procedure to read as follows: "The presence of a majority of representatives of Members of the Directing Council shall be required to constitute a quorum for a Meeting of the Council."
  - b) Insert a new Article, 8-A, to read as follows: "A majority of the representatives of the Members of the Directing Council participating in a meeting shall constitute a quorum in a plenary session, provided that the number is not less than ten."
  - c) In Article 10 substitute the words "this article" for the words "these Rules," at the beginning of the second sentence.

The PROVISIONAL CHAIRMAN stated that the present text of Article 24 of the Rules of Procedure of the Council is not applicable because, since the Council does not appoint any main committees, their Chairmen cannot be members of the General Committee. He proposed that the article be modified to the effect that, in addition to the Chairman and the two Vice-Chairmen of the Council, the representatives of four other Member Countries not already on the General Committee be elected to that committee.

Dr. HURTADO (Cuba) supported the proposal of the Provisional Chairman and emphasized the fact that this action legalizes a procedure that has become customary at Council meetings, ever since it decided, in the interest of speed and efficiency, not to appoint main committees, but to set up only working parties when required.

Decision: Article 24 of the Rules of Procedure of the Council was unanimously approved to read as follows: "The General Committee shall consist of the Chairman of the Directing Council, who shall serve as the Chairman of the Committee; the two Vice-Chairmen of the Directing Council; and four more representatives who are not already members of the General Committee. The Secretary of the Directing Council shall serve as Secretary of the General Committee, without the right to vote. The Director of the Pan American Sanitary Bureau shall serve as an ex officio member of the General Committee, without the right to vote."

### TOPIC 3: ELECTION OF CHAIRMAN AND TWO VICE-CHAIRMEN

The PROVISIONAL CHAIRMAN invited the representatives to propose candidates for Chairman of the IX Meeting of the Directing Council.

Dr. VAN ZILE HYDE (United States) proposed the Representative of Guatemala for the position.

Dr. VELAZQUEZ PALAU (Colombia) seconded the proposal of the Representative of the United States and suggested that the election be by acclamation.

Dr. ELIZALDE (Argentina) also supported the proposal of the Representative of the United States of America.

Decision: Dr. Carlos Soza Barillas, Representative of Guatemala, was elected Chairman of the IX Meeting of the Directing Council by acclamation.

topic dealing with a change in the procedure for electing the members of the WHO, in accordance with geographical distribution. He stated that perhaps this was not an appropriate topic for the agenda of the Regional Committee for the Americas or for the Directing Council of the PASO. He had sent a communication to the Government of Nicaragua to this effect, but no reply had as yet been received, and therefore the Director did not know whether the Nicaraguan Government wished to include this topic on the agenda or if it preferred that it not be discussed by the Council. He gave this explanation, he said, so that the Representative of Nicaragua could make clear the position of his Government on this matter.

Dr. CASTILLO (Nicaragua) said that he would explain this situation, since he drafted the proposal referred to by the Director. It concerns proposing an amendment to the Constitution of the WHO with reference to the procedure of electing the members of the Executive Board of the WHO. He reported that at the last World Health Assembly, Nicaragua was a candidate for one of the vacancies on the Executive Board; that it had all the votes from the Latin American Countries and some from Europe and the Arab States; but that it was not elected because it had the support of the countries of the Region to which it belongs.

The Government of Nicaragua considered that it was not logical for the election of the countries of a given region to the Board to be determined by the votes of countries that are unaware of the problems and aspirations of that Region. The country elected was



Canada, which, although located geographically in the Region of the Americas, is not a member of the Pan American Sanitary Organization. The Director of the PASB informed the Government of Nicaragua of the reasons why, on the basis of the WHO Constitution, he believed this proposal should be presented directly to the WHO. The Government of Nicaragua subsequently replied that, in view of the arguments presented by the Director, it would send this proposal to the WHO, without prejudice to its being discussed at this meeting also. The proposal in question is that, when countries of a given Region are to be elected to the Executive Board of the WHO, the candidates be elected by the countries of that Region.

Dr. HURTADO (Cuba) intervened on a point of order. He stated that the agenda was under discussion, that the matter to be considered was not the proposal of the Government of Nicaragua, but its inclusion on the agenda, and that he was in favor of having that done. He therefore proposed that the Council approve the agenda with the inclusion of the topic proposed by Nicaragua.

Dr. MAIA PENIDO (Brazil) pointed out that the Representative of Nicaragua had reported that this Government would forward its proposal to the WHO and if that were the case, there would be no reason for including the topic on the agenda of the Council.

Dr. CASTILLO (Nicaragua) stated that the Representative of Brazil was correct up to a point; however, Nicaragua would be pleased if it should be possible to include the proposal on the agenda of this meeting.

Dr. VAN ZILE HYDE (United States) recalled Article 15 of the Rules of Procedure of the Council, whereby topics may be added to the agenda of any meeting of the Council if two thirds of the representatives present and voting approve. He suggested that the communication from the Director to the Government of Nicaragua, giving his reasons for suggesting that the proposal be sent directly to the Director-General of the WHO, be read to the representatives for their information.

Dr. SOPER (Director, PASB) said that the documents in question are at the disposal of the Council; and he wished to make it clear that he wrote to the Government of Nicaragua, not to make it difficult for the problem to be brought before the Council, but to exchange ideas with that government on the advisability of submitting the matters to the Council for consideration. In any event, it is the Government of Nicaragua that should take the initiative, and it is not within the duties of the Director to limit the inclusion of topics on the agenda of the Directing Council.

Dr. HURTADO (Cuba) repeated that the discussion was out of order and again proposed that the topic suggested by the Government of Nicaragua be included and that the agenda be approved with that addition.

Dr. CASTILLO (Nicaragua) explained that his Government's proposal had been presented in plenty of time. When it reached the Bureau, it was received by the Assistant Director, Dr. González, in the absence of the Director, and Dr. González replied that the topic the Government of Nicaragua had proposed was being included. When Dr. Soper

returned to Washington and learned about this proposal, he sent the letter explaining why he thought it preferable for it to be sent directly to the Director-General of the WHO. Dr. Castillo requested that the topic proposed by this Government be included on the agenda.

Dr. CABRERA (Guatemala) approved the request of the Representative of Nicaragua.

Dr. ORELLANA (Venezuela) recalled Articles 13, 14 and 15 of the Rules of Procedure of the Directing Council, and pointed out that there were two different questions under discussion: one, the inclusion of the topic proposed by the Government of Nicaragua on the agenda, and the other, the approval of the agenda.

The SECRETARY informed the Council that the original communication from the Government of Nicaragua was received in the PASB on 3 August 1956.

Dr. VELAZQUEZ PALAU (Colombia) requested that a vote be taken on the matter under discussion.

The CHAIRMAN submitted to a vote the request of the Representative of Nicaragua that the topic proposed by his Government be included in the agenda.

Decision: The inclusion on the agenda of the topic "Proposal to Amend the Constitution of the WHO," presented by the Representative of Nicaragua, was approved by 15 to 1, with no abstentions.

The CHAIRMAN asked if the agenda as presented, with that inclusion, met with approval. He added that the orders in which topics will be discussed will be decided by the General Committee.

Decision: The agenda contained in Document CD9/1 with the additional topic "Proposal to Amend the Constitution of the WHO," was unanimously approved.

TOPIC 6: ADOPTION OF THE PROGRAM OF SESSIONS (Document CD9/2)

The SECRETARY read the Program of Sessions appearing in Document CD9/2.

Dr. ALLWOOD PAREDES (El Salvador) proposed that the schedule be modified so that the morning sessions will begin at 9:00 a.m. and the afternoon sessions at 3:00 p.m.

Dr. AYBAR (Dominican Republic) supported the proposal of the Representative of El Salvador.

Decision: The Program of Sessions (Document CD9/2) with the modification proposed by the Representative of El Salvador, was unanimously approved.

TOPIC 8: ANNUAL REPORT OF THE CHAIRMAN OF THE EXECUTIVE COMMITTEE (Document CD9/23)

Dr. JIMENEZ GANDICA (Colombia) read the Annual Report of the Chairman of the Executive Committee (Document CD9/23) in which he summarized the work done and the resolutions adopted at the 27th, 28th, and 29th Meetings of the Committee, presided over by this Representative.

The CHAIRMAN congratulated Dr. Jiménez Gandica and Dr. Sánchez Vigil, Chairman and Vice-Chairman of the above-mentioned meetings, and the Executive Committee for the work accomplished during the period under report, which he described as beneficial to the health of the American countries.

Decision: The Annual Report of the Chairman of the Executive Committee was unanimously approved and it was agreed to congratulate its Chairman, Dr. Jorge Jiménez Gandica, its Vice-Chairman, Dr. Manuel A. Sánchez Vigil, and its members for the work accomplished.

RECEPTION BY THE MUNICIPAL AUTHORITIES OF ANTIGUA GUATEMALA

The SECRETARY reported that at 12:30 p.m. the Municipal Authorities of Antigua would hold an open meeting to declare the participants in the meeting of the Directing Council guests of honor of the city, and that it would then hold a reception at International House. He pointed out that it would be wise to designate a speaker to thank the Municipal Authorities on behalf of the Council, at this ceremony.

Dr. HURTADO (Cuba) stated that the Chairman of the Council would normally be the one to do so, but since he is a Guatemalan, he might find it embarrassing. He therefore proposed that the First Vice-Chairman, who is the Representative of Venezuela, express the appreciation of the Council at the meeting of the Municipal Authorities.

It was so agreed.

The session was adjourned at 12:15 p.m.

*directing council*



PAN AMERICAN  
SANITARY  
ORGANIZATION  
IX Meeting

*regional committee*

WORLD  
HEALTH  
ORGANIZATION  
VIII Meeting



Antigua Guatemala  
September 1956

CD9/28 (Eng.)  
CORRIGENDUM  
19 September 1956

PROVISIONAL PRECIS MINUTES OF THE FIRST PLENARY SESSION

CORRIGENDUM

(English text only)

On page 10, second paragraph, next to the last line, delete the word "because" and replace it by "even though."



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PAN AMERICAN  
SANITARY  
ORGANIZATION

IX Meeting

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

VIII Meeting



Antigua Guatemala  
September 1956

CD9/29 (Eng.)  
19 September 1956  
ORIGINAL: SPANISH

PROVISIONAL PRECIS MINUTES OF THE SECOND PLENARY SESSION

Antigua Guatemala  
Monday, 17 September 1956, at 3:40 p.m.

<u>Chairman:</u>	Dr. Carlos SOZA BARILLAS	Guatemala
<u>Vice-Chairmen:</u>	Dr. Daniel ORELLANA	Venezuela
	Dr. Félix HURTADO	Cuba
<u>Secretary:</u>	Dr. Carlos L. GONZALEZ	Pan American Sanitary Bureau

Contents

Topic 9: Annual Report of the Director of the Pan American Sanitary Bureau  
(Official Documents No. 16)

Topic 12: Financial Report of the Director and Report of the External  
Auditor for 1955 (Official Documents No. 15 and CD9/10)

Note: These précis minutes are provisional, and the representatives are therefore requested to notify the Secretary within 48 hours of any corrections they wish made in the text.

The CHAIRMAN opened the session and announced that the Secretary would report on the decisions reached by the General Committee as to the order in which the topics on the agenda of this meeting of the Directing Council would be taken up.

The SECRETARY reported that the General Committee had agreed that the order of business of the second plenary session would be: Topic 9, Annual Report of the Director of the Pan American Sanitary Bureau; Topic 12, Financial Report of the Director and Report of the External Auditor for 1955; Topic 10, Proposed Program and Budget of the Pan American Sanitary Organization for 1957; and Topic 11, divided into two parts: A, Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1958; and B, Provisional Draft of the Program and Budget of the Pan American Sanitary Organization for 1958.

TOPIC 9: ANNUAL REPORT OF THE DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU  
(Official Documents No. 16)

Dr. SOPER (Director, PASB) submitted his annual report and said that the activities of the Pan American Sanitary Bureau are now so varied and complex that it is difficult to say in a few words which of its aspects are the most important. He pointed out that, in general outline, the printed report for 1955 follows that for 1954, although every effort has been made to make it even more interesting to the public in general as well as to organizations, the press, and the governments concerned. He added that Dr. van Wesep, who for many years served as chief of the information service of the Rockefeller Foundation, collaborated in the preparation of



the report. The 1955 report is not as detailed as those of previous years, but it does contain several summaries that will facilitate the study of the progress made.

Referring to the problem of malaria eradication, Dr. Soper mentioned the decision of the Government of Mexico to draw up a program for the eradication of this disease, and spoke of the decision of the UNICEF Executive Board to give preferential attention in its programs to collaboration in malaria eradication campaigns. He mentioned that in 1955, too, the Bureau created a special unit, the Coordination Office of the Malaria Eradication Program (COMEP), with headquarters in Mexico, which has been cooperating with the countries in all matters relating to malaria problems. He stressed the collaboration that the governments have given in the malaria campaign, saying that the principal difficulties encountered concern the recruitment of trained personnel and certain administrative details.

The Director then spoke of the work of the Institute of Nutrition of Central America and Panama, stressing the reputation acquired by that organization throughout the scientific world. The Institute, which is supported by direct contributions from the member countries, totaling \$75,000, also receives assistance from the Pan American Sanitary Bureau and from other organizations interested in profiting by what has been done in Central America to solve scientific problems that cannot easily be studied in other parts of the world. With respect to the seminars on

preventive medicine, he mentioned those held in 1955 and 1956 at Viña del Mar, Chile, and Tehuacán, Mexico, which have been most influential in improving medical education.

The Director then reviewed the yellow fever problem and recalled the astonishment caused by the appearance of that disease on the island of Trinidad in 1954. The facts disproved the belief that it had been possible to halt the wave of yellow fever, which had been manifested in monkeys and which crossed the Panama Canal in 1949 and extended as far as San Pedro Sula, Honduras, where one case of yellow fever had occurred in September 1954. No evidence of activity of the virus was found in Central America in 1955, in spite of the vigilant activity of Dr. Boshell and a team from the Bureau, but in 1956 dead monkeys were found in the same region of Honduras, where it had been halted 16 months earlier, and then in Guatemala, which enabled the virus to advance in a region where conditions for its spread are favorable. The existence of the yellow fever virus in this country has been proved not only by the mortality in monkeys, but also by the isolation of the virus in mosquitoes. Dr. Soper emphasized the fact that no cases of urban yellow fever have occurred, owing principally to the efforts made over the years, with the collaboration of the Bureau, to eradicate Aedes aegypti in the cities.

He mentioned the countries where yellow fever exists--Brazil, Bolivia, Colombia, Venezuela Panama, Honduras, and Guatemala--and added that it can be found within ten hours' travel time from any given point in the Americas.

Referring to the establishment of a Zoonoses Center, the Director pointed out that over the last three years an item for this purpose has appeared in the budget of the Pan American Sanitary Organization. In January 1953 the Inter-American Economic and Social Council adopted a resolution approving the establishment of such a center, and the VII Meeting of the PASO Directing Council approved, in the same year, the project prepared by the Pan American Sanitary Bureau. Pursuant to instructions for obtaining the necessary funds, the Director proposed to the WHO Headquarters in Geneva in December 1955 that the Center be included as a regional project, within the UN Expanded Program of Technical Assistance. However, the way to assure a solid financial basis for the future would be to organize the Center along the same lines as INCAP, by direct contributions from the governments concerned. He added that in July 1956 an agreement was signed by the Government of Argentina and the Pan American Sanitary Bureau to organize the Zoonoses Center in Azul.

With regard to the question of increasing the activities of the PASB, the Director thought the best and most logical way to do this would probably be to increase the regular budget. In 1955 a budget of \$2,100,000 was approved for the year 1956, representing an increase of \$400,000 over the 1949 budget, which totaled \$1,700,000. The difference represents an annual increase of only 3.5% for the period. Among the technical activities of the Bureau, he mentioned field studies on the schistosomiasis problem, started in Brazil during the present year, which indicate a possibility of controlling the disease in a manner that is economically feasible.

Speaking of the construction of a new headquarters building for the Bureau, Dr. Soper said there is a possibility that the United States Government may provide a piece of land in a Washington area that is now undergoing replanning. Once the land is available, the question of financing the work will have to be examined, and in this respect he recalled the recommendation made last year to create a fund for the construction of a building.

The Director also spoke of his visit to the Regions of the Western Pacific and Southeast Asia. In other parts of the world, he said, no regional budgets are maintained independently from the funds made available by the WHO, and the programs there are consequently less extensive than those of the Region of the Americas. He then explained the advances that have been made in Hawaii, where, according to the information given him, not one case of typhoid fever has been reported in the last four years, and where there are now more hospital beds in the tuberculosis wards than there are patients for them. With respect to leprosy, the most important problem is that of rehabilitation, since it is now possible that all those receiving treatment will be cured by public health measures. In Hong Kong, too, great progress has been made in the fight against tuberculosis, thanks to modern methods now available. In Formosa, the Philippines, and Thailand, the campaigns against malaria are being carried out with the collaboration of the United States International Cooperation Administration, and they are decidedly directed toward eradication of the disease. The malaria program in India is also

being directed toward this objective. He stressed the sharp decline in malaria morbidity in Ceylon, where in 1935 there were 70,000 cases per year and in 1955 only slightly more than 3,000. He added that Pakistan is also considering carrying out an eradication campaign to the extent that other more pressing problems permit. The Director said that, as a consequence of his trip, a group of experts from the Philippines, Indonesia, India, Egypt, Uganda, France, and Belgium had visited various countries of the Americas in order to study the yellow fever problem.

He mentioned the fact that at the last World Health Assembly it was possible to observe a greater spirit of collaboration among the health workers from different parts of the world, and it is to be hoped that with the newly approved International Sanitary Regulations further advances will be made in this important field.

Stressing once more the financial problems of the Bureau, the Director mentioned the difficulties encountered in carrying out all the programs already begun, and lamented the fact that during the present year, for the first time, it had been necessary to refuse certain requests for fellowships received from well-qualified candidates. He referred to the interest recently shown by the Organization of American States in reorganizing its Technical Cooperation Program, as a result of the Panama meeting of Presidents of the American Republics, in order to find the best way for the OAS to function as coordinating agency for the American States.

The Director felt that the Bureau should deal directly with the health authorities of the countries in order to decide what can and should

be done in collaboration with each country, as the basis for preparing a program to be presented to the Executive Committee, the Directing Council, or the Conference for consideration. The Pan American Sanitary Bureau, Regional Office of the WHO, has already reached a stable point and has a staff of considerable experience. Therefore, the moment has arrived when the governments of the Americas should study the problem of the future and decide if the Organization is to be maintained on the same basis as heretofore, or if they prefer to give it a greater impetus within the limits of available resources.

Dr. ESTRELLA RUIZ (Peru) stated that he was perfectly satisfied with the Director's report. He praised the document, saying that it reflected the excellent work performed not only by the Director but by the whole staff.

Dr. CABRERA (Guatemala) joined in the praise expressed by the Representative of Peru, and congratulated the Director on the comprehensiveness of his report, saying that it shows clearly how much beneficial work the Organization has done in the Western Hemisphere. He made special mention of the campaign against yellow fever and stated that, thanks to measures taken, no human cases have been found in Guatemala.

Dr. HURTADO (Cuba) felt that a resolution should be adopted to take note of the report, since it is an informative document and requires no action on the part of the Council.

Dr. HORWITZ (Chile) also praised the Director's report, which he said represents an improvement from every point of view, not only in the

presentation of information but in the work described. He pointed out, however, that instead of the mosquito that appears on the cover of the document, he would have preferred to see the figure of a child, which would have been much more appropriate in view of the importance of problems affecting children. Nonetheless, he was not opposed to satisfying the Director's scientific interest in everything connected with the fight against yellow fever.

As to the text of the document, Dr. Horwitz called attention to the paragraph appearing on page 17 which reads: "Small and relatively undeveloped countries do not have the capital for extensive institutional care. If only a little money is available that little money had better be spent right from the start on preventive measures." He did not believe that this statement applies to the situation in American countries where the primary public health problem is care of the sick. Prevention and cure of diseases cannot be separated, but both activities should be coordinated, with preference given, naturally, to the more important problems arising in each particular case. He added that, in his opinion, the report suffers from excessive narration, while the statistical information is too limited to convince the reader that the standards established at the XIV Pan American Sanitary Conference have been followed. He suggested that in the future, insofar as possible, more detailed statistics should be included in the report. However, he recognized that the document has great educational value and will be useful to all persons interested in health activities.

Dr. SOPER (Director, PASB) explained that the mosquito appearing on the cover of the report is not an Aedes aegypti but an Anopheles, the malaria vector. Since statistics and the experience of malariologists show that children are the first victims of that disease, one should see the figure of the child behind the Anopheles. As for the observation on prevention and cure of diseases, he considered that this is a problem that depends on the particular situation in each country and cannot be discussed in the broad sense.

The CHAIRMAN, in his own name and in that of the Directing Council, congratulated the Director on the ideas expressed in the report and on the manner in which the problems had been presented. He emphasized the ability with which malaria eradication and nutrition problems have been dealt with and praised the measures adopted in connection with yellow fever, particularly in the Central American countries.

Dr. HURTADO (Cuba) joined in congratulating the Director on the report presented and insisted that a resolution be adopted to take note of the report, adding the pertinent words of congratulation.

Decision: It was unanimously agreed to take note of the report of the Director and to express to him the congratulations of the Directing Council.

The session was recessed at 5:00 p.m. and resumed at 5:15 p.m.

TOPIC 12: FINANCIAL REPORT OF THE DIRECTOR AND REPORT OF THE EXTERNAL AUDITOR FOR 1955 (Official Documents No. 15 and CD9/10)

The SECRETARY presented the above reports, stating that they had been submitted by the Director to the Executive Committee at its meeting last June and distributed subsequently to the Member Governments. The



Executive Committee agreed to approve both reports and transmit them to the IX Meeting of the Directing Council. The Financial Report of the Director, which is similar in form to the one for 1954, contains the following principal statements: (1) Statement of Appropriations, Obligations Incurred, and Unobligated Balance of Appropriations-- Exhibit I; (2) Statement of Income, Expenditures, and Surplus-- Exhibit II; and (3) Statement of Assets and Liabilities-- Exhibit III. To facilitate the preparation and presentation of the Financial Report of the Institute of Nutrition of Central America and Panama, the Institute's activities in 1955 are shown in a separate schedule. The certification of the External Auditor and his report for 1955 are also contained in Official Documents No. 15.

Mr. SIMPSON (Chief, Division of Administration, PASB) pointed out that the Director's letter of transmittal, appearing on page 5 of the document, contains certain figures that might give a false impression. From the total of \$5,459,378 shown at the bottom of the page, \$846,381 should be deducted, as this sum is reimbursable and covers procurements effected by the Bureau on behalf of the governments. After deducting that sum, one obtains a more realistic figure for the funds expended in the combined activities of the Pan American Sanitary Bureau and the Regional Office of the World Health Organization.

Dr. HORWITZ (Chile), referring to the surplus of \$118,173 shown on page 27 of the report, asked why such a considerable sum is not being utilized to cover the many existing needs in the countries.

Mr. SIMPSON (Chief, Division of Administration, PASB) explained that this sum represents chiefly the payment of government quota contributions in arrears. It was because of such arrearages that the Working Capital Fund had to be set up as a means of ensuring the normal operations of the Bureau. Of course, as soon as these pending quotas are collected, they appear on the records as surplus. With respect to the utilization of these funds, that is a matter which the Council will take up under Topic 16 of the agenda.

Dr. SOPER (Director, PASB) said that the matter explained by Mr. Simpson is something that occurs almost every year. However, a great portion of the 1955 surplus was derived from a voluntary contribution of 1,500,000 pesos made by the Government of Argentina. This sum was received at the end of 1954, but the Argentine Government requested that it appear as income for 1955. It should be remembered, too, that the surplus accruing in some cases represents funds that cannot be utilized because they exceed the total expenditures authorized by the Council. Moreover, it would be inadvisable to apply these funds to current programs, for the latter might be given a stimulus that could not be maintained later on. The Director added that the sum of \$5,459,378 does not represent the amount that the Bureau was able to expend freely on programs, but rather the total funds that passed through the Bureau, including those for the Institute of Nutrition of Central America and Panama and those earmarked for other special purposes.

Dr. VAN ZILE HYDE (United States) asked if the item "Procurements on behalf of Governments", in the amount of \$846,381, represents expenditures

incurred by the Bureau in operations carried out in behalf of other parties, or if it represents an aspect of the regular program.

Dr. SOPER (Director, PASB) replied that the amount in question is a sum that the External Auditor had to take into account in order to certify the receipts and expenditures. It represents merely a fiscal operation of the Bureau and has no bearing on the end use of the funds.

Dr. HORWITZ (Chile) reiterated that the surplus funds should be used to take care of the pressing needs of the countries. If there is something that impedes their use for that purpose, a way should be found to authorize the Director to make the pertinent decisions as the occasion arises. It is regrettable that surplus funds have to be accumulated until a subsequent meeting of the Directing Council.

Dr. HURTADO (Cuba) said that, as the Director and the Chief of the Division of Administration had explained, the management of the surplus funds is subject to the accounting system of the Bureau. The principal revenue of the Bureau consists of the quota contributions of the governments, but these, for various reasons, are not always paid on time. It was for that reason that the Working Capital Fund had to be set up. When an arrearage is paid it is shown on the books as surplus; but this surplus exists only from the technical point of view of accounting, and does not give the true financial picture. That is why the end use of such funds cannot be determined beforehand.

Dr. SOPER (Director, PASB) explained that the Bureau has never received contributions from the governments to the Working Capital Fund.

He added that the amount in the Fund is derived, in fact, from the savings effected during the first years of the working program of the Bureau.

Decision: The Financial Report of the Director and Report of the External Auditor for the Fiscal Year 1955 were unanimously approved (Official Documents No. 15 and CD9/10).

The session was adjourned at 6:00 p.m.

*directing council*



PAN AMERICAN  
SANITARY  
ORGANIZATION

IX Meeting

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

VIII Meeting



Antigua Guatemala  
September 1956

CD9/33 (Eng.)  
20 September 1956  
ORIGINAL: SPANISH

PROVISIONAL PRECIS MINUTES OF THE THIRD PLENARY SESSION  
Antigua Guatemala  
Tuesday, 18 September 1956, at 9:20 a.m.

<u>Chairman:</u>	Dr. Carlos SOZA BARILLAS	Guatemala
<u>Vice-Chairmen:</u>	Dr. Daniel ORELLANA Dr. Félix HURTADO	Venezuela Cuba
<u>Secretary:</u>	Dr. Carlos L. GONZALEZ	Pan American Sanitary Bureau

Contents

Topic 10: Proposed Program and Budget of the Pan American Sanitary Organization for 1957 (Official Documents No. 17 and CD9/9)

Invitation to His Excellency the President of the Republic of Guatemala

Note: These précis minutes are provisional, and the representatives are therefore requested to notify the Secretary within 48 hours of any corrections they wish made in the text.

TOPIC 10: PROPOSED PROGRAM AND BUDGET OF THE PAN AMERICAN SANITARY ORGANIZATION FOR 1957 (Official Documents No. 17 and CD9/9)

The CHAIRMAN opened the session and announced that the next item for discussion was Topic 10.

The SECRETARY reported that the Executive Committee had studied the proposed program and budget of the PASO for 1957 in detail during its 28th Meeting and adopted the resolution contained in Document CD9/9, recommending that the Council approve the budget now under discussion. The considerations that induced the Director to present a proposed budget amounting to \$2,400,000, representing an increase of \$200,000 over the budget level for 1956, are given in the introduction to Official Documents No. 17. The proposed budget would be financed with quotas from the Member Governments amounting to \$2,300,000, plus other income amounting to \$100,000. The Secretary added that the quotas of the Member States are given in the table on page 9 of this document, and are based on the scale of assessments of the Pan American Union for 1956/57 adopted by the Council of the Organization of American States.

The session was recessed at 9:30 a.m. and resumed at 9:55 a.m.

Dr. HURTADO (Cuba) stated that the budget estimates appearing in Official Documents No. 17 correspond to three different sources of funds available to the PASO for financing its activities. He asked what criterion the Director follows in determining the programs to be charged against the PASO budget, those to be included in the WHO budget for the

Region of the Americas, and those to be financed with Technical Assistance funds. Some countries, he continued, become concerned and feel insecure, and with reason, when their public health programs are financed with WHO funds, and that concern increases when the funds come from Technical Assistance, owing to the uncertainty of that source.

With reference to programs carried out with WHO funds, he asserted that a certain amount of intervention from Geneva Headquarters in the internal operations of PASO is becoming apparent, since the expenditure of appropriations made by the WHO is subject to specific provisions established by that organization, a fact that, in his opinion, interferes with PASO's freedom of action. He recalled that on other occasions the Director had explained that there had been times when, finding it necessary to transfer WHO funds, he had had to request authorization from Geneva Headquarters but, unfortunately, it was not granted. Because of this situation, some governments, among them Cuba, are seeking a procedure to reinforce PASO funds, that is, to have the PASO receive from the governments directly the contributions that it now receives through other organizations, so that the regular budget of the PASO may be increased. This would result in a wider margin of security in the financing of programs.

With reference to Technical Assistance funds, he spoke of the situation affecting intercountry programs dependent on those funds, which are now governed by a new procedure established by the Technical

Assistance Board. That procedure consists of a direct relationship between the governments and the Board for the purpose of determining programs, without intervention from the specialized agencies. He thought that it would be advisable also to study the possibility of obtaining more funds for public health activities from the Program of Technical Cooperation of the Organization of American States. He said that out of the meeting of representatives of American Chiefs of State, which opened in Washington yesterday, there would emerge a new continent-wide economic organization whose activities would probably be enormous in scope. The PASO should follow closely the development of that organization, in view of the benefits that may be derived for public health. He proposed that a working party be appointed to study this matter in detail.

Dr. BRADY (United States) said that the topic under discussion was the proposed program and budget of the PASO for 1957 already reviewed by the Executive Committee, and that a decision should be taken on this proposed program and budget, without prejudice to the Council's taking up the points raised by the Representative of Cuba later on.

Mr. OLIVERO (Guatemala) considered the proposed program and budget to be excellent. He pointed out that expenditures for Headquarters services increased from \$954,920 in 1956 to \$912,090 for 1957, an increase of 3.9 per cent, while allocations for field programs increased from \$1,077,140 in 1956 to \$1,251,740 in 1957, a 16 per cent increase. He felt that the proportion between these increases was in accordance with the



decisions taken by the Directing Council at its VIII Meeting and the wishes expressed by all the countries represented, to the effect that field programs should be increased. The same tendency is shown in the allocation of funds for the various programs, in which the larger increases correspond to activities related to endemo-epidemic diseases and nursing, which are of primary importance to the American countries. He asked why, in the description of programs by countries, the same order had not been followed as in the provisional draft for 1957, in Official Documents No. 12. He expressed his satisfaction over the fact that in the provisional draft program and budget for 1958, several countries, among them Guatemala, have for the first time received direct allocations from the PASO for the financing of programs.

The SECRETARY, in reply to the question raised by the Representative of Guatemala, explained that in the proposed programs and budgets for previous years, programs for the campaign against malaria and Aedes aegypti were grouped under a single chapter heading: "Insect Control and Malaria." In view of the importance that the Organization is giving to the malaria eradication program, these country programs, beginning with the proposed program given in Official Documents No. 17, compose a chapter of their own, while those for Aedes aegypti eradication are included under the chapter on endemo-epidemic diseases. The WHO has adopted the same procedure in the preparation of its draft budgets. He went on to say that the system followed in grouping the project narratives and the cost estimates is the following: countries are grouped by zones; within each

zone they are listed alphabetically; and under each country the programs are listed in the order shown in Part III, Section 2, on page 66, of the Proposed Program and Budget, in Official Documents No. 17.

Mr. OLIVERO (Guatemala) thanked the Secretary for his explanations and added that they would facilitate the study of the document under discussion.

Dr. ORELLANA (Venezuela) expressed his interest in the points raised by the Representative of Cuba and recalled that they had already been brought up at the XIV Pan American Sanitary Conference in Chile, under the topic "Unification of Action in Public Health Programs in the Region of the Americas," and had also been discussed at the VIII Meeting of the Directing Council. He pointed out that Topic 25 of this meeting deals with these problems and that what should be done at this time was to approve the proposed budget. He asked which changes contained in Document CE28/8 were approved by the Executive Committee at its 28th Meeting.

The SECRETARY replied that the introduction to Official Documents No. 17 contains the explanatory part of Document CE28/8, which states why the Director felt that the PASO Budget for 1957 should be increased by \$200,000 over the amount proposed in the provisional draft submitted to the VIII Meeting of the Directing Council for consideration. The program of the Pan American Sanitary Bureau, as the international health organization for the Americas, was reviewed during the early months of

1956. The changes in the health requirements of the Member Countries, as well as the possibility of expanding existing activities and starting work in new fields were carefully analyzed both in relation to the potential capacity of the Bureau and for the purpose of providing the necessary international cooperation. As a result of this study, the Director felt it his duty to recommend to the Executive Committee that the Pan American Sanitary Organization program for 1957 be financed on the basis of a budget of \$2,400,000. In this connection, the \$200,000 increase 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 public health. The purpose of the recommended increase is to meet needs that fall largely into two categories: revised estimates for statutory obligations and essential central services, for which \$52,223 has been allotted, and expansion of some important field activities and several additional projects, such as studies on yellow fever, the partial financing of the Pan American Zoonosis Center, and activities related to poliomyelitis and infant diarrheal diseases. All these increases have already been incorporated in the proposed program presented.

Dr. ORELLANA (Venezuela) thanked the Secretary for his explanation and expressed the opinion that there was little left to discuss on the topic, since the Executive Committee had approved the changes in question.

Dr. DIAZ COLLER (Mexico) congratulated the Director on the publication of the Bulletin of the Bureau, which fully accomplished its purpose. However, he considered that an edition of seven thousand copies is too small, that the publication is issued with some delay, and that it could be still further improved. He pointed out that in the Proposed Budget for 1957, \$55,180 is allotted to the Editorial Office of the PASB, as against \$53,290 in 1956, an increase of only \$1,890. Likewise, only \$30,000 has been assigned to the Bulletin of the PASB, the same amount as in the previous budget, although an increase of \$10,000 is provided for 1958. He proposed that this increase be made effective in 1957, in order to assign additional personnel to the Bulletin of the PASB and increase the number of copies issued, since few expenditures could be more advantageous than those designed to improve the Bulletin and increase its circulation.

Dr. HURTADO (Cuba) stated that the discussion on the Proposed Program and Budget for 1957 during the 28th Meeting of the Executive Committee was centered around Document CE28/8, that is, the modifications suggested by the Director with reference to the provisional draft presented the year before. Therefore, the Executive Committee did not analyze the Proposed Budget itself in detail, but rather reviewed the modifications and increases.

Dr. VELAZQUEZ PALAU (Colombia) emphasized the importance of the matter brought up by the Representative of Cuba and asked if the PASB

distributes the funds received from various sources, or if it should only administer them in accordance with decisions of the agencies that make the contributions.

Dr. ALLWOOD PAREDES (El Salvador) stated that the time had come for the Directing Council to adopt a policy of orienting the Director in the preparation of the proposed budgets of the PASO and in the distribution of other funds administered by the Bureau. He had always considered that, to achieve international understanding in the field of public health, even under a plan of integration with the WHO, it was essential for the PASO to retain its own identity. This identity has been disappearing in the last few years and the point has almost been reached where the PASO budget does little more than supplement the funds of other international agencies. He pointed out that there is no increase in the allocation of PASO funds for the malaria eradication program, which is being financed in large measure with Technical Assistance funds. It is rather annoying, therefore, that for some countries, like El Salvador, the proposed program presented states that the program will be financed with Technical Assistance funds, whereas his Government has not requested them from the Technical Assistance Board and these funds will therefore not be provided for such activities.

Dr. BELLERIVE (Haiti) shared the concern expressed by other representatives, but stated that for the moment, the discussion should be limited to deciding whether the proposed program and budget as presented by the Executive Committee was to be approved, that is, with

the increases referred to, and then a discussion of the points raised could be entered into.

Dr. HORWITZ (Chile) agreed with the Representative of Haiti. He said that he was not authorized to accept the quota increase for his country, a sum that is ridiculously small if one considers what is proposed and compares it with what is provided for 1958. In the case of Chile, the national budget is prepared in July so that it can be studied by the Parliament, and for that reason the quota contribution to the PASO included in that budget was set at the 1956 level. He recalled that the Pan American Sanitary Conference held in Santiago, Chile, stressed the desirability of including a percentage distribution statement in the proposed budget. The statement would show the funds allocated to different activities in accordance with a public health policy previously established, the importance of which is demonstrated by the fact that the technical discussions topic of this meeting is "Methods for the Preparation of National Public Health Plans." He pointed out that in the budget summary by related activity, in Official Documents No. 17, the Supply Office is included under technical services, whereas it should appear under Administrative Services. On the other hand, the Public Information Office, at present under Administrative Services, should be considered a technical activity of the greatest importance. He suggested that in the future, a percentage distribution statement be included in the proposed budget, showing the funds for the various activities, in order to demonstrate that

such distribution answers to a public health policy. It would also serve to reduce administrative services to their proper proportion, since to allocate 22.6 per cent of the budget to administrative activities seems somewhat out of scale, in view of the tremendous demand for technical programs requested by the American countries.

Dr. SOPER (Director, PASB) remarked that the concern just expressed by various representatives has been manifested on previous occasions. For example, in Document CE29/10, provisional précis minutes of the first plenary session of the 29th Meeting of the Executive Committee, is his reply to the same question, repeated today by the Representative of Cuba: "Dr. SOPER stated that no practical way had been found to solve the problem brought up by the Representative of Cuba. The activities of a given country will be financed with PASO, WHO, or Technical Assistance funds according to their availability at the moment when that country is in the position to receive the collaboration of the PASB." Naturally there are certain exceptions; for example, when the WHO began collaborating with UNICEF, the latter paid the salaries and expenses of the technical personnel participating in the programs that received supplies and equipment furnished by UNICEF, but once the WHO began to receive Technical Assistance funds, amounting to 22 per cent of the total amount of such funds, the Director-General of the WHO ruled that salaries and expenses of the technical personnel of joint WHO/UNICEF programs should be paid from Technical Assistance funds. He continued to read from Document CE29/10, explaining

that: "There are certain general programs, such as the Aedes aegypti eradication campaign, which are financed only with PASO funds, but there are other general programs in which the WHO collaborates." It should be noted that "the Aedes aegypti eradication program is limited to the Americas, there being nothing similar to it in any other part of the world." He emphasized the fact that PASO programs have had uneven development in the different countries of the Americas. In certain countries, therefore, the Bureau had the opportunity of collaborating with the government at a time when funds were available from the regular PASO budget, whereas in other countries the opportunity for collaboration arose when the Bureau had WHO funds, and in still others, when it had Technical Assistance funds. This explains why the allocation of funds to the various programs, according to countries, has been from different sources. Up to 1954, the situation allowed freedom of action, but since then the United Nations Technical Assistance Board decided not to grant funds to the specialized agencies, but to allot them directly to the governments concerned. This has created a very difficult situation within the countries, especially in those where a large part of the international collaboration in public health programs was financed with Technical Assistance funds; the result has been that these funds have remained sterile, so to speak, and no longer serve as an incentive to the development of programs in the countries. At present, the Technical Assistance funds can be considered, as a matter of fact, as an increase in the national



budget, and as a result, they are subject to the same influences within the country that come into play when the national budget is being prepared.

He explained that the PASO has been utilizing Technical Assistance, WHO, and PASO funds for six or seven years. One must not lose sight of the fact that Technical Assistance funds served originally to stimulate both the work of the WHO and also public health activities in the Americas, but it should not be forgotten that Technical Assistance funds come essentially from the same governments that support the PASO and the WHO. It should be remembered that it is incumbent upon the governments to determine how international collaboration is to be financed.

The Director went on to explain that the WHO budget is prepared by the Director-General of the Organization, who takes into consideration the projects sent in by each Region. Every year instructions are received from the Director-General, setting a limit to be observed in preparing the proposed budget for the Region. The Director-General may, and generally does, accept the recommendations of the Regional Committee, but of course he has the right to change them when he prepares the over-all WHO budget. Once the WHO budget has been approved, the Regional Offices are notified of the allocations they are to administer, in contrast to what happens with the PASO's own funds, and the Director of the Bureau has no authority to transfer credits from one item to another without prior consultation with the WHO. There have been cases in which authorization to transfer even small amounts has not been granted.

Referring to the comments of the Representative of Colombia, he said that the budget approved by the Directing Council serves as a guide in the work of the Bureau for the corresponding year, but it should be remembered that the Bureau has to work according to the conditions, which often vary, prevailing in each country and therefore the Director is authorized in the budget to transfer credits between parts of the budget, provided that such transfers of credits between parts as are made do not exceed 10 per cent of the part from which the credit is transferred. If necessary, he may obtain authorization from the Executive Committee to transfer larger amounts. Thanks to this fact, in 1954 practically 100 per cent of the budget was utilized, and in 1955, 99 per cent, something that would not have been possible if it had been necessary to follow rigidly the budget as approved by the Directing Council. He pointed out that the Pan American Sanitary Bureau works in collaboration with the health authorities of each country, but it is not within its power to establish national plans or apply a fixed policy throughout the Americas. It is not the function of the PASB to decide what should be done in each country, although it has always shown great interest in the preparation of national plans, and is now actively collaborating with certain Member Governments in the drafting of such plans. It should be remembered that the PASO budget is quite different from a national budget and cannot follow a fixed policy in detail, but has to act in accordance with what each country requires or is able to utilize at a given moment. In reply to the suggestion of the

Representative of El Salvador, he said that the Bureau would be very much pleased if there were any possibility of adopting a common policy for all the funds received. If all the contributions were made in the same way as the quota contributions from the Member States to the PASO, it would be much easier for the Bureau to carry on its activities. He agreed with the Representative of El Salvador in considering that on certain occasions the PASO budget has been merely a supplement to programs decided upon by non-technical organizations and by organizations that do not come under the jurisdiction of the Directing Council.

The Organization and the Bureau have now had several years' experience and have been able to develop a program that, with all its defects, does have a certain value. This makes it possible to give serious attention to the problem for the future, and it is advisable to remember, at the same time, that difficulties such as that mentioned by the Representative of Chile always arise. Therefore, if it should be necessary to increase the budget and to enlarge the activities of the Bureau, it would be wise to provide for this well in advance, not only to obtain contributions from the governments, but also to prepare the corresponding programs.

He mentioned a few figures relating to the last nine years. In 1947, the PASO received \$115,000, representing the quota contributions of the Member Governments. In 1948 a budget of \$1,300,000 was approved, of which \$326,000 were utilized. In 1949, with a budget of \$1,750,000, \$786,000 were utilized. In 1950, with a budget of \$1,750,000, approximately

\$1,400,000 were utilized. During that period it was necessary to establish a working capital fund, organize a staff, and establish relations with the governments. If it is considered necessary to amplify the international cooperation activities of the Bureau within the next two or three years, it would be advisable to begin now to consider where the necessary funds will come from.

It was his conviction that the most useful funds for public health activities in the Americas are those that go directly to the Pan American Sanitary Organization.

He explained that at the last meeting of the Executive Committee it had been noted that despite the increase in the WHO budget, its budget for the Region of the Americas has been very little affected. This, he said, was natural and logical, for it should be remembered that until quite recently the WHO did not have certain regional organizations, such as those of Africa and the Pacific, and that so far their programs have not yet been developed to the point they should reach.

#### INVITATION FROM THE PRESIDENT OF THE REPUBLIC OF GUATEMALA

The CHAIRMAN informed the meeting that the President of the Republic of Guatemala had asked him to convey to the chiefs of delegation an invitation to a luncheon at 12:30 p.m. at the Finca Tegucigalpa.

The session was adjourned at 12:05 p.m.



*directing council*

PAN AMERICAN  
SANITARY  
ORGANIZATION

IX Meeting

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

VIII Meeting



Antigua Guatemala  
September 1956

CD9/34 (Eng.)  
20 September 1956  
ORIGINAL: SPANISH

PROVISIONAL PRECIS MINUTES OF THE FOURTH PLENARY SESSION  
Antigua Guatemala  
Tuesday, 18 September 1956, at 3:40 p.m.

<u>Chairman:</u>	Dr. Carlos SOZA BARILLAS	Guatemala
<u>Vice-Chairmen:</u>	Dr. Daniel ORELLANA Dr. Félix HURTADO	Venezuela Cuba
<u>Secretary:</u>	Dr. Carlos L. GONZALEZ	Pan American Sanitary Bureau

Contents

Welcome to the Ambassador of Costa Rica, Renato Delcore, and the Ambassador of Panama, Dr. Humberto Leignadier Clare

Topic 10: Proposed Program and Budget of the Pan American Sanitary Organization for 1957 (Official Documents No. 17 and Document CD9/9) (Continued)

Topic 11: A. Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1958 (Official Documents No. 17 and Document CE29/13)

B. Provisional Draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1958 (Official Documents No. 17 and Document CE29/13)

Note: These précis minutes are provisional, and the representatives are therefore requested to notify the Secretary within 48 hours of any corrections they wish made in the text.

WELCOME TO THE AMBASSADOR OF COSTA RICA, RENATO DELCORE, AND THE AMBASSADOR OF PANAMA, DR. HUMBERTO LEIGNADIER CLARE

The CHAIRMAN opened the session and welcomed the Ambassador of Costa Rica, Renato Delcore, and the Ambassador of Panama, Dr. Humberto Leignadier Clare, who had just arrived to participate in the meeting.

TOPIC 10: PROPOSED PROGRAM AND BUDGET OF THE PAN AMERICAN SANITARY ORGANIZATION FOR 1957 (Official Documents No. 17 and CD9/9) (continued)

The SECRETARY reported that the General Committee had agreed that the discussion of the following topics would be continued at the afternoon session and the morning session of the following day: Topic 10, Proposed Program and Budget of the Pan American Sanitary Organization for 1957 (continued); Topic 11, A-- Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1958, and B-- Provisional Draft of the Proposed Program and Budget of the Pan American Sanitary Organization for 1958; Topic 14, Report on the Collection of Quota Contributions; Topic 16, Utilization of Available Funds; Topic 17, Emergency Revolving Fund; and Topic 23, Building Reserve Fund. The General Committee also proposed for discussion by the Directing Council at the afternoon session on Thursday, 20 September, Topic 20, Election of two Member Countries to Fill the Vacancies on the Executive Committee Created by the Termination of the Periods of Office of Argentina and the United States of America. The Committee also decided that the Technical Discussions should be held on Friday, 21 September, and that Topic 18, Reports on the Status of Malaria Eradication in the Americas, should be included in the order of business of next Monday.

Dr. ALLWOOD PAREDES (El Salvador) suggested that this last topic be discussed on Thursday, 20 September, as he had been instructed by his Government to return to El Salvador to participate in the preparation of the program and budget of the Ministry of Public Health.

Dr. HURTADO (Cuba) asked that, in view of the reasons adduced by the Representative of El Salvador, his proposal be accepted.

Dr. SOPER (Director, PASB) said that this particular date had been chosen to make it possible for Mr. Davée, the Regional Director of UNICEF, and Dr. Márquez Escobedo, the Director of the Malaria Eradication Campaign in Mexico, who will arrive next Sunday, to participate in the discussions.

Dr. ALLWOOD PAREDES (El Salvador) reiterated his request that, because of the importance of the subject and his desire to report personally on the work being done in his country in the malaria eradication campaign, the discussion of the topic be begun Thursday morning, to be continued the following week.

It was so agreed.

Dr. DIAZ COLLER (Mexico) requested that the proposal he had made at the previous session be discussed or put to a vote.

The SECRETARY said that at the previous session the Representative of Mexico had requested that the proposed increase in funds allocated for the Bulletin of the PASB in the provisional draft of the proposed program and budget of the PASO for 1958, be made effective in 1957, since this publication is giving excellent results. He added that the Bureau is aware of the importance of the Bulletin, as well as of other publications designed to disseminate technical knowledge. The Bulletin has

a circulation of 7,500 copies and reaches the farthest corners of the Americas. It is true that occasionally delivery of the publication has been delayed, owing to the shortage of personnel not only in the Editorial Office, but also in Translating Services. The urgent problems faced by the Bureau, such as poliomyelitis, infant diarrheas, and many others, have made it impossible to include an increase for this item in the budget for 1957. Dr. González added that an increase for publications would also entail equivalent increases for the Editorial Office and Translating Services, increases that have been included in the provisional draft of the proposed program and budget for 1958.

He thanked the representatives for their interest in this phase of the Bureau's activities and expressed the hope that funds might be made available for increased activities during 1957.

Dr. SWELLENGREBEL (Netherlands) said that, as a European scientist, he strongly supported the proposal of the Representative of Mexico, and added that the Bulletin of the PASB is well known in Europe and that a larger circulation would be very welcome.

Dr. ESTRELLA (Peru) seconded the proposal of the Representative of Mexico.

Mr. OLIVERO (Guatemala) also seconded the proposal, since he felt that the circulation of the Bulletin should be increased to enable it to fulfill its purpose better.

Dr. HURTADO (Cuba) said that, although he recognized the importance and effectiveness of the Bulletin, the proposal under discussion raised an administrative problem, since the approved total amount of the budget



had already been allocated to the various parts. Any increase in a given item would mean a reduction in others, and, unless there were reserve funds available, this would require a complicated readjustment of the whole budget.

Dr. DIAZ COLLER (Mexico) explained that his proposal contained the suggestion that a committee be appointed to study what adjustments could be made in the 1957 budget so as to make possible an increase of \$10,000 in the item for publications.

Dr. SOPER (Director, PASB) pointed out that the problem would not be solved by simply increasing the figure budgeted for publications by \$10,000, as suggested by the Representative of Mexico; rather, to make this increase effective, it would be necessary to include also an increase for the Editorial Office and Translating Services, as was done in the provisional draft of the proposed program and budget for 1958.

Dr. ALLWOOD PAREDES (El Salvador) stated that on page 68 of the proposed program and budget, the Editorial Office is included in Group II, Technical Services and Supply, and in Group III, Field Projects and Publications, there is an item Publications of the PASB.

If the proposal of the Representative of Mexico were accepted, perhaps it would be possible to make an adjustment in those two items in favor of the Bulletin, if necessary curtailing some other work of the Editorial Office. He suggested that the Representative of Mexico make a concrete proposal as to which item should be reduced in order to make provision for the proposed increase for the Bulletin.

Dr. SIRI (Argentina) suggested that the discussion be closed, that the proposal of the Representative of Mexico be approved, and that decision thereon be taken up after the proposed committee had made its report.

Dr. VELAZQUEZ PALAU (Colombia) thought the appointment of such a committee was not in order, since the approval of budgetary allocations was a function of the Directing Council.

Mr. OLIVERO (Guatemala) proposed that the Directing Council approve the amount allocated for the Bulletin, and request the Director and the Executive Committee to work out how to make the necessary transfer of funds within the budget.

Dr. HURTADO (Cuba) felt that the proposal of the Representative of Guatemala would not solve the problem. In the course of the meeting proposals to increase other budget items would probably be made, and if a precedent were set now, it would later be difficult to refuse such requests. On the other hand, approval of this proposal might lead to a revision of the whole budget. He suggested that for the time being the proposal of the Representative of Mexico be noted, to be taken up later with others that might be presented.

Dr. MAIA PENIDO (Brazil) proposed that first the whole amount of the budget should be approved, and the detailed items examined later.

Dr. DIAZ COLLER (Mexico) withdrew his proposal and supported that of the Representative of Guatemala, seconded by the Representative of Chile.

Dr. HURTADO (Cuba) felt that the proposed solution was not in accordance with the policy of the Organization. The function of the Director ends with the presentation of the provisional draft of the proposed program and budget, and for that reason any subsequent modification to be introduced therein would require the approval of the Directing Council.

Dr. SANCHEZ VIGIL (Nicaragua) pointed out that the provisional draft of the proposed program and budget was prepared to allow for the careful study of all the details that will be included in the final document. It is in this provisional document that the changes deemed necessary should be introduced and not in a proposed program that has been reviewed and studied by the Executive Committee.

Mr. OLIVERO (Guatemala) explained that he was merely suggesting that the Director study the possibility of increasing the aforesaid funds, since he understood that the figures set forth in the budget do not always have to be strictly followed.

Dr. VELAZQUEZ PALAU (Colombia), like the Delegate of Cuba, thought that this was not the time to set up committees to study the proposed budget; it would suffice to propose such transfers of credits as were deemed advisable and to specify the items to which these transfers applied. He proposed, however, that since the amount under discussion was not large, this matter be reconsidered when studying Topic 16, Utilization of Available Funds.

The CHAIRMAN suggested that the Secretariat take note of the recommendations made by the representatives with respect to changes in the budget items and that later all such changes be discussed in detail.

It was so agreed.

The session was adjourned at 5:00 p.m. and resumed at 5:15 p.m.

Dr. MAIA PENIDO (Brazil) asked that the Council discuss the proposal made by the Representative of Haiti at the previous session, on the approval of the total amount of the budget.

Dr. SIRI (Argentina) supported the Representative of Brazil.

Dr. HORWITZ (Chile) said that, although he would be willing to agree to the figure recommended by the Executive Committee, his approval thereof was subject to his Government's consent. This fact is due to a readily understandable budgetary procedure, namely, that the general budget of his country was approved in July and contains the same quota contribution for PASO as for 1956.

Dr. ALLWOOD PAREDES (El Salvador) pointed out that in the last few years the country he represented had always been willing to approve increases in the budgets of international organizations, including the Pan American Sanitary Organization. He went on to say, however, that from a national point of view, it would be impossible for him to approve any increase that did not represent, to some degree, a benefit to his country. He regretted that the Pan American Sanitary Organization had not, for a number of years, allocated any specific sum to his country. He could not, therefore, approve any increase in the budget unless it were favorable to some of the aspirations of his country.

Dr. VELAZQUEZ PALAU (Colombia) asked for the clarification of two points for which he could find no explanation in the budget. The first concerned the policy followed by the Bureau in solving problems of continental scope. As to the second point, it was very similar to the one raised by the Representative of El Salvador. In the last few years Colombia has made a considerable effort through national campaigns to combat certain diseases and it has notably increased its public health budget. But what has the PASB done in response to these efforts? The sums allocated to Colombia in 1956 were the same as for 1957, and they vary only slightly for 1958. Everything seems to indicate that the great efforts made by his country can count only on the possible support of Technical Assistance funds or other extra budgetary funds. Nevertheless, he was ready to approve the proposed increase.

With respect to the first point raised by the Representative of Colombia, Dr. Soper (Director, PASB) explained that since 1947, in compliance with the decisions of the Directing Council, the activities of the countries engaged in the eradication of Aedes aegypti, the yellow fever vector, were being coordinated. This campaign had made much progress in Colombia. Since 1950 the problem of smallpox has been included in the continent-wide campaigns and, more recently, the same has been true of malaria and yaws. As to the second point brought up by the Representative of Colombia, he asked Dr. Molina, Chief of the Division of Public Health, to give the necessary information.

Dr. MOLINA (Chief, Division of Public Health, PASB) stated that the increase proposed for 1957 was for the expansion of certain field activities, such as those having to do with poliomyelitis, diarrheal diseases, and the expansion of studies on yellow fever. All these field activities are intercountry programs and their total cost amounts to \$141,000. The control and prevention of diarrheal diseases is extremely important, since they are the main cause of mortality in most of the countries. Moreover, the expansion of the studies on yellow fever will benefit Colombia, El Salvador, and other countries. One must bear in mind that in the case of intercountry programs, specific sums are not allocated to any one country, but the amounts expended in these activities benefit many countries of this Hemisphere.

Dr. VELAZQUEZ PALAU (Colombia) thanked Dr. Molina for his explanation and declared that the activities of the Directing Council should be inspired in the most generous Pan American spirit. The PASB must be given the funds to enable it to study the existing problems and establish the proper order of priorities. He assented to the increase requested for the activities of the PASB, and proposed that the Directing Council approve the draft resolution set forth in Document CD9/9 with respect to the allocation of \$2,400,000 for the 1957 budget.

Dr. ALLWOOD PAREDES (El Salvador) pointed out that the order of priorities established by the governing bodies of the Organization was not always reflected in its budgets. That is what happened with the malaria problem; although the Pan American Sanitary Bureau has encouraged eradication campaigns, which have been allocated hitherto undreamed of

amounts in national budgets, no provision has been made in this provisional draft for the funds necessary to give the programs the technical assistance they need. In the case of El Salvador, this budget does not contain any funds that will guarantee my country technical assistance during the period it will require it. Despite the gravity of the situation and repeated requests both to Washington and to Geneva, only \$100,000 is still being allocated to deal with the malaria problem. On the other hand, new and much less important programs are being started. An intercountry program cannot guarantee that El Salvador will have the technical support that it has a right to expect. Last year, El Salvador received only a day and a half of technical assistance for its malaria control program, and this aid was all out of proportion to the millions of pesos that the country is spending in its own national campaign. The Government of El Salvador wishes, therefore, to reserve its position until it knows how the increased funds are going to be utilized.

Dr. SIRI (Argentina) asked that the proposal of the Representative of Colombia to approve the \$2,400,000 budget be put to a vote.

The SECRETARY read the draft resolution set forth in Document CD9/9.

Decision: The draft resolution set forth in Document CD9/9 was adopted by a vote of 12 to 2, with no abstention.

Dr. VELAZQUEZ PALAU (Colombia) pointed out, since the draft resolution which had just been voted upon has been approved, the discussion of Topic 10 of the agenda was closed and the Council should go on to Topic 11.

Dr. HORWITZ (Chile) declared that, before Topic 11 was considered, he wished to emphasize how important it was for the Pan American Sanitary Bureau to review with care its so-called administrative services expenses. In Chile, extensive efforts are being made to systematize administrative methods. Largely through the efforts of the Institute of Inter-American Affairs and the University of Chile, a law has recently been passed providing for review and improvement by the Government of all administrative practices followed in government agencies. The National Public Health Service took action even before this law was passed, and for the last six months has employed five experts from the School of Economics to make a detailed review of the administrative methods followed in health services. It is interesting to see the amount of detail into which these experts have gone in order to effect savings through the introduction of improved methods, which are not always dependent on mechanization. The percentage of 22.6 that the PASB is now allocating to administrative services seems excessive, he said. If a reorganization based on modern methods of administration were instituted, vast savings could certainly be effected. He recalled that, at the Pan American Sanitary Conference in 1954, he had asked that the budget show the percentages allocated to the various activities. These percentages were the best way of assessing the course followed by an organization. That is why they should appear clearly in the future budgets of the Bureau.

Dr. ALLWOOD PAREDES (El Salvador) requested that the minutes record his disagreement with the distribution of the appropriations appearing in the 1957 budget.



TOPIC 11-A: PROPOSED PROGRAM AND BUDGET OF THE WORLD HEALTH ORGANIZATION FOR THE REGION OF THE AMERICAS FOR 1958 (Official Documents No. 17, CE29/13, page 8)

The SECRETARY referred to the relevant part of Official Documents No. 17 and read the resolution adopted by the Executive Committee at its 29th Meeting (Document CE29/13). He explained that the regional budget estimates as presented in Official Documents No. 17 had been examined by the Executive Committee, which, in Resolution III, agreed to transmit to the Directing Council the proposed program and budget of the World Health Organization for the Region of the Americas for 1958. He pointed out that page 3 of Official Documents No. 17 shows the total budget figure and gives also certain explanations on the funds expected from the Technical Assistance Program of the United Nations. The figures for participation in this program are provisional and are subject to the decision of each government and to the financial uncertainties that have characterized the Technical Assistance Fund since its inception. The budget estimates for the Region amount to \$1,567,980 out of which \$883,780 relate to field activities; in this amount, \$215,670 has been included in the event that certain inactive members of the WHO resume participation in that Organization.

Dr. HURTADO (Cuba) stressed the fact that this budget is being submitted to the Directing Council, as Regional Committee of the World Health Organization. This fact should be taken in consideration, for it is precisely this point that is the source of PASO's problems and difficulties. This is a budget that originates, not with PASO, but with

a communication that the Director-General sends to the Regional Director. Whatever decision is reached here will merely be a recommendation that will in no way bind the Director-General of the World Health Organization. The document submitted to the Directing Council for consideration is for information only and is intended to assist the Director-General of the WHO in preparing the proposed budget of that Organization.

The truth is that Geneva decides and sets the standard for what is to be done, and this obviously constitutes an intrusion by the World Health Organization in the Pan American Sanitary Organization. At the time the Agreement was signed with the WHO, sufficient care was not taken to ensure the necessary liberty and autonomy of PASO. This does not mean that we should break with the World Health Organization, but it is a warning to the Members of PASO that they should take carefully into account the situation that has led to the "public health centralism and imperialism" advocated by some. The present system gives rise to situations that from the legal point of view are very strange, since there are members of the PASO who are not members of the WHO. This is so in the case of Colombia. But, could we admit the criterion that the Representative of Colombia has no right to participate in our discussions? This is inadmissible, since Colombia, as a member of the United Nations, contributes to the Technical Assistance Program, from which the WHO, in turn, derives benefit.

Dr. SOPER (Director, PASB) explained that the Representative of Colombia participates in the deliberations of the WHO Regional Committee with full rights, by virtue of the Preamble and Article 2 of the Agreement

between the World Health Organization and the Pan American Sanitary Organization. Under the terms of that Agreement, the ratification thereof by fourteen American republics was all that was required for the Pan American Sanitary Conference, through the Directing Council of the Pan American Sanitary Organization, to serve as Regional Committee of the World Health Organization. As for the budget, it should be borne in mind that, in general, Geneva considers that the Regional Committees discuss the budget proposals in detail, and the WHO Executive Board has expressed the strong wish that they do so.

Dr. HURTADO (Cuba) stated that he was the first to recognize the Colombian Representative's right to participate in the deliberations. But it cannot be denied that, from the legal point of view, the existing situation presents obvious contradictions. Colombia, by choice, has not yet joined the WHO, and the latter has no jurisdiction over the Government of Colombia. In the history of the relationships between the PASO and the WHO, one does not find proper acknowledgement of the high reputation of health work in the Americas, despite the fact that it was in America that the first health convention was signed and that the PASB has been in existence for more than half a century.

Dr. BRADY (United States) suggested that, rather than discuss existing agreements and constitutions, it would be more useful to examine PASO's responsibilities with regard to the WHO Regional Budget for 1958. He added that the WHO Director-General provides the Regional Director with a target figure within which to prepare the budget for the Region.

The Directing Council, as Regional Committee, should now examine this budget, project by project, to see whether these are the projects which this Region wishes to have under the WHO program. This analysis of the budget requires time, and it might be advisable to appoint a working party for this purpose.

Dr. ALLWOOD PAREDES (El Salvador) felt that, while the approval of the Regional Committee is not of a final character, the ultimate decision being taken by the Executive Board and the World Health Assembly, the matter obviously deserves very careful study. He pointed out that, in spite of the importance of malaria eradication for the American countries at this time, the regular budget of the WHO contains no provision for such activities. His country, which has given eloquent proof of its spirit of international collaboration, considers the attitude adopted by the PASO and the WHO with respect to the malaria problem to be unjustifiable, and he requested that the minutes record the displeasure of El Salvador at the lack of assistance to national campaigns for the eradication of this disease.

Dr. VELAZQUEZ PALAU (Colombia) recognized the fact that the Cuban Representative's statements in no way implied that Colombia did not have the right to participate in the discussion, and he thanked the Bureau for confirming that right. He seconded the proposal of the Representative of the United States to form a working party, and proposed that this

group study in detail both the proposed program and budget of the WHO for the Region of the Americas and the provisional draft of the proposed program and budget of the PASO for 1958. He felt that, as the Representative of Chile had suggested, the budgets should show clearly the percentage distribution of funds for the various activities, for this would greatly facilitate the study of these documents.

Dr. SIRI (Argentina) was not quite convinced of the usefulness of a working party. He doubted whether the members of the Directing Council who would serve on this working party would have sufficient time at their disposal to participate in both the working party and the plenary sessions. He thought it would be more practical for the Directing Council to study the matter in plenary session.

Dr. MAIA PENIDO (Brazil) felt that the proposal made by the Representative of the United States and seconded by the Representative of Colombia should now be put to a vote.

The SECRETARY stated that two proposals had been made. First, the proposal of the United States Representative, seconded by the Representative of Colombia, to appoint a working party for the analytical study of the WHO regional proposed program and budget and the provisional draft of the proposed program and budget of the PASO for 1958. Second, the proposal of the Representative of Argentina that the Directing Council make this analysis in plenary session.

The PRESIDENT put to a vote the proposal of the Representative of the United States, seconded by the Representative of Colombia.

Decision: The establishment of a working party to make an analytical study of the proposed program and budget of the WHO for the Region of the Americas and of the provisional draft of the proposed program and budget of the PASO for 1958, was approved by a vote of 12 to 4, with 1 abstention.

Dr. MAIA PENIDO (Brazil) proposed that the Representatives of Colombia and the United States serve on the working party.

Dr. HURTADO (Cuba) proposed the Representatives of Mexico, Argentina, and Venezuela.

Dr. SIRI (Argentina) asked that the Representative of Chile be designated in his place.

Decision: It was unanimously agreed that the Representatives of Chile, Colombia, Mexico, the United States and Venezuela would serve on the working party.

Dr. SIRI (Argentina) asked when the working party would meet.

The SECRETARY suggested that the General Committee, in consultation with the members of the working party, set a time for the meeting that would not conflict with the other activities of the Directing Council.

It was so agreed.

The session was adjourned at 7:10 p.m.



*directing council*

PAN AMERICAN  
SANITARY  
ORGANIZATION

IX Meeting

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

VIII Meeting



Antigua Guatemala  
September 1956

CD9/36 (Eng.)  
21 September 1956  
ORIGINAL: SPANISH

PROVISIONAL PRECIS MINUTES OF THE FIFTH PLENARY SESSION  
Antigua Guatemala  
Wednesday, 19 September 1956, 9:15 a.m.

<u>Chairman:</u>	Dr. Carlos SOZA PARILLAS	Guatemala
<u>Vice-Chairmen:</u>	Dr. Daniel ORELLANA Dr. Félix HURTADO	Venezuela Cuba
<u>Secretary:</u>	Dr. Carlos L. GONZALEZ	Pan American Sanitary Bureau

Contents

Welcome to the Representative of Ecuador, Dr. Diego A. Ramirez

Second Report of the Committee on Credentials (Document CD9/32)

Topic 14: Report on the Collection of Quota Contributions  
(Document CD9/19)

Topic 16: Utilization of Available Funds (Document CD9/11)

Topic 17: Emergency Revolving Fund (Document CD9/21)

Topic 23: Building Reserve Fund (Document CD9/12)

Note: These précis minutes are provisional, and the representatives are therefore requested to notify the Secretary within 48 hours of any corrections they wish made in the text.

WELCOME TO THE REPRESENTATIVE OF ECUADOR, DR. DIEGO A. RAMIREZ

The CHAIRMAN opened the meeting and welcomed Dr. Diego Angel Ramirez, Director General of Health of the Republic of Ecuador, who was representing his country at the present meeting.

SECOND REPORT OF THE COMMITTEE ON CREDENTIALS (Document CD9/32)

Dr. ORELLANA (Venezuela), as Chairman and Rapporteur of the Committee on Credentials, read the second report of the Committee, which stated that the credentials of the Representatives of Chile, Ecuador, and Panama and of the Observer for Canada had been examined and accepted.

The CHAIRMAN submitted the report for approval.

Decision: The second report of the Committee on Credentials was approved unanimously without change (Document CD9/32).

TOPIC 14: REPORT ON THE COLLECTION OF QUOTA CONTRIBUTIONS (Document CD9/19)

Mr. SIMPSON (Chief, Division of Administration, PASB) read the report submitted by the Director (Document CD9/19), reflecting the status of outstanding quota contributions to the budget of the Pan American Sanitary Organization.

Decision: It was unanimously agreed to take note of the report on the collection of quota contributions (Document CD9/19).

TOPIC 16: UTILIZATION OF AVAILABLE FUNDS (Document CD9/11)

Mr. SIMPSON (Chief, Division of Administration, PASB) reviewed Document CD9/11 and stated that the Executive Committee, at its 28th Meeting, had studied the report of the Director on the utilization of available funds, together with a report on the same subject by the Permanent Subcommittee on Buildings and Installations regarding the possible



use of \$123,524 of surplus funds available as of 31 December 1955. After noting Resolution XIV of the VIII Meeting of the Directing Council, which authorized the Director to establish a Building Reserve Fund, and after considering the report of the afore-mentioned Subcommittee, the Executive Committee concurred in the recommendations of the Director to transfer to the Building Reserve Fund \$100,000 of the available funds from the year 1955, and to transfer the balance of the funds available, amounting to \$23,524, to a special account to meet the initial expenses of architectural plans for the construction of a new Headquarters building. The Executive Committee recommended that the IX Meeting of the Directing Council approve these recommendations of the Director.

Mr. Simpson then read the draft resolution appearing in Document CD9/11 on the afore-mentioned recommendations. He explained that the officers of the Bureau have held a number of meetings with officials of the United States Government regarding a site in Washington for the new Headquarters building. Although a suitable site has not yet been found, there is a possibility that one will be available in a Washington area that is now undergoing redevelopment, and he hoped to have more definite information on the subject to present at the 31st Meeting of the Executive Committee.

Dr. van ZILE HYDE (United States) said that his country has always held the position that, when surplus funds become available in an international organization, they should be used to reduce the assessments on Member Governments in the ensuing year. He did not question the draft resolution

submitted by the Executive Committee on this topic, but, in accordance with the policy of orderly finance that his country has always supported, he proposed that the surplus funds be applied to reduce the assessments for the next year.

Dr. DIAZ COLLER (Mexico) seconded the proposal of the United States Representative.

Dr. SOPER (Director, PASB) explained that, to understand the scope of the draft resolution submitted, it is necessary to refer to the origin of the Working Capital Fund of the PASB. In 1947, when the Bureau found itself without funds to carry on its activities or even, on one occasion, to pay the salaries of its staff, it received from several countries voluntary contributions that enabled it to cope with the situation at the time; it was these funds that formed the basis of the Working Capital Fund. Among the countries that made these voluntary contributions, he recalled, were Mexico, Venezuela, Brazil, Chile, El Salvador, and the Dominican Republic. Later, in 1954, Argentina made a voluntary contribution of 1,500,000 pesos, for the Working Capital Fund. He believed that the proposal of the United States Representative was tantamount to distributing among all the countries part of the voluntary contributions previously made by only a few of them.

The Director recalled, on the other hand, that Resolution XXII of the XIII Pan American Sanitary Conference (Ciudad Trujillo, 1950) authorized the Executive Committee at its 12th Meeting, among other things, to appoint a subcommittee of three members to take the necessary steps, in collaboration

with the Director of the Bureau, to select and contract for buildings or property, on a rental or purchase basis, to serve as interim Headquarters for the Bureau, pending the construction of its own building. In accordance with this resolution, the Bureau acquired two buildings in 1951, in which the Headquarters are at present installed. The Executive Committee and the Directing Council, when authorizing certain expenditures necessary to adapt the buildings to the requirements of the Bureau, indicated that these buildings might serve as the Headquarters for an interim period of ten years, five of which have already elapsed. He stated that the working conditions in these buildings are not conclusive to efficiency.

Dr. Soper went on to say that, because of the fact that various areas in the city of Washington are now being redeveloped, there is a possibility of finding a site that formerly it would not have been thought possible to obtain and that certainly will not be available within two or three years. By the time the site is selected, the plans prepared, and the Headquarters building constructed, three or four years will have elapsed, and the interim period of ten years will have expired. The two buildings of the present Headquarters, he said, were purchased without any financial aid from the Member Governments; they were acquired thanks to interest-free loans granted by the Rockefeller and Kellogg Foundations, loans that were repaid from surplus funds available at the close of various financial years. He believed that the new building also could be constructed without having recourse to special contributions from the governments; that is through the use of the proceeds from the sale of the buildings now owned by the

PASB, plus the payment of an annual sum over a period of from 20 to 25 years.

Dr. SIRI (Argentina) said that he would be willing to support the proposal of the United States Representative if the Pan American Sanitary Organization had already reached a stage of development that would enable it to reverse the course it was necessary to follow in establishing the Working Capital Fund. But the fact is that the PASO has not yet acquired sufficient financial strength, nor have the principal health problems of the Americas been solved, and he therefore could not second that proposal. He described the present working conditions at Headquarters as deplorable, and felt that a suitable building is indispensable for the efficient execution of PASO's activities. Furthermore, the amount it is proposed to transfer to the Building Reserve Fund, he said, would do nothing whatever to relieve the financial obligations of the Member Governments. He supported the draft resolution appearing in Document CD9/11.

Dr. HURTADO (Cuba) disagreed with the view expressed by the Representative of the United States. He said that the Bureau has come a long way in setting up its Headquarters, from the time it occupied only two rooms in the Pan American Union, to the present, when it has two buildings in one of Washington's best locations. He attributed this progress to the establishment of the PASO and to the work of the Director, who was the one who had fostered the financial development of the Organization. It was through the Director's efforts, and thanks to his personal prestige, that the Headquarters buildings were acquired after interest-free loans were

obtained to finance the purchase. Dr. Hurtado felt that the present Headquarters, although inadequate, could continue to be used for a while, and that the construction of a new building is therefore not an urgent matter. He agreed that whenever a surplus accrues, a portion of it should be placed in the Building Reserve Fund. He recalled that the United States Government had offered the Bureau a site near the National Institutes of Health in Bethesda, but that the Executive Committee had not considered the location suitable and declined the offer in the hope that another site might be found. With the redevelopment of certain areas of Washington, this site may now become available, although it is not yet known whether the land will be offered as a gift from the United States Government or whether it will have to be bought at a reduced price, or even at its current market price. The present value of the two Headquarters buildings, he added, has probably increased by more than 30 per cent over the original purchase price.

Dr. Hurtado went on to say that, while he was not in agreement with the proposal of the United States Representative, he also disagreed with the draft resolution in Document CD9/11. He agreed that the sum of \$100,000 should be transferred to the Building Reserve Fund, but felt that the balance of \$23,524 should not be used for the initial expenses of architectural plans, because these could be met with the amounts already in the Building Reserve Fund. He proposed that this balance be kept freely available to take care of any emergency that might arise and to meet the requests made yesterday by various representatives -- for example, Mexico's

proposal to increase the 1957 appropriation for publication of the PASB Bulletin.

Dr. VELAZQUEZ PALAU (Colombia) pointed out that two different aspects of the same topic were being discussed: one, the proposal of the Representative of the United States, and the other, the draft resolution on the transfer of available funds to the Building Reserve Fund. Referring to the first proposal, he said that the American countries had two reasons for establishing the Pan American Sanitary Organization: to avail themselves an organization that would study common public health problems and help solve them; and to create one more instrument of continental unity at the service of the Pan American ideal. The United States is a great defender of this ideal, and he therefore found the proposal of its Representative surprising, since approval of that motion would slow down the work of the PASO. He requested the Representative to withdraw his proposal.

Dr. ORELLANA (Venezuela) stated that he was not in agreement with the proposal put forth by the Representative of the United States, because the present Headquarters buildings of the Bureau are inadequate. Nor did he agree with the Cuban Representative's proposal, for he understood that it takes a long time to draft architectural plans. He felt, however, that such plans should not be started until all the features of the land to be obtained are known.

Dr. MORILLO DE SOTO (Dominican Republic) expressed his disagreement with the proposal of the United States Representative and supported the draft resolution in Document CD9/11.

Dr. DELCORE (Costa Rica) concurred in the request made by the Representative of Colombia that the Representative of the United States to withdraw his proposal, and suggested that, if that proposal were maintained, it be put to a vote.

Dr. RAMIREZ (Ecuador) also agreed with the Representative of Colombia and pointed out that the originator of the project to construct a new building was the Director of the Bureau, who has done such truly important and effective work for Latin America. The Republic of Ecuador, he said, was pleased to support any initiative taken by Dr. Soper, one of the sanitarians to whom Ecuador is most deeply grateful.

Dr. HORWITZ (Chile) recalled that, during the discussion on the Director's Financial Report and the Report on the External Auditor, he had stated that he did not think it advisable to set aside a surplus of \$123,000 for the construction of a building, when a number of representatives were requesting greater appropriations for indispensable programs in their countries. The Director of the Bureau, he said, had shown the American governments how to take proper advantage of the aid provided by international organizations. He called attention to page 217 of Official Documents No 17, which shows the total for projects in Category II to be financed with Technical Assistance funds, amounting to \$454,950 for 1957 and \$455,000 for 1958. Page 218 of the same document contains a list of additional projects requested by governments and not included in WHO program and budget estimates; these amount to \$196,760. In view of these figures, and since it is certain that the governments will continue to

request technical and financial aid in increasing amounts, the Directing Council is faced with the dilemma of using available funds for the construction of a Headquarters building for the Bureau, or of assigning them for the implementation of pending programs. He believed the second solution to be the proper one. Nevertheless, he considered the present Headquarters building to be inadequate and suggested that the Director seek other sources of funds for the construction of a new building, either by approaching the Rockefeller and Kellogg Foundations once again or by obtaining bank loans.

Dr. van ZILE HYDE (United States) emphasized the fact that the proposal made concerns a purely fiscal procedure and that it follows the general financial policy of the United States with respect to international organizations. Therefore, he said, it should not be interpreted as a lack of interest in the PASO on the part of the United States, an interest demonstrated by his country's support of the budget increase approved at the session the preceding day and by its favorable attitude toward the construction of a new building. He recalled that the same proposal had been made by the United States Representative at the meeting of the Executive Committee, and requested that his proposal be put to a vote.

Dr. VELAZQUEZ PALAU (Colombia) expressed his satisfaction at the statements made by the Representative of the United States. He agreed with the views stated by the Representative of Chile, and recalled the concern expressed by the Representative of El Salvador with reference to the sums invested by his country in the malaria eradication program and



the lack of technical advisers for that program. He referred also to the proposal made yesterday by the Representative of Mexico for the improvement of the PASB Bulletin.

Dr. DIAZ DEL PINAL (El Salvador) stated that, as a professional man, he was interested in seeing that the governments give as much money as possible to strengthen PASO's financial situation, but that this would become more difficult if the United States proposal were accepted. Although it is desirable that the PASB have a Headquarters building befitting the Organization's position, he considered it more important to intensify existing programs or initiate new ones requested by the various governments. He therefore supported the proposal of the Representative of Chile.

Dr. SOPER (Director, PASB) pointed out that there has always been the temptation to take advantage of funds available at the end of the year to expand the technical programs, but the Bureau has never proposed that these funds be utilized for projects, which are more or less continuous, for to do so would be tantamount to contracting new obligations for the future and putting indirect pressure on the governments to increase the budgets in subsequent years. For this reason it has been considered good administrative practice to use available funds, not for projects that would necessitate future budget increases for which there is no specific authorization from the governments, but for items that will not give rise to future obligations.

He asserted that any deficiency that may have occurred in the Bureau's collaboration in the malaria eradication program in El Salvador was not due to financial considerations.

The Director pointed out that relatively high salaries are paid to technical personnel who, at Headquarters, do not have adequate space or facilities for producing maximum yield, so that every work-week in the present buildings entails some financial loss. The problem is not urgent, but it is essential that the personnel have adequate working conditions. He expressed the belief that the site of the future building could be decided upon during the next ten months, and that it is not necessary to wait until construction is about to begin before studying the plans; these should calmly and carefully be prepared beforehand.

In reply to the point raised by the Representative of Chile, the Director said that he had already consulted with several bankers on the matter, but that the Bureau, because it enjoys certain immunities by virtue of its international status, cannot have recourse to bank loans.

Dr. ORELLANA (Venezuela) expressed satisfaction at the statement made by the Representative of the United States. He emphasized that the amount of \$100,000 of available funds is insignificant when compared to requests for programs constantly being received by the Organization. That amount would be of little help in solving any problem, and, on the other hand, if it were used to establish a program, the Organization would assume the obligation of continuing that program in subsequent years.

The CHAIRMAN closed the discussion and put to a vote the proposal of the Representative of the United States, seconded by Mexico.

The SECRETARY stated that the proposal was to apply the amount of \$123,524 for the reduction of assessments on the Member Governments in next year's budget.

Decision: The proposal of the Representative of the United States was rejected by a vote of 18 to 2, with no abstentions.

The SECRETARY stated that the proposal of the Representative of Chile was to utilize the available funds for field activities, with a recommendation to the Director that he seek other sources of funds for financing the construction of the new Headquarters building.

Dr. van ZILE HYDE (United States) said that there was a technical point that should be clarified in connection with this proposal; that is, whether the use of the available funds for field activities would constitute an increase in the budget approved at the previous plenary session.

Dr. SOPER (Director, PASB) replied that a legal problem was involved, one that could not be solved without prior study. He reiterated that the Bureau has always tried to avoid any utilization of available funds that might entail financial obligations for the future. On previous occasions these funds have been used to expand the fellowship program or for the smallpox eradication program.

Dr. HURTADO (Cuba) believed that the proposal of the Representative of Chile, if approved, would not change the budget adopted the day before, because the available funds under discussion are already included in it.

Dr. van ZILE HYDE (United States) stated that the question has two aspects: one, that available funds might be put in a special fund for some definite purpose as has been done in the past; the other, that available funds be transferred to the Working Capital Fund, that is, to

be available for any unknown purpose. In the latter case, this might increase the budget approved the day before, because the transfer would be made not to a special fund, but to the general funds of the Organization.

Dr. DELCORE (Costa Rica) believed that the interpretation just given by the Representative of the United States was correct.

Dr. HORWITZ (Chile) stated that, in order to avoid any difficulties, he had no objection to available funds' being transferred to a special fund for programs.

The CHAIRMAN announced that the proposal of the Representative of Chile would be put to a vote.

Decision: The proposal of the Representative of Chile was rejected by a vote of 6 to 14, with no abstentions.

The SECRETARY said that the proposal of the Representative of Cuba consisted of two parts: first, approval of the transfer of \$100,000 from funds available on 31 December 1955 to the Building Reserve Fund; and second, approval of the transfer of the balance of \$23,524 of available funds to a special account for activities to be determined at a later date.

Dr. HURTADO (Cuba) clarified the matter by saying that, as the originator of the proposal, he did not intend to suggest that this balance of \$23,524 be used for activities which might entail obligations for the future; his idea was that they might be used to take care of urgent requests from the different governments, such as the improvement of the PASB Bulletin, increased financial aid from the Bureau to the Pan American Zoonosis Center, expansion of the fellowship program, and other similar activities.

Dr. van ZILE HYDE (United States) pointed out that this proposal also would mean increasing the budget approved yesterday.

The CHAIRMAN announced that a vote would be taken on the proposal by the Representative of Cuba.

Decision: The proposal of Cuba was rejected by a vote of 6 to 9, with 5 abstentions.

The CHAIRMAN announced that a vote would be taken on the draft resolution in Document CD9/11, which reads as follows:

"The Directing Council

RESOLVES:

1. To approve the recommendations of the Director, which were supported by the Permanent Subcommittee on Buildings and Installations, to:

- (a) Transfer to the Building Reserve Fund \$100,000 of the available funds from the year 1955;
- (b) Transfer the balance of the funds available, amounting to \$23,524, to a special account for the purpose of meeting the initial expenses of architectural plans for the construction of a new Headquarters building."

Decision: The draft resolution contained in Document CD9/11 was approved by a vote of 11 to 6, with 3 abstentions.

The session was recessed at 11:15 a.m. and resumed at 11:30 a.m.

The SECRETARY reported that, by decision of the Directing Council, the next day's sessions would be devoted to the study of reports on the status of malaria eradication in the Americas. He stated that copies of the reports received from the following countries would be distributed to the representatives in due course: Bolivia, Brazil, Canada, Chile, Colombia,

Cuba, Dominican Republic, El Salvador, France, Guatemala, Mexico, Netherlands, Nicaragua, Panama, Peru, United Kingdom, United States, and Venezuela. The Secretariat received statistical charts from Costa Rica and Haiti, but they arrived too late to be reproduced for this meeting. All the information received will be used to prepare a general summary on the status of malaria eradication in the Americas, to be published by the Bureau as part of the proceedings of the meeting.

TOPIC 17: EMERGENCY REVOLVING FUND (Document CD9/21)

Mr. SIMPSON (Chief, Division of Administration, PASB) explained Document CD9/21, which deals with this subject. During the past year the Emergency Fund was used twice. It was called upon to procure emergency supplies for Grenada, British West Indies, in the amount of \$267,45, an advance that was reimbursed in May of this year. The Fund was also used at the request of the Ministry of Public Health and Welfare of Argentina for the purchase and shipment of supplies and equipment in the amount of \$74,315.82, to combat a poliomyelitis epidemic that broke out early in 1956. Since Document CD9/21 was prepared, the Government of Argentina has authorized the reimbursement of the \$14,575.82 pending. The Bureau has just received a cable stating that a check for this amount will be received shortly.

Sir JOSEPH HARKNESS (United Kingdom) expressed the gratitude of the authorities of Grenada for the aid given by the Organization immediately after the hurricane in September 1955. The amount was comparatively small, but for small countries these small amounts are relatively large when they

come so promptly and quickly. The help furnished by the Bureau made it possible to vaccinate the population against typhoid fever and, thanks to that, not a single case of typhoid had appeared up to June of this year among the people affected by the hurricane. He emphasized the value of the Emergency Revolving Fund to take care of such emergency situations.

Dr. SIRI (Argentina) also expressed the gratitude of his country and his Government for the aid received from the PASO during the worst poliomyelitis epidemic ever recorded in Argentina, which occurred during the early part of this year. The number of paralytic cases was double that of the 1953 epidemic, which had been the most serious previously recorded. Argentina was at that time in a very difficult position, and the help given by the Organization enabled the country to meet the situation successfully.

Dr. VELAZQUEZ (Colombia) expressed thanks for the timely offer of aid from the Bureau after the explosion that occurred on 8 August last in the city of Cali. Fortunately, it was not necessary to call upon the PASO, because of the aid given by the Government of Colombia and neighboring countries, which avoided an outbreak of epidemics.

Mr. OLIVERO (Guatemala) declared that his country approved the existence and continuation of the Emergency Revolving Fund.

Decision: It was unanimously agreed to take note of the Report submitted by the Director on the Emergency Revolving Fund (Document CD9/21).

TOPIC 23: BUILDING RESERVE FUND (Document CD9/12)

Mr. SIMPSON (Chief, Division of Administration, PASB) explained that the Executive Committee, at its 28th Meeting, considered the

recommendation of the External Auditor and the Permanent Subcommittee on Buildings and Installations, that the authorization given to the Director by the Directing Council at its VIII Meeting to utilize as much of the Building Reserve Fund as might be required, in the event that additional funds should be necessary for the intensification of the malaria eradication program, be withdrawn. However, the Executive Committee decided to recommend to the Directing Council that the authorization be continued, and, therefore, in Document CD9/12 there appears a draft resolution to this effect.

Dr. HORWITZ (Chile) regretted that he had not had this draft resolution before him during the discussion on the previous topic, because he would have proposed that the \$123,000 available funds be utilized for the malaria eradication program; he requested the Director to transfer this sum to the malaria eradication program and proposed that the draft resolution submitted be approved.

Dr. DIAZ DEL PINAL (El Salvador), as the representative of a country that is carrying out a malaria eradication program, supported the draft resolution.

Dr. ORELLANA (Venezuela) drew attention to the recommendation of the External Auditor that the authorization given by the Directing Council at its VIII Meeting be withdrawn. He pointed out that the Council is now faced with a dilemma: whether to follow the resolution of the VIII Meeting, or to act in accordance with today's decision, that available funds be used exclusively for the construction of the Headquarters building.



Dr. HURTADO (Cuba) said that so far the Director of the Bureau had not availed himself of the authorization referred to in the discussion.

Dr. RAMIREZ (Ecuador) considered that there was no contradiction between the decision taken by the Council at this same session, with respect to the utilization of available funds, and the continuance of the authorization given to the Director to use part of the Building Reserve Fund in the event that it should be necessary to intensify the malaria eradication program. Moreover, it is unlikely that this case will arise, as the malaria eradication programs, such as that begun in his country, already contain items for cases of emergency.

Mr. OLIVERO (Guatemala) wished to know if the funds that the Director is authorized to use would be expended definitively or utilized as a reimbursable advance.

Mr. SIMPSON (Chief, Division of Administration, PASB) reported that, according to the terms of the resolution adopted by the Directing Council at its VIII Meeting, the Director is authorized to utilize the amount he considers necessary to intensify the malaria eradication program.

Dr. van ZILE HYDE (United States) pointed out that the External Auditor, in recommending the withdrawal of the authorization under discussion, offered a solution to the problem of having funds available in cases of emergency. On page 51 of the Report of the External Auditor (Official Documents Nº 15) he says: "The purpose of the Working Capital Fund is mainly to ensure normal operations and also to finance and

supplement existing or more programs. Thus, it seems that the Director should have been authorized to draw a limited amount from the Working Capital Fund instead of from the Building Reserve Fund, if strengthening of the malaria eradication program should be required." This, in the opinion of the Representative of the United States, recommends the withdrawal of the authorization given at the VIII Meeting of the Directing Council, thus following the suggestion of the External Auditor.

Dr. DIAZ DEL PINAL (El Salvador) maintained that the malaria eradication campaign is the most important public health activity in the Americas just now, and it is logical that if an emergency should arise, the funds required to meet it should not be taken from any other important program, but from the Building Reserve Fund. He recalled that the malaria eradication campaigns have well defined time limits for their success, and that if they are not successful within those time limits, the money expended in the programs has been wasted. Therefore, he felt it advisable to have funds available to help a malaria eradication campaign that is in danger of failing.

Dr. LEIGNADIER (Panama) wished to know if, in case part of the funds for the building were used for an anti-malarial campaign, they would be considered reimbursable or not.

Dr. SANCHEZ VIGIL (Nicaragua) considered the amount that is in the Building Reserve Fund to have been definitely allocated to it, so that any part of it used for the malaria eradication campaign has to be considered as a reimbursable advance. He believed the present amount

of the Building Reserve Fund to be negligible in comparison with the amount estimated as necessary for the malaria eradication program in the Americas, which is some \$700,000,000. He seconded the proposal of the Representative of the United States.

Dr. DIAZ COLLER (Mexico) asked whether the balance of \$23,524 of available funds, which, when their utilization was approved were earmarked to cover the cost of plans for the Headquarters Building, are considered subject to the authorization under debate.

The SECRETARY explained that the balance of \$23,524 will be transferred to a special account, and consequently, it is not a part of the Building Reserve Fund.

Dr. SOPER (Director, PASB) believed that the authorization to use the Building Reserve Fund in cases of emergency in the malaria eradication program was for the definitive use of those funds in the part of the national programs that might correspond to PASO.

Dr. HURTADO (Cuba) stated that the arguments put forth by the Representative of the United States had impressed him greatly and pointed out that in addition to the Working Capital Fund, which the External Auditor considers to be the proper source of funds in an emergency, the Director already has authorization to make transfers from one budget item to another of amounts of not more than 10% of the item from which the credit is transferred, and, furthermore, the Executive Committee may authorize the transfer of larger amounts. He considered, therefore, that the recommendation of the External Auditor and of the Permanent Subcommittee on Buildings and Installations should be followed.

Dr. DIAZ DEL PINAL (El Salvador) reiterated the advisability of keeping the authorization given to the Director. Up to now it has not been necessary to use it and it is to be hoped that it will not be necessary in the future, but it is better that, in addition to the authorization for transfers given the Director, he have another authorization to dispose of funds in an emergency.

Dr. VELAZQUEZ PALAU (Colombia) agreed with the Representative of El Salvador, because it is not a case of solving great problems, but of giving aid that, even though small, might at some time be the deciding factor in the success of a malaria eradication program.

Dr. MAIA PENIDO (Brazil) considered that the topic had been sufficiently debated and he felt the recommendation of the External Auditor to be opportune.

Dr. van ZILE HYDE (United States) repeated his previous comments, and submitted the following draft resolution:

"The Directing Council

RESOLVES:

That the Building Reserve Fund be utilized solely for purposes connected with the construction of a new building, and that it may be utilized by the Director only after consultation with the Permanent Subcommittee on Buildings and Installations."

Dr. HURTADO (Cuba) was of the opinion that the proposal submitted by the Representative of the United States contained, in fact, a draft regulation on the Building Reserve Fund, and that it was not germane to the topic under discussion, inasmuch as the Council should decide whether to withdraw or continue the authorization given the Director by

the Council itself at its VIII Meeting, that he utilize the Building Reserve Fund to intensify the malaria eradication program.

Mr. OLIVERO (Guatemala) understood the proposal of the Representative of the United States to mean that the Permanent Subcommittee on Buildings and Installations would have the decision as to the utilization of the Building Reserve Fund.

Dr. van ZILE HYDE (United States) announced that he had not foreseen this procedural difficulty. He suggested that the proposed resolution in Document CD9/12 be put to a vote, and if it were rejected, he would not insist on his draft resolution, because it would then be possible to study the advisability of suggesting a procedure to regulate the Building Reserve Fund.

The CHAIRMAN announced that the proposed resolution in Document CD9/12 would be put to a vote.

Decision: By a vote of 9 to 8, with no abstentions, it was decided to authorize the Director to utilize as much of the Building Reserve Fund as might be required, in the event that additional funds should be necessary to the intensification of the malaria eradication program.

The session was adjourned at 12:40 p.m.



*directing council*

PAN AMERICAN  
SANITARY  
ORGANIZATION

IX Meeting

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

VIII Meeting



Antigua Guatemala  
September 1956

CD9/38 (Eng.)  
21 September 1956  
ORIGINAL: SPANISH

PROVISIONAL PRECIS MINUTES OF THE SIXTH PLENARY SESSION  
Antigua Guatemala  
Wednesday, 19 September 1956, at 3:20 p.m.

<u>Chairman:</u>	Dr. Carlos SOZA BARILLAS	Guatemala
<u>Vice-Chairmen:</u>	Dr. Daniel ORELLANA Dr. Félix HURTADO	Venezuela Cuba
<u>Secretary:</u>	Dr. Carlos L. GONZALEZ	Pan American Sanitary Bureau

Contents

Secretariat Announcements

Topic 22: Repatriation Grant of the Former Secretary General  
(Document CD9/8)

Topic 27: Regional Programs to be Financed with Funds of the United  
Nations Expanded Program of Technical Assistance (Document CE29/13)

Topic 22: Repatriation Grant of the Former Secretary General (Document CD9/8)  
(continued)

Topic 28: Sessions of Regional Committees outside the Regional Headquarters  
(Document CD9/20)

Topic 19: Fellowship Program (Document CD9/5)

Note: These précis minutes are provisional, and the representatives are  
therefore requested to notify the Secretary within 48 hours of any  
corrections they wish made in the text.

SECRETARIAT ANNOUNCEMENTS

The CHAIRMAN opened the session and announced that the Secretary would report on the decisions reached by the General Committee regarding the order of business.

The SECRETARY said that the General Committee, at today's session, had agreed to propose to the Directing Council the following topics for study: Topic 19, Fellowship Program; Topic 22, Repatriation Grant of the Former Secretary General; Topic 24, Sanitary Regulations for Hotels and Restaurants; Topic 27, Regional Programs to be Financed with Funds of the United Nations Expanded Program of Technical Assistance; and Topic 28, Sessions of Regional Committees outside the Regional Headquarters.

The following topics were assigned to the seventh plenary session: Topic 26, The Problem of Leprosy in the Americas, and Topic 18, Reports on the Status of Malaria Eradication in the Americas. The eighth plenary session will examine Topic 20, Election of Two Member Countries to Fill the Vacancies on the Executive Committee Created by the Termination of the Periods of Office of Argentina and the United States of America. The General Committee considered it advisable to limit the discussions at the afternoon's plenary session to that topic, so that the working party appointed to study Topic 11, parts A and B, might have several hours in which to do its work. The General Committee suggested that the working party hold its first session this evening, at 8:30 p.m.

Dr. SIRI (Argentina) requested that, if possible, the selection of the topics to be discussed at a session should be announced further in advance. The representatives should be informed with 24 hours in advance of the subjects to be taken up.

The CHAIRMAN asked the Representative of Argentina if he would like to postpone the discussion of some of the proposed topics.

Dr. SIRI (Argentina) proposed that Topics 19 and 24 should be placed last on the order of business.

It was so agreed.

TOPIC 22: REPATRIATION GRANT OF THE FORMER SECRETARY GENERAL (Document CD9/8)

The SECRETARY read the document on this topic.

Dr. ALLWOOD PAREDES (El Salvador) considered that the Executive Committee had acted justly in adopting the resolution appearing in the document just read. Dr. Miguel E. Bustamante, he said, is one of the most outstanding figures in international public health circles in America and his faithful service to the Pan American Sanitary Organization was invaluable. The speaker felt, however, that the wording of the operative part of the draft resolution, as submitted to the Directing Council, could be interpreted as meaning that the sum of \$2,000 in question is the only compensation granted to Dr. Bustamante in recognition of his services as Secretary General. He therefore suggested that the text be reworded to indicate that this sum merely represents compensation granted under special circumstances.



Dr. ESTRELLA RUIZ (Peru) agreed with the view of the Representative of El Salvador, and proposed that the word "services" in the operative part be preceded by the word "efficient."

Dr. SIRI (Argentina) supported the proposal of the Representative of El Salvador and suggested that the latter submit a new text to the Council for consideration.

Dr. ORELLANA (Venezuela) said that the wording of the draft resolution submitted to the Council gives the impression that the sum of \$2,000 was granted to Dr. Miguel E. Bustamante as the sole compensation for his eight years of service with the Pan American Sanitary Organization. The fact is that Dr. Bustamante made a claim for payment of the repatriation grant, and, since under the statutory provisions governing such entitlements there was no possibility of granting his claim, a special decision was reached to authorize payment of an additional sum in recognition of services rendered. Dr. Orellana agreed that mention should be made in the resolution of Dr. Bustamante's efficient services.

Dr. CASTILLO (Nicaragua) said that the majority of those present at the session knew Dr. Bustamante in past years and appreciated his excellent services as Secretary General of the Pan American Sanitary Organization. He agreed with the proposal of the Representative of El Salvador, and thought it only fitting to give recognition in some way to his outstanding qualifications.

Dr. AYBAR (Dominican Republic) also thought that the text of the resolution should be changed to reflect the true spirit that inspired it.

The CHAIRMAN suggested that a committee be appointed, composed of the Representatives of Colombia, El Salvador, and Venezuela, to prepare a new draft resolution on the basis of the opinions just expressed.

It was so agreed.

TOPIC 27: REGIONAL PROGRAMS TO BE FINANCED WITH FUNDS OF THE UNITED NATIONS EXPANDED PROGRAM OF TECHNICAL ASSISTANCE (Document CE29/13)

The SECRETARY reported that the basic document on this topic is Resolution V of the 29th Meeting of the Executive Committee. In accordance with the newly established practice, the Technical Assistance Board is to receive from the governments the requests relating to their national programs. At its meeting next October, the Board will examine these requests, which were drawn up within the target figures set for 1957.

In addition, there are the intercountry and interzone projects, which the Technical Assistance Board calls "regional" projects. Since these projects extend to several countries, none of the governments can present separate requests for them, and the Technical Assistance Board decided that, in these cases, the request should come from an intergovernmental body, such as the Directing Council of the PASO, Regional Committee of the WHO. For this reason, and in order to be able to request the necessary funds for the intercountry programs shown in Official Documents No 17, the Pan American Sanitary Bureau presented the problem to the Executive Committee, which adopted the above-mentioned resolution.

Dr. HARKNESS (United Kingdom) asked for confirmation of the fact that Category II projects for 1957 which were submitted to the Technical Assistance Board for implementation in the event savings occurred in Category I projects, and which do not appear in Official Documents No 17 solely for the reason that the document was printed before these projects had been received by the Bureau, will still be eligible for consideration.

The SECRETARY stated that, if these requests concerned programs for a single country or territory, they would not be covered by the draft resolution submitted to the Council. Such requests will be examined by the Technical Assistance Board at its next meeting. If the request does not exceed the target figure set for the respective country, it is possible that the Board will accept it. It should also be borne in mind that, under the present procedure of programming by countries, each government may introduce changes in its requests, either by adding or withdrawing projects, or requesting transfers between the so-called Categories I and II. All such changes, of course, are subject to the target figures for each country.

Dr. HORWITZ (Chile) recalled that the Council had appointed a working party to study the WHO budget for 1958, which includes the Technical Assistance Funds. He asked whether the intercountry and interzone projects were excluded from the study assigned to that working party. If not, he thought it advisable to await the working party's report.

The SECRETARY stated that the working party had been entrusted with the study of the budgets of the Organization for 1958, including all projects

appearing therein. It would thus appear that the working party should examine this subject together with Topic 11. However, there is the matter of projects for 1957 on which the Technical Assistance Board should have the opinion of the Directing Council. It might therefore be advisable to decide the question of the 1957 projects now and await the working party's report before taking up the 1958 activities.

Dr. HORWITZ (Chile) stated that, up until 1954, the distribution of Technical Assistance Funds for public health programs was made through direct relationship between the specialized agency and the government authorities of the country concerned. Since 1955, the distribution of the target allocation assigned to each country by the Technical Assistance Board has been the responsibility of the government, which makes this distribution after a detailed study of national requirements is made by an ad hoc committee composed of representatives of the various government departments.

Under this procedure, certain health activities fail to receive the support they deserve, preference being given to other fields, such as agriculture, industry, or education. He was directing no criticism, he said, at the officials in agriculture, industry, or public education, who are honestly convinced that their requests and programs are of much greater importance. But the fact of the matter is that, from the viewpoint of public health activities, the situation is worse today than in 1955. Health is an intangible factor that cannot be measured in terms of cold statistics.

For that reason, it is difficult for health workers to convince other professionals and government authorities of the importance of the integral health of the individual to the development and progress of the economy. The Directing Council should, therefore, study the means of putting an end to this state of affairs, and work out an adequate procedure for the distribution of the Technical Assistance funds allocated to each country, in such a way that public health services will be able to count on a specific amount.

Dr. SIRI (Argentina) concurred fully in the opinion of the Representative of Chile. The latter's statements, he said, gave a perfect description of the unfavorable conditions under which health workers in all countries have to work. He recalled that at the Executive Committee meeting in Washington last June he had referred to this situation, stressing the need for all health workers to make an effort to convince ministers and officers in all branches of public health administration of the real economic and social importance of health. He felt that a procedure should be devised whereby Technical Assistance funds would be received in the countries through the pertinent specialized agency, and suggested that a working party be appointed to study the best way to achieve this end.

Mr. CALDERWOOD (United States) agreed that the point raised by the Representative of Chile is of great interest to all members of the Directing Council. Reference to this problem had been made on previous occasions, and it would be well to study it further when taking up Topic 11, after receipt of the working party's report. The subject could also be

studies in connection with Topic 25. Nonetheless, the topic now before the Directing Council concerns a specific aspect of Technical Assistance. It is a matter of the Directing Council's deciding whether to give approval to certain intercountry and interzone projects listed on page 217 of Official Documents No 17. It would therefore seem appropriate to reach a decision now on the 1957 projects and await the working party's report before taking up the 1958 programs.

Dr. HURTADO (Cuba) agreed with the Representative of the United States and suggested that the Council approve the regional programs for 1957 to be financed with funds of the Expanded Program of Technical Assistance.

Decision: The regional programs to be financed in 1957 with funds of the United Nations Expanded Program of Technical Assistance and to be submitted to the Technical Assistance Board, were unanimously approved.

TOPIC 22: REPATRIATION GRANT OF THE FORMER SECRETARY GENERAL  
(Document CD9/8) (continued)

Dr. VELAZQUEZ PALAU (Colombia), speaking on behalf of the committee appointed to prepare a draft resolution on this topic, stated that the committee had met and drafted the following text:

The Directing Council,

Considering the outstanding services performed by Dr. Miguel E. Bustamante during the years he served as Secretary General, particularly during the critical days of the reorganization of the Bureau;

Taking into account the special circumstances in which the persons in ungraded posts served during the period prior to 1951; and

Having considered the recommendation of the Executive Committee contained in Resolution II of its 28th Meeting,

RESOLVES:

1. To authorize the allocation of \$2,000 as compensation in addition to the repatriation grant of Dr. Miguel E. Bustamante.
2. To express to Dr. Bustamante the recognition of the Directing Council for the efficient service that he rendered to the Organization during the eight years of his employment as Secretary General.

Decision: The draft resolution read by the Representative of Colombia, on behalf of the committee appointed to prepare the text, was unanimously approved.

TOPIC 28: SESSIONS OF REGIONAL COMMITTEES OUTSIDE THE REGIONAL HEADQUARTERS (Document CD9/20)

The SECRETARY presented the document on this topic, recalling that the problem had been considered by the Directing Council on previous occasions. The question has been raised again because the Director-General of the WHO had asked the Regional Director to bring to the attention of the Regional Committee Resolution WHA9.20 approved by the Ninth World Health Assembly.

Mr. OLIVERO (Guatemala), referring to the resolution approved by the World Health Assembly, on the advisability of holding meetings of the regional committees outside of the regional headquarters, and on the desirability of host governments' participating in the increase cost resulting from holding such meetings, said that these recommendations no doubt are intended for other regions of the world, since the Region of the Americas has adopted this practice and practically no problems have arisen in this connection. He stressed the usefulness of holding meetings of the governing bodies outside Headquarters, for such meetings do much to stimulate the interest of the countries in public health programs.

Dr. SIRI (Argentina) was of the opinion that the travel expenses of representatives attending the meetings of the Directing Council should be borne by the Pan American Sanitary Organization. This could be done, he felt, without placing too great a load on the budget, and it would facilitate the participation of the representatives.

The CHAIRMAN observed that, unless the Directing Council were to consider revising the PASO Constitution, there would be no possibility of discussing the question raised by the Representative of Argentina. Article 10 of that document specifically provides that "each government shall pay the expenses of its representative."

Dr. HURTADO (Cuba) said that the document presented by the Secretariat contained only one thing that was new. This was the proposal to establish a reserve fund for the purpose of equalizing the budgetary allotments of the PASB for the meetings of the governing bodies. He considered the proposal to be wise and logical and thought that the draft resolution set forth in the document should be approved.

Mr. CALDERWOOD (United States), while agreeing with the opinions expressed, believed that the operative part of the draft resolution should be completed by adding to it certain of the point set forth in the preamble. This was a simple matter of wording, he said, that could be dealt with by the drafting committee. Otherwise, he found the draft resolution acceptable.

Decision: The draft resolution in Document CD9/20 was unanimously approved, subject to the change in wording proposed by Mr. Calderwood.

The session was adjourned at 4:50 p.m. and resumed at 5:15 p.m.



TOPIC 19: FELLOWSHIP PROGRAM (Document CD9/5)

Dr. WEGMAN (Chief, Division of Education and Training, PASB) introduced Document CD9/5, which set forth the resolution on this topic adopted by the Directing Council at its VIII Meeting. He explained that this is a matter that has been under discussion for two or three years. The Directing Council resolution recommended to the Director that he continue to study: the problem concerning fellowship stipends; the need for allowing a period of preliminary study and orientation for fellowship recipients who do not have a command of the language in which they are to pursue their studies; and the need for establishing more definitely the commitments of the Member Governments with respect to utilization of the services of the fellowship recipients upon completion of their studies. Since the adoption of this resolution, he said, the situation has remained essentially the same, except for the book grant, which has been increased.

Dr. Wegman emphasized the need for maintaining, insofar as possible, uniformity in the fellowship practices of the PASB and the WHO, as well as in the WHO fellowship program and that of other international organizations. To this end, the Technical Working Group on Fellowships was set up and it has already met a number of times to study the problem. The Bureau has made three important suggestions to improve the situation of fellows. The first is to base the first stipend payment on the "travel status" rate; the second, to extend the "travel status" period from 14 to 30 days; and the third, to revise the amounts of the stipends paid in certain countries where the cost of living has increased, especially in the United States

and Canada. On the basis of these considerations, the proposed resolution set forth in Document CD9/5 was submitted to the Directing Council for consideration.

Dr. SIRI (Argentina), while agreeing with the proposed resolution contained in the working document, thought that a slight modification should be made in the text, to the effect that if a fellow from a country where the currency value is low leaves to study in a hard-currency country, he should be paid the salary due him in his own country at the official rate of exchange. Otherwise, the student, in having to exchange his money on the free market, would find himself in a very difficult financial situation. Dr. Siri considered this to be a most important problem, for many excellent candidates who have a true calling for the public health career, find it impossible to accept a fellowship because they lack the money to meet all their financial commitments. This is especially true of those who have family obligations. Governments that are interested in strengthening the public health services through the education and training of their personnel, he continued, should give close attention to the situation of their fellowship students, not only in the financial aspect but also as regards family considerations, which are so important from the psychological point of view.

Dr. MAIA PENIDO (Brazil) agreed with the statements of the Representative of Argentina and with the proposed resolution submitted to the Directing Council.

Dr. ORELLANA (Venezuela) referred to another aspect of the document on this topic, that is the Bureau's policy of sending the majority of fellowship students to public health schools in Latin America. At the last meeting of the Directing Council, he said, he had stressed the fact that a good knowledge of the English language is a great asset to the fellowship student, as a working tool in his public health activities. Such proficiency would, so to speak, internationalize the health worker. He was not in agreement with the practice of the Bureau in this matter, and hoped that it would not become a general policy, but rather be limited to specific cases.

Dr. VELAZQUEZ PALAU (Colombia) agreed with the proposed resolution submitted to the Directing Council and with the statement of the Representative of Argentina, suggesting that the text be modified slightly to include the latter's suggestion. He spoke of the great interest observed in all countries of the Americas in improving public health conditions. A serious problem arises, however, from the shortage of public health experts. While it is true that the fellowship program of the Bureau is directed toward solving that problem in part, it does not take care of all needs. Unfortunately, the limited amounts of the stipends offered by the Bureau make it frequently impossible for the prospective fellows to accept the awards, especially in the case of candidates who have dependents. He said that Colombia has attempted to solve the problem by authorizing the Ministry of Public Health to include in its budget a special allotment of 65,000 pesos, so that fellowship recipients may

continue receiving full salary while studying abroad. For these reasons, he thought that the resolution should be worded in more specific terms, and made the recommendation that the Member Countries include in their budgets specific appropriations to facilitate the study of their professional personnel abroad. He suggested a working party be appointed to draw up a new text of the resolution.

Dr. WILLIAMS (United States) supported the draft resolution proposed and the amendment suggested by the Representative of Argentina. He pointed out the importance attributed by the Pan American Sanitary Bureau to the fellowship program, a fact that can be seen by the allotments for that item included in the budget of the Organization. He then referred to the opinion expressed by the Representative of Venezuela on the Bureau's policy of sending most of the fellowship students to public health schools in Latin America, a policy that he felt has given very good results. The first advantage is that the fellow is able to study in his own language and in a country where the customs, the culture, and the organization of public health services are similar to those in his own. Furthermore, the attendance of fellows in Latin American schools give deserving support to those schools. In this connection, he thought it might be advisable for the Bureau to study the possibility of giving some assistance to support the work of certain public health schools, such as those in Santiago, Chile, São Paulo, Brazil and Mexico, D.F.

Dr. SIRI (Argentina) disagreed with the idea of sending most of the Latin American fellows to schools in countries where the language spoken is the same as in their own. He felt that, even in training

technical personnel in such a specialized field as public health, one should take into account the cultural background of the Americas. American culture stems from many different sources, unlike that of other civilizations that have developed under the influence of a single country. This fact is of the utmost importance, he said, because it places the American countries in a position where they can consider any problem from various points of view. It gives them, so to speak, a unique mental flexibility in the scientific, philosophic, and artistic fields.

He thought it essential for the American peoples, especially Latin Americans, to maintain an exchange of ideas with all countries of the world on the training of their technical personnel. Fellows should not confine themselves to attending schools where the language spoken is their own; rather, every effort should be made for them to study in other countries, not only those that are English-speaking, but others as well. This is the policy that Argentina will follow in training its technical personnel. He pointed out the importance of the English language in all aspects of the relationship between Latin America and the United States. It was his view that the Bureau should follow the policy of sending fellows to any school in the world where they will acquire a knowledge beneficial to themselves, to their countries, and, in the last analysis, to the Americas.

Dr. HORWITZ (Chile) expressed his satisfaction at the opportunities that the fellowship program has been offering to professionals. He agreed with the proposed resolution, but wished to make certain remarks regarding the second operative paragraph. There are two types of fellows,

he said: the student who attends schools abroad to obtain a professional degree; and the professional who visits a particular country, generally for a short period, to observe and study programs in his field of specialization, from which he can derive knowledge applicable in his country. He suggested that the possibility be studied of applying a different type of financial treatment to this second type of fellow, although he was aware of the fact that it is not easy to select candidates who merit such special treatment. Finally, he expressed his agreement with the proposal of the Representative of Argentina that governments should pay the salaries of their fellows in accordance with the official rate of exchange.

Mr. OLIVERO (Guatemala) felt that the PASB, in selecting candidates for fellowships, should establish as a prerequisite that the candidate have some experience in the performance of duties in the public health departments, universities, or institutions that carry on related activities. This would make it possible to ascertain whether the candidate really has a calling for the functions that will be assigned to him on his return to his country.

Dr. BELLERIVE (Haiti) supported the proposal of the Representative of Chile that special conditions be applied to certain types of professional personnel who are awarded fellowships.

Dr. HURTADO (Cuba) stated that the problem of developing uniform fellowship procedures has been under discussion for a long time, but that no concrete solution has been found. He recalled that, at the last

meeting of the Directing Council, the question of fellowship stipends was an important topic of study. He felt that there is a close relation between the awarding of fellowships and the curricula applied in medical and public health education. Fortunately, the Organization has started a movement in favor of revising the plan of medical studies so as to include the branch that encompasses all aspects of medicine: the prevention of disease. In this regard, he spoke of the results obtained in the seminars on preventive medicine held in Viña del Mar, Chile, and Tehuacán, Mexico. If the countries succeed in developing adequate schools of public health, it will no longer be necessary to send students abroad, except for specific specialized studies. He outlined the dangers involved in awarding fellowships for study abroad, and said that, in many cases, a fellow, instead of specializing in the field of public health in which he can later render service in his country, concentrates on acquiring knowledge that will, in private practice, give him an advantage over those who had no such opportunities. Dr. Hurtado listed three types of fellowships: fellowships to acquire a professional degree (which should only be granted to candidates from countries lacking sufficient educational facilities); fellowships for specialization in a particular field; and fellowships for professionals of rank, limited to a brief stay in important scientific institutions.

Finally, the speaker expressed his agreement with the proposed resolution presented. However, he did not consider the text to be completely satisfactory, since he thought that what should be done is to

make a complete revision of the fellowship system in order to define exactly the prerequisites applied to candidates, the classification of fellowships, the system of stipends, and other matters.

Miss GOMEZ (Costa Rica) shared the opinion of the Representatives of Guatemala and of Cuba that fellowship candidates should have some previous experience in the subject they will study. It is essential, she said, that both nurses and physicians who wish to specialize in public health, through fellowships studies, should know the duties they will be called upon to perform when they return to their country. Only thus is it possible to know whether they have a true calling for the profession. She also thought it indispensable that the candidates have a command of the language in which they are to pursue their studies.

Dr. ROBLETO PEREZ (Nicaragua) referred to the proposal of the Representative of Chile to establish a difference in the stipend rates for professors or physicians of a certain rank who make observation or study tours, and those for medical students taking courses of long duration. He believed that a distinction should also be made between stipends for the physician, the inspector, and other auxiliary personnel.

Dr. HYRONIMUS (France) expressed the interest of his country both in sending fellows to the different countries of the Americas, and in receiving fellows from those countries in French schools. He felt that the basic studies should preferably be carried out in the student's own country, provided adequate educational facilities are available, and that fellowships should be reserved principally for specialized studies.



With respect to fellowship awards for officials, he felt that the best practice would be to grant short term fellowships, designed to enable the recipients to establish relations with the public health services of other countries.

Dr. VELAZQUEZ PALAU (Colombia) proposed that a committee be appointed to prepare a draft resolution reflecting the various opinions expressed during the discussion. He added that the proposal to recommend that the governments include in their budgets special allocations to facilitate fellowship studies abroad, might be included in the third operative paragraph.

Dr. WEGMAN (Chief, Division of Education and Training, PASB) said that the recommendation to establish various types of fellowships had already been discussed in the Technical Working Group on Fellowships, by the WHO and other international organizations. All of them had stated their opposition to the establishment of such categories, except for those applied up to now, that is, residence stipends and travel grants. This attitude has been adopted in order to avoid complaints that might arise if this kind of selection were introduced. The proposed modifications in the fellowship program include many of the suggestions made by the Representatives of Cuba and Costa Rica, as well as other points raised during the discussion.

Dr. SIRI (Argentina) supported the proposal of the Representative of Colombia to appoint a working party to prepare a draft resolution.

Dr. VELAZQUEZ PALAU (Colombia) proposed that Dr. Wegman serve as adviser on the working party.

Dr. SOPER (Director, PASB) asked whether it was proposed to take certain measures independently of those adopted by other agencies, the WHO for instance, or only to make recommendations.

Dr. HORWITZ (Chile) stressed the importance of the question asked by the Director, and believed that all fellows should receive the same stipends, regardless of what governmental department they come from, so as not to give rise to rivalries and discontent. He felt that the proposed working party could do no more than formulate recommendations, and that it would therefore be simpler to approve the resolution as presented, with the recommendation that the Director take into consideration the various points that had been brought up and that he report on this matter to the Directing Council at its next meeting.

Dr. VELAZQUEZ PALAU (Colombia) stated that his proposal was limited to the drafting of a new resolution incorporating the three basic points raised by the representatives.

Dr. ALLWOOD PAREDES (El Salvador) referred to the possibility of establishing special fellowship provisions for professionals of a certain rank. The Bureau, he thought, should have sufficient authority to set up these special fellowships, without the need to follow the policies of other organizations.

Decision: By a vote of 15 to 0, with 3 abstentions, it was agreed to appoint a working party to draft a new resolution on the fellowship program.

Dr. HURTADO (Cuba) proposed the Representatives of Argentina, Chile, Colombia, and the United States as members of the working party,

and Dr. Wegman, Chief, Division of Education and Training of PASB, to serve as adviser.

Dr. VELAZQUEZ PALAU (Colombia) requested that the Representative of Mexico be included in the group.

It was so agreed.

The session was adjourned at 7:10 p.m.

*directing council*



PAN AMERICAN  
SANITARY  
ORGANIZATION

IX Meeting

Antigua Guatemala  
September 1956

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

VIII Meeting



CD9/41 (Eng.)  
24 September 1956  
ORIGINAL: SPANISH

PROVISIONAL PRECIS MINUTES OF THE SEVENTH PLENARY SESSION  
Antigua Guatemala  
Thursday, 20 September 1956, at 9:20 a.m.

<u>Chairman:</u>	Dr. Carlos SOZA BARILLAS	Guatemala
<u>Vice-Chairmen:</u>	Dr. Daniel ORELLANA	Venezuela
	Dr. Félix HURTADO	Cuba
<u>Secretary:</u>	Dr. Carlos L. GONZALEZ	Pan American Sanitary Bureau

Contents

Topic 26: The Problem of Leprosy in the Americas (Document CD9/15)

Topic 18: Presentation of reports on malaria eradication programs in the Americas

Report of the Representative of El Salvador

Report of the Representative of Ecuador

Note: These précis minutes are provisional, and the representatives are therefore requested to notify the Secretary withing 48 hours of any corrections they wish made in the text.

TOPIC 26: THE PROBLEM OF LEPROSY IN THE AMERICAS (Document CD9/15)

The CHAIRMAN opened the session and announced that the Council would proceed to discuss Topic 26.

The SECRETARY reported that the Bureau had prepared Document CD9/15 on this subject, and that in addition, two reports, presented by the Representatives of Brazil and Venezuela on the situation in their respective countries, had been distributed. He explained that at the suggestion of the Representative of Bolivia it was agreed at the 28th Meeting of the Executive Committee to include this topic on the agenda of the present meeting of the Directing Council. The Bureau was also instructed to prepare a document that would serve as a basis for discussion. This document was prepared on very short notice, which explains why it is not as complete as might be desired, since it had not been possible to visit each country to study the leprosy problem in collaboration with its health authorities.

Dr. MOLINA (Chief, Division of Public Health, PASB) stated that when the Director of the Bureau returned from an extensive tour of the other regions of the world, he brought back the impression that there had been an important change of attitude with reference to leprosy in various public health services. They had learned that a person suffering from leprosy did not necessarily have to be isolated and that it was possible to treat him so that he could be returned, in a non-infectious state, to active life. The decision of the Executive Committee and the Director's impression had been the guiding factors in preparing

Document CD9/15. Its purpose is to demonstrate that there are more active measures for combating leprosy today than in the past, and that the experience of the last six or seven years warrants assigning a higher priority to leprosy than has been given to it in public health programs so far.

Dr. Molina then went on to explain Document CD9/15 in general terms. The table on the number of leprosy cases reported between 1950 and 1953 not only indicates the approximate extent of the problem, but shows how little is known about it. Another table, followed by notes, gives information on known leprosy cases, segregated cases, and the total estimated in each country; the number of leprosaria and their capacity; and the number of dispensaries. The document also explains the work performed by the Bureau in this field. In 1951, a consultant of the Organization visited several South American countries and his report has served as a basis for some of the activities undertaken since then. This consultant left for Paraguay a few days ago, to initiate a leprosy control program with financial aid from UNICEF. Dr. Molina pointed out that the Executive Board of UNICEF has approved the recommendation of the WHO/UNICEF Joint Committee on Health Policy to the effect that all possible aid should be given to leprosy control programs. He added that in the PASO budget approved last year there is a program listed as AMRO-58, the purpose of which is to provide the leprosy control services in the Caribbean area with technical collaboration.

He described the general principles followed by experts on the subject: the importance of early diagnosis; the importance of timely treatment for avoiding the spread of the disease and for recovery; the

tendency toward selective temporary segregation, applied with a humanitarian spirit and limited to infectious cases, and then only until the lesions become negative; the need for health education; the protection of nursing mothers and children; and the advisability of studying the unknown factors in the mechanism of transmission of leprosy, for the purpose of developing a more efficient program.

Dr. HYRONIMUS (France) expressed his appreciation to the Bureau and the Directing Council for having included on the agenda of the meeting the leprosy problem, which he considers to be a major one in the French Antilles and the Department of French Guiana. It was well known that there were many lepers there, but as soon as a systematic search for cases was organized in the schools and in rural areas, it was found that the number of lepers was much greater than estimated. It has become necessary to utilize therapeutic methods that are effective in overcoming fear and in persuading the patient to come to the physician voluntarily, instead of hiding. Since the systematic search for leprosy cases among the population was begun in French Guiana, Martinique, and Guadeloupe, the known number jumped from approximately 250 to nearly 2,000 in six years. This does not imply that there is a leprosy epidemic; it only means that a greater number of cases has become known, many of them in the younger age group, where treatment can be more effective. The youngest known case of leprosy is a six months old child, and in the leprosarium at Fort-de-France, nearly 50 per cent of the patients are under twenty years of age and more than 25 per cent under fourteen years

of age. He emphasized the importance of early diagnosis and pointed out that the best way of obtaining it is to follow the same procedure as applied in the antituberculosis services. He was opposed to the segregation of lepers, and in this connection, he said, it would be profitable to follow the example of the tuberculosis service. In the French Antilles, sanatoria for lepers have been established; there they are hospitalized during the infectious stage and taught to apply the prescribed treatment by themselves. After the discovery of those suffering from leprosy and their hospitalization, comes the third phase: the dispensary, for those who do not need to be hospitalized, or for those who have left the hospital and may live with their families. He emphasized the importance of rehabilitation, which should start from the moment the patient is hospitalized. He reported that in the aforementioned leprosy control service there is a school for young patients, a garden, and various workshops; the majority of the non-technical personnel there are patients who no longer need hospitalization. There is a project for the establishment of a posthospitalization service to educate cured lepers and return them to society.

One of the most difficult problems to solve was that of finding experts, but it was possible to train a few in the Pasteur Institutes. He thought it advisable to train a greater number of young leprologists and promote a more basic knowledge of leprosy among physicians. Fellowships would be useful for this purpose. He added that his country would be willing to collaborate with the PASO by welcoming to its various



leprosy control services in France and the French Antilles, physicians who wish to learn what is being done in those services, and would also be greatly pleased to send French doctors to study leprosy control services in the American countries.

Dr. FAVEREY (Netherlands) reported that the island of Curaçao has a leprosarium for 15 patients, many of whom come from Trinidad, Aruba, and nearby islands. The leprosy problem is very great in Surinam, where it is supposed to have been introduced with the importation of negro slaves in the XVIII Century. During the first half of the XIX Century, strict segregation was established and the first leprosarium was set up far from populated areas. Both yaws and leprosy patients were sent to this leprosarium, for it was not possible to distinguish one disease from the other. When it was discovered how to diagnose yaws correctly through bacteriological analysis, two separate establishments were set up. In 1910 the first application of salvarsan was given to yaws patients. An increase in the number of patients made it necessary to move the leprosarium nearer to the capital, but only symptomatic treatment was given there. At present there are three leprosaria in Surinam, one established by the Government, and two supported by religious groups. Cases are reported by the family or by a physician to a Leprosy Control Board composed of medical men chosen by the Government. This Board determines whether a patient should be isolated, whether he may be isolated at home, or whether he may be allowed to mingle with other people. The strictness with which these measures were

enforced drove many sufferers from the disease into hiding, but the success of modern treatment has given new hope to those afflicted, and there is a gradual increase in the number of cases reported. Leprosy afflicts from 0.50 to 1 per cent of the population, and only one fourth of the patients are isolated in leprosaria. The rest fall into one of the following categories: those who may be isolated at home, if there are no children under 13 years of age; those allowed in the streets but forbidden to enter public places; and, finally, those who may carry on a normal existence. Legislation has been revised and made less severe, in order to induce patients in the early stages of the disease to report to the medical authorities. A special school for leper children has been established. There is also a rehabilitation center, and social measures have been taken to receive patients when they leave the leprosarium. A BCG vaccination campaign is being carried out for antituberculosis purposes, and its effects on leprosy will be studied.

Dr. AYBAR (Dominican Republic) stated that leprosy is not a serious problem in his country. Nevertheless, the Government has ordered the construction of a sanatorium-colony where free treatment will be given to lepers. The "Trujillo Public Health Code," which will become effective at the end of this month, contains regulations on leprosy prophylaxis and treatment, whose provisions are as follows: any person who has or is suspected of having leprosy must undergo a medical examination in the manner and under the conditions established by the

health authorities in each case; the health authorities, depending on the results of the medical examinations, will determine the applicable measures regarding internment, treatment, medication, and supervision that the person in question must undergo, for the necessary period; the health authorities may order a medical examination of the persons in the household and others who have been in contact with individuals suffering from leprosy, and this examination is carried out in the manner and under the conditions deemed necessary in each case. The Ministry of Public Health may furnish, free of charge, the necessary medication to combat the disease, to leprosy patients under medical treatment and/or under the supervision of public institutions established for that purpose. Ambulatory patients being treated in public establishments must report to these institutions for a medical check-up at least once a month. In cases where the patient is under the care of a private physician, the compulsory visit to official leprosy institutions for a medical check-up may be postponed for three months, provided the private physician attests in writing to the medication applied and the regularity with which treatment is given, to the satisfaction of the health authorities. The Ministry of Public Health may order the forced segregation of malignant leprosy patients in the official institutions established for that purpose. It may also order the segregation within those institutions of patients undergoing ambulatory treatment who do not comply with the prescribed regulations. The Ministry of Public Health may permit the segregation of malignant leprosy patients in their own homes, if it deems it advisable, provided they comply with the necessary requisites in each case.

Dr. MAIA PENIDO (Brazil) pointed out that leprosy constitutes a very important problem in his country, as can be seen by his Delegation's report which had been distributed to the representatives. The techniques used to date for leprosy control have not produced the results expected, despite the fact that there are 36 leprosaria, 31 preventoria, and 80 regional dispensaries in operation. The National Leprosy Service is revising its operating methods along the same lines as those mentioned by the Representative of France. He reported that a meeting on leprosy will be held in Calcutta in 1958, and that Brazilian leprologists are interested in seeing that professionals from all over America present a uniform point of view at that meeting. He suggested that the PASB organize a meeting of American experts, prior to the Calcutta meeting. The Brazilian National Leprosy Service is organizing a similar meeting of experts in the country.

Dr. SANCHEZ VIGIL (Nicaragua) stated that, because of psychological factors, leprosy was left somewhat neglected by the public health authorities. It is a problem that the experts are now beginning to study scientifically. He believed that the PASO should give guidance to the countries so that the money invested in leprosy control programs may be used advantageously. The same thing is happening in the antileprosy campaigns as in the antituberculosis programs; only a small percentage of patients are isolated, but this isolation takes a major part of the campaign funds. He called attention to the almost identical chemical composition of the tuberculosis and leprosy bacillae, and suggested that

studies be made to ascertain whether BCG could be of any use in preventing the leprosy infection. He pointed out that, since leprosy is a disease imported from the Old World, there are many regions in this Hemisphere that are experiencing the disease for the first time. He also suggested that studies be carried out by INCAP on the relation between nutrition and the prevalence of leprosy in the affected areas, so as to discover other methods of combating this disease, through change in diet, for example.

Dr. ORELLANA (Venezuela) expressed his satisfaction at the inclusion of this topic on the agenda of the meeting. He said that the PASO has two principal tasks to perform in connection with leprosy: to establish a training center for personnel of the antileprosy services, and to organize regional or inter-American seminars on the leprosy problem. He referred to the report circulated by his delegation on the leprosy problem in Venezuela, and pointed out that for many years BCG vaccination has been applied in leprosy areas in his country, in accordance with the recommendations made at several international congresses. In this connection, there are two distinct types of programs: one, vaccination of the entire population in leprosy areas, and the other, vaccination of the population under 15 years of age in leprosy foci for four consecutive years. Under these programs, a total of 200,000 to 250,000 persons are vaccinated each year. This experiment will be useful in arriving at a conclusion concerning the usefulness of BCG as an antileprosy agent. He concluded by stating that the usefulness of public health legislation is increased to the extent that requires the administrative bodies to provide the means for carrying out a campaign.

Dr. WEDDERBURN (United Kingdom) stated that, since the preparation of the statistical chart for the British West Indies, appearing in Document CD9/15, there has been a considerable decrease in the number of isolated leprosy patients, thanks to the effectiveness of treatment applied. More and more cases are being treated in the dispensaries, and in Trinidad, for example, the number of leprosy dispensaries has increased from five to ten. The old inflexible laws on leprosy are in the process of being changed, and a new approach is being adopted toward the disease from both the medical and the social points of view. Isolation is limited to infectious cases and to patients who feel physically or mentally unable to stand up to the strain of normal living conditions. One of the important steps in changing the public attitude toward leprosy is the revision of legislation that maintained the biblical concept of the disease. In British Guiana the cases discovered are not labelled with the diagnosis of leprosy, and children who are not in an infectious state attend the public schools. British Guiana has a leprosarium and a school for children born of infectious mothers, as well as a school for children who are already infected. It also has a village settlement for discharged patients, who supply a great deal of the labor required within the leprosarium. The government provides ex-patients with grants to enable them to build their own houses and furnishes them with tools for work. In the BCG vaccination campaigns carried out in collaboration with the UNICEF and the WHO, special follow-up surveys are being made to determine the value of vaccination as a preventive measure against leprosy.

Dr. VELAZQUEZ PALAU (Colombia) felt that the document prepared by the Bureau and the statements made by the various representatives gave the Council a broad view of the leprosy situation in the Americas. He considered the leprosy problem to be much more important than was formerly believed, a fact that is evident in both the large number of cases revealed by statistics and the large sums of money being spent in antileprosy campaigns, amounts that are much greater, for example, than those spent in campaigns against infant diarrheas. In Colombia, 20 per cent of the public health budget is used for the care of from 12,000 to 15,000 leprosy patients, 6,000 of which are in leprosaria; 7 million pesos per year are spent for this purpose. Considering the lack of knowledge of the problem, Colombia has organized an Institute for Research and Education in Dermatology and Leprosy Problems, which is equipped with a certain number of beds and an outpatient clinic. All the physicians in the country who are specializing in leprology will spend a period of three months at the Institute. In order to prepare for the work of the Institute, four Colombian physicians were sent to study at the School of Public Health of Minas Geraes in Brazil. After the Institute has been functioning for two or three years, plans will be made to reinforce the personnel at the dispensaries that are to be set up in the various areas of the country where the incidence of leprosy is high. With this trained personnel, courses will be organized at the schools of medicine and for the medical corps in general, and later on a campaign for education of the public will be started. The PASB, he

said, has been requested to collaborate in the organization and operation of the Institute. The Government of Colombia is willing to contract, for a period of two years, the services of two experts in leprosy control. He believed that it would be very worth while to organize a seminar on leprosy, to intensify the AMRO-58 project, and to establish an international center for the training of personnel for the antileprosy services, using for this purpose one of the existing national centers of this type.

Dr. SIRI (Argentina) said that in his country the incidence of leprosy is less than one case per 100,000 inhabitants. The leprosy problem, he stated, is one that affects every one of the American countries, and it is therefore fitting that the campaign to combat it, maintained hitherto on a national plane, should be made continent-wide in scope. He believed that a total change in methods is about to take place, both in the search for cases and in the treatment and social rehabilitation of the individual. It is necessary to think in terms of organizing a continental campaign for the control of leprosy, as the first step toward an eradication program. He stressed the importance of educational activities, as regards both the patient, who now knows that he can be cured, and the social environment into which he will have to go back to live. Dr. Siri added that in French West Africa, the 2,000 known cases of leprosy became 120,000 as soon as the news began to circulate that effective treatment was available. This shows, in his opinion, the importance of the psychological factor in leprosy programs.



Dr. CABRERA (Guatemala) stated that leprosy does not constitute a problem in his country. In 1954, 37 cases were discovered; last year 11 new cases were diagnosed, and during the first eight months of the present year, 20 were found. These cases were localized in Sacatepequez, Quiché, Santa Rosa, San Marcos, and Huehuetenango. The 37-bed leprosarium has an annexed dispensary. The Health Code of the country requires the segregation of leprosy patients from the time the disease is diagnosed. The forms of leprosy occurring in Guatemala are the lepromatous, the tuberculoid, and a special form described by Dr. Ramiro Galvez as the podalic type. Dr. Cabrera said that he was in favor of avoiding the segregation of leprosy patients and of returning patients as quickly as possible to normal life. He believed that more humane methods should be used and the necessary health education provided. The Ministry of Public Health and Welfare, he said, has sent an epidemiologist to Mexico in order to receive training that will enable him to conduct a leprosy survey in Guatemala.

Dr. HURTADO (Cuba) expressed satisfaction at the high scientific level of the discussion, saying that certain general conclusions could be drawn from the information presented. The first of these is that the leprosy problem is in a fundamentally technical phase, which would suggest that the PASB should confer on this problem with nongovernmental organizations specialized in the study of leprosy, such as the International Leprology Association, and that careful consideration should be given to the conclusions reached at the International Congresses on Leprosy.

At the next to the last of these Congresses there was even discussion of a possible change in the name of the disease, in order to take away the stigma that so greatly impedes antileprosy activities. He drew attention to the advances made in the treatment of leprosy, from the time when raw chaulmoogra oil was used, to the present day, when modern chemotherapy with the sulfones is doing for leprosy what salvarsan did for syphilis treatment, making possible what might be called a social cure.

Dr. Hurtado suggested that a proposal be made to the WHO to convoke a meeting of the Expert Committee on Leprosy, and that if this were not done by the WHO, the PASB could be asked to organize such a meeting on a continent-wide basis. Only after this meeting would it be advisable to organize a seminar on this disease.

Dr. ESTRELLA RUIZ (Peru) announced that he would deliver to the Secretariat a report on the status of the leprosy problem in his country. He expressed satisfaction at the fact that some of the conclusions formulated by the Representative of Peru at the Third Pan American Leprosy Conference, held in Buenos Aires in 1951, were included in Document CD9/15.

Dr. HYRONIMUS (France) stressed the interest of the proposal of the Representative of Brazil to assemble the American experts before the Leprosy Congress takes place in Calcutta. He spoke also of the importance of using a BCG vaccination in campaigns to combat both tuberculosis and leprosy.

Dr. SOPER (Director, PASE) stated that, every time the Directing Council discusses a problem that it has not previously dealt with, recommendations are made that inevitably tend to increase the PASO budget. He pointed out that since a working party is at present discussing the provisional draft of the program and budget of the PASO for 1958, the antileprosy activities now being proposed for inclusion in the budget should be suggested to that working party. He recalled that the leprosy problem has been discussed by the WHO/UNICEF Joint Committee on Health Policy and that antileprosy activities are among those which have financial aid from UNICEF. He also recalled that the problem of leprosy was discussed at the III Meeting of the Directing Council (Lima, 1949) and that as a result of that discussion the Bureau conducted a study on leprosy in some of the South American countries, the situation in Paraguay having proved to be the most impressive. A leprosy control program is being initiated in Paraguay at this time with the collaboration of the Bureau and financial aid from UNICEF. This is the first time that UNICEF has collaborated in leprosy control activities in the Americas.

Dr. Soper explained that for several years he has had the opportunity of participating in the meetings and activities of the Leonard Wood Memorial Foundation, a private institution devoted to the study of leprosy. Recently the Foundation has given special attention to the comparative study of the results of various treatments. The experts attending these meetings and discussions still hold certain reservations with respect to the cure of leprosy, but for several years it has been accepted that the development of the disease can be halted through continuous treatment.

What happened in French West Africa, as just described by the Representative of Argentina, occurred also in South Africa, where the number of reported leprosy cases increased greatly when beneficial results of treatment became evident.

Only after three or four years from the time the increase began was the statistical curve reversed. The same situation has occurred in certain countries over the past few years with respect to tuberculosis. This change in the statistical curve is very important in some places and gives grounds for some optimism in the future.

The Director then spoke of one of the leprosaria of Hawaii where the rehabilitation installations are being expanded because it is foreseen that all leprosy patients who are isolated in the future must be rehabilitated so that they can resume a normal life. He said that an exceptional situation exists in Japan with respect to leprosy, because the means are available for isolating all leprosy cases discovered and, for this reason, the Japanese authorities are not considering the possibility of discontinuing the isolation of leprosy cases. In the Philippine Islands, on the other hand, there is great optimism about the results that can be obtained through treatment in the patient's own home.

Dr. Soper affirmed that the possibility of leprosy eradication exists today, but that does not mean that the task will be easy or inexpensive. The possibility of eradicating syphilis has existed for several years, but it has not yet been possible to do so. He expressed his great interest in the leprosy problem, saying that the Bureau will give the utmost attention to the Council's wishes in the next few years in connection with any activity it may be possible to carry out in this field, within budgetary limits.

Dr. ORELLANA (Venezuela) proposed, as the conclusion to the discussion, the following draft resolution:

The Directing Council,

RESOLVES:

1. To request the Director to continue the studies undertaken to determine the extent of the leprosy problem in the Americas and obtain a knowledge of the various national agencies entrusted with antileprosy work.
2. To instruct the Director to undertake the studies and measures necessary for the establishment of an international training center for personnel of the national antileprosy services.
3. To request the Director to promote the meeting of an expert committee and the holding of seminars designed to study the problem and the bases for a continent-wide program to combat the disease.

Dr. SIRI (Argentina) and Dr. VELAZQUEZ PALAU (Colombia) supported the draft resolution.

Dr. MAIA PENIDO (Brazil) requested that the phrase "before the Calcutta meeting" be inserted in the third paragraph, after "expert committee".

Dr. SOPER (Director, PASB) called attention to a previous resolution of the Council which provides that, before approval is given to a draft resolution which may entail expenditures, the financial implications of the proposal should be examined. He thought it would be interesting to make an estimate of the appropriations which would be needed if the draft resolution were to be approved.

Dr. VELAZQUEZ PALAU (Colombia) pointed out that the draft resolution merely requests the Director to study the possibility of carrying out the activities in question.

Dr. HORWITZ (Chile) stated that, although his country does not have a leprosy problem, he well understood the continental importance of the problem. He did not consider it advisable to establish an international training center for personnel specialized in a particular disease, believing it preferable to train persons in the fundamental principles of public health, in epidemiological methods, and then give them an opportunity to receive advanced training in methods to combat a given disease. He suggested that the Representative of Venezuela modify the second paragraph of the draft resolution so as to instruct the Director to study the means of providing training opportunities to public health workers who specialize in the leprosy problem.

Dr. ALLWOOD PAREDES (El Salvador) agreed with the statement of the Representative of Chile and suggested that, through fellowships, the Director could meet the needs of some of the countries insofar as specialized personnel for leprosy control programs are concerned. He also believed that attention should be given to the suggestion of the Representative of France concerning the exchange of experts. He proposed that the third paragraph of the draft resolution presented by the Representative of Venezuela be deleted, since it implies budgetary expenditure for which no appropriations have been made in next year's budget.

Dr. VAN ZILE HYDE (United States) referred to the paragraph of the draft resolution presented by the Representative of Venezuela which proposes a meeting of an expert committee, and pointed out that the WHO

already has an Expert Committee on Leprosy. He proposed that a small working party be appointed to study, together with the Director, the draft proposal under discussion.

The CHAIRMAN thought that the topic had been discussed sufficiently and that a working party should be appointed to study, in collaboration with the Director, the draft resolution presented by the Representative of Venezuela and the proposed amendments thereto.

Dr. ALLWOOD PAREDES (El Salvador) proposed the Representatives of Brazil, Chile, and Venezuela as members of the working party.

It was so agreed.

The session was recessed at 12:20 p.m. and resumed at 12:40 p.m.

TOPIC 18: PRESENTATION OF REPORTS ON MALARIA ERADICATION PROGRAMS IN THE AMERICAS

The SECRETARY reported that, in accordance with the wishes expressed by the Directing Council at its previous meeting, the Bureau had sent a set of standard tables to all the Member Governments for use in preparing statistical data on the status of malaria eradication in each country. The completed tables received in the PASB prior to 10 August were reproduced and distributed to the representatives. The original copies of the statistical tables for Argentina, Costa Rica, and Haiti, which were not received in time to be reproduced for the meeting, are available in the Secretariat for reference. The data in these tables, together with that from the narrative reports, will appear in the general summary on the status of malaria eradication in the Continent, which the Pan American Sanitary Bureau will publish as part of the Proceedings of this meeting.

Report of the Representative of El Salvador

Dr. ALLWOOD PAREDES (El Salvador) stated that the verbal report he was about to present would supplement the data contained in his country's written report, which had already been distributed. That report, he said, reflects the considerable financial effort expended by his country to maintain the malaria eradication program. He believed that the situation in El Salvador with respect to this problem is typical of that in a number of other countries. He explained that for many years El Salvador, with the aid of the Rockefeller Foundation, carried on a malaria control program based on sanitary engineering measures. In 1946 the country launched, in addition, a program using residual insecticides. This, however, was conducted on a small scale, the work having been limited to a few highly endemic localities and to certain port areas of commercial importance. This program was expanded in 1950 with government investments amounting to \$2,000,000 and UNICEF aid amounting to \$200,000, although it continued to be limited to control activities. Sixteen per cent of the National Health Department budget was assigned to this malaria control program.

Referring next to the eradication program, Dr. Allwood Paredes said that it was begun as a result of the recommendations made by the XIV Pan American Sanitary Conference, in Chile, and by the Eighth World Health Assembly, in Mexico City, and with the expectation of receiving scientific and technical support from the PASB and the WHO. In the



current year the government of El Salvador is investing in this program half a million dollars, that is, 30 per cent of the National Health Department budget; or 7 per cent of the budget of the Ministry of Public Health. The Government's investment in the program over the next four years will total two million dollars and UNICEF cooperation in the same period will amount to approximately \$600,000. One third of the National Health Department personnel participates in the program, which will cover 90 per cent of the country and provide protection to 70 per cent of the total population. He explained that, in view of the considerable reduction in malaria achieved under the previous control program, the disease was no longer considered a serious problem for the people and the Ministry of Public Health had to make use of all the scientific arguments that the PASB and the WHO developed in promoting the malaria eradication program in the Americas and throughout the world -- including for example, the argument that the cost of eradication would be smaller in the long run than the cost of maintaining control programs indefinitely. The public health authorities had to promise that the eradication program would be crowned with success in the following four or five years. The Government, the public, and the medical profession are all waiting to see the results of a campaign in which so much of the nation's money is being invested.

The speaker recalled that at previous meetings of the PASO Directing Council and the World Health Assembly, his country's delegation

had expressed its conviction that the necessary technical support for this campaign should come from the organizations with which the idea and the world-wide program originated. For that reason, the health authorities of El Salvador have demanded that the PASO and the WHO assume the responsibility they share with them, of doing everything possible for the success of the malaria eradication program. He pointed out that the success or failure of the malaria eradication program in the Americas will depend, in large measure, on the success or failure of the campaign in El Salvador, or in any other country that is not or cannot be isolated, geographically or epidemiologically, from its neighbors. Therefore, the problem in El Salvador is the problem of all the American countries, and the efforts of all those countries would be nullified if the eradication campaign were to fail in El Salvador.

He emphasized the fact that many countries in the Americas have adopted the same policy and are spending a considerable portion of their budgets for the malaria eradication campaigns. He estimated that a total of some \$14,000,000 per year are probably being invested in these campaigns at present, and much larger amounts will no doubt be spent as the countries improve their campaigns. He considered that the appropriations for malaria eradication programs in the proposed program and budget of the PASO for 1957 and the provisional draft of that for 1958 are not in proportion either with the scope of such a campaign, or with the commitments assumed by the PASO and the WHO. The Director of

the Bureau seems to believe that he has fulfilled his obligation with the establishment of COMEP, deciding to suggest to the governments that they request from the UN Technical Assistance Fund the payment of the international technical personnel that are to serve as advisers to their eradication campaigns. Likewise, the Director-General of the WHO did not consider it necessary to assign funds from the regular budget for the eradication of malaria in the Americas, and he also has apparently placed his entire confidence in the fact that the UN/TA Program will be able to assume the financial burden required to satisfy WHO's technical responsibility in the eradication program.

The establishment of COMEP was a necessary and indispensable prior step to the coordination of the malaria eradication program, but permanent and direct advisory services will be required for several years. He expressed alarm over the fact that no appropriation has been made in the proposed WHO budgets for direct technical advice to the countries in the malaria eradication program. He would therefore suppose that the WHO feels confident that Technical Assistance will assume all the financial responsibility entailed in providing the technical collaboration required for the success of this program. This optimism is surprising indeed, when one considers the frequent fluctuations in Technical Assistance funds and the difficulties that arise in the utilization of those funds. He explained that during the present year his country received suggestions that it request the Technical Assistance Board for the necessary funds to pay the

salary of an expert to supervise the development of the malaria eradication program in El Salvador. Unfortunately, neither the qualifications of the expert nor the nature of the assistance proposed met with the approval of the Government of El Salvador, and the latter made no such request to the Technical Assistance Board.

The speaker felt that the problem presented gives witness to a much greater one; that is, the need for commitments of this kind, which are the most serious assumed so far by the PASO and the WHO, to be reflected in the programs and budgets of those organizations, even at the risk of sacrificing other programs of lesser priority than the malaria eradication campaign. The XIV Pan American Sanitary Conference declared that campaign to be urgent, for to postpone would be to do so at the risk of losing the effective weapon of the residual insecticides. He believed it advisable to revise the proposed regional budget of the WHO for 1958, which contains no appropriation of regular funds for the malaria eradication program, and the provisional draft of the PASO budget for the same year, which carries an increase of only \$54,830 for the same program. Only in this way can indispensable technical collaboration be assured for the success of the program. Experience has shown, he said, that this technical collaboration cannot be provided through intercountry programs. He invited the working party in charge of studying the proposed program and budget of the PASO and the WHO regional budget for 1958, and the Directing Council as a whole, not to let this commitment of the PASO and the WHO be transferred to Technical Assistance. Although the

latter is a very useful source of funds, it cannot serve as a basis for support of a program over a period of several years. Moreover, it is possible that even the ministry of public health may not always succeed in gaining acceptance for its request for Technical Assistance funds, when competing against the aspirations of the other official agencies within the country.

He emphasized the importance of having experts for the malaria eradication program, for on them the success of the program will largely depend. In addition to their advisory status, they will serve as arbiters when different interpretations arise on the course the campaign is taking. He said that if his country had been able to consult an expert, it would have avoided squandering because of a simple technical detail, an amount of DDT equal to almost 20 per cent of the budget for insecticides. He concluded by stating that the WHO and the PASO will have the permanent gratitude of the American countries if they concentrate their efforts on the malaria eradication program until success is assured, although to do so they might deprive themselves of the credit for initiating other programs that, although necessary too, are not so important to the economy and health progress in America.

#### Report of the Representative of Ecuador

Dr. RAMIREZ (Ecuador) reported that on 20 July of this year an agreement on the malaria eradication program in Ecuador was signed in Quito by the President of the Republic, the Director of the Bureau, and the

Representative of UNICEF. Owing to the fact that the program is just beginning, his country has not been able to send a report thereon. He explained that Ecuador, because of its topography, has constantly suffered from malaria and intestinal parasites, diseases that have impoverished the country, particularly because they affect the coastal areas, which produce exportable surpluses. He pointed out that the malaria control program carried out previously was a complete success and made it possible, for example, for the incident of that disease, which was causing 80 per cent of the deaths in the port of Guayaquil, to be reduced there to 2 per cent in six years. But the control program was not successful in the rural areas, owing to transportation difficulties. He asserted that a failure in the eradication program would be very serious because the malaria vectors would develop a resistance to residual insecticides and the problem would become a never-ending one. The over-all plan for malaria eradication means an expenditure of \$2,336,000 of which the Government will allocate \$1,656,000 and UNICEF \$680,000. In addition, once the program is completed, it will be necessary to maintain supervisory services over a period of four years; this will cost the government \$250,000 annually. The program will cover an area of 153,000 square kilometers, containing a population of 1,448,000 inhabitants. He called attention to the difficulty caused by the existence of jungle areas in the eastern section of the country, where it will be much harder to eradicate malaria. He reported that UNICEF has already sent supplies valued at \$150,000, and consisting of the necessary spraying equipment, 133,000 pounds of dieldrin, and 76 vehicles. The

directors of the program have already been appointed, and great care has been taken in personnel training after having concluded special courses for malariologists. He hoped that the program will be successful, saying that this fact would be a source of pride to his country and to the international organizations that are cooperating in the program.

Dr. SOPER (Director, PASB) stated that, as Director of the PASB and perhaps as a person very directly interested in malaria eradication in the Americas, he had carefully followed the statements made by the Representative of El Salvador. Basing his views on the experience gained in other eradication campaigns, he has been convinced from the beginning that malaria eradication in the Americas would not be easy if only funds and personnel from the national public health departments were available. He pointed out that in the proposed program and budget for 1957, the malaria eradication program has been allotted \$100,000 from PASO's regular funds, and \$386,190 from Technical Assistance, or a total of \$486,190. For the program in El Salvador, a very small sum from Technical Assistance funds had been proposed; which would make it possible to pay for the services of only one Health Inspector to work with this program, because the Bureau had a very good impression of the organization of the Antimalarial Service in El Salvador. He asserted that if the Bureau did not send a permanent expert to the country, it was not through lack of funds but because it was believed that this type of collaboration was unnecessary. He reported that Dr. Alvarado, Chief of COMEP, will visit El Salvador next week and that

he himself intends to visit the country within two weeks. He expressed the assurance that he would find a way of solving satisfactorily the problem presented by the Representative of El Salvador. As the latter had stated, the Bureau considers COMEP as an initial step; it is hoped to expand personnel training and collaboration in the malaria eradication program; various steps for obtaining special funds with which to carry them out have been taken, although so far without success. He called attention to the fact that the Pan American Sanitary Conference held in Chile and the Eighth World Health Assembly adopted measures to make special funds available for collaboration with countries carrying out malaria eradication programs. He said that a year and a half ago he spoke with the representative of one of the American countries about the possibility of that country's contributing to the special fund for malaria eradication. The representatives of UNICEF immediately considered that its rights were being infringed, since it generously provides supplies and equipment on a large scale for the malaria eradication programs. He thanked the Representative of El Salvador for giving him the opportunity of calling the attention of the Council to such an important problem, since few countries are able to organize an eradication campaign and carry it out under the existing administrative structure, without the collaboration of international experts. He stressed the point that the willingness of countries to finance eradication programs does not in itself solve the problems presented by the execution of the program. He regretted that Technical Assistance funds apparently may not be utilized



for the malaria eradication program, because the WHO has tried to finance with such funds the programs operated jointly by the WHO and UNICEF. He believed that if there ever were a public health program in which the application of Technical Assistance funds for economic development could be justified, it is the malaria eradication program, and the national health authorities will unquestionably find it easier to obtain the support of their governments in obtaining funds for this program from that source,

The session was adjourned at 12:40 p.m.



*directing council*

PAN AMERICAN  
SANITARY  
ORGANIZATION

IX Meeting

Antigua Guatemala  
September 1956

*regional committee*

WORLD  
HEALTH  
ORGANIZATION



VIII Meeting

CD9/42 (Eng.)  
21 September 1956  
ORIGINAL: SPANISH

PROVISIONAL PRECIS MINUTES OF THE EIGHTH PLENARY SESSION  
Antigua Guatemala  
Thursday, 20 September 1956, 3:15 p.m.

<u>Chairman:</u>	Dr. Daniel ORELLANA	Venezuela
<u>Vice-Chairman:</u>	Dr. Félix HURTADO	Cuba
<u>Secretary:</u>	Dr. Carlos L. GONZALEZ	Pan American Sanitary Bureau

Contents

Welcome to Mr. M. P. Siegel, Assistant Director-General of the WHO;  
Dr. G. R. Garcin, Medical Adviser of the WHO to the UNICEF;  
Mr. O. H. Salzman, Jr., Observer for the Organization of American  
States, and Dr. G. Alborta Velasco, Ambassador of Bolivia to Guatemala

Topic 20: Election of two Member Countries to fill the vacancies on the  
Executive Committee created by the termination of the periods of office  
of Argentina and the United States of America (Document CD9/4)

Expression of Thanks to the Representatives of Argentina and the United  
States

Order of Business Established by the General Committee

Note: These précis minutes are provisional, and the representatives are  
therefore requested to notify the Secretary within 48 hours of  
any corrections they wish made in the text.

WELCOME TO MR. M. P. SIEGEL, ASSISTANT DIRECTOR-GENERAL OF THE WHO;  
DR. G. R. GARCIN, MEDICAL ADVISER OF THE WHO TO THE UNICEF; MR. O. H.  
SALZMAN, JR., OBSERVER FOR THE ORGANIZATION OF AMERICAN STATES, AND  
DR. G. ALBORTA VELASCO, AMBASSADOR OF BOLIVIA TO GUATEMALA.

The CHAIRMAN opened the session and welcomed Mr. Milton P. Siegel, Assistant Director-General of the World Health Organization; Dr. G. R. Garcin, Medical Adviser of the WHO to the UNICEF; Mr. O. H. Salzman, Jr., Observer for the Organization of American States; and Dr. G. Alborta Velasco, Ambassador of Bolivia to Guatemala and Representative of that country, who had arrived to participate in the present meeting.

Mr. SIEGEL (Assistant Director-General, WHO) expressed his satisfaction at being able to attend this meeting of the Directing Council. He said that, owing to special and unforeseen circumstances, Dr. Candau, Director-General of the WHO, had been obliged to interrupt his journey to Guatemala, in New York, and to return to Geneva. He added that the Director-General of the WHO profoundly regretted his inability to attend this meeting as he had intended, and hoped that the present deliberations would be successfully concluded.

Mr. SALZMAN (Observer, OAS) greeted the Council on behalf of the Secretary General of that Organization, Dr. José A. Mcra who, in view of the meeting of representatives of American Chiefs of States, now being held in Washington, was unable to come to Guatemala, as he would have wished.

TOPIC 20: ELECTION OF TWO MEMBER COUNTRIES TO FILL THE VACANCIES ON THE EXECUTIVE COMMITTEE CREATED BY THE TERMINATION OF THE PERIODS OF OFFICE OF ARGENTINA AND THE UNITED STATES OF AMERICA (Document CD9/4)

The SECRETARY read Document CD9/4 and Articles 32 and 34 of the Rules of Procedure of the Directing Council of the Pan American Sanitary

Organization, pertaining to elections, and said that this document is accompanied by an annex which shows the composition of the Executive Committees from 1947 to 1956.

The CHAIRMAN stated that, according to the first of the articles read, the election would be by secret ballot. At the suggestion of the Chair, the Representatives of Haiti and Panama were named tellers.

The SECRETARY announced that the delegations from 22 Member Countries were present, namely: Argentina, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Chile, Dominican Republic, Ecuador, El Salvador, France, Guatemala, Haiti, Honduras, Mexico, Netherlands, Nicaragua, Panama, Peru, United Kingdom, United States of America, and Venezuela.

The votes were cast and the tellers announced the results as follows: Guatemala, 20 votes; Dominican Republic, 10; Peru, 7; Venezuela, 4; Costa Rica, 3; Honduras, 1.

The CHAIRMAN announced that the Government of Guatemala had been elected by a majority vote.

He then announced that, in accordance with Article 34 of the Rules of Procedure of the Directing Council of the PASO, there would be a new ballot to fill the second vacancy on the Executive Committee, since the Dominican Republic, although holding second place in the first ballot, had not obtained the required majority.

The votes were cast and the tellers announced the results: Peru, 11 votes; Dominican Republic, 11 votes.

The CHAIRMAN stated that, in view of the results and in accordance with Article 34 of the Rules of Procedure of the Directing Council, a third ballot would be held.

The results of the third ballot were as follows: Peru, 12 votes; Dominican Republic, 10 votes.

The CHAIRMAN declared the Government of Peru elected by a majority vote.

Decision: As a result of the foregoing ballots, Guatemala and Peru were elected to fill the vacancies on the Executive Committee.

Mr. MENDOZA (Guatemala) thanked the Council and each of the representatives who had voted for his country. He considered this election of great importance in view of the efforts being made by the Government of Guatemala to solve national and continental health problems. The fact that Guatemala will occupy a place on the Executive Committee of the PASO will allow his Government to collaborate intensively in the sanitation and public health programs in the Americas.

Dr. ESTRELLA RUIZ (Peru) thanked the representatives for having elected his country to the Executive Committee, and extended his vote of appreciation also to his contender, the Dominican Republic.

EXPRESSION OF THANKS TO THE REPRESENTATIVES OF ARGENTINA AND THE UNITED STATES

The CHAIRMAN invited the Directing Council to express in a resolution, to be prepared by the Drafting Committee, its thanks and congratulations to the Representatives of Argentina and the United States of America, for the valuable collaboration given to the Executive Committee and for their contribution to the success of the work of the Pan American Sanitary Organization.

It was so agreed.

ORDER OF BUSINESS ESTABLISHED BY THE GENERAL COMMITTEE

The SECRETARY reported on the order of business established by the General Committee for the next sessions. Friday, 21 September, will be devoted exclusively to Technical Discussions; there will be no session on Saturday, and at the sessions on Monday, 24 September, the topic on eradication of malaria will be taken up. Considering the volume of the information available on this topic, the General Committee had suggested the advisability of limiting insofar as possible, the representatives' introductory statements to five minutes. However, the Committee decided that an exception should be made in the case of Mexico and Guatemala, as it was expected that both would present reports of great interest. With regard to the sessions on Tuesday, 25 September, the General Committee considered it advisable to begin by discussing the pending matters being studied by special working parties, with the exception of the programs and budgets. Topics 24 and 13 will then be taken up, and the afternoon session will begin with Topic 25.

Mr. MENDOZA (Guatemala) proposed that the time limit should not apply to the discussion of the malaria problem, owing to this topic's importance at the present time. The limitation should be applied to the less important topics, and it should merely be recommended that the representatives make their remarks brief.

Dr. HURTADO (Cuba) and Dr. SIRI (Argentina) seconded the motion of the Representative of Guatemala, and suggested that the Council not apply the time limit to the discussion of Topic 18.

It was so agreed.

The session was adjourned at 4:15 p.m.



*directing council*

PAN AMERICAN  
SANITARY  
ORGANIZATION

IX Meeting

Antigua Guatemala  
September 1956

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

VIII Meeting



CD9/45 (Eng.)  
27 September 1956  
ORIGINAL: SPANISH

PROVISIONAL PRECIS MINUTES OF THE NINTH PLENARY SESSION  
Antigua Guatemala  
Monday, 24 September 1956, at 9:20 a.m.

<u>Chairman:</u>	Dr. Carlos SOZA BARILLAS	Guatemala
<u>Vice-Chairmen:</u>	Dr. Daniel ORELIANA	Venezuela
	Dr. Félix HURTADO	Cuba
<u>Secretary:</u>	Dr. Carlos L. GONZALEZ	Pan American Sanitary Bureau

Contents

Inauguration of the BCG Vaccination Campaign in Antigua Guatemala

Welcome to Dr. Juan Javaloyes y González, Representative of Paraguay, and  
Mr. Robert L. Davée, Regional Director of UNICEF for the Americas

Third Report of the Committee on Credentials (Document CD9/44)

Topic 18: Reports on the Status of Malaria Eradication in the Americas  
(continued)

Report of the Representative of Argentina

Report of the Representative of Brazil

Report of the Representative of Colombia

(continued)

Note: These précis minutes are provisional, and the representatives are  
therefore requested to notify the Secretary within 48 hours of any  
corrections they wish made in the text.

Contents (cont.)

Report of the Representative of Costa Rica  
Report of the Representative of Cuba  
Report of the Representative of the United States  
Report of the Representative of France  
Report of the Representative of Guatemala  
Report of the Representative of Chile  
Report of the Representative of Haiti  
Report of the Representative of Honduras  
Report of the Representative of Mexico



INAUGURATION OF THE BCG VACCINATION CAMPAIGN IN ANTIGUA GUATEMALA

The SECRETARY announced that within a few moments there would take place the parade marking the inauguration of the campaign of BCG vaccination in Antigua Guatemala and the Department of Sacatepéquez, a campaign undertaken within the framework of the national program of the Government of Guatemala started some time ago in cooperation with the WHO and UNICEF. He reported that the Minister of Public Health and Social Welfare of Guatemala and the Governor of the Department of Sacatepéquez had invited the participants in the meeting to watch the parade and suggested, therefore, that the session be recessed until the ceremonies were over.

The session was recessed at 9:25 a.m. and resumed at 10:40 a.m.

WELCOME TO DR. JUAN JAVALOYES Y GONZALEZ, REPRESENTATIVE OF PARAGUAY, AND MR. ROBERT L. DAVEE, REGIONAL DIRECTOR OF UNICEF FOR THE AMERICAS

The CHAIRMAN greeted Dr. Juan Javaloyes y González, Representative of Paraguay, and Mr. Robert L. Davée, Regional Director of UNICEF for the Americas, who had arrived to take part in the work of the Directing Council.

THIRD REPORT OF THE COMMITTEE ON CREDENTIALS (Document CD9/44)

Dr. ORELIANA (Venezuela), as Chairman and Rapporteur of the Committee on Credentials, read its third report, which stated that the credentials of the Representative of Paraguay and the Observer of the Organization of American States had been examined and declared accepted.

The CHAIRMAN submitted the report for approval.

Decision: The Third Report of the Committee on Credentials (Document CD9/44) was unanimously approved without change.

TOPIC 18: REPORT ON THE STATUS OF MALARIA ERADICATION IN THE AMERICAS  
(continued)

The SECRETARY announced that, in addition to the reports on malaria eradication programs in the Americas made available a few days before, the reports of Argentina, Guatemala, and the Chief of COMEP, Dr. Carlos A. Alvarado, had been distributed.

Report of the Representative of Argentina

Dr. SIRI (Argentina), in presenting the report of his country, explained that by the end of 1955 Argentina had practically completed the over-all conversion of its control campaign into an eradication campaign. The eradication of endemic malaria has been achieved in the central and northwestern provinces (Santiago del Estero, Cordoba, La Rioja, and Catamarca), and consequently in the epidemic zones of the provinces of La Rioja, Catamarca, San Luis, San Juan, and Mendoza. Except for two cases in 1953 in Santiago del Estero, no cases of malaria have been recorded during the last three years. In all the provinces mentioned, all spraying activities were discontinued at the end of the first half of 1956, and surveillance services were established. Whenever and wherever necessity arises, emergency spraying of the appropriate intensity and extent will be carried out. He added that in the areas into which the territory considered malarious had been divided, the authorities had at their disposal special services for DDT spraying, evaluation, and surveillance, and that the Ministry of Public Health had authorized the Office of Malaria and Yellow Fever to appoint the necessary field staff in order to ensure a periodic regular coverage of the zones included in the spraying program. He

explained that these antimalaria services are cooperating in a campaign to eradicate Aedes aegypti, a program that has been under way for the last two years with the collaboration of the PASB.

Report of the Representative of Brazil

Dr. MAIA PENIDO (Brazil), in presenting the report from his country, explained that the problem of malaria in Brazil is one of tremendous proportions. The malarious area covers 7,300,000 square kilometers with a population of almost 28 million inhabitants, that is, almost half the population of the country. It was therefore of the greatest concern to the health authorities. Within the control system in force in Brazil, to date it has been possible -- according to the report of the National Department of Rural Endemic Diseases, which is responsible for the antimalaria program -- to foresee the eradication of malaria in some regions covering a total of 45,000 square kilometers and having a population of more than two million inhabitants; approximately 161,000 houses have been sprayed in that area. He emphasized the technical difficulties that the conversion of a control campaign into an eradication campaign poses for technical experts in those countries where the control campaign is relatively far advanced and where there has been a considerable drop in malaria cases (this is even truer in a country like Brazil, which has been notable for the eradication of Aedes aegypti and Anopheles gambiae), so that the political authorities feel relatively satisfied with the results obtained because they are not aware of the technical side of the problem. To

convince them that eradication represents a still greater economic advantage is a difficult problem, which sometimes is slow in being solved. For this reason, he wished to avail himself of the opportunity to express his thanks to the Director of the Bureau and to its experts for the interest they have shown in demonstrating to the Government of his country the advantages of adopting an eradication program that is a great improvement over the existing one.

Report of the Representative of Colombia

Dr. VELAZQUEZ PALAU (Colombia) presented his country's report, stating that the malarious areas cover a million square kilometers, where there is a population of approximately 7,200,000 inhabitants. According to 1951 statistics, there were nearly 700,000 cases of malaria in Colombia in that year and 4,000 malaria deaths, and the economic losses due to the disease were estimated at more than 65 million Colombian pesos. To cope with the problem, two large-scale control programs were carried on, one in the Caribbean area and the other in the Cauca River basin. The two programs covered approximately 170,000 square kilometers, with a population of 3,500,000 inhabitants. Through these control activities the total number of malaria cases was cut by 40 per cent.

Colombia, Dr. Vélazquez said, decided to join the continent-wide malaria eradication campaign as a result of the resolution adopted by the XIV Pan American Sanitary Conference, in Santiago, Chile, and it organized a personnel training program for the purpose. Seven professionals, physicians, entomologists, and public health engineers received training

abroad under this program. In special courses organized within the country, training was given to 25 laboratory workers, 230 field workers, and 40 persons for the evaluation programs. With this trained personnel, a pre-eradication survey was initiated at the beginning of the year, and the country was divided in seven areas for these activities. It is hoped that the survey will be completed in February or March 1957, so that the eradication program proper can be undertaken thereafter. Dr. Velázquez added that the Government of Colombia has appropriated 1,500,000 Colombian pesos for this survey.

Report of the Representative of Costa Rica

Miss GOMEZ (Costa Rica) regretted that her country's report had not reached the Secretariat in time to be reproduced and distributed to the representatives. She explained that, up until several years ago the control of the malaria vectors was a function carried out by the fruit companies of the country, independently of the Government. In 1951, however, the Government took over the responsibility for the control program and carried out a plan of DDT spraying operations, starting from the borders and working inward to the center of the country. These activities were completed in 1954. Although there was a marked drop in the malaria index and a remarkable shift in the morbidity curves, a number of new cases were confirmed later on. To solve the problem, the Government decided to initiate, with the cooperation of the PASB/WHO, a program for the eradication of the disease. This program will probably be launched next spring. Some trained personnel are already available, and, with the cooperation

of the PASB/WHO, a malariologist and several sanitary inspectors are being trained to take charge of the eradication work.

Report of the Representative of Cuba

Dr. NOGUEIRA (Cuba) reported that, in his country, malaria does not constitute a serious problem at the present time. In 1935, the national health authorities, with the cooperation of the Rockefeller Foundation, initiated a control program which consisted of a preliminary survey of the whole island and the immediate application of control measures. Cuba, he affirmed, is now free of malaria. Private organizations such as the United Fruit Company collaborated in the campaign in the eastern part of the Republic. He added that Cuba has not as yet joined in the continent-wide eradication program, but it continues to maintain a control service. The health authorities, in cooperation with the PASB, have started a program to eradicate Aedes aegypti, and it may prove possible to take advantage of this campaign to combat the sporadic malaria foci existing in the far eastern and western sectors of the country and in the southern part of Matanzas Province. He expressed the gratitude of his country to the Rockefeller Foundation for the cooperation it gave in defeating malaria as a serious problem in Cuba.

Report of the Representative of the United States

Dr. BRADY (United States), in presenting his country's report, referred to the section showing the trend in malaria morbidity in the United States over the period 1948-1955. The column headed "Total Appraised" represents the number of cases examined by the competent authorities to

confirm the diagnosis of malaria. The maximum figure was reached in 1952, with more than 3,000 appraised cases, the majority of which were imported by Korean veterans. With respect to 1955, Dr. Brady stated that there were only 10 confirmed primary indigenous cases, occurring in four different states, an insignificant number which proves that malaria has been completely eradicated from the United States.

Dr. VAN ZILE HYDE (United States) stated that, while there is no doubt that malaria has been eradicated from the country, the United States considers the malaria problem to be very serious and is anxious to do all it can to assist other countries in eradicating the disease. He said that he had just been authorized to announce that the United States will make a special contribution of \$1,500,000 to the PASO in 1957 for the continental program of malaria eradication.

The CHAIRMAN expressed the gratification of the Directing Council at the announcement made by the Representative of the United States.

Report of the Representative of France

Dr. HYRONIMUS (France) presented the report of the French Departments in the Americas, stating that only in French Guiana was malaria a serious problem. Malaria morbidity and mortality were high in 1945 and 1946, leading to a very low birth rate, with 80 to 85 births to 100 deaths. Beginning in 1945 the health authorities undertook a series of measures to remedy the situation. Thanks to the collaboration of Dr. Floch, Director of the Pasteur Institute in French Guiana, an energetic antimalaria campaign was carried out. Although its cost was very high -- 15 to 20 million French

francs a year for a population of 30,000 in French Guiana -- the results were extraordinary, to the extent that malaria has been wiped out in that Department. The few cases that are still reported are found in impenetrable jungle areas, or are imported cases. The birth rate has tripled since 1945, with 215 births to every 100 deaths. However, it is considered advisable to continue the campaign for a certain period of time in order to prevent any recurrence of infection.

The situation is quite different in Martinique, he said. No malaria cases have been reported there for 10 years, and for the last 25 years the disease has not been a problem on the island. The only vector found there is the Anopheles aquasalis, which is only slightly anthropophilous. In Guadeloupe, although the malaria problem is not serious, a few cases do occur -- 12 in 1955 -- indicating the need for continuing the antimalaria activities. This situation is explained by the fact that other Anopheles besides the aquasalis are present in Guadeloupe. On the other hand, because the population of that island is higher than that of French Guiana, it has not been possible to invest in Guadeloupe's campaign as proportionately high a sum of money as that spent in Guiana. He hoped that by next year the eradication of malaria will have been achieved in Guadeloupe, and thus, throughout the French Departments in the Americas.

Report of the Representative of Guatemala

Dr. SILVA PEÑA (Guatemala) presented the report for his country and made some additional comments. He explained that the National Malaria Eradication Service was placed directly under the Ministry of Public Health



and Welfare with the enactment of the Malaria Eradication Law, Congressional Decree No. 1080, which gave legal support to one of the most ambitious public health campaigns ever undertaken in Guatemala. The eradication program has already passed its first stage, which is the conversion period. During that stage the Evaluation Department delimited, the malarious area of the country, proceeding then with the geographic reconnaissance, which is about to be completed. Personnel of all categories have been trained; spraying and protective equipment have been obtained and some of the necessary vehicles and other material have been acquired.

Total coverage of the malarious area, initiated 1 August this year in two of the eight sectors into which the country has been divided for the spraying operations, will be extended as of 1 October to the remaining sectors.

Other important steps in the organization of the program were the preparation of a manual of spraying procedures, the planning of work itineraries for the teams, and the institution of a work schedule designed to facilitate the evaluation of the teams' performance. Dr. Silva Peña expressed the appreciation of his Government for the valuable collaboration given in these activities by the personnel of PASE/WHO.

The only insecticide employed has been dieldrin, in two forms: 50 per cent wettable powder and 18.2 per cent emulsifiable concentrate, at

the rate of 0.60 grams per square meter of sprayed surface. The insecticide requirements are calculated by taking as an average a surface of 200 square meters per house. He said that in 14 months of intradomiciliary spraying with dieldrin in approximately 150,000 houses, not a single case of human intoxication has been reported.

The total cost of the eradication program, including the conversion stage, four years of total coverage, and one year of surveillance and follow-up, is estimated at 3,504,000 quetzales, of which 2,672,000 will be contributed by the Government of Guatemala and 832,000 by UNICEF. On behalf of the Delegation of Guatemala and in his own name, as Director of the National Malaria Eradication Service, he thanked the international agencies for their valuable collaboration.

Dr. DE LEON (Guatemala), as Chief of the Evaluation Department of the National Malaria Eradication Service, stated that this Department had been organized in accordance with the specifications drawn up by COMEP. The work of the Department began with a preliminary evaluation survey of a stretch lying between the infected area and the exempt area, along a distance of over 15,000 kilometers.

During this first survey to establish the limits for intradomiciliary spraying with dieldrin, the malaria history of all localities situated along the above-mentioned stretch was taken into consideration, on the basis of the experience gained during the period of the malaria control campaign. The search for Anopheles in houses was made by means of the

sabana procedure, through which the presence or absence of intradomiciliary vectors could be determined in the early hours of the morning, at the rate of 50 houses in two hours, or at a somewhat lower rate if the houses were scattered. Search was made for febrile cases or suspect malaria cases, and the possible presence of foci of Anopheles larvae in the immediate proximity of communities was investigated. At present a more specific re-evaluation is in progress, taking the municipality as a unit. He added that the activities of his Department will follow the guidelines established by COMEP, and he believed that the evaluation work will have to be brought up to date as the malaria eradication program progresses.

He invited the representatives to examine the maps, charts, and other graphic material on the program in Guatemala, at present on exhibit in the same building where the meeting is being held.

The session was recessed at 11:30 a.m. and resumed at 11:50 a.m.

The SECRETARY announced that the Ambassador of Panama to Guatemala, acting as representative of his country at the present meeting, had offered to extend diplomatic visas to the participants who might wish to visit his country.

The CHAIRMAN thanked the Ambassador of Panama, on behalf of the Council, for his kind offer.

Report of the Representative of Chile

Dr. HORWITZ (Chile) stated that in Chile, since 1944, no autochthonous cases of malaria have been confirmed in the formerly endemic

areas of Terapacá Province. For this reason, in 1946 the antimalaria campaign was converted into an anti-Anopheles campaign, and since 1953, when the adult Anopheles was brought under control, the campaign has been limited to surveillance of waterways to prevent the recurrence of larvae foci. This work forms part of the routine activities of the health centers of the Iquiqui zone and the Arica subzone, where malaria was formerly endemic. Consequently, the Government of Chile was unable to submit a report, as there is no real antimalaria program in the country. However, being convinced of the importance of the problem to the Hemisphere, he reaffirmed his country's desire to continue collaborating in the campaigns of the Member Governments, to be pursued with the guidance of the PASO, and further strengthened by the generous offer just made by the Government of the United States.

Report of the Representative of Haiti

Dr. BELLERIVE (Haiti), in presenting his country's report, stated that malaria is Haiti's most serious public health problem, for even though malaria mortality is not very high, the morbidity is considerable. The disease is present in almost every coastal settlement of the country. He recalled that the most substantial attempt to control malaria in Haiti was made during the years 1940 to 1943 with the assistance of the Rockefeller Foundation, which enabled the country to conduct a general survey on malaria incidence and undertake drainage projects to control the disease in certain localities. Later, in 1950, thanks to the

collaboration of PASO and the generous aid of UNICEF, Haiti was able to initiate a control program, which has been under way for the past five years. Following the general trend in the Hemisphere, Haiti is changing over from the control campaign to an eradication program; the latter is planned to begin next October. Judging from the success of the yaws eradication campaign in Haiti, it would seem probable that within a few years Haiti's Representative will be able to report to the Directing Council that malaria has been eradicated in the country. He closed by saying that his Government has drafted a law for the establishment of a Malaria Eradication Service.

Report of the Representative of Honduras

Dr. SANCHEZ (Honduras) submitted the report of his country. He stated that the Government of Honduras had passed a decree-law, No. 185 dated 22 December 1955, governing the malaria eradication campaign of that country. The most important provisions of that law are the following: malaria eradication is declared to be an urgent national problem, whose solution requires the collaboration of all national, state, district, and municipal authorities, of organizations, firms, and official and private entities that carry on commercial or industrial activities in malarious areas, and in general of every Honduran citizen or foreigner residing in Honduras; and the Ministry of Health is entrusted with the execution and coordination of all malaria eradication activities. He stated

that Honduras occupies a very important geographic location insofar as malaria is concerned. The country has an area of 112,088 square kilometers and a population of 1,659,834; of this 1,203,150 persons are exposed to malaria. The incidence of malaria affects the whole country, and transmission occurs throughout the entire year along the Atlantic coast; in the other regions transmission occurs only during the rainy season, from May to November. The plan provides for the participation of Honduras in the continent-wide eradication program, and for the execution of that plan technical collaboration has been requested of PASB/WHO, UNICEF, and the Inter-American Cooperative Public Health Service. Under this same plan, a complete survey was made to determine the malarious areas of the country, ascertain their epidemiological characteristics, and prepare budget estimates for the whole period of activities. The program will last until 1961.

The speaker pointed out that the climatic, topographic, and geographic conditions in the country provide a favorable environment for the occurrence and persistence of malaria, in spite of the control campaign initiated in 1942. It is estimated that 80 per cent of the national territory is exposed to infection. Malaria takes the form of an endemic in the country, and of the twelve species of Anopheles found, the following are considered to be vectors: A. albimanus, A. pseudomictipennis, and A. darlingi. The first two are present throughout the country,

up to an altitude of 1,000 meters. A. darlingi was found in the vicinity of the town of Ceiba, and its identification was made, from four larvae, by Dr. W. H. W. Komp in September 1944. The plasmodia present are vivax (which predominates), falciparum, and malariae.

The malaria eradication campaign will be carried out in two stages: eradication as such, and surveillance and prevention of reinfection. The specialized personnel consists of 2 malariologists; 2 technicians with training in malariology and laboratory techniques; 5 laboratory technicians who will study hematology and entomology; and other auxiliary field technicians. Training will be provided for auxiliary technical personnel. The development of training courses abroad will depend on the international organizations cooperating in the program. It is estimated that the total cost of the program will amount to \$2,610,945, of which \$1,750,000 will be contributed by the Government and \$860,945 by UNICEF.

Report of the Representative of Mexico

Dr. PESQUEIRA (Mexico), in presenting his country's report, stated that he wished first to thank the Directing Council for allotting him extra time to present additional information. He recalled that a year ago, at the VIII Meeting of the Directing Council, the Representative of Mexico had to confine himself to stressing the importance of the problem and outlining what was going to be done. One year later he was able to

state with pride that what was to be done during the year had been accomplished. He explained that there are some differences between the data given by Mexico in its 1955 report and that which would be presented now. These are due in part to the better knowledge of the problem gained in a year's time, and to the fact that the report distributed at the present meeting covers only the period up to 31 May of this year, since which time further progress has been made.

He stated that the social and economic problems caused by malaria in Mexico can be judged from the following figures: the malaria area covers 1,260,043 square kilometers, where there are 20,293,017 inhabitants and 3,320,169 houses. During the five-year period 1951-1955, malaria ranked third among the principal causes of mortality in the country; it is estimated that the number of cases occurring yearly has not been less than two million. The malaria area covers the parts of the national territory that are potentially richest in agriculture and livestock and contain the country's petroleum and sulphur-mining industries and fisheries, representing the most important segments of the national economy. In the five-year period 1949-1953, malaria caused a yearly average of 23,859 deaths, the malaria mortality rate for the period being 89.9 per 100,000 inhabitants. Because of this situation, the national malaria eradication campaign is a campaign to restore the nation's full resources, as regards both land and manpower.



Dr. Pesqueira stated that UNICEF will contribute \$8,400,000 of the funds required to finance the campaign, and the Government of Mexico a sum that, when the campaign started, was estimated at \$12,000,000 but which it is now believed will reach no less than \$16,000,000. During the past year, expenditures amounted to \$1,000,000 more than the estimates. The contribution of the Government of Mexico to the malaria eradication campaign in no way affects the budget of the Ministry of Public Health and Welfare. He explained that the National Commission for Malaria Eradication has a Directing Council that establishes the technical and administrative procedures to be followed; it is composed of a chairman, who is the Minister of Public Health and Welfare, an executive member, and four other members, including two economists. The National Office of the Campaign consists of seven departments: research and development, health education, epidemiology, spraying training, logistics, and administration. The speaker explained in detail the functions of each of these departments. Under the direction of this National Office are the fourteen zones into which the malaria area of the country has been divided; each of the zones is subdivided into a varying number of sectors, which are in turn divided into work areas. Another office of the Ministry of Health, the Office of Evaluation, assumes the task independently of the National Commission, of observing the progress of the work and evaluating its results, and has the authority to suggest corrective measures and give appropriate orientation for the development of the program.

The speaker paid tribute to the memory of Dr. Galo Soberón y Parra, who for many years served as director of the antimalaria campaign in Mexico, and who directed the Department of Research and Development of the program. Less than a month ago Dr. Soberón died in an automobile accident while on duty; prior to his death, four other persons who worked for the campaign had been killed while on duty.

Dr. Pesqueira then referred to the Department of Health Education, saying that its informational and educational activities are carried out with the aim of enlisting the fullest possible cooperation of the public in the program. He stressed the importance of the frequent visits made by the Minister of Public Health and Social Welfare to establish direct contact with physicians in all parts of the country, through the schools of medicine and medical associations. He said that the medical profession at first took the view that this campaign was impossible to carry out and therefore showed little interest in it. The conversations that the Minister of Public Health has held with physicians are convincing them that the campaign is feasible, and through these conversations it has been possible to gain assurance of the complete and constant collaboration of the medical profession. Moreover, it is hoped that through this group the collaboration of the entire population, so essential to the conduct of the program, will be obtained. He added that it was considered indispensable to train all categories of personnel who are to participate in the program, and for this purpose theoretical and practical courses have been organized to prepare technical and semitechnical workers. The basic condition for the employment of personnel is that they should be previously trained and should work full-time.

Dr. Pesqueira went on to explain that the Logistics Department is one of the most important ones of the campaign. It was established thanks to close collaboration between the Ministry of National Defense, the Army, and the eradication program. It handles general planning related to all supply requirements for insecticides, materials, equipment, vehicles, fuel, lubricants, fodder, and cattle. Its first activities were organized in September of last year.

He stated that each zone office is composed of a chief medical officer and a sufficient staff of administrative and technical personnel, and of sections for epidemiology, spraying, health education, logistics, and administration. The spraying operations will be carried out by motor brigades, groups on horseback, and groups on foot. The teams with vehicles will cover both land and water routes. The area to be covered by a team in a set period will be called the work area. Generally speaking, five work areas will constitute a sector, each of which will have a chief responsible for supervising the work of the team chiefs and the supply and utilization of material. The malaria area, divided into 14 zones, has the following personnel: field personnel, including 224 professional and 297 technical workers; administrative staff, 143; sector chiefs, 96; team chiefs, 369; reconnaissance personnel, 187; drivers and others, 25.

The following amounts of insecticides have been distributed: 100 per cent DDT, 82,900 pounds; 75 per cent DDT, 1,532,000 pounds; 50 per

cent dieldrin, 325,110 pounds. Also in use are 1,800 sprayers, 607 road vehicles, and 7 launches; two sea-going launches are under construction. Amphibious vehicles will be purchased and three planes have already been acquired for transportation of personnel.

The plan of operations includes the stage of eradication as such, and the stage of surveillance and prevention of reinfection. The first, which will last five years, is subdivided into one year of preliminary work and four years of total spraying coverage.

The speaker added that in the year of preliminary work a program of health education was carried out to explain the purpose of the campaign to all families in the area. The following personnel was trained: 50 malariologists; 29 malariologist-engineers; 11 assistant engineers; 32 entomologists; 73 laboratory workers; 156 sector chiefs; 331 team chiefs; 687 reconnaissance personnel; and 687 sprayers. A general cartographic survey was made and the three and a half million houses covered in this program have already been numbered. Epidemiological surveys have been carried out to search for malaria in new localities, identify vectors, etc.

The ceremony inaugurating the campaign was presided over by the President of the Republic, who was accompanied by members of the Cabinet, the governors of all the states and territories, Dr. Fred L. Soper, Director of the PASB, and Mr. David Hunter, representing UNICEF. The ceremony was broadcast over 165 radio and television stations throughout the country, and similar ceremonies were held in all localities where services of the Ministry of Public Health and Welfare are located.

Dr. Pesqueira hoped that the information he had provided would suggest to the representatives the magnitude of the effort that Mexico is making. His country, he said, has complete confidence in the success of the campaign, a confidence that is expressed in a phrase use frequently by the Minister of Health: "If there is a single case of malaria in Mexico within five years, we will consider that we have failed." But, he added, Mexico knows that it will not fail, and it hopes that the effort of all other countries of the Americas will be also dedicated to this purpose, for it would be sad indeed if this effort were to be in vain and the complete eradication of malaria in America not achieved.

The CHAIRMAN pointed out the interest and the importance of the statement made by the Representative of Mexico, owing to the scope of the program described.

The session was adjourned at 12:40 p.m.

*directing council*



PAN AMERICAN  
SANITARY  
ORGANIZATION

IX Meeting

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

VIII Meeting



Antigua Guatemala  
September 1956

CD9/48 (Eng.)  
28 September 1956  
ORIGINAL: SPANISH

PROVISIONAL PRECIS MINUTES OF THE TENTH PLENARY SESSION  
Antigua Guatemala  
Monday, 24 September 1956, at 3:15 p.m.

<u>Chairman:</u>	Dr. Carlos SOZA BARILLAS	Guatemala
<u>Vice-Chairmen:</u>	Dr. Daniel ORELIANA Dr. Félix HURTADO	Venezuela Cuba
<u>Secretary:</u>	Dr. Carlos L. GONZALEZ	Pan American Sanitary Bureau

Contents

Topic 18: Presentation of reports on the status of malaria eradication  
in the Americas (continued)

Report by the Representative of Nicaragua

Report by the Representative of the Netherlands

Report by the Representative of Panama

Report by the Representative of Paraguay

(continued)

Note: These précis minutes are provisional, and the representatives are  
therefore requested to notify the Secretary within 48 hours of any  
corrections they wish made in the text.

Contents (Cont.)

- Report by the Representative of Peru
- Report by the Representative of Bolivia
- Report by the Representative of the United Kingdom
- Report by the Representative of the Dominican Republic
- Report by the Representative of Venezuela
- Report of the Chief of COMEP, Dr. Carlos A. Alvarado
- Statement by the UNICEF Regional Director for the Americas,  
Mr. Robert L. Davée

The CHAIRMAN opened the session.

The SECRETARY reported that the General Committee had considered the possibility of holding the closing session of this meeting on Friday, 28 September, provided it were possible to finish the discussion of all pending topics the day before.

TOPIC 18: PRESENTATION OF REPORTS ON THE STATUS OF MALARIA ERADICATION IN THE AMERICAS (continued)

The CHAIRMAN announced that they would continue with the presentation of reports on the status of malaria eradication in the Americas, and expressed his satisfaction at the manner in which the topic had been discussed at the previous session.

Report by the Representative of Nicaragua

Dr. ROBLETO PEREZ (Nicaragua) pointed out that in Nicaragua the malaria control campaign is being converted into an eradication program. This was made possible through aid from PASB, and UNICEF has it under study for approval. The eradication program will last five years and will cost approximately 12,669,174.91 cordobas (\$1,809,882.13), of which the Government of Nicaragua will provide \$1,293,340.86 and UNICEF \$516,541.27. The appropriation by the Government of Nicaragua represents 71 per cent of the total cost and UNICEF's contribution is 29 per cent. He explained that the National Malaria Service is a branch of the Ministry of Public Health. During the present year, in the transitional period, a geographic survey was begun, and special attention has been given to personnel training. Among those receiving special training are two sector chiefs, who have taken



short courses in Mexico and two evaluation assistants, who have taken one in Guatemala, while a physician and an engineer are participating in an international course at the Malariology Institute at Maracay, Venezuela. The total coverage will begin on 1 January 1957 and spraying, which will be exclusively with dieldrin, will be extended until 1960. He reported that in view of the importance of educational work in the success of the program, a Department of Health Education has just been created within the National Malaria Eradication Service. The Malaria Eradication Law passed a few days ago by Congress will prove very beneficial because there were a great many persons who have refused to permit intradomiciliary spraying and hitherto there was no law that would force them to give permission. An advisory committee to the director of the campaign has also been created, composed of the Minister of Public Health, the Director of the National Health Institute, the Chief of Health Education, and the Chief of the Environmental Sanitation Service. He expressed his appreciation to the PASB technical personnel for their collaboration in the preparation of the program and in the training of personnel. He supported the points of view expressed at the seventh plenary session of this meeting by the Representative of El Salvador, with respect to technical assistance for malaria eradication programs. He requested that PASB assign a professional to his country permanently, a measure he thought indispensable for the success of the program, instead of assigning one to three countries as at present.

Report by the Representative of the Netherlands

Dr. FAVEREY (Netherlands) presented the report on the Netherlands Antilles and Surinam. He pointed out that malaria is an unknown disease in the Antilles, but the situation is quite different in Surinam. The main difficulty is that there is no exact population figure, owing to the fact that it has been impossible to take a census in the interior of the country. Malaria is one of the most serious public health problems in Surinam. He explained that an antimalaria campaign was started in 1949 with DDT spraying and more intensive treatment with antimalaria drugs. The result of this campaign has been the complete control of malaria in the coastal area. However, successful control has been difficult because of the excellent anopheline breeding places, primitive living conditions in the hinterland, and the great transportation difficulties in that region. Plasmodium falciparum is found especially in the interior and P. malariae and P. vivax are predominant in the coastal area. Unceasing movement of the people, however, tends to spread malaria infection and in every region patients may be found with various kinds of parasites. The Government, in accordance with resolutions of the XIV Pan American Sanitary Conference and the Eighth World Health Assembly, fully accepts the responsibility for its part in the malaria eradication program. The campaign to begin next year will be directed toward interruption of malaria transmission by selective attack on anopheline vectors for a period of four years, during which time spraying and evaluation operations will be carried on, while

distribution of antimalaria drugs will be continued among the people. This phase will be followed by a phase of surveillance, systematical search for individual foci, prevention of introduction of new cases, cure of any such case, while migration in the country will receive special attention.

These activities will be preceded by propaganda and legislative measures in order to secure the full cooperation of the population. After eradication has been achieved, a constant surveillance will be enforced by the public health service, with obligatory notification of new cases, cure of any such case, and the necessary emergency spraying operations. He stated that the Government of Surinam is very much indebted to the FASB Caribbean Zone Office for its assistance and collaboration in planning the eradication program and that the execution of this plan will be possible only with the help of UNICEF. It is hoped that at the end of this program it will be possible to say that malaria has been eradicated from Surinam.

Report by the Representative of Panama

Dr. LEIGNADIER (Panama) stated that his Government is carrying out an intensive campaign. In a country with a population of less than a million inhabitants, 447,460 balboas have been budgeted in 1956 for malaria eradication. At the same time, 47,000,000 balboas are being spent to improve public health in the country and to maintain BCG vaccination campaigns, campaigns against yellow fever, water sanitation, etc.

Report by the Representative of Paraguay

Dr. JAVALOYES (Paraguay) stated that the first malaria epidemic recorded in his country in modern times, was in the period 1940-1943, during

which more than 160,000 cases, or more than 10 per cent of the population at that time, were reported. In 1950, the Government requested PASB aid and UNICEF cooperation in undertaking a malaria control program. He pointed out that it has been proven that Paraguay is not a natural habitat for Anopheles darlingi, which comes in from Brazil and causes epidemic disturbances during the flood periods of the Paraná River, and no doubt of the Paraguay River as well. On the other hand, the A. albimanus is probably responsible for the endemia. He explained that DDT spraying twice a year was begun in September 1951 followed by some continuity solutions until April of this year. From October 1955 to June 1956, a survey was made prior to the preparation of the eradication plan in which PASB has cooperated. The plan has been drawn up and presented to the WHO and UNICEF.

He said that the fact that there are two sources of malaria in his country, a local anopheles and an invader anopheles, has made it necessary to adopt special measures, the primary purpose being to halt the invasion of A. darlingi. To this end, a strategic barrier has been set up; this consists of house spraying on both sides of the Paraguay and Paraná Rivers up to five kilometers from the bank, together with the spraying of all vessels operating on the river. He emphasized the fact that this program will serve as an example of international collaboration, since an agreement has been signed with Brazil to carry out preventive measures against the invasion of A. darlingi, and stressed the fact that the failure or success of the program depends on the collaboration which is established between Paraguay, Brazil, and Argentina. It is estimated that the campaign will cost the

Government some 81,500,000 guaraníes, (approximately \$600,000). Since June, trained personnel have been working on the census, the numbering, etc. of houses, and the mapping of areas. He pointed out that malaria is not the most important problem in Paraguay, in spite of the annual loss of some 20 million guaraníes to the national economy, since infant mortality rates much higher. However, a malaria eradication campaign in fulfillment of international commitments, will be initiated in 1957 in the same spirit as the 1947 campaign against Aedes aegypti, although there was no yellow fever in the country at the time.

Dr. SIRI (Argentina) referred to the statement of the Representative of Paraguay and affirmed that his country was well aware of its responsibility for the eradication of malaria, insofar as collaboration with neighboring countries is concerned, and that it will do its duty when the time comes.

Dr. MAIA PENIDO (Brazil) expressed his satisfaction at the statements made by the Representative of Paraguay and stated that Brazil and Paraguay have cooperated closely in this and other public health campaigns. He reiterated his country's interest in solving the malaria problem in collaboration with neighboring countries.

Dr. JAVALOYES (Paraguay) thanked the Representatives of Argentina and Brazil and expressed his confidence that their hopes would be realized in the near future.

Report by the Representative of Peru

Dr. ESTRELLA (Peru) explained that malaria is to be found all along the Peruvian coast, but that thanks to the use of residual insecticides,

the disease has ceased to be one of the more serious public health problems. He stated that the Government of Peru has drafted a decree declaring malaria eradication to be in the national interest. Based on recommendations of the XIV Pan American Sanitary Conference and the Eighth World Health Assembly, it is designed to eradicate malaria from the infected areas which cover 720,000 square kilometers and are inhabited by three million persons. He stressed the fact that one of the objectives of this campaign, which will last from four to five years, is to work toward the attainment of health in the Hemisphere. In certain regions, such as the Amazon jungle, it is doubtful whether malaria can be eradicated with the means at present available.

Report by the Representative of Bolivia

Dr. ALBORTA VELASCO (Bolivia) pointed out, in making his report, that malaria is one of the few problems that knows no frontiers. He stated that Bolivia cannot speak of malaria eradication and believed that those who set a definite period for its eradication are being too optimistic. In spite of the depression Bolivia is undergoing at present, the country is making a great effort in its fight against the disease. The Government has increased its public health budget and considers it as important as education. To this end, special funds have been appropriated for the antimalaria campaign. He said that in spite of these efforts, its far-flung borders with Brazil, Peru, and Paraguay, make it impossible to think of eradication just now, but merely to plan for control in certain areas. For the same reason, he considered that in the future malaria eradication in

Bolivia will depend on the pace followed in eradication in the neighboring countries.

Report by the Representative of the United Kingdom

Dr. KELLETT (United Kingdom) stated that he was representing not one but twelve different governments, and that owing to the varying features of the British West Indies, the problems are quite diversified. He then referred to the vectors that exist in those territories, the most common of which are Anopheles aquasalis, A. albimanus, A. darlingi, A. bellator, and A. homonculus, and presented the situation prevailing in the islands. Antigua is a small island and has only about 13 hectares that can be regarded as malarious; it has had no autochthonous cases for some time and only two cases were reported last year, both of which were imported. In the Bahamas malaria does not exist, nor is it found in Barbados, the reason being that there is no vector. British Guiana was formerly highly malarious, but about the beginning of 1945 a complete spraying operation was carried out, both along the coastal regions and in the hinterland. As far as the coastal regions are concerned, spraying was cut down drastically by the end of 1949, and no cases have occurred since then. The interior presents quite another problem, since the area is big and the population small and sparsely distributed. The people also move around a great deal in the forest regions and there was always difficulty in getting all the temporary shacks properly sprayed. There was a small outbreak of malaria last year on the Brazil-British Guiana border, with 62 cases reported. Although

there is no malaria in the British Virgin Islands, the Government has said that it may undertake preventive spraying operations in 1957.

A control program, using mostly petroleum, has been carried out in Dominica, and the eradication program will be started soon. Jamaica has a control program in operation and is to commence an eradication campaign in the near future. So far Jamaica has carried out semi-annual DDT spraying of all houses, plus a certain amount of prophylactic treatment with drugs. Montserrat, St. Kitts, and St. Vincent present no malaria problem. The high incidence of malaria in St. Lucia has lately decreased considerably. Tobago commenced a malaria eradication campaign in 1948 with the aid of Rockefeller Foundation funds, which ended in 1952. Semi-annual spraying with DDT was carried out during that time, while at the same time antilarvae measures were taken, such as kerosene applications in swamps, etc. In this island that once was intensely malarial, no cases have been reported since 1953. For some years there has been in operation a control program in Trinidad with the aid of UNICEF and the WHO. The principal problem in Trinidad is that of A. bellator and A. homonculus, which both present many difficulties as they do not attack the interior of a house; their habitat being anywhere from 9 to 19 feet above ground level, the sole means of control is the destruction of the bromeliad plants. As regards the resistance of mosquitoes to insecticides, unless programs are carried through rapidly, the problem of anopheline resistance may affect all the countries, obliging them to have recourse to other methods. He then thanked the international agencies that have cooperated in the antimalaria campaign.



The session was recessed at 4:30 p.m. and resumed at 4:45 p.m.

Report by the Representative of the Dominican Republic

Dr. MORILLO (Dominican Republic) submitted his country's report. He said that the malaria control program was begun in the Dominican Republic in 1941, when a survey was made in the city of San Cristóbal. On that occasion an index of 85.4 per cent of infection was found among persons who presented no symptoms of malaria; by 1944, this index had dropped to 3 per cent. This result was achieved by means of sanitary engineering work. Work with DDT was started in 1949, and during the present year the eradication program was initiated, with 22 teams of sprayers who will spray 13,000 houses each per year. He explained that in 1916 a United States public health commission found that the Anopheles crucian was the vector of the disease; in 1942, however, this mosquito was no longer to be found. At the present time the albimanus is the malaria vector, and the infection is due principally to Plasmodium falciparum, not to vivax as in other countries. It is hoped that, through spraying operations with dieldrin, malaria will be eradicated from the Dominican Republic by 1959.

Report by the Representative of Venezuela

Dr. CRELLANA (Venezuela), in submitting his report, pointed out that the antimalaria campaign using residual insecticides was begun in his country in 1946. Ever since then, the objective has been to eradicate the disease. By the end of 1950, 84 per cent of the malaria had been brought

under control through residual-insecticide spraying. The level of protection never decreased, despite the heavy expense of the campaign. In 1955 there were only 1,209 cases of malaria in the country, and only 19 malaria deaths were recorded. There is an area of 180,000 square kilometers where no autochthonous cases have been found during the last five years, so that malaria may be considered to have been eradicated in that area. There is another, smaller area that has been free of the disease for the past three years.

Dr. Orellana pointed out that eradication work can be viewed from two angles: the administrative, which gives an indication of when operations may be terminated; and the biological, which sets a much longer period before it can be said that the malaria parasite has totally disappeared. He said that the eradication campaign has so far protected 3,840,000 inhabitants in an area of 616,000 square kilometers, or two thirds of the population. A study was made of the resources required to complete the campaign in his country, and the recommendations made have been approved by the Venezuelan Government, which will add to the regular antimalaria budget a new item for the final efforts of the eradication program. The objectives are: to increase the number of sprayings in those areas where transmission has not been interrupted; to distribute chloroquine under supervision, as a suppressive drug against malaria in those areas where sprayings have not been effective. Six hundred workers in addition to the 1,176 already participating in the program will be required to do this

work, and some additional forty million bolivars will have to be spent in the course of three or four years.

He said that experiments with dieldrin have been very interesting and that in collaboration with one of the mining companies operating in the country, a careful study is being carried out on this insecticide which it is hoped, will be of value to other countries.

In closing, Dr. Orellana expressed satisfaction at the advances that have been made in the antimalaria campaigns throughout the Hemisphere.

The CHAIRMAN announced that Dr. Swellengrebel, one of the world's foremost authorities on malariology, was present at the meeting. He requested Dr. Swellengrebel to give his views on the topic.

Dr. SWELLENGREBEL (Netherlands) recalled that, at the meeting of the Council last year, the Chairman had permitted him to comment on this subject and even to base his comments on experience gained outside the Western Hemisphere. He hoped he would be permitted to do the same on this occasion.

He said that in a recent issue of the Tropical Diseases Bulletin the famous British malarialogist, Professor Gordon MacDonald, in commenting on a paper that summarized the Netherlands' most recent efforts to control malaria, made a remark that, in substance, is as follows: "The facts reported in this paper may well be the last we ever are to read about malaria in Holland, a country that has made outstanding contributions to the knowledge of the epidemiology of this disease," and clearly intimated that malaria was about to disappear from the country.

Dr. Swellengrebel recalled that in 1924, two years after the climax of the penultimate epidemic of malaria in Holland, the Netherlands Government considered that it no longer had the duty to spend money on the control of a disease that had decreased to a point where most of the rural practitioners were convinced it had become extinct. The consequence of this optimism was the epidemic of 1943-48. Now, in 1956, ten years after the climax of the last malaria epidemic in Holland, the incidence of the disease is lower than ever before. If we were to rely on official reports, we would find there is no malaria at all, except for cases imported from overseas. But now the attitude of the Government differs from that in 1924, inasmuch as it continues a service of surveillance that includes the spraying of all houses where cases of malaria--indigenous or imported--have occurred, as well as of houses in the vicinity. Such cases may be those officially reported or those detected by methods specially developed for the purpose.

The point he wished to make, however, was that in every malaria eradication campaign a critical moment arises. It is the moment when malaria has been eradicated according to the practical interpretation of the theoretical standards, that is, when no fresh case of malaria has been detected in three consecutive years. This absence of malaria during three years may indicate that falciparum-malaria has been eradicated, but it does not indicate that either vivax or quartan has been eradicated. At that critical moment the government will have to decide whether it will

be content with the "official" malaria eradication it has succeeded in achieving within the planned period of 3, 4, or 5 years, or whether it aims at complete eradication. In the latter case the government will have to organize a surveillance service, which will be less expensive with regard to spraying operations, but which will lay heavy responsibility on the shoulders of the personnel employed in case-finding. This second stage in malaria eradication, the stage of surveillance, the stage of maintenance, may last longer than the stage of actual eradication. In the Netherlands it is already in its sixth year, and the end is not yet in sight, nor will it be so long as cases from overseas continue to be imported, and so long as indigenous cases continue to relapse without clinical manifestations.

He feared he might be reproached for trying to force open a door that is wide open already. If that were the case he would cordially welcome reproaches. But at one time he heard of a plan of malaria eradication that was to last for 5 years and be followed by a period of surveillance lasting for one year and a half. That statement caused him a great deal of worry; so much so, in fact, that he was induced to make the foregoing remarks.

He wished to make one more remark. The word "eradication" is full of meaning. There have been other words that were once full of meaning but that lost their significance by being used thoughtlessly and too frequently. The Americas, in 1954, issued the proud command of attack, and all the world was inspired by it. That word of command was "eradication." It is a sacred word, which is not to be defiled.

Dr. HORWITZ (Chile) drew attention to the magnitude of the malaria problem in the Continent and said that the report presented by the Representative of Mexico reveals the importance that country attaches to it. He stated that the cost of the malaria eradication program in Mexico is greater than the total budget of many countries in this Hemisphere. He accepted the theory that, to solve the malaria problem, it is necessary to have within the public health services special agencies that are kept free from outside influences, directed by experts in accordance with well-defined plans, and given the necessary authority to expedite the handling of funds and personnel problems. He stressed the importance of international collaboration in the solution of the malaria problem and of the coordination of programs of the different countries in the Hemisphere. He was confident that once malaria has been eradicated from the Americas it will be possible to put into practice the ideals of collective medicine in private and state services.

Dr. SOPER (Director, PASB) expressed satisfaction with the reports presented. Referring to Mexico, he recalled that when malaria eradication was discussed at the XIV Pan American Sanitary Conference, the Mexican problem was considered to be one of the most important. He spoke of the broad scope of the country's campaign, in the preparation of which attention was given not only to material requirements, but also to the psychological factor of public opinion and the need for gaining the support of civil, religious, and military authorities. The Malaria Eradication Service of

Mexico has been organized as a specialized service, with its own personnel, financial resources, programs, etc.

The Director then referred to the doubts expressed by some of the representatives regarding the possibility of achieving the eradication of malaria, doubts that were founded, in part, on the difficulty of coordinating the work in the countries of the Amazon basin. He said that the problems pointed out by the Representative of Bolivia are similar to those of Venezuela, Colombia, Brazil, Ecuador, Peru, and Paraguay. The difficulties, while very important, have already been taken into account in planning the eradication program. He spoke of the importance of the contribution of one and a half million dollars which, according to the announcement made by the Representative of the United States, that country will make to the Pan American Sanitary Bureau in order to facilitate the international coordination of the eradication program. He felt that this contribution is not inconsistent with the UNICEF program, but that on the contrary it will be required for the training of new international and local personnel, and for the provision of the guidance and coordination required in the program.

Dr. HURTADO (Cuba) expressed his deep satisfaction at the way in which the problems concerning malaria eradication in the Hemisphere had been presented and analysed. The reports have shown the firm desire of the countries to carry out the decisions of the XIV Pan American Sanitary Conference and the recommendations of the World Health Assembly, so as to

solve the malaria problem on a continental scale. In congratulating the representatives on the reports presented, he especially praised Venezuela, whose work, he said, could serve as a model in the antimalaria campaign. He then spoke of the eradication work in Mexico, saying that the campaign in that country is administered according to technical standards, free from the political interference so often encountered in the execution of health programs, and that all available means have been placed at its disposal. He praised the generous cooperation of the United States, which deserves the thanks of all the countries. He also drew attention to the statements of the Representative of Chile, who had shown an understanding of a problem that does not affect his country but that is of such great importance for all. He proposed that the Council appoint a working party on malaria, composed of the countries mentioned--Venezuela, Mexico, the United States, and Chile, with Dr. Alvarado, Chief of COMEP serving as adviser--to prepare a draft resolution containing the recommendations of the governments and reflecting the opinions expressed by the representatives in the discussion on the malaria problem.

Dr. DIAZ DEL PINAL (El Salvador) seconded the motion of the Representative of Cuba.

Dr. AGUILAR (Observer, World Medical Association) wished to express his support of the Cuban proposal, for he considered it of the utmost importance to the Hemisphere that malaria be eradicated. He said that those who have contributed to the campaign against this endemo-epidemic



disease in the Americas may feel justly proud. He was convinced that the campaign is headed in the right direction and will be a complete success.

Dr. ALBORTA VELASCO (Bolivia) felt it necessary to clarify certain views that he had expressed at the previous session. He explained that he considered the plan to eradicate malaria from the Americas within a limited time to be unduly optimistic, and more so that to eradicate the disease from the whole world. Eradication is something absolute and it would be very difficult to achieve in a period of five years. This does not mean, he said, that every effort should not be made to wipe out a disease that is such a scourge to populations; but a time limit should not be fixed.

He took the opportunity to express the gratitude of the people of Bolivia and that of his Government for all the efforts made by the American countries, even by those that are not faced with the serious problem of malaria. He also praised the international organizations for their unceasing efforts in promoting the welfare of the peoples. He gave his enthusiastic support to the proposal of the Representative of Cuba.

Dr. SIRI (Argentina) and Dr. ROBLETO PEREZ (Nicaragua) also supported the proposal of the Representative of Cuba.

The CHAIRMAN stated that, if there were no further observations on the part of the delegates, the proposed working party would be established, with the Representatives of Chile, Mexico, the United States, and Venezuela

as members, and Dr. Alvarado, Chief of the Coordination Office of the Malaria Eradication Program (COMEP), serving as adviser.

It was so agreed.

Report of the Chief of COMEP, Dr. Carlos A. Alvarado

Dr. ALVARADO (Chief, COMEP) stated that a summary on the status of malaria eradication in the Americas was presented to this meeting of the Council in Document CD9/43. He explained that, although less than two years have elapsed since the historic decision of the XIV Pan American Sanitary Conference, the majority of the countries and territories in the Hemisphere have already converted or are in the process of converting their control programs into eradication programs. The tables accompanying Document CD9/43 show the progress achieved by sixteen countries in these activities. He pointed out two omissions in these tables that would have to be corrected: one for Guadeloupe, where the eradication program is well advanced, and the other for Martinique, where the disease is already eradicated. The tables show stages that have been reached by a series of countries and territories in the eradication work. In Argentina the program is well advanced and transmission occurs only in some departments along the frontier with Bolivia. The latter country has reorganized its National Malaria Eradication Service. Because of the magnitude of the problem in Brazil, the operations there must be carried out by gradual stages, and up to now the total coverage phase has been reached only in the states of Alagôas, Sergipe, and Rio Grande do Sul and in the Federal

District. In the rest of the enormous malaria zone only 67 per cent of the houses are being sprayed. When the National Malaria Service was attached to the Department of Endemic Diseases it lost its technical and administrative autonomy.

Colombia has approached the problem with great determination, although the extent of the malaria zone still remains to be determined. For this purpose, a pre-eradication survey is being carried out with the collaboration of the PASB, the WHO, and UNICEF. Costa Rica is continuing its control program and, although the entire malaria areas is being sprayed, the program cannot be considered one of eradication because of the lack of evaluation operations. This is the only country that has not yet accepted PASB/WHO collaboration in the preparation or revision of its program. However, as the Representative of Costa Rica had announced, the country intends to begin eradication activities and the collaboration of the international organizations will be requested for that purpose.

In Cuba, the malaria problem is not a serious one and consequently does not incite the interest of the Government in an eradication program, although a control program is maintained. In Ecuador the eradication program is in the preparatory stage and a plan of operations has already been drawn up. Total coverage was started in El Salvador on 1 July and there are plans to detach the antimalaria campaign from the epidemiology division. Total coverage also will be started in Guatemala, which has enacted an Eradication Law by virtue of which the National Malaria Eradication Service will become a main

division of the Ministry of Public Health. Haiti has begun its eradication program and dieldrin will be used as the insecticide. Honduras is already in the process of converting its control program into an eradication program. Antimalaria legislation adopted recently by several countries of the Americas, is among the most advanced in the world and has even served as a basis for the recommendations made on this subject by the WHO Expert Committee on Malaria. Mexico will start total coverage on 1 January of next year. The program in this country is very broad in scope and the plans for it have taken into account the principal administrative, technical, and psychological aspects of the campaign. Nicaragua is in the process of converting its program into an eradication program and coverage will start on 1 January. Panama has likewise reached the stage of conversion and plans to start total coverage on the first of the year. Its eradication plan, already approved by the PASB/WHO, will be presented to the Executive Board of UNICEF for consideration. Paraguay has already prepared its eradication program, with the collaboration of the PASB/WHO, and has requested the cooperation of UNICEF. Brazil and Argentina have laid plans to establish a strategic barrier to prevent A. darlingi penetration. Peru is continuing the control program. Its antimalaria activities are conducted under the department responsible for vector and rodent control. Although the plan to determine the limits and characteristics of the malaria zone in the eastern watershed of the Andes has not yet been completed, there are indications that Peru is preparing to fulfill its part of the mission.

In the Dominican Republic there have been some financial obstacles, but it is hoped that total coverage will be resumed next January, with dieldrin used as the insecticide. The eradication program in Venezuela is far advanced, covering a very large area and population. In other regions of the country transmission has been interrupted. In addition, Venezuela has made an extremely valuable contribution to the continent-wide campaign through the courses given at the School of Malariology in Maracay, where technical personnel from all the countries have been or are being trained.

As for the territories, Dr. Alvarado pointed out that there have been no cases of malaria in Antigua since 1953. Dominica has already prepared its plan and Grenada and Carriacou have already started total coverage. The eradication program in Guadeloupe is very far advanced, although some active transmission still occurs. Although in French Guiana the eradication program is considered complete, there is residual transmission of a P. falciparum strain, imported from Santa Lucia. Dutch Guiana has prepared its eradication program and presented its request to UNICEF. Although the A. darlingi vector has been eradicated in the coastal areas of British Guiana, transmission persists in some foci in the interior. Jamaica has prepared its plan of operations and is now awaiting the solution of the financial aspect. Partial spraying operations continue in Martinique, even though eradication is apparently completed. St. Lucia started total coverage last June, and in Tobago malaria is practically extinct. Trinidad is studying the possibility of controlling A. bellator transmission by means

of house-spraying and chemoprophylaxis and, if results are satisfactory, it will be in a position to submit its request by September of next year. In the Panama Canal Zone the eradication program is also very far advanced.

Dr. Alvarado then made some comments on the development of the programs. He spoke of the sense of responsibility that has been shown by the American countries toward their neighbors. No other region of the world has accumulated as much data on the problem as has America. He went on to point out certain differences between a control program and an eradication program. The first is usually under the direction of the national malaria service and the quality and extent of the work depend on the organization of that service and the funds available. In the case of eradication, a series of additional factors must be considered. There is an indispensable minimum of funds and working facilities that must be provided. The time is another basic factor, as is the administrative aspect. Moreover, not only the officials but the entire population must be aware of the fact that the program is not merely an activity of the local malaria service but a country-wide campaign, and that when international aid is received the government assumes a commitment to safeguard not only its funds but the international contribution as well. Another indispensable condition for the success of the eradication program is that the national organization responsible for its execution hold the highest possible position within the ministry of public health. Proper supervision of field work is also essential. The speaker then mentioned the established standards for determining when eradication has

been achieved. The WHO Expert Committee on Malaria has established well-defined criteria for that purpose, which should be followed in defining the various phases of an eradication program. He concluded by saying that the Eighth World Health Assembly has declared the ultimate objective of the program to be the world-wide eradication of malaria.

Statement by the UNICEF Regional Director for the Americas

Mr. Robert L. Davée

Mr. DAVEE (UNICEF Regional Director for the Americas) expressed his satisfaction at being able to attend the present meeting, and at the fact that the commitments undertaken at the XIV Pan American Sanitary Conference are being fulfilled. He recalled that, on that occasion, UNICEF for the first time expressed its interest in malaria eradication, and it was then, too, that Mexico was suggested as the site for launching the continent-wide plan. This plan has become a reality; the first program was initiated in Mexico and other programs have followed in Central America. Everything seems to point to the fact, that, after presentation to the next meeting of the Board of several projects of interest to British Honduras, Nicaragua, and Panama, malaria eradication will have been planned from the United States border to Panama. He also stressed the importance of a program in Paraguay, for what is really involved is a program of coordination between this country, Brazil, and Argentina. He reported that, to date, the programs approved by the UNICEF Executive Board for malaria eradication in the Americas amount to a total of \$3,200,000, and that another half million probably will be

added to that figure. He stated that an appropriation of \$10,000,000 has been contemplated in the over-all UNICEF budget for malaria eradication throughout the world. Of this amount, \$5,000,000 will be assigned to the Region of the Americas. He pointed out, that all of these appropriations would depend on the resources available to UNICEF. He said that UNICEF has given priority to the programs in the Americas and that if the Fund has economized to some extent, it has done so with the purpose of gaining the confidence of the contributing countries, and also of having resources available for the execution of other programs. It is necessary to maintain a balance among programs, he said, and to remember that UNICEF is an organization dedicated to maternal and child care. He then referred briefly to the meeting of the WHO Expert Committee on Malaria held in Athens, saying that the conclusions reached by that group will probably have important repercussions in the eradication programs. He expressed his satisfaction over the announcement made by the United States concerning its contribution, which not only increased the resources for the campaign but also indicates approval by that country of the policy followed to date.

Mr. OLIVERO (Guatemala) stated that he had listened with great interest to the reports on the malaria eradication program, as well as to the views and enthusiasm expressed by the Director of the PASB, Dr. Alvarado, and the Representative of UNICEF. He regretted that the Representative of UNICEF had referred to the Territory of Belize by an improper name and requested that this statement be incorporated in the record.



Dr. HARKNESS (United Kingdom) expressed the greatest regret at hearing the observation made by the Representative of Guatemala, and said that the Directing Council is not the proper forum in which to raise questions of this nature, since there are other places in which they can be more properly discussed. He therefore wished to request that, if the statement of the Representative of Guatemala were recorded in the proceedings, the protest of the delegation of the United Kingdom also be placed on record. He added, however, that his delegation would be very much happier if the statements of both delegations were expunged from the record.

Dr. HORWITZ (Chile) expressed appreciation on behalf of his Government for the collaboration received from UNICEF in programs undertaken and those being planned. He was very pleased at the fact that, out of its over-all budget for international cooperation programs, UNICEF is assigning funds for maternal and child health programs, aside from those appropriated for malaria.

Dr. MAIA PENIDO (Brazil) referred to the part of Dr. Alvarado's report dealing with Brazil, and explained that the unification of certain services within the country was begun before the concept of malaria eradication was clearly established. He hoped that with the aid of international organizations, particularly the Pan American Sanitary Bureau, Brazil would direct its efforts toward malaria eradication in the same way it worked, on a previous occasion, for the eradication of Aedes aegypti.

Dr. PESQUEIRA (Mexico) expressed once more his appreciation for the invaluable assistance given by UNICEF in the development of the malaria eradication program. He stated that Mexico will persist in this supreme effort, regardless of what attitude may be adopted by other countries. That effort is directed toward a goal that is sought by all; it is one that gives us just cause for pride in our human status.

Dr. DIAZ DEL PINAL (El Salvador) joined in the expression of appreciation to the international organizations, such as UNICEF, for all the cooperation they have provided in antimalaria campaigns.

Dr. SOPER (Director, PASB) thanked Mr. Davée for the collaboration rendered. In the past two years, he said, the Bureau has had an administrative responsibility and coordinating function insofar as the country activities are concerned, despite the fact that it does not have necessary funds for technical cooperation and training of personnel. For this reason, it has not been possible to provide the technical assistance required by national programs in which UNICEF cooperates. He believed that, with the announced contribution by the United States, the Bureau's financial situation will improve considerably and that there will be no need to transfer credits in 1957. He reiterated the views that this contribution by the United States to the eradication program should be a supplement to, not a substitute for, the cooperation rendered by UNICEF to the countries.

The CHAIRMAN praised the statement made by Dr. Alvarado and Mr. Davée and expressed the hope that, with the collaboration of international

organizations such as the PASB, the WHO, and UNICEF, America will one day be rid of the malaria scourge. He, too, expressed deep appreciation for the announced contribution by the United States for the malaria eradication program.

The session was adjourned at 6:40 p.m.



*directing council*

PAN AMERICAN  
SANITARY  
ORGANIZATION

IX Meeting

Antigua Guatemala  
September 1956

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

VIII Meeting



CD9/50 (Eng.)  
27 September 1956  
ORIGINAL: SPANISH

PROVISIONAL PRECIS MINUTES OF THE ELEVENTH PLENARY SESSION  
Antigua Guatemala  
Tuesday, 25 September 1956, at 9:15 a.m.

<u>Chairman:</u>	Dr. Félix HURTADO	Cuba
<u>Vice-Chairman:</u>	Dr. Daniel ORELLANA	Venezuela
<u>Secretary:</u>	Dr. Carlos L. GONZALEZ	Pan American Sanitary Bureau

Contents

First Report of the General Committee

Topic 26: The Problem of Leprosy in the Americas (Document CD9/15)  
(conclusion)

Report of the Working Party

Topic 24: Sanitary Regulations for Hotels and Restaurants (Document CD9/7)

Topic 13: Conditions of Employment of Regular and Project Personnel  
(Documents CD9/22, CE29/5, CE29/13, page 12)

Topic 19: Fellowship Program (Documents CD9/5) (conclusion)

Report of the Working Party

Topic 30: Rights and Obligations of Associate Members and Other Territories  
in the World Health Assembly and Executive Board, and in the Regional  
Committee (Document CD9/14)

Note: These précis minutes are provisional, and the representatives are  
therefore requested to notify the Secretary within 48 hours of any  
corrections they wish made in the text.

FIRST REPORT OF THE GENERAL COMMITTEE

The CHAIRMAN declared the session open and submitted to the Council the first report of the General Committee, containing the first ten resolutions approved at previous plenary sessions. These texts, prepared by that Committee, were presented so that the representatives might make any observation they deem pertinent on the form in which they were drafted.

The SECRETARY read the following resolutions: I. Rules of Procedure of the Directing Council; II. Annual Report of the Chairman of the Executive Committee; III. Annual Report of the Director of the Pan American Sanitary Bureau; IV. Financial Report of the Director and Report of the External Auditor for 1955; V. Proposed Program and Budget of the Pan American Sanitary Organization for 1957; VI. Status of the Collection of Quota Contributions; VII. Utilization of Available Funds; VIII. Emergency Revolving Fund.

Decision: Since no objections were raised, Resolutions I to VIII were approved in the form proposed by the General Committee.

The SECRETARY read Resolution IX on the Building Reserve Fund.

Dr. VELAZQUEZ (Colombia) asked if, in view of the offer of \$1,500,000 for the malaria eradication program made by the United States Government at the ninth plenary session, it would be necessary to maintain Resolution IX. Under the circumstances, it would appear that there is no longer any need to authorize the Director to use as much of the Building Reserve Fund as may be required for the intensification of the malaria eradication program.

Dr. SIRI (Argentina) agreed with the view of the Representative of Colombia and added that, according to good administrative practice, allocations should be reserved for a single purpose. He proposed that the discussion on the Building Reserve Fund be reopened.

The CHAIRMAN pointed out that the matter placed before the Council for consideration was the wording of these resolutions, not the substance of the text, since the latter was approved by the Council at previous sessions. He said that the Council should decide if the discussion should be reopened, and he therefore put the request of the Representative of Argentina to a vote.

Decision: The proposal of the Representative of Argentina was rejected by a vote of 10 to 5, with no abstentions.

The CHAIRMAN then put to a vote Resolution IX, Building Reserve Fund, and Resolution X, Repatriation Grant of the Former Secretary General.

Decision: Resolutions IX and X were approved without modification, as presented by the General Committee.

TOPIC 26: THE PROBLEM OF LEPROSY IN THE AMERICAS (Document CD9/15)  
(conclusion)

Report of the Working Party

The SECRETARY read the draft resolution prepared by the working party appointed for this purpose at the seventh plenary session and composed of the Representatives of Brazil, Chile, and Venezuela. The text was as follows:

The Directing Council,

Considering the increasing importance of the leprosy problem in the Hemisphere, as shown by the report presented by the Pan American Sanitary Bureau (Document CD9/15) and the information furnished by the Member States,

RESOLVES:

1. To express its satisfaction at the attention given to the leprosy problem and to recommend to the countries that national programs be revised in accordance with modern concepts and practices of diagnosis, treatment, and prevention.

2. To request the Director of the Pan American Sanitary Bureau to continue the studies undertaken to determine the extent of the leprosy problem in the Americas and obtain a knowledge of the various national agencies entrusted with antileprosy work.

3. To instruct the Director to undertake the studies and measures necessary to provide the fullest possible facilities for the training of personnel of national leprosy services and promote exchange of experience among professionals throughout the Hemisphere.

Dr. SIRI (Argentina) recalled that, during the discussions on this topic, he had made two proposals that were not included in the draft resolution: one, to begin preparations for a Hemisphere-wide campaign of leprosy control, and the other, to carry out studies on the rehabilitation of cured leprosy patients.

Dr. HORWITZ (Chile) replied, as a member of the working party, that the words "and rehabilitation" could be added at the end of the first operative clause of the draft resolution, so as to incorporate in the text one of the Argentine Representative's proposals. As for the other proposal, concerning a future Hemisphere-wide campaign of leprosy control,

he stated that the discussion on this topic did not seem to indicate that the leprosy problem was considered to have sufficient priority to justify the efforts required for a Hemisphere-wide campaign for control of the disease. The working party therefore felt that the important point at present is for the national antileprosy services to strengthen their work in accordance with modern practices, and for the PASB to collaborate with them by carrying out studies on the problem and offering facilities and services for the advanced training of personnel of those services.

Dr. SIRI (Argentina) agreed with the inclusion of the phrase "and rehabilitation" in the suggested place in the draft resolution, and insisted on the need to give some thought to the development of a Hemisphere-wide leprosy control campaign in the future.

Dr. Siri took the opportunity to explain that, in a new report he had just received from his country on the status of the disease, the rate given for leprosy in Argentina was 0.49 per 100,000 inhabitants, instead of 1 per 100,000, which was the previously accepted figure and that appearing in Document CD9/15, prepared on this topic by the Bureau.

Dr. ESTRELLA RUIZ (Peru) proposed some style changes, which were accepted.

The CHAIRMAN put to a vote the draft resolution amended in accordance with the suggestions of the Representatives of Chile and Peru.



Decision: By a vote of 13 to 1, with no abstentions, the Council approved the draft resolution, in which it was agreed:

(1) To express its satisfaction at the attention given by the Bureau to the leprosy problem in the Americas and to recommend to the countries of the Hemisphere that national programs be revised in accordance with modern concepts and practices of diagnosis, treatment, prevention, and rehabilitation.

(2) To request the Director of the Pan American Sanitary Bureau to continue the studies undertaken to determine the extent of the leprosy problem in the Americas and obtain a knowledge of the various national agencies entrusted with antileprosy work.

(3) To instruct the Director to undertake the studies and measures necessary to provide the fullest possible facilities for the training of personnel of national leprosy services and promote exchange of experience among professionals throughout the Hemisphere.

TOPIC 24: SANITARY REGULATIONS FOR HOTELS AND RESTAURANTS (Document CD9/7)

The SECRETARY reported that the Sixth Inter-American Travel Congress, which met in San José, Costa Rica, in April this year, had resolved to request the Organization of American States to invite the Pan American Sanitary Bureau to appoint a technical committee to prepare a set of minimum sanitation standards applicable to tourist accommodations. In accordance with the request received from the OAS, the Director of the Bureau appointed a Technical Committee of Experts composed of the Chief of the Environmental Sanitation Branch, PASB; the Chief of the Sanitary Engineering Division, U.S. Public Health Service; and Representatives of the Inter-American Travel Congresses, selected by the Permanent Executive Committee of the Congresses. In line with the resolution of the Sixth

Inter-American Travel Congress, the Government of Costa Rica proposed that the topic "Sanitary Regulations for Hotels and Restaurants" be included on the agenda of the present meeting of the Directing Council.

The Secretary then read the draft resolution submitted by the Representatives of Costa Rica and the United States as follows:

The Directing Council,

Having examined the report of the Sixth Inter-American Travel Congress, which met in San José, Costa Rica, 14-21 April 1956, and particularly the resolution on "Minimum Sanitation Standards for Tourist Accommodations"; and

Noting the report of the Director of the Bureau on the action taken at the request of the Organization of American States in appointing a Technical Committee of Experts to prepare a manual containing minimum sanitation standards applicable to establishments and services catering to international travelers,

RESOLVES:

1. To approve the action taken by the Director of the Bureau.
2. To request the Technical Committee of Experts appointed by the Director to prepare a manual of recommended minimum standards of sanitation applicable to establishments and services catering to international travelers, for consideration by the Directing Council.
3. To request the Technical Committee of Experts, in preparing the manual, to take into account any recommendations that may be made by the Joint ICAO/WHO Expert Committee on the Hygiene and Sanitation of Airports.
4. To request the Director to submit a progress report to the Directing Council at its next meeting.

Dr. DELCORE (Costa Rica) stressed the importance of this topic, not only for the development of tourism but also for the intensification of governmental activities in this aspect of public health. He felt that the draft resolution presented could lead to very effective results and he hoped that the Council would approve it.

Dr. van ZILE HYDE (United States) said that, after having examined the draft resolution further, he wished to suggest a modification so that the text would refer not only to services catering to international travellers but also to all hotels and restaurants.

Mr. OLIVERO (Guatemala) supported the draft resolution and the amendment suggested by the United States Representative. He proposed that in the second operative paragraph the phrase "establishments and services catering to international travellers" be replaced by "hotels, restaurants, transportation, and other tourist and travel facilities."

Dr. HORWITZ (Chile) said that the problem of sanitary regulations for the hotel industry was a very serious one in most countries in the Hemisphere, and that he was in favor of changing the draft resolution as a whole so that reference would be made to the problem of food control, in addition to tourism.

Dr. DELCORE (Costa Rica), as one of the authors of the draft resolution, accepted the change proposed by the Representative of the United States and stated in detail by the Representative of Guatemala.

Dr. SIRI (Argentina) supported the draft resolution with the proposed amendment.

Dr. HORWITZ (Chile) pointed out that the last clause of the preamble of the draft resolution should also be modified.

The SECRETARY reported that this clause of the preamble referred to the proposal of the Sixth Inter-American Travel Congress, and that it would seem more appropriate to use in this part the precise terms used by the Congress, that is, to replace the phrase "establishments and services catering to international travellers" by the words "tourist accommodations."

Dr. HORWITZ (Chile) proposed that the following clause be added at the beginning of the preamble: "Recognizing the importance of the problem of food control and protection in the countries of the Hemisphere, and the need for improving the practices now employed in this respect ..."

Mr. OLIVERO (Guatemala) did not share the Chilean Representative's point of view, since he felt that food control is an important part, but not the only part, of sanitation requirements for hotels and restaurants.

Dr. SIRI (Argentina) proposed that the Representatives of Chile, Costa Rica and Guatemala be appointed as drafting committee to prepare the text of a resolution incorporating the suggested changes,

The CHAIRMAN proposed that the Representative of the United States also serve on the drafting committee.

It was so agreed.

The SECRETARY read shortly thereafter the following draft resolution prepared by the drafting committee:

The Directing Council,

Bearing in mind the importance of the problem of sanitation in the countries of the Hemisphere and the need for improving the measures applied for the protection of the population in general;

Having examined the report of the Sixth Inter-American Travel Congress, which met in San José, Costa Rica, 14-21 April 1956, and particularly the resolution on "Minimum Sanitation Standards for Tourist Accommodations"; and

Noting the report of the Director of the Bureau on the action taken at the request of the Organization of American States in appointing a Technical Committee of Experts to prepare a manual containing minimum sanitation standards applicable to tourist accommodations,

RESOLVES:

1. To approve the action taken by the Director of the Bureau.
2. To request the Technical Committee of Experts appointed by the Director to prepare a manual of recommended minimum standards of sanitation in hotels, restaurants, transportation, and other tourist and travel facilities, for consideration by the Directing Council.
3. To request the Technical Committee of Experts, in preparing the manual, to take into account any recommendations that may be made by the Joint ICAO/WHO Expert Committee on the Hygiene and Sanitation of Airports.
4. To request the Director to submit a progress report to the Directing Council at its next meeting.

Decision: The draft resolution, as presented by the drafting committee, was unanimously approved.

TOPIC 13: CONDITIONS OF EMPLOYMENT OF REGULAR AND PROJECT PERSONNEL  
(Document CD9/22 and CE29/5)

Mr. SIMPSON (Chief, Division of Administration, PASB) presented Document CE29/5 on this topic.

Since 1949, he said, the PASB Staff Regulations and Rules have been essentially uniform with those of WHO, thus ensuring uniformity in the conditions of employment of the entire staff of PASB/WHO, facilitating transfers of staff between the PASB and the WHO, and simplifying personnel administration within PASB/WHO.

In 1953 major changes were adopted by the WHO, and subsequently by the PASB, concerning special conditions of employment for project personnel. These changes resulted in double allowances to some but not all of the field staff of PASB/WHO because regular staff assigned to projects received both those allowances and benefits granted to regular staff and those granted to project staff. This was contrary to the intent of the changes which were basically designed to offset the advantages of a career appointment (pension fund participation, repatriation grant, transportation of household effects, etc.) with certain allowances and benefits (project service allowance, dependents allowance, field equipment allowance) payable to the short-term project staff. In the rapidly expanding programs of PASB/WHO, however, it was necessary to assign career (regular) staff to projects. The Director protested the payment of dual entitlements to regular staff assigned to

projects, but was told by the WHO that this was required under the Staff Regulations and Rules and by decision of the UN Technical Assistance Board.

After appealing to the WHO for two years in order to correct this situation, without any results, the Director, on 5 July 1955, altered Staff Rule 1140.1 to end dual entitlements for all PASB regular staff henceforth assigned to projects. This action was confirmed by the Executive Committee in September 1955.

In June 1956 the Executive Committee reviewed the matter of dual entitlements and; (1) reaffirmed its earlier action suspending dual entitlements for PASB staff; (2) recommended "that the project staff as well as the regular staff be retained in their specific functions, their transfer from one function to another being avoided as far as possible until such time as their rights are made uniform"; (3) requested the Director to continue his efforts to resolve permanently the situation of dual entitlements for regular staff members; and (4) recommended "that the Director take the necessary steps to reach an agreement with the Director-General of the World Health Organization in order to achieve more uniform and favorable conditions of employment for personnel of the two organizations in the Region of the Americas."

In accordance with the resolution of the Executive Committee, the Director submitted his proposals to the Director-General of the WHO. In turn, the WHO presented its proposals for the solution of this

problem to the Committee of the United Nations General Assembly to Review the System of Salaries, Allowances, and Benefits of the United Nations and the Specialized Agencies.

He stated that the document presented by the WHO to the above Committee had been distributed to the representatives for their information.

Mr. SIEGEL (Assistant Director-General, WHO) felt that, in order to understand the problem in all its aspects, one should examine it in the light of its relationship to the functions and objectives of the WHO. These are to carry out the directives of the Member Governments, in accordance with the WHO's constitutional responsibilities, in the effort to improve the level of health of the peoples of the world. So as to carry out these functions effectively and efficiently, the WHO must have a staff of highly trained, specialized personnel, in order to provide the governments with the assistance they may request. To build up such a staff of qualified personnel, it is necessary to have a system of salaries, allowances, and benefits that will be conducive to the recruitment and maintenance of that personnel. He said that the Director-General of the WHO had asked him to inform the representatives that his views with regard to this problem do not differ in any way whatever from those of the Director of the PASB. Mr. Siegel added that, following the 28th Meeting of the Executive Committee, the Director of the PASB wrote a letter to the Director-General of the WHO, which appears as annex to Document CE29/5. He believed that the



Director-General's reply to that letter contained some references that might help clarify the problem, and he therefore proceeded to read the pertinent paragraph: "As you will recall these two divergent systems of employment terms developed out of WHO's participation in the Expanded Programme of Technical Assistance, and from the fact that all Organizations participating in this Programme, except WHO, considered TA project staff as a group of very temporary officials entirely separate from the regular staff. As a participant in the Programme, WHO had no choice but to apply to its TA project staff the terms agreed upon by the majority of the Organizations, and furthermore, to avoid internal inconsistencies it had to apply to all project staff, irrespective of the funds from which paid, the terms accepted for TA project staff. You will recall that, at the inception of this Programme in 1951, the differences in terms of employment between project staff and other staff were far more marked than at present. During the course of the past five years WHO has consistently endeavoured, with some success, through the coordination machinery of the United Nations to bring an ever larger degree of reconciliation between the terms of employment of the two groups of staff. We made very significant progress in this direction in 1953, when the present project terms of employment were established, and there have been recent indications in TAB discussions of further developments in this direction. Even more significant, we hope, will be the consideration

given to this matter by the Review Committee of the United Nations General Assembly in connexion with its study of the entire conditions of service of international staff."

Mr. Siegel then referred to the statement of the WHO to the Review Committee of the United Nations and read two paragraphs of the document relating to the subject under discussion. Paragraph 23 states: "Some of the problems enumerated below have been increasingly evident over the past two years to those responsible, at Headquarters and regional levels, for WHO personnel management. It was the awareness of these difficulties which prompted the World Health Organization, in concert with its sister Organizations, to suggest in CCAQ that a general review of salaries, allowances and benefits be undertaken in 1956." He then read paragraph 27, as follows: "It requires no imagination to realize from the preceding description of WHO's functions, structure and staffing that the insistent problem which underlies every aspect of personnel management in WHO is how to create, from such cultural and professional diversity, a single flexible staff of common purpose and discipline and how to keep that sense of common dedication and community of interest sharp and stimulating throughout a staff physically dispersed, professionally heterogeneous, and organizationally stratified. No adjustment of salaries, allowances or benefits can dispose of that problem. It is a challenge to every aspect of administration. But the manner

of constructing the system of remuneration and benefits can have a marked effect, for better or for worse, on what an administration can do in total about such a basic problem. Staff unity requires as a foundation an awareness that one system applies to all and a sense of satisfaction that the system deals equitably with varying conditions of service. It also will require regular, large-scale rotation of staff, and a system of pay and leave which makes such rotation possible."

Mr. Siegel stated that a few days before coming to Guatemala, he had represented the Director-General at a second meeting of the United Nations Review Committee, and also at an interagency meeting held in New York, and in which all of the representatives of the United Nations and all its specialized agencies reached unanimous agreement on the recommendations to be put to the Review Committee dealing with a uniform system of conditions of service for staff of the international organizations. It is as yet impossible, he said, to foretell what action the Review Committee will take in this matter. He added that the problem now under discussion exists not only in the Region of the Americas but throughout the Organization, and it is one that must be resolved. He expressed the hope that a solution will be found as a result of the devices that are now in process through the United Nations. But if this is not the case, the Director-General of the WHO intends to submit to the Executive Board of the WHO, at its meeting in Geneva next January, the same proposals that were approved at the interagency meeting mentioned previously.

In summary, Mr. Siegel said that the primary questions to consider in this matter are that the functions and objectives of the health organizations should be carried out as effectively and efficiently as possible. As to the nature of the problem, it consists of having a system that will facilitate the recruitment and retainment of an adequately qualified staff, internationally recruited, and the rotation of staff in all parts of the world. He concluded by stressing the need to develop a set of policies for personnel administration with conditions of service providing for a common system of salaries, allowances, and benefits for all internationally recruited staff, under all programs and all funds.

Mr. OLIVERO (Guatemala) underlined the importance for the PASO and the WHO, both technical organizations, to employ highly specialized staff, since the prestige of these organizations depends on the calibre of their personnel.

Dr. HORWITZ (Chile) proposed that the Council proceed with the consideration of the draft resolution set forth in Document CE29/5.

The SECRETARY read the draft resolution as follows:

The Directing Council,

Noting the proposals presented by the Director to the Director-General of the WHO with a view to achieving more uniform and favorable conditions of employment for personnel of the two organizations in the Region of the Americas;

Considering the proposals submitted by the World Health Organization to the Committee of the United Nations General Assembly to Review the System of Salaries, Allowances, and Benefits of the United Nations and the Specialized Agencies; and

Recognizing that the WHO recommendations, if adopted, would provide more uniform and favorable conditions of employment for regular and project staff, which is the objective the Pan American Sanitary Bureau is striving to attain,

RESOLVES:

1. To recommend to the Executive Board of the World Health Organization that in the event the United Nations fail to authorize a more favorable and a single system of salaries, allowances, and benefits for all staff in all programs, it invoke its authority under Staff Regulation 3.2 so as to permit "any deviation from the U.N. scale of salaries and allowances which may be necessary for the requirements of the WHO..."

2. To authorize the Executive Committee at its 30th Meeting to appoint a subcommittee of three members who, in collaboration with the Director of the Bureau, will review the action taken by the U.N. Assembly; to authorize the Subcommittee, in the event the U.N. fails to authorize a single system of salaries, allowances, and benefits for all staff in all programs, and the WHO Executive Board does not authorize such a system of employment, to take such steps as are necessary to effect a single set of conditions of employment for both regular and project staff.

3. To instruct the Director to undertake a comprehensive study of the salaries and other compensations offered to public health workers in the Americas and to present a report on this matter, together with recommendations.

Dr. ESTRELLA RUIZ (Peru) asked for clarification of the meaning of the third operative clause and, in particular, wanted to know to what sort of public health staff it referred.

Dr. SOPER (Director, PASB) explained that the survey would cover the situation in general of public health personnel in the Hemisphere. He stated that in the countries where the Bureau carries out its activities, economic conditions differ greatly from one country to the

other, and he felt that a survey of the present situation with respect to public health personnel throughout America would be of benefit to all countries.

The CHAIRMAN put the draft resolution to a vote.

Decision: The draft resolution in Document CE29/5 was unanimously approved.

The meeting was recessed at 11:05 a.m. and resumed at 11:20 a.m.

TOPIC 19: FELLOWSHIP PROGRAMS (Document CD9/5) (conclusion)

Report of the Working Party

Dr. VELAZQUEZ (Colombia), speaking on behalf of the working party appointed at the sixth plenary session, composed of the Representatives of Argentina, Chile, Colombia, Mexico, and the United States, informed the Council that the group had prepared two draft resolutions on this topic, the first of which was as follows:

The Directing Council,

Having considered Document CD9/5, on the fellowship program, presented by the Director of the Bureau,

RESOLVES:

1. To take note of Document CD9/5.
2. To request the Director to include in the respective regulations, as soon as possible, and present to the Executive Committee for consideration, a fellowship program that will cover the following points:
  - (a) The fundamental suggestions on the payment of stipends to fellows that are contained in Document CD9/5.

- (b) The creation of various types of fellowships, taking into consideration the following points:
  - (i) The professional or academic status of the fellow.
  - (ii) His professional experience and number of years of postgraduate studies.
  - (iii) The length and type of studies he is going to undertake.
  - (iv) Whether or not he is engaged exclusively in public health work or preventive medicine.
  - (v) The number of his dependents.
  - (vi) The financial arrangements made by the respective countries for fellows.

Mr. OLIVERO (Guatemala) suggested that university activities should also be mentioned in the fourth item in paragraph (b).

Dr. SIRI (Argentina) supported the proposal of the Representative of Guatemala, and suggested that this same paragraph could specify that the fellow must be engaged exclusively in public health work or some related activity of preventive medicine.

Dr. WEGMAN (Chief, Division of Education and Training, PASB) thought that the expression "services related to public health" would perhaps be more general.

Dr. HORWITZ (Chile) believed that the sentence should read:  
"dedicating full time to this function."

Dr. SIRI (Argentina) felt that the word "services" has a different meaning in the various countries and proposed the paragraph in question

read as follows: "Whether or not he is engaged exclusively in public health work or preventive medicine, in an administrative, a hospital or a teaching post....."

Dr. VELAZQUEZ PALAU (Colombia) pointed out that the draft resolution was really addressed to the Director of the Bureau, who is fully familiar with the opinions expressed in the Directing Council, and that there was no need for further clarification in the text.

Dr. ESTRELLA RUIZ (Peru) was of the opinion that the item under paragraph (b) should make it clear that the professional experience should be in public health services.

Dr. VELAZQUEZ PALAU (Colombia) explained that that was precisely what the working party had in mind when using the term "professional experience."

The CHAIRMAN said that the draft resolution limited the right to obtain fellowships to public health workers, at the exclusion of university professors, who certainly have a role to fill in giving consultation in matters of public health.

Dr. VELAZQUEZ PALAU (Colombia) explained that the provisions of article (b) were not restrictive; they merely indicated the general course that the Director was to follow. The working party had never intended to exclude professors in fields other than public health from the right to receive fellowships, although public health specialists would of course have first priority.



Dr. SIRI (Argentina) insisted that paragraph (iv) should be more explicit. He proposed that, to avoid establishing any restriction, the words "among others" be inserted at the end of paragraph (b).

Decision: The draft resolution presented by the working party was unanimously approved, with the two amendments proposed by the Representative of Argentina.

Dr. VELAZQUEZ PALAU (Colombia) presented, on behalf of the same working party, the second draft resolution, as follows:

The Directing Council,

Taking into account the shortage of experts in all branches of public health and preventive medicine, a fact that makes it difficult to carry out and advance health campaigns;

Considering that various countries are carrying forward simultaneously important programs to eradicate in our Hemisphere such diseases as malaria, smallpox, and yaws, or to fight other diseases such as poliomyelitis, infant diarrheas, and yellow fever and to improve conditions with respect to such problems as cancer, malnutrition, and high infant mortality; and

Taking into account the fact that for the above-mentioned reasons it is increasingly necessary to have available a larger number of experts,

RESOLVES:

1. To recommend again to the governments of the Member Countries that it is advisable to continue the salaries and perquisites of the positions of civil servants who go abroad for training or advanced study.
2. To urge the governments to allocate special budgetary funds in order to make it easier for a larger number of civil servants connected with the public health and preventive medicine services to go abroad for training or advanced study.

3. To recommend to them that, in the cases mentioned above, study be given to measures that will enable fellows to obtain dollars at the official rate of exchange.

4. To request the Director to transmit this resolution to the governments of the Member Countries.

Dr. ESTRELLA RUIZ (Peru) suggested two style changes in the Spanish text: at the end of the first paragraph of the preamble, replace the words sus campañas by las campañas and delete the word encarecidamente in the second operative clause.

Dr. VELAZQUEZ PALAU (Colombia) accepted, on behalf of the working party, the amendments proposed by the Representative of Peru.

Decision: The draft resolution of the working party was unanimously approved, as amended by the Representative of Peru.

Dr. SALZMAN (Observer, OAS) stated that, at the meeting of the representatives of the American Chiefs of State, now taking place in Washington, study is being given to the possibility of including on the agenda of future meetings of those representatives the following point: that the OAS adopt a fellowship program designed to meet the needs of the American countries and to provide at least 500 new fellowships during the first year of that program. He expressed the conviction that any fellowship program of the OAS would include fellowships for public health studies.

The CHAIRMAN expressed the satisfaction of the Council at the statement of the Observer for the Organization of American States, as well as the hope that the measures adopted would help advance the

education of public health experts in the Americas.

TOPIC 30: RIGHTS AND OBLIGATIONS OF ASSOCIATE MEMBERS AND OTHER TERRITORIES  
IN THE WORLD HEALTH ASSEMBLY AND EXECUTIVE BOARD, AND IN THE REGIONAL  
COMMITTEES (Document CD9/14)

The SECRETARY, referring to Document CD9/14, reported that the Director-General of the WHO had requested the Director of the Bureau to bring to the attention of the Regional Committee Resolution WHA9.52 of the Ninth World Health Assembly, relating to the rights and obligations of Associate Members. With respect to this same subject, he said, the Director had made a statement at the Second World Health Assembly and had presented a report to the VII Meeting of the Directing Council, which adopted the resolution that is quoted in Document CD9/14. He explained that, in view of the fact that the situation with respect to the Regional Committee of the Americas has not changed, the Director of the Bureau reiterates the views he expressed to the Council at its VII Meeting.

Dr. HORWITZ (Chile) thought that no new action was required in this matter and that the Directing Council should reiterate the views expressed in the resolution adopted at the VII Meeting.

Mr. CALDERWOOD (United States) proposed that the Council approve a resolution similar to the one adopted at the VII Meeting, with the pertinent modifications in the preamble; that is, to inform the Director-General of the WHO in reply to the inquiry received, that it is the wish of the Directing Council that no measures be taken to change the present

situation with regard to the Regional Committee of the Americas.  
Mr. Calderwood suggested that the General Committee prepare the final  
text of the resolution.

It was so agreed.

The session was adjourned at 12:30 p.m.



*directing council*

PAN AMERICAN  
SANITARY  
ORGANIZATION

IX Meeting

Antigua Guatemala  
September 1956

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

VIII Meeting



CD9/52 (Eng.)  
27 September 1956  
ORIGINAL: SPANISH

PROVISIONAL PRECIS MINUTES OF THE TWELFTH PLENARY SESSION

Antigua Guatemala

Tuesday, 25 September 1956, at 3:15 p.m.

<u>Chairman:</u>	Dr. Carlos SOZA BARILLAS	Guatemala
<u>Vice-Chairmen:</u>	Dr. Daniel ORELLANA	Venezuela
	Dr. Félix HURTADO	Cuba
<u>Secretary:</u>	Dr. Carlos L. GONZALEZ	Pan American Sanitary Bureau

Contents

Topic 18: Reports on the Status of Malaria Eradication in the Americas  
(continuation)

Topic 25: Financial Resources of the Pan American Sanitary Organization

- A. Report of the Rapporteur Designated by Resolution IV of  
the 28th Meeting of the Executive Committee (Document CD9/16)
- B. Note by the Director on the Program of Technical Cooperation  
of the Organization of American States (Document CD9/17)

Note: These précis minutes are provisional, and the representatives are  
therefore requested to notify the Secretary within 48 hours of any  
corrections they wish made in the text.

The CHAIRMAN opened the session and asked the Secretary to report on the decisions of the General Committee.

The SECRETARY reported that the General Committee had set as the first item on the order of business for the session the draft resolution prepared by the working party on malaria eradication. After that the Council would discuss Topic 25, "Financial Resources of the Pan American Sanitary Organization;" Topic 31, "Other Resolutions of the WHO Executive Board and the World Health Assembly of Interest to the Regional Committee;" and Topic 32, "Proposed Action of the Government of Nicaragua with Respect to Regional Representation on the Executive Board of the World Health Organization."

The draft resolution presented by the working party composed of the Representatives of Chile, Mexico, United States and Venezuela, reads as follows:

The Directing Council,

Considering Resolution XVIII of the XIII Pan American Sanitary Conference, which instructed the Pan American Sanitary Bureau to promote the intensification and coordination of antimalaria work with a view to achieving the eradication of malaria in the Western Hemisphere;

Considering Resolution XLII of the XIV Pan American Sanitary Conference, which provided that the Pan American Sanitary Bureau should carry out the terms of the above-mentioned resolution and study international measures to ensure the protection of those countries or territories that have achieved eradication of malaria, and which authorized the Director to secure the financial participation of public or private organizations, national or international, in order to further the aims set forth in that resolution;

Considering the results obtained in the countries of the Americas in the fight against malaria, particularly the progress made since the XIV Pan American Sanitary Conference,

RESOLVES:

1. To assert the consensus of all countries of the Hemisphere that malaria should be given first priority among public health problems.
2. To reaffirm its faith in the possibility of eradicating malaria in the Western Hemisphere.
3. To acknowledge the great efforts that the countries of the Americas have made and are making to bring to completion their antimalaria programs.
4. To acknowledge and express its great appreciation for the collaboration provided by the Government of the United States of America in assigning the amount of \$1,500,000 to increase the special fund of the Pan American Sanitary Bureau for antimalaria activities in the Hemisphere.
5. To recognize the importance of international collaboration for the success of the malaria eradication program in the Americas, and to affirm that the financial participation of UNICEF and of the United Nations Technical Assistance has been of special significance in the plan of activities that the Pan American Sanitary Bureau and the various Member Governments are jointly carrying out in this field.
6. To recommend to the Member Governments that, owing to the urgency of the malaria eradication programs, they assign to the national malaria services the necessary status and authority to expedite the handling of funds and of personnel problems, as one of the means of assuring the success of the eradication program.
7. To encourage the Member Governments to exert every possible effort, to the extent they find it necessary, to convert their malaria control programs into eradication programs and to assure the provision of the necessary resources so that the eradication programs under way will continue uninterrupted until their completion.
8. To recommend to those Member Governments that have carried eradication activities to an advanced stage or that consider eradication to have been achieved, that, in their reports on the status of the program, they follow the criteria established by the World Health Organization and the Pan American Sanitary Bureau, enlisting for that purpose the collaboration of experts of those organizations.

Dr. HURTADO (Cuba) requested the Council to approve the draft resolution as written by the working party.

Decision: The draft resolution submitted by the Representatives of Chile, Mexico, United States, and Venezuela was unanimously approved.

TOPIC 25: FINANCIAL RESOURCES OF THE PAN AMERICAN SANITARY ORGANIZATION

- A. Report of the Rapporteur Designated by Resolution IV of the 28th Meeting of the Executive Committee (Document CD9/16)
- B. Note by the Director of the Program of Technical Cooperation of the Organization of American States (Document CD9/17)

The SECRETARY stated that the topic was divided into two parts, and submitted the supporting documents for the first part -- a report by Dr. Felix Hurtado and three annexes.

Dr. HURTADO (Cuba) said that the economy of the Pan American Sanitary Bureau is based on a so-called "quota regime." The Bureau has a long and brilliant record, despite a lack of funds during the early years. Its cooperation with the Latin American countries has resulted in glorious advances in the health campaigns of this Hemisphere. He mentioned the various sources of funds that the Organization now has at its disposal and referred particularly to the percentage distribution of Technical Assistance funds among the various specialized agencies that was established as the initial procedure of the program. He pointed out that FAO received 29 per cent, followed by the WHO with 22 per cent, UNESCO with 14 per cent, ILO with 11 per cent and ICAO with 1 per cent, the remaining 23 per cent being assigned to the U.N. for general administrative expenses. He then reviewed the origins of the present system followed by the United Nations Technical Assistance, and referred



to the division between developed and underdeveloped countries. He described the present situation insofar as Technical Assistance programming is concerned and said that the system now being followed gives the governments a free hand in the distribution of funds among the various technical departments, the result being that in many cases the public health programs have been seriously crippled. He mentioned the difficulties encountered in many countries by health workers when they endeavored to explain to the chiefs of the various branches of the public administration the importance of health in all national development programs. To this end, it is necessary that in the respective UN agencies the appropriate reforms be proposed in order to guarantee a better use of Technical Assistance funds. He referred to the preliminary draft resolution submitted by the Delegates of the United States, Uruguay, Ecuador, and Cuba at the XIV Pan American Sanitary Conference and said that it is necessary to revive the operative part of that draft resolution and address the governments to make them see the necessity of recognizing the importance of public health problems.

Dr. HORWITZ (Chile) thanked the Representative of Cuba for his statement and said that the topic under discussion consisted of two parts. There was a proposed resolution for the second. The author of the report had made a proposal in connection with the first part, that the preliminary draft resolution submitted at the XIV Conference be revived. He asked which one of the two parts would be discussed at that moment.

Dr. SOPER (Director, PASB) said that, as matter of fact, the two

matters were completely different, although fundamentally they constituted a single problem. One case referred to the WHO and to UN Technical Assistance, and the other to the Pan American Sanitary Bureau and to the Technical Cooperation of the Organization of American States.

Dr. HORWITZ (Chile) declared that his country had had no experience with the program of Technical Cooperation of the OAS, and therefore he could make no comments. However, he recalled that he had stated at an earlier session certain points of view on the amplified program of UN Technical Assistance. It is evident that in many countries there is a rivalry between the different branches of the public administration with respect to the distribution of Technical Assistance funds. There is no doubt that this is inspired by noble aims, as the representatives of the various interested services are convinced that their proposals are the ones in the best interest of their country. As the Representative of Cuba explained, it is necessary to make the governments see the importance of health to national prosperity, and it would be advisable to study a draft resolution calling the attention of the public authorities to these questions and instructing the Director of PASB to make a study of procedures that would enable public health programs to share in Technical Assistance funds.

Dr. VAN ZILE HYDE (United States) thought that the Council owed a vote of thanks to the Representative of Cuba for his study on such a difficult matter as Technical Assistance and for the clear explanation of the very important problems that have arisen. The matter merits careful

study and the historical background, as well as the present situation, should be taken into account. It is relatively easy to obtain funds for programs that have an emotional appeal. That happens with campaigns in behalf of children, in the fight against tuberculosis or cancer. However, it is not so easy to awaken popular sentiment with regard to the prevention of diseases, as it is difficult to show the value of preventive campaigns. No one has ever died of public health, and it is thus very difficult to demonstrate how important public health is. At present nations are principally interested in improving their economy, and it is necessary to show them that the economy cannot improve if the health of the population does not improve. With the present system of distribution of Technical Assistance aid, the countries are allowed the privilege of deciding which aspects of their national life require most stimulation. At one time this seemed to be the best formula in the national interests, but in practice it has become evident today that the system has not given the desired results in all cases. However, it would not appear advisable to suggest a profound and fundamental change in the present state of affairs. Any change would entail serious risks. Since a system has been found, the best thing to do is to give it sufficient opportunity to show its worth. It would be advisable to call the attention of the governments to the direct relation between health and economic development, and to make them understand that if they wish to get the full value from their development programs, it is necessary that they deal with the health problem. It would also be advisable for the Council to request the Director of PASB

to keep the question of Technical Assistance under constant study and to report periodically to the Executive Committee and the Directing Council. He suggested that the following resolution be approved:

The Directing Council:

RESOLVES:

To thank the Rapporteur, Dr. Hurtado, for his report.

To invite the attention of Member Governments to the direct relationship between health conditions and economic development.

To request the Director to study the means whereby the need to improve health conditions will receive the adequate consideration of the Governments when they are formulating their requests for technical assistance.

To request the Director to keep the Executive Committee informed of any developments in the administration of UNTA which may affect the programs of PASO, and also the progress of health programs assisted by funds received from UNTA.

Dr. SIRI (Argentina) joined the Representatives of Cuba and the United States in praising the author of the report, and considered it appropriate to adopt a resolution such as the one proposed by the Representative of the United States. It should not be forgotten that there are a number of projects depending on Technical Assistance funds, and perhaps the best solution of the problem would be to emphasize to the governments the fundamental importance of health to a country's economic development. He considered that in the second paragraph of the operative part of the draft resolution, a few of the concepts expressed by the author of the proposal should be included, as the text as it stands is not strong enough. The relation between health and economic problems should be stressed in the resolution adopted by the Council.

Dr. MENDOZA (Guatemala) congratulated the Representative of Cuba on his review of the problem presented by the present system of Technical Assistance. He believed it would be a good solution to recommend that the governments, when preparing their annual programs, give to health problems that degree of importance which they merit in relation to the country's economic development. It should not be forgotten that the primary aim of the Amplified Program of Technical Assistance is economic development, and the health factor is unquestionably inseparably linked thereto. However, it is up to each country to weigh and measure its health problems and establish to what degree they affect its economic problems. In principle, he considered the proposal of the Representative of the United States to be pertinent and constructive. However, it would be advisable to redraft it, taking into consideration the opinions expressed in the course of the present discussion.

Dr. VAN ZILE HYDE (United States) was in agreement with the suggestions made by speakers who had taken part in the discussion and thought that his draft resolution might be amended as follows: "To invite the attention of Member Governments to the fact that economic development is dependent upon the health and vigor of the people, which can be rapidly and progressively improved by methods that are readily available at low cost."

Dr. SOPER (Director, PASB) pointed out that the Pan American Sanitary Bureau maintains relations with the countries through the ministers of public health, and has no direct contacts with the presidents

or with other members of the executive power. Nor does it have any direct contact with the national committees in charge of drafting the Technical Assistance projects. Up to now, the PASB has remained a technical agency and has limited itself to cooperating with the technical authorities of the countries, refraining from any negotiations of a political nature. The resolution adopted in 1954, placing at the disposal of the countries the respective national allocations of Technical Assistance funds, put such funds completely outside PASB influence. They should now be considered as integral parts of the national budgets.

Dr. DIAZ DEL PINAL (El Salvador) thanked the Director of PASB and said that in many countries the public health officials encounter many difficulties in having Technical Assistance funds assigned to health programs.

Dr. VELAZQUEZ PALAU (Colombia) said that in his country the public health authorities engage in battles royal with other branches of the government to gain the funds they require for health programs. However, their efforts are not usually crowned with success. It is necessary to find a solution to the problems that are now being raised.

Dr. ORELLANA (Venezuela) recalled that the topic being debated was discussed by the directing bodies of the Organization more than two years ago. He thought the importance of the problem varied from one country to another and depended in each case on the influence that the minister of public health could bring to bear on his other colleagues in the government. From the experience of Venezuela, he saw no reason for pessimism. The terms

of the resolution to be adopted by the Directing Council should be carefully studied, as they should not only reflect condemnation of the present state of affairs, but also be obviously constructive. As the Representatives of Chile and the United States had suggested, it should be stated categorically that economic problem cannot be separated from health problems.

Dr. HURTADO (Cuba) was willing to accept, in principle, the draft resolution proposed by the Representative of the United States, but said that it would be necessary to analyze each clause in detail. He pointed out that under the former system of Technical Assistance, 22 per cent of the total allotment went to the WHO. But now there is nothing that guarantees this percentage for public programs. The present system breaks down in the internal machinery of the countries, as it is there the part that is the due of health campaigns is not respected. It is true, as the Director of PASB has said, that health is a technical matter. But the representatives who attend the Directing Council are also political representatives once they have crossed their national borders, as they act on behalf not only of the ministers of health, but of the governments as central political units. Consequently the Directing Council should not lean on the Director of the Bureau and direct him to say this or that to the governments, but the Council should address them, submitting the appropriate petition. The governments should be requested to take concrete and definite steps, and at the same time the present Technical Assistance system should be denounced as unsatisfactory.

Dr. HORWITZ (Chile) recalled that in previous sessions he had been one of the first to proclaim that the present Technical Assistance system was not producing satisfactory results for the public health programs in his country. He pointed out that Chile is the only country that has not been assigned a program in Priority I in Official Documents N°17. He noted with satisfaction, however, that in the majority of the other countries, Priority I has been assigned to malaria eradication programs. He recognized that it is necessary to call the government's attention to the urgency of public health programs, since they are the basis of the effective development of other types of programs. Since the topic presented to the Council for consideration is a very difficult one and there is no possibility of arriving at a quick solution, it would be advisable to appoint a working party to study the opinions presented and prepare a draft resolution based on the proposal of the Representative of the United States.

The CHAIRMAN put the proposal of the Representative of Chile before the Council and suggested that the working party be composed of the Representatives of the United States, Cuba, and Peru.

Dr. HURTADO (Cuba) stated that, as he prepared the paper on which the discussion was based, it would be advisable to appoint another representative in his place. He proposed that the working party be composed of the Representatives of the United States, Chile, and Peru.

It was so agreed.

The session was recessed at 5:05 p.m. and resumed at 5:20 p.m.

The CHAIRMAN submitted the second part of Topic 25 -- B. Note



by the Director on the Program of Technical Cooperation of the Organization of American States (Document CD9/17) -- to the Council for consideration.

Dr. SOPER (Director, PASB) presented Document CD9/17 and pointed out to the Directing Council certain concrete statements in the draft resolution on the new bases for the Program of Technical Cooperation of the OAS. He said that with this proposal the Inter-American Economic and Social Council reserves for itself full authority over all aspects of the program, and declared that this reservation is incompatible with the inclusion of public health projects in the Technical Cooperation program in which PASO participates, as the latter has its own Sanitary Conference and its Directing Council, which have full authority over its activities. He referred to that paragraph of the draft resolution which provides that the purpose of the Program of Technical Cooperation is to encourage and promote such activities as will most directly and effectively aid in the economic and social development of the Member States of the OAS. With respect to this, he stated that if the phrase "economic and social development" covers health activities, this provision is in conflict with the Constitution of the PASO, where the aims of the Organization are defined. He observed that, according to the draft resolution, the new Technical Cooperation Program of the OAS is a continuing activity, the financing of which depends on contributions from the Member States. However, the continuing activities of the PASB are also financed by contributions from the same Member States. The aforementioned draft resolution, he stated, provides that there will be a Technical Cooperation Board composed of representatives of the Pan American Union and such

inter-American specialized organizations and other American agencies as the Council invites to participate in the program. He said that this is an invitation to the PASB to be represented on the Technical Cooperation Board. Notwithstanding this, the definition of the duties and functions of the Board, to the effect that projects prepared by the cooperating agencies should be studied and submitted to the Council, represents an interference in the functions of the Pan American Sanitary Conference, the Directing Council, and the Executive Committee. The Technical Cooperation Board is the same agency as that formerly known as the Technical Assistance Coordinating Committee, in which the Pan American Sanitary Bureau has participated. He cited the memorandum of 29 July 1956, addressed to the Secretary General of the OAS and to IA-ECOSOC, and finally submitted to the Directing Council the proposed resolution that appears in the document presented.

Mr. SALZMAN (Observer, OAS), referring to the note of the Director of the PASB on the draft resolution of the Inter-American Economic and Social Council, declared that in this document there was no intent to make any essential change in the bases of the program drawn up six years ago. He recalled that in 1950 the American countries conferred on that Council the responsibility of carrying out the Program of Technical Cooperation, which responsibility was later confirmed by the Tenth Inter-American Conference. He pointed out that the draft resolution referred to by the Director of the PASB is really nothing more than a codification of already existing rules and regulations, with the exception of the creation of the office of Executive Director and of regulations concerning the future of

the already existing training centers of the program. The Inter-American Economic and Social Council, in a resolution of 21 April 1950, invited the PASB to continue to participate in the program. So far, the Bureau has participated actively in the program and in the meetings of the Technical Assistance Coordinating Committee, without any controversy; moreover, the Bureau has carried out under this system two projects, one on nursing and the other a training and research center for foot-and-mouth disease. He considered that the proposed resolution submitted by the Director of the PASB would seriously change the relations between the Bureau and the program and limit the latter's ability to contribute to the welfare of the peoples of the Americas. He pointed out that the present problem did not consist so much of legal or administrative matters as of economic difficulties, which prevent the allocation of sufficient funds to health work. It is therefore necessary to obtain greater contributions from the American countries, and, if this is done, health work should be accorded the importance it merits within the program. He ended by saying that the OAS and the PASB have the same objectives, that is to say, to contribute to the betterment and progress of the American countries.

Dr. SOPER (Director, PASB) expressed his satisfaction that Mr. Salzman was attending the meeting and that he had explained his point of view on the question under discussion. He pointed out that in his earlier remarks he had not mentioned the fact that during the last few years the Bureau had received very little aid for health programs. He

had not brought it up because the present problem has much deeper roots. What is now proposed is a Board with the participation of the PASB, the Pan American Institute of Geography and History, the Inter-American Institute of Agricultural Sciences, and other organizations, a Board that is expected to prepare programs and adopt decisions on many problems such as housing, agricultural matters, and many others on which health workers are not qualified to make decisions. It is true that, at first sight, many activities being carried out today may appear to be advantageous. However, the multiplicity of programs may lead to the unpleasant fact that at some time there may not be any funds available for important public health activities, because they have all been spent for other purposes. Now the supreme consideration at this moment is that the PASB cannot agree to participate in solving a wide variety of technical problems, thereby removing international health problems from an atmosphere favorable to their solution.

Dr. HURTADO (Cuba) supported the proposed resolution submitted by the Director of the PASO, and agreed with the Director of the Bureau that this was a substantive matter. He recalled the statement made by the Representative of the OAS Council at the Meeting of the Directing Council of PASO in Havana in 1952, to the effect that on matters of international public health in the Americas, the Pan American Sanitary Organization is the authoritative agency and has been so recognized by the Council of the Organization of American States, and he wanted the Council to bear that fact in mind.

Dr. HORWITZ (Chile) asked if, in the proposed resolution submitted by the Director, programs to be carried out with UN Technical Assistance funds were to be considered included. If that were the case, he suggested that they be excluded.

Dr. SOPER (Director, PASB) agreed to the proposal of the Representative of Chile, and said that UNICEF programs also should be excluded.

Dr. VAN ZILE HYDE (United States) considered that the form in which the proposed resolution was drawn up might give rise to difficulties that could prejudice the PASO programs. He referred to the observations made by the Representative of Chile and by the Director of PASB and considered that it should be specified in the proposed resolution under discussion that the funds referred to are those of the OAS Program of Technical Cooperation.

Dr. SIRI (Argentina) considered that all health programs, whatever the origin of the funds assigned to them, should be approved by the directing bodies of the PASO.

Dr. HURTADO (Cuba) agreed with the Representative of Argentina, since the PASO has its own organizational structure, its own duties and functions, it has a perfect right, even though it receives financial aid from other institutions, to study and approve or reject any programs submitted to it; anything else would lead to international anarchy in health services. For this reason, he urged the approval of the proposed resolution in the form submitted by the Director.

Dr. ESTRELLA (Peru) concurred with the Representative of Cuba.

Dr. HORWITZ (Chile) proposed a change in the draft resolution under discussion, which might read more or less as follows: "The inter-American public health programs to be carried out with funds from OAS Technical Cooperation shall be submitted to the directing bodies of the PASO for approval and carried out according to the administrative procedures of the Bureau."

Dr. VAN ZILE HYDE (United States) said that the suggestion of the Representative of Chile would solve the problem he had previously raised.

Dr. SIRI (Argentina) asked that the Director be requested to consider whether this same proposed resolution would be applicable to other institutions than OAS Technical Cooperation.

Dr. HURTADO (Cuba) urged that the original text of the proposed resolution be adopted. He did so because the change suggested would give rise to discrimination against the OAS, and there was no reason to do that.

Dr. VELAZQUEZ PALAU (Colombia) seconded the motion of the Representative of Cuba that the original text of the proposed resolution should not be amended.

Dr. DIAZ DEL PINAL (El Salvador) agreed with the proposal of the Representative of Cuba, seconded by the Representative of Colombia, that the original text of the proposed resolution be approved.

Dr. SIRI (Argentina) considered that the problem under discussion was extremely delicate, inasmuch as it referred to juridical relations between the PASO and other organizations, between which there should exist

mutual respect and cooperation. He added that it would be lamentable if, in an eagerness to arrive at a quick decision, the Directing Council were to make a mistake. Consequently, he suggested that the Council give further consideration to the observations expressed at the present session and that it suspend the discussion until the next day.

It was so agreed.

The session was adjourned at 6:30 p.m.



*directing council*

PAN AMERICAN  
SANITARY  
ORGANIZATION

IX Meeting

Antigua Guatemala  
September 1956

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

VIII Meeting



CD9/53 (Eng.)  
27 September 1956  
ORIGINAL: SPANISH

PROVISIONAL PRECIS MINUTES OF THE THIRTEENTH PLENARY SESSION

Antigua Guatemala

Wednesday, 26 September 1956, at 9:30 a.m.

<u>Chairman:</u>	Dr. Carlos SOZA BARILLAS	Guatemala
<u>Vice-Chairmen:</u>	Dr. Daniel ORELLANA	Venezuela
	Dr. Félix HURTADO	Cuba
<u>Secretary:</u>	Dr. Carlos L. GONZALEZ	Pan American Sanitary Bureau

Contents

Second Report of the General Committee

Topic 32: Proposed Action of the Government of Nicaragua with respect to Regional Representation on the Executive Board of the World Health Organization (Document CD9/39)

Topic 15: Technical Discussions -- Methods for the Preparation of National Public Health Plans (Document CD9/DT/3)

Report of the Rapporteur

Topic 21: Selection of topic for Technical Discussions during the X Meeting of the Directing Council, IX Meeting of the Regional Committee of the WHO (1957) (Document CD9/13)

Invitation to Professor N. H. Swellengrebel

Topic 29: Future Studies on Regionalization by the WHO Executive Board (Document CD9/18)

Note: These précis minutes are provisional, and the representatives are therefore requested to notify the Secretary within 48 hours of any corrections they wish made in the text.



SECOND REPORT OF THE GENERAL COMMITTEE

The CHAIRMAN called the session to order and submitted to the Council for consideration the second report of the General Committee containing Resolutions XI through XIV, approved in previous plenary sessions, the text of which had been prepared by the Committee.

The SECRETARY read the resolutions, as follows: XI- Regional Programs to be Financed with Funds of the United Nations Expanded Program of Technical Assistance; XII- Sessions of Regional Committees outside the Regional Headquarters; XIII- Election of two Member Governments to the Executive Committee; XIV- Vote of Thanks to the Representative of Argentina and the United States of America.

Decision: Resolutions XI, XII, XIII, and XIV were unanimously approved, without change, as drafted by the General Committee.

TOPIC 32: PROPOSED ACTION OF THE GOVERNMENT OF NICARAGUA WITH RESPECT TO REGIONAL REPRESENTATION ON THE EXECUTIVE BOARD OF THE WORLD HEALTH ORGANIZATION (Document CD9/39)

The SECRETARY referred to Document CD9/39 containing a draft resolution proposed by the Representative of Nicaragua on this topic, as follows:

The Directing Council,

Having been apprised of the intention of the Government of Nicaragua to present to the World Health Organization, in due form, a proposal for the adoption of the necessary statutory or procedural amendments to provide that, in the election of its Executive Board, the wishes expressed by the members of a Region will be taken into account, so that proper regional representation will be assured,

RESOLVES:

To take note of the proposed action of the Government of Nicaragua, and to express its sympathy with this proposal and with the principle of respect for regional representation that inspired it.

Dr. SANCHEZ VIGIL (Nicaragua) explained that the draft resolution he proposed would assist his Government in obtaining the modification of the Rules of Procedure of the World Health Assembly, a modification that his Government will request directly at the next Assembly.

Dr. HURTADO (Cuba) stated that he would vote in favor of the draft resolution, although he felt that it would contribute nothing at all to the realization of the wishes of the Government of Nicaragua. He felt that there is, instead, a more effective procedure for solving the problem presented by the Representative of Nicaragua. There is nothing to prevent the Member Countries of the Pan American Sanitary Organization from reaching a tacit agreement, a gentlemen's agreement, on the presentation and support of the candidacies they consider appropriate, in the World Health Assembly.

Dr. VAN ZILE HYDE (United States) stressed that the fact that, in the elections in the World Health Assembly, an effort is made to maintain the necessary geographical distribution, as was evidenced by the election at the last Assembly of two American states to the seats vacated by two other states of the same Region. He recalled that every year, during the Assembly, there is an informal meeting of the representatives of the American states, usually at the office of the Regional Director for the Americas. At this meeting an attempt is made to arrive at a friendly agreement on the selection of American candidates, without implying any commitment on the part of the governments. He felt that, even though this procedure is

not official, it gives the representatives of the American countries the opportunity to express their views and to learn those of the other countries of the Hemisphere. He felt that there was some misunderstanding in Document CD9/39, since it states that the majority of the representatives of other regions did not give their vote to Nicaragua; but since the vote is secret there is no possibility of knowing how each country voted. He considered it preferable to maintain the present system of election, precisely because it preserves the liberty of action of the Member States. Up to now, he said, the Region of the Americas has always obtained its appropriate number of seats on the Executive Board of the WHO, and the principle of rotation between the American states has always been respected.

Dr. DIAZ COLLER (Mexico) pointed out that at the Ninth World Health Assembly, in the unofficial meeting of representatives of the American states, it was decided to present a panel of three names --Canada, Mexico, and Nicaragua-- and that the Assembly had chosen from that panel.

Dr. SANCHEZ VIGIL (Nicaragua) stated that the problem is perfectly clear. The draft resolution submitted, he said, was merely an expression of sympathy with the proposed action of Nicaragua and involved no commitments on the part of the Directing Council.

Dr. VAN ZILE HYDE (United States) proposed a modification in the draft resolution to the effect that Directing Council take note of the proposed action of the Government of Nicaragua and express its support of the principle of equitable geographical representation that inspired it.

It was his understanding that the proposal of Nicaragua would mean that the Directing Council is committing itself to requesting a revision of the procedure for the election of members of the Executive Board of the WHO. He was not in a position to accept any commitment, on behalf of his Government, with respect to this revision, because it concerns a complicated election procedure that was established after much study and has worked out satisfactorily. It is certainly not perfect and can be modified. But since the Government of Nicaragua will raise this question at the next World Health Assembly, that would seem to be the time to study the advisability of such a revision.

Dr. SANCHEZ VIGIL (Nicaragua) insisted that the draft resolution proposed implies no commitments on the part of the Directing Council, and he requested that it be put to a vote.

Dr. HURTADO (Cuba) supported the draft resolution presented by the Representative of Nicaragua.

The CHAIRMAN put to a vote the amendment proposed by the Representative of the United States.

Decision: By a vote of 8 to 5, with 4 abstentions, the Council approved the amendment proposed by the Representative of the United States in the operative part of the draft resolution, to the effect that the Council take note of the proposed action of the Government of Nicaragua and express its support of the principle of equitable geographical representation that inspired it.

The CHAIRMAN put to a vote the draft resolution presented by the Representative of Nicaragua, with the amendment just approved.

Decision: By a vote of 11 to 0, with 6 abstentions, the draft resolution presented by the Representative of Nicaragua was approved, as amended.

TOPIC 15: TECHNICAL DISCUSSIONS -- METHODS FOR THE PREPARATION OF NATIONAL PUBLIC HEALTH PLANS (Document CD9/DT/3)

Report of the Rapporteur

Dr. DIAZ COLLER (Mexico) rapporteur of the Technical Discussions on "Methods for the Preparation of National Public Health Plans," read his report on the discussions.

Dr. SIRI (Argentina) congratulated the rapporteur on the clarity and conciseness of his report. He requested certain style changes in the text: namely, not to use the expression "public consumer," since he felt that economic theories should not be interpolated into health concepts; and that in the Spanish text the word planificación should be used only when referring to organizational plans and that the term estructuración should be employed when referring to the application of those plans.

Dr. VELAZQUEZ PALAU (Colombia) also congratulated Dr. Díaz Coller on his excellent report, but pointed out that, in his opinion, during the Technical Discussions the majority of participants said they were in favor of having the planning commissions composed, not of functional officials, but of technical personnel, whereas the report just read gives the impression that the majority advocated planning commissions composed of functional officials.

Dr. HURTADO (Cuba) thought that substantive changes in the report could be suggested, but not style changes. He proposed the adoption of a resolution to the effect that the Directing Council take note of the

report, congratulate the rapporteur, and reaffirm the importance and the advisability of holding Technical discussions as part of the business of the Council. This, he added, would emphasize the usefulness of the Technical Discussions and the advisability of continuing the system followed during the present meeting, that is, of including the Technical Discussions on the official agenda of the Council.

Dr. ORELLANA (Venezuela) also congratulated the rapporteur. He added that the Technical Discussion report does not constitute an official statement from the Directing Council and that it is therefore not necessary to discuss the style of the text. He proposed that the Council adopt a resolution on the Technical Discussions similar to the one adopted at its VIII Meeting.

Dr. CABRERA (Guatemala) expressed his agreement with the statement of the Representative of Colombia on the composition of planning commissions, and his satisfaction with the document presented by the rapporteur.

Dr. HORWITZ (Chile) stated that it was he who, in the Technical Discussions, used the term "public consumer," because of the belief so often voiced that health is a part of the economy. He suggested that, at future meetings of the Council, the report of the rapporteur of the Technical Discussions be distributed to the representatives in advance of its presentation in plenary session, so that it might be studied carefully. He supported the proposal of the Representative of Cuba.

Miss GOMEZ (Costa Rica) joined in congratulating the rapporteur.

Dr. HURTADO (Cuba) agreed that the Council should approve a draft resolution similar to that adopted at the VIII Meeting, but reiterated that emphasis should be given to the importance and advisability of holding the Technical Discussions as part of the business of the Council.

The SECRETARY read the draft resolution prepared in accordance with the proposals of the Representatives of Cuba and Venezuela, as follows:

The Directing Council,

Having examined the report by the rapporteur of the Technical Discussions held during the present meeting,

RESOLVES:

1. To take note of the report on the Technical Discussions, expressing its satisfaction at the manner in which the discussions were conducted and at the accuracy with which the rapporteur has interpreted them.

2. To recommend to the Director of the Bureau that he give the above-mentioned report the widest possible distribution.

3. To reaffirm the importance and advisability of holding the Technical Discussions as part of the business of the Council.

Decision: The draft resolution was unanimously approved.

The session was recessed at 11:05 a.m. and resumed at 11:20 a.m.

The SECRETARY reported that the Representative of the United States had inquired whether some of the representatives might wish to visit his country on their return trips. If so, he would request that they give notice of the date and point of their arrival in the United States, so that the health authorities at the port of entry might extend the appropriate courtesies.

The CHAIRMAN, on behalf of the Council, expressed appreciation to the Representative of the United States.

TOPIC 21: SELECTION OF TOPIC FOR TECHNICAL DISCUSSIONS DURING THE X MEETING OF THE DIRECTING COUNCIL, IX MEETING OF THE REGIONAL COMMITTEE OF THE WHO (1957) (Document CD9/13)

The SECRETARY reported on Document CD9/13 concerning this topic.

Dr. HORWITZ (Chile) recalled that at the Technical Discussions held at the present meeting it had been possible to discuss only a few phases of the topic selected, owing to the broad scope of the subject. He therefore thought it advisable that, at the next meeting of the Council, the Technical Discussions deal with a topic related to the one studied at this meeting. That topic would be: "Bases for the Evaluation of Health Programs." He emphasized the importance of evaluation, which makes it possible, on the one hand, to improve the techniques used and, on the other, to keep officials, technicians, and the public informed on the development of programs. Also, when concrete data on results are provided, he said, it is easier to persuade the governments to assign greater appropriations for public health programs.

Dr. BELLERIVE (Haiti) supported the proposal of the Representative of Chile and suggested that the topic be completed with the study of evaluation methods.

Dr. SWELLENGREBEL (Netherlands) proposed that, in the Technical Discussions at the next meeting of the Directing Council, the following topic be discussed: "Place of Social Anthropology in the Health Education of a Population Possessing a Civilization Different



from the Latin and Anglo-Saxon Civilizations." He pointed out that this topic has been studied in Chile, Mexico, and the United States and has been mentioned repeatedly in the Director's annual reports. By a "different" civilization he meant to refer to various population groups inhabiting some of the American republics that must be taken into consideration when establishing public health programs. When mentioning social anthropology, he did not have in mind the purely academic side of the science, but the help that science can give to the health officers in finding out and understanding how certain groups think about health and diseases. To educate the health officer to accept beliefs contrary to his own, beliefs that he now regards as superstitions, and to have him make an effort to find a common denominator between his science and these beliefs, are the only ways of assisting these people of a different civilization to assimilate scientific views on sicknesses and health. Without that assimilation, health education of the public will remain a foreign concept in the minds of the pupils.

Dr. CABRERA (Guatemala), Dr. MAIA PENIDO (Brazil), Dr. HURTADO (Cuba), Dr. DIAZ DEL PINAL (El Salvador), Dr. VELAZQUEZ (Colombia), and Dr. HYRONIMUS (France), expressed their support of the proposal of the Representative of Chile, as amended by the Representative of Haiti.

Decision: It was unanimously agreed to select for the Technical Discussions to be held during the X Meeting of the Directing Council, IX Meeting of the Regional Committee of the WHO (1957) the topic: "Bases and Methods for the Evaluation of Health Programs."

INVITATION TO PROFESSOR SWELLENGREBEL

Dr. HURTADO (Cuba), pointing out the interest of the topic suggested by Professor Swellengrebel, stated that this representative is the most perfect example of long devotion to science and culture. He added that many representatives have wished to find an opportunity to pay tribute to Professor Swellengrebel, and the occasion has now arisen for them to express the affection and respect of the Directing Council. He therefore proposed that the Director be requested to make arrangements so that Professor Swellengrebel might present, at the next meeting of the Council, a discourse on the topic he had suggested.

Dr. DIAZ DEL PINAL (El Salvador), Dr. VELAZQUEZ PALAU (Colombia), and Dr. HYRONIMUS (France) supported the proposal of the Representative of Cuba.

Decision: It was unanimously agreed to request the Director to extend a special invitation to Professor Swellengrebel to present a discourse at the next meeting of the Directing Council on the topic: "The Place of Social Anthropology in Public Health."

Dr. SWELLENGREBEL (Netherlands) expressed his appreciation for the decision just taken by the Council. However, he stated the wish that the paper he would present on that occasion be submitted to discussion, so that the Council would have the benefit of hearing the views of public health officials of the different countries. What is really of interest is to have their views on this subject.

TOPIC 29: FUTURE STUDIES ON REGIONALIZATION BY THE WHO EXECUTIVE BOARD  
(Document CD9/18)

The SECRETARY reported that the Ninth World Health Assembly, in Resolution WHA9.30, requested the Executive Board of the WHO to undertake

in 1958 a further study on regional organizations. The Assembly also asked all Regional Committees to consider regionalization at their 1956 meetings and submit their views to the Executive Board for consideration. The documents presented on this topic (Document CD9/18 and annexes) contain a study prepared by the Director on the origin and development of the PASO and the PASB, on the relations between the PASO and the WHO, on the agreement between the two organizations, on the present status of PASO as an inter-American specialized organization, and on the agreement between the OAS and the PASO. The annexes contain the report on regionalization presented by the Executive Board of the WHO to the Sixth World Health Assembly, a resolution of that Assembly on this topic, and the comments of the WHO Director-General to the Regional Committee.

Mr. SIEGEL (Assistant Director-General, WHO) pointed out that the purpose of the study referred to in the Director-General's comments, mentioned by the Secretary, is an effort to make sure that the organizational structure of the WHO will provide the most effective method of accomplishing the Organization's objectives. The Executive Board and the Director-General have felt that it would be very useful to invite the Regional Committees to forward their observations on the matter so that they may be taken into consideration in the study entrusted to the Board.

Dr. SOPER (Director, PASB) pointed out that the WHO's interpretation of regionalization is fundamental to the functioning of the PASO as a regional organization of the WHO. He stated that he has always

considered the articles of the WHO Constitution on this question to be a basic part of the agreement between the PASO and the WHO. He called attention to the last paragraph on page 2 of Document CD9/18, which states: "Regionalization implying the existence of regional organizations in each geographical area having legislative and administrative responsibilities apart from those delegated (decentralized) by the Assembly, the Board, and Director-General, is a basic concept of the PASO/WHO relationship." This paragraph expressed the interpretation that, in his opinion, should be given to the regionalization of the WHO insofar as the Pan American Sanitary Organization is concerned. He added that in the WHO Executive Board Report on Regionalization (contained in Annex A of Document CD9/18, page 1), under the heading "The Meaning of Regionalization," the following interpretation is given by the WHO: "A centralized organization concentrates administrative authority and policy-making at headquarters. In a decentralized organization, the governing body, or a person vested with powers by the governing body, delegates certain authority and responsibility to subordinate units which have a definite structure within the Organization. Regionalization, properly speaking, connotes the geographical arrangements used by WHO to establish decentralization. However, WHO has the past not used these terms in their strict meanings and this report will continue to use the term 'regionalization' to include the principles and practices of decentralization."

The Director concluded by saying that, in his opinion, the Constitution of the WHO is a document defining certain functions of the Regional Committees that might be called innate, in addition to the functions decentralized by decision of the World Health Assembly, the Executive Board, or the Director-General.

Dr. HURTADO (Cuba) said that the topic under discussion has deep repercussions. He recalled that when the WHO was created, the dominating criterion was against regionalization and in favor of centralization, but that the pressure of circumstances led to a modification of this point of view and now within the WHO prevails a criterion favorable decentralization and regionalization. The status of the Americas within the WHO is exceptional, because when the idea of regionalization began to make headway in the WHO, it found a regional organization already set up, with a history, a constitution, and laws of its own, and it was for this reason that an agreement was signed between the WHO and the PASO whereby the latter would take charge of the regional operations of the former in the Americas. He suggested that the Directing Council adopt a resolution transmitting the question to the Executive Committee and instructing it to prepare a document explaining the position of the Americas with respect to the problem of regionalization, and that this document be sent to the WHO for the information of the Executive Board and the World Health Assembly. He supposed that the opportune time has perhaps come to consider whether it would be advisable to review the terms of the agreement between the WHO and the PASO. He added that, on the other hand, the

regional distribution of the WHO in other continents does not correspond to geographical distribution, for political reasons that are in contradiction to the functional needs of the Organization. Consequently, he believed that the WHO should begin by defining what it means by region.

Dr. HORWITZ (Chile) considered it necessary to examine the matter from a purely technical point of view and that, in accordance with this criterion, the most effective solution would be a centralized organization with respect to rules and procedures and a decentralized organization with respect to their application. The document under review, he said, is of the greatest importance, and the subject has been excellently presented by the Director. He added that he could not conceive of regionalization without decentralization and pointed out that regionalization is definitely favorable to the citizens whose needs have to be met by health agencies, any trouble it causes being reflected especially on officials and organizations. He suggested that the Council support the position of the Director of the Bureau, expressed the opinion that regionalization has given good results in the Americas, and suggested that it be extended and perfected in the rest of the world.

Dr. SOPER (Director, PASB) felt there is a difference between decentralization and regionalization. In the Americas, to overcome the obstacle of distance and to facilitate relations with the governments, the PASB has established Zone Offices. These are decentralized offices, because, while the Zone Representatives are vested with a considerable amount of authority and independence as regards their relations with the governments and the carrying out of programs, these activities are

conducted in accordance with the policy and instructions of Headquarters. The Zone, however, has no legislative function, no function that is not granted by Headquarters. On the other hand, in considering the WHO, it should be remembered that in the Region of the Americas there are the Pan American Sanitary Conferences and the Directing Council, which act as the Regional Committee of the WHO for the Americas, so that there are some regional functions that are not decentralized functions. He recalled that Article 46 of the Constitution of the WHO declares that each regional organization shall consist of a Regional Committee and a Regional Office, and that in Article 50 of the same Constitution the specific functions of the Regional Committees are set forth, concluding with a paragraph providing that these committees have such other functions as may be delegated to them by the Health Assembly, the Board, or the Director-General.

Mr. CALDERWOOD (United States) recalled that, at the International Health Conference in 1946, the representatives of the American countries made an effort to preserve the identity and the autonomy of the PASO, and the Constitution of the WHO makes a distinction between the PASO and other regions that might be established. He considered that up to now the agreement between the PASO and the WHO has given satisfactory results and that no one has suggested that it be changed. The fact that the situation of other regional organizations subsequently established is different from the situation in the Americas, is not sufficient reason for the Directing Council to suggest a modification of the fundamental type of regionalization established by the Constitution of the WHO. The important

point is that relations between the WHO Headquarters and the Regional Offices be such as to facilitate the effective carrying out of public health programs and, furthermore, that one consider how those relations and the work of the Regional Offices might be improved in order to achieve greater efficiency in the development of those programs. He recalled that the World Health Assembly in 1959 will examine the report on regionalization to be submitted by the Executive Board. He proposed that the Council adopt a resolution outlining the fundamental points that the report of the Executive Board should cover, and that in the preamble to this resolution it be recalled that the World Health Assembly of 1953 expressed its satisfaction with the development of the organizational structure and functioning of the Regional Offices. It should also be stated in the preamble that the Directing Council believes that the agreement between the WHO and the PASO continues to be adequate.

Mr. SIEGEL (Assistant Director-General, WHO) stated that the World Health Assembly had asked the Executive Board of the WHO to submit a report on regionalization in 1958. At its meeting in January 1957, the Executive Board will consider a schematic outline for this study, and with this in view the Director-General requested the Regional Committees to send in their observations on the subject. Of course, this does not mean that the Regional Committees may not submit other observations at the meeting of the Executive Board in January 1958, when the definitive study on regionalization will be prepared for submittal to the Eleventh World Health Assembly.



Dr. SOPER (Director, PASB) wished to record his opinion on the agreement between the WHO and the PASO. He explained the negotiations that he had carried out for this agreement as well as for that between the OAS and the PASO. Bearing in mind the complicated negotiations that led to the drafting of these agreements, and on the basis of the experience gained from their application over many years, he declared that, in his opinion, it would not be advisable to change either of these two agreements now or in the near future.

Dr. HORWITZ (Chile) withdrew his proposal so that the proposal of the Representative of the United States might be discussed. He suggested that the proposal of the Representative of Cuba be added to it, namely, that the Executive Board be requested to make a fuller study of the subject.

Dr. HURTADO (Cuba) clarified that in his previous remarks he had not expressed any opinion as to whether the regionalization system was good or not; he had not asked for a revision of the agreement between the WHO and the PASO, which did not mean that he considered it adequate, because he understood that it had given rise to difficulties within the PASO. He was willing that the proposal of the Representative of the United States be taken as the basis for the draft resolution on this subject, and he therefore withdrew his own proposal.

The CHAIRMAN requested the Representative of the United States to submit in writing a draft resolution covering all the points of view he had expressed, so that it might be examined at the afternoon session.

The session was adjourned at 12:50 p.m.



*directing council*

PAN AMERICAN  
SANITARY  
ORGANIZATION

IX Meeting

Antigua Guatemala  
September 1956

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

VIII Meeting



CD9/54 (Eng.)  
27 September 1956  
ORIGINAL: SPANISH

PROVISIONAL PRECIS MINUTES OF THE FOURTEENTH PLENARY SESSION  
Antigua Guatemala  
Wednesday, 26 September 1956, at 3:15 p.m.

<u>Chairman:</u>	Dr. Carlos SOZA BARILLAS	Guatemala
<u>Vice-Chairmen:</u>	Dr. Daniel ORELLANA Dr. Félix HURTADO	Venezuela Cuba
<u>Secretary:</u>	Dr. Carlos L. GONZALEZ	Pan American Sanitary Bureau

Contents

Letter from Dr. Zozaya

- Topic 11: A. Proposed Program and Budget of the World Health Organization for the Region of the Americas for 1958 (Official Documents No. 17 and CE29/13, page 8)
- B. Provisional Draft of the Program and Budget of the Pan American Sanitary Organization for 1958 (Official Documents No.17 and CE29/13, page 10) (continued)

Topic 31: Other Resolutions of the WHO Executive Board and of the World Health Assembly of Interest to the Regional Committee (Document CD9/6)

(continued)

Note: These précis minutes are provisional, and the representatives are therefore requested to notify the Secretary within 48 hours of any corrections they wish made in the text.

Contents (cont.)

Decree of the Government of Peru on Malaria Eradication

Topic 29: Future Studies on Regionalization by the WHO Executive Board  
(Document CD9/18) (continued)

Topic 25: Financial Resources of the Pan American Sanitary Organization  
(continued)

- A. Report of the Rapporteur Designated by Resolution IV of the  
28th Meeting of the Executive Committee (Document CD9/16)
- B. Note by the Director on the Program of Technical Cooperation  
of the Organization of American States (Document CD9/17)

Third Report of the General Committee

Votes of Thanks

LETTER FROM DR. ZOZAYA

The CHAIRMAN opened the session.

The SECRETARY read a letter received by the Director from Dr. José Zozaya, in which he thanked the Director and the Directing Council for having extended their best wishes for his recovery.

TOPIC 11: A. PROPOSED PROGRAM AND BUDGET OF THE WORLD HEALTH ORGANIZATION FOR THE REGION OF THE AMERICAS FOR 1958 (Official Documents No.17 and CE29/13, page 8)

B. PROVISIONAL DRAFT OF THE PROGRAM AND BUDGET OF THE PAN AMERICAN SANITARY ORGANIZATION FOR 1958 (Official Documents No.17 and CE29/13, page 10) (continued)

The CHAIRMAN requested Dr. Brady, rapporteur of the working party on budgets, to present his report (Document CD9/49).

Dr. BRADY (United States) explained the contents of the report, which had already been distributed, and read the summary appearing at the end of the document. It is stated in the summary that the projects included in the budget documents are well-conceived and will meet recognized needs of the governments. The total program for 1958 is properly balanced among the various activities. The working party is unable to foresee any important limitations such as in the employment of qualified personnel, in negotiations with governments, or in obtaining supplies and equipment for the projects. Finally, the working party endorsed the resolutions proposed by the Executive Committee on: (1) the proposed program and budget of the WHO for the Region of the Americas for 1958 (CE29/Res.III), and (2) the provisional draft of the program and budget of the Pan American Sanitary Organization for 1958 (CE29/Res.IV). It recommended their adoption by the Directing Council.

Dr. HORWITZ (Chile) stated that the document prepared by the working party was excellent, but that his observations on the percentage of expenditures for administrative activities had not been included. Twenty-two per cent are being spent on these activities and the proportion seems somewhat high, although, unless the matter is studied in detail, it is impossible to affirm that such is the case. He referred to the studies of administrative practices being carried out in Chile and Guatemala, and believed that the PASB also should further systematize its services. He stated that, at a previous session, he had been glad to hear Mr. Simpson, Chief, Division of Administration, say that the Bureau has under constant study the organization of the services at Headquarters and in the Zone Offices. Moreover, the budgets should reflect clearly the policy followed by the PASB, in relation to the three fundamental functions referred to by the Director on other occasions: integration, education, and eradication.

Mr. OLIVERO (Guatemala) expressed appreciation to the members of the working party for the excellent task performed in the preparation of its report.

The SECRETARY then read the draft resolution, proposed by the Executive Committee and supported by the working party, on the proposed program and budget of the WHO for the Region of the Americas for 1958 (CE29/Res.III).

Dr. HORWITZ (Chile) stated that before the draft resolution was submitted to a vote, he would like to make a comment on the programs that are aided by UNICEF. There have been cases in which it was not possible

to carry out a program that had been well studied and prepared to meet requirements necessary for requesting international collaboration, because the UNICEF headquarters placed certain restrictions on the provision of the equipment. This type of situation should be avoided in the future. He added, however, that his statements should not be interpreted as a complaint or a general criticism, because Chile has, on the other hand, reason to be grateful to Mr. Davée and Mr. Reynolds, as well as the other UNICEF representatives who have provided such effective collaboration.

Mr. DAVEE (UNICEF Regional Director for the Americas) thanked the Representative of Chile for his words of appreciation, but stated that it was his moral and professional duty to state the position of UNICEF headquarters. He explained that the Administration of UNICEF is responsible to the Executive Board for the handling of funds, and that the programs approved on a regional level are not final until they have been accepted by the Board, which makes the decision both as to the preparation of programs and the use of funds.

Decision: The draft resolution proposed by the Executive Committee in Resolution III of its 29th Meeting was unanimously approved.

The SECRETARY read the draft resolution proposed by the Executive Committee and supported by the working party on the provisional draft of the program and budget of the PASO for 1958 (CE29/Res.IV).

Decision: The draft resolution proposed by the Executive Committee in Resolution IV of its 29th Meeting was unanimously approved.

TOPIC 31: OTHER RESOLUTIONS OF THE WHO EXECUTIVE BOARD AND OF THE WORLD HEALTH ASSEMBLY OF INTEREST TO THE REGIONAL COMMITTEE (Document CD9/6)

The SECRETARY presented Document CD9/6, together with the annexes containing the resolutions of the Ninth World Health Assembly and the 18th Session of the Executive Board on the following subjects: status of annual contributions and advances to the Working Capital Fund; relations with UNICEF; planning for the 1957 Technical Assistance Program; and malaria eradication.

Decision: It was unanimously agreed to take note of Document CD9/6.

TOPIC 29: FUTURE STUDIES ON REGIONALIZATION BY THE WHO EXECUTIVE BOARD (Document CD9/18) (continued)

The SECRETARY read the following draft resolution proposed by the Representative of the United States:

The Directing Council,

Recalling that the World Health Assembly of 1953 expressed its "satisfaction with the development of the organizational structure and functioning of the regional offices";

Believing that the subsequent experience with the form of decentralization provided for in the Constitution of the World Health Organization has proved satisfactory;

Believing that the agreement between the World Health Organization and the Pan American Sanitary Organization, whereby the Pan American Sanitary Conference, through the Directing Council, and the Pan American Sanitary Bureau serve, respectively, as the Regional Committee and the Regional Office of the World Health Organization for the Americas, continues to be adequate to ensure effective cooperation between the two organizations; and

Being of the opinion that improvements in the functioning of the regional offices can be achieved within the present framework of regional organizations as provided for in the World Health Organization Constitution and the existing Agreement,

## RESOLVES:

1. To reaffirm the principle of regionalization.
2. To recommend that the existing pattern of regional organization, as provided for in the Constitution of the World Health Organization, be continued without modification.
3. To recommend that the Executive Board, in its study on regionalization, direct its attention to the day-to-day operation and administration of WHO programs, with a view to improving the functioning of both headquarters and regional offices, in order to increase the effectiveness of international health programs.

Decision: The draft resolution proposed by the Representative of the United States, on future studies on regionalization by the WHO Executive Board, was unanimously approved.

The session was adjourned at 5:15 p.m. and resumed at 5:30 p.m.

## DECREE OF THE GOVERNMENT OF PERU ON MALARIA ERADICATION

Dr. ESTRELLA RUIZ (Peru) reported that he had just received a letter from the Director General of Health of Peru informing him that the Government of Peru had promulgated the decree on malaria eradication. Peru has thereby joined other countries of the Americas in the hemisphere-wide antimalaria crusade.

## TOPIC 25: FINANCIAL RESOURCES OF THE PAN AMERICAN SANITARY ORGANIZATION

- A: Report of the Rapporteur Designated by Resolution IV of the 28th Meeting of the Executive Committee (Document CD9/16).
- B: Note by the Director on the Program of Technical Cooperation of the Organization of American States (Document CD9/17) (continued)

The SECRETARY read the following draft resolution on Part A of

Topic 25, prepared by the working party appointed for this purpose:

The Directing Council,

Having noted the report on the financial resources of the Pan American Sanitary Organization (Document CD9/16) submitted by the



rapporteur appointed by the Executive Committee at its 28th Meeting, Dr. Félix Hurtado (Cuba);

Recognizing that the United Nations Technical Assistance Program is making a major contribution to the improvement of world health;

Considering that the opinions expressed in the Council indicate agreement on the point that the present procedures employed for the distribution of Technical Assistance funds in the countries have created some difficulties and should be kept under review;

Expressing the hope that the legislative provisions adopted in the future with respect to the Expanded Program of Technical Assistance will result in simplification and improvement in the operation and administration of that program, so that it may assist as efficiently as possible in raising the living standards of the peoples of the world; and

Expressing the hope that arrangements will be made for increasing the financial stability of the program through long-term planning and financing,

RESOLVES:

1. To thank the rapporteur for his important report.
2. To instruct the Director to inform the United Nations Technical Assistance Board, through the appropriate channels, of the view of the Directing Council that there is need for simplifying the programming method at present in use in such a way as to increase the amounts devoted to health.
3. To invite the attention of the highest authorities of the Member States to the fact that economic development depends on the health and vigor of the people, which can be progressively improved by methods that are readily available at low cost.
4. To request the Director to study the means whereby the need for improving health conditions will be given adequate consideration by the governments at the time they formulate their requests for Technical Assistance.
5. To request the Director to keep the Executive Committee informed of any new development in the administration of the

Expanded Program of Technical Assistance that might affect the programs of the PASO, and also of the progress of health programs that are assisted by funds from the Expanded Program of Technical Assistance.

Decision: The draft resolution on the Financial Resources of the Pan American Sanitary Organization presented by the working party appointed for this purpose was unanimously approved.

The CHAIRMAN announced that the discussion of Part B of Topic 25, which was suspended at the session of the preceding day at the request of the Representative of Argentina, would be resumed.

Dr. HORWITZ (Chile) proposed the following draft resolution, based on the proposed resolution contained in Document CD9/17:

The Directing Council

RESOLVES:

That public health programs to be developed with funds of the Program of Technical Cooperation of the Organization of American States shall be subject to the approval of the governing bodies of the Pan American Sanitary Organization and shall be administered in accordance with the administrative procedures of the Bureau.

Dr. VAN ZILE HYDE (United States) proposed that in the English text of the proposed resolution contained in Document CD9/17, the word "shall" be replaced by "should," in order to make this resolution less imperative. He felt that this proposed resolution, in its present form, does not seem to refer exclusively to the Technical Cooperation Program of the OAS but, on the contrary, is applicable to special or voluntary contributions from other sources. He suggested, therefore, that the text be amended to specify the funds in question, that is, those of the OAS Technical Cooperation.

Dr. SOPER (Director, PASB) pointed out that the draft proposed by the Representative of Chile specifically defined the funds. He emphasized

that the plan for the reorganization of the Technical Cooperation Program of the OAS puts the Administration of the PASB in an untenable position. The Technical Cooperation Board proposed in this reorganization, which would be composed of representatives of the various agencies and would have the functions of studying and submitting to the Council the projects prepared by the different agencies, would oblige the Director of the Bureau to participate in recommending, approving, or disapproving programs outside the public health field which were proposed by other organizations, a function that he felt was not within his competence.

Mr. SALZMAN (Observer, OAS) stated that the Inter-American Economic and Social Council had no intention whatever of ignoring the provisions of the Charter of the OAS to the effect that specialized organizations will enjoy the fullest technical autonomy. Nevertheless, he believed that the text of the proposed resolution stating "and shall be administered in accordance with the administrative procedures of the Bureau," would present certain problems, not with respect to the internal administration of a project --that is, in matters connected with salaries, per diem, allowances, etc.-- but with respect to the administrative relations between the Pan American Sanitary Bureau, as the sponsoring agency of a project, and the administrative authorities of the Technical Cooperation Program. If the intention is to apply exclusively the procedures of PASB with respect to financial reports, presentation of budgets, or approval of projects, the Inter-American Economic and Social Council would not, he believed, appropriate funds under these conditions. The central administration of the program

requires the establishment of a certain uniformity both, in the way funds are apportioned and reports received on the expenditures incurred by the organizations, and in the system of reports on activities.

Dr. VAN ZILE HYDE (United States) insisted on the replacement of the word "shall" by "should." He felt that if the imperative "shall" remained in the text, there would be no alternative but to follow the procedure so determined. He felt that it would be wiser, perhaps, to leave the resolution in a form that expresses its intent, that is, the development of the health programs through the PASB and with the approval of the governing bodies of the Pan American Sanitary Organization, but leaving the door open for certain modifications within this function.

He referred to the meeting of representatives of American Chiefs of State, recently held in Washington, one result of which apparently will be that the activities of the OAS Program of Technical Cooperation will be expanded and strengthened. If this should be the case, the PASO should not refrain from participating, nor should the Pan American Sanitary Bureau be put in a position of having to refuse programs because the Directing Council has decided that they should be submitted to the governing bodies of this Organization for approval and administered in accordance with the procedures of the Bureau.

Dr. HORWITZ (Chile) thought it advisable to avoid complicating further the machinery of international collaboration. In view of the possibility that the activities of the Technical Cooperation Program of the OAS might be expanded, the creation of other organizations that might

interfere in the functions of agencies that have already demonstrated their effectiveness through long experience, such as the PASO and its Bureau, should be prevented. He did not object replacing the word "shall" by "should," as proposed by the Representative of the United States, if it were understood that the programs carried out with the funds of the Technical Cooperation Program of the OAS are to be approved by the PASO and administered in accordance with the procedures of the Bureau.

Dr. SOPER (Director, PASB) thought it advisable to give some background explanations. He stated that the Inter-American Economic and Social Council is one of the organs of the OAS and that the PASO, as a specialized organization, is also an organ of the OAS. He pointed out that the governments represented on the Economic and Social Council are the same ones represented in the PASO. He felt that, precisely because of the meeting of representatives of American Chiefs of State and because of the plans for the reorganization of the Technical Cooperation of the OAS, this is the most propitious time to prevent, as far as possible, a situation similar to that of the United Nations Technical Assistance. He observed that the new organization planned for the Technical Cooperation Program envisages the establishment of a Board composed of representatives of the Pan American Union and of the specialized organizations invited by the Council to participate in the program. He interpreted this change as an usurpation of the powers and the rights that, in the field of international health, pertain to another agency. He added that the main

difficulties that would arise out of the new system would come from the fact that the decision on health programs will be incumbent upon a group of experts who are not technical experts in public health, and in the last instance upon the Economic and Social Council, in lieu of the Directing Council of the PASO. Finally, he said the concept of technical assistance for economic development first appeared on the international scene in 1947, and PASO had not found a satisfactory basis on which to establish a health program directly related to economic development, although all health programs are of definite benefit to the economic development of the people. He believed that the matter should be studied in detail because of its possible future consequences.

Dr. BELLERIVE (Haiti) pointed out that not only are the representatives on the Directing Council of the PASO technical experts, but they also represent their respective countries. He felt that it would be very dangerous, especially for small countries, if, with the adoption of a specific resolution, the door were closed to any contribution from an organization other than the PASO. For this reason he supported the proposal of the Representative of Chile, as amended by the Representative of the United States, and expressed his agreement with the substitution of the word "should" for the word "shall," since this tense would indicate a sufficiently mandatory suggestion yet it would not have the inflexibility of an order.

Dr. HURTADO (Cuba) stated that the question under discussion was simply to keep a provision that is logical and consistent with the procedures

of the Pan American Sanitary Organization. He expressed the fear that the above-mentioned meeting of representatives of American Chiefs of State might give rise to a superstructure that would create difficulties by limiting the development of the existing international organizations, instead of backing, re-evaluating, and strengthening them. He recalled that the multiplicity of the activities of various organizations in the same field, giving rise to interference with the rights of a particular organization, had often been denounced. Consequently, he would not vote for any resolution that lessens the juristic personality of the PASO. He asserted that the PASO should fight for its rights and oppose a reduction in its prerogatives. Consequently he supported fully the resolution proposed by the Director.

Dr. DIAZ DEL PINAL (El Salvador) pointed out that the proposed resolution presented by the Director had no preamble, and requested that one be added, in order to provide the logical order that there should be in the presentation of a problem such as the one under discussion.

Dr. SIRI (Argentina) reiterated the opinion he had expressed in the session of the preceding day, that the PASO has a specific function to perform in America, for which it should have an unquestioned and unquestionable authority. He felt that if, for any reason, the international agencies that share in the task of bettering the conditions of the peoples of America should invade the jurisdiction of the PASO, the PASO would have the duty to defend its responsibility and its authority in the field of health. If, in the proposed resolution under discussion, the tense of

the verb were changed from the future to the conditional, it would appear that the Directing Council had certain doubts as to the responsibility and authority that devolve upon it. He believed that the text of the proposed resolution could not offend the susceptibilities of any organization, since it is logical for the PASO, the technical health organization, to approve programs and develop them in accordance with the administrative procedures of the Bureau. He recalled that during the discussion the question had arisen as to whether certain organizations should be excepted, and in this respect the WHO had been cited. He stated that in this case there is no problem, since the PASO is the regional organization of the WHO in the Americas. He closed by supporting the proposed resolution presented by the Director and requested the representatives to approve it, since it concerned only a reaffirmation of the past, present, and future functions of the PASO.

Dr. VAN ZILE HYDE (United States) thanked the Director for his remarks, and was pleased that there was no fundamental difference of opinion between the Director and the delegation of the United States. He added that every one recognized the fact that health programs should be carried out by the PASB, and that the only question to be settled clearly was how this should be done. He felt that the draft resolution as proposed by the Representative of Chile was a strong statement as to the way this should be done.

Dr. MAIA PENIDO (Brazil) said that the question under discussion has two aspects: one of logic and the other of experience. Since there



is an organization dedicated to health activities, that is, the PASO, it is logical for health projects to be carried out by that organization. Nevertheless, the situation created by the new system of Technical Assistance of the United Nations should not be forgotten, a situation that, by all means, must not be repeated. Consequently, he felt that the proposed resolution should not be weakened by using the conditional verb.

Dr. RAMIREZ (Ecuador) supported the views of the Representatives of Cuba and Argentina. He pointed out the manner in which the PASO had become a powerful entity, one that represents technical health matters throughout the Hemisphere. It is logical, therefore, for the representatives of the Member Countries of the Organization to defend its prerogatives. Although other organizations make their contributions to the welfare of the Americas, the approval and the administration of health projects should rest with the PASO, as the specialized technical organization.

Dr. VELAZQUEZ PALAU (Colombia) pointed out how necessary it is for the PASO to play its proper role and avoid becoming one of several organizations charged with public health campaigns in the Americas. Consequently, since he wanted the PASO to have the greatest authority in the approval and administration of health projects, he supported the proposed resolution presented by the Director as it appears in Document CD9/17.

Dr. CABRERA (Guatemala) also supported the proposed resolution as presented.

Dr. ESTRELLA RUIZ (Peru) shared the opinion of the Representative of Cuba, since he considered it imperative that the PASO be strengthened as the international organization for public health matters in the Americas.

Dr. HORWITZ (Chile) inquired whether, in accordance with the Agreement between the Council of the OAS and the Directing Council of the PASO, the latter organization is to be considered as the specialized organization upon which devolve the approval and the execution of any health project in the Hemisphere. If this is the case, it seems logical that the Technical Cooperation Program of the OAS in the health field be executed exclusively through the PASO.

Dr. SOPER (Director, PASB) explained that the Agreement between the Council of the OAS and the Directing Council of the PASO is based on the Charter of the OAS, which provides that the relations with the inter-American specialized organizations may be established by agreement. The Charter of the OAS confirms the fact that earlier inter-American treaties are in effect. But the fundamental point dates back to the VII Pan American Sanitary Conference, held in Havana in 1924, at which the Pan American Sanitary Code, the organic law of the PASO, was signed. Article 54 of the Code provides that the organization, functions, and duties of the Pan American Sanitary Bureau shall be those determined by the international sanitary conferences and other conferences of American republics, as well as any thereafter determined by the Pan American Sanitary Conferences. Dr. Soper then referred to the Constitution of the PASO, approved in 1947, which in Article 17 provides that the duties and functions of the Pan American Sanitary Bureau shall be those specified in the Pan American Sanitary Code, and those that are assigned by the Conference or the Council in fulfillment of the purposes of the Organization.

In view of the reorganization of the Technical Cooperation Program of the OAS, the Director of the PASB thought it appropriate to present to the Directing Council, acting on behalf of the Pan American Sanitary Conference, the problem of whether it is acceptable for programs carried out with funds of the Technical Cooperation Program to be submitted to the Inter-American Economic and Social Council for approval, and then later presented to the Directing Council of the PASO as a fait accompli; or whether, on the contrary, the policies of the Organization with respect to these projects should be followed, that is, the submittal of health programs to its own governing bodies, composed of technical experts, for consideration. It is true that the Inter-American Economic and Social Council represents the governments of the Americas, but it does not have the technical authority that the Directing Council of the PASO has in the field of health.

Dr. VAN ZILE HYDE (United States) suggested that, in order to permit a more detailed study of the draft resolution proposed by the Representative of Chile, the discussion on this matter be postponed to the following day.

Dr. DIAZ DEL PINAL (El Salvador) insisted that the resolution to be approved by the Directing Council should include the appropriate preamble. He felt it advisable that such a resolution have the support of the majority of the representatives, and believed that a preamble would clarify the situation and do away with some of the reservations expressed by certain representatives.

Dr. HORWITZ (Chile) referred to Article V of the Agreement between the Council of the OAS and the Directing Council of the PASO, which provides

that the Council of the Organization of American States, its organs, and the Pan American Union shall consult the Pan American Sanitary Organization on all matters of public health and medical care that are brought to the attention of the former. Since it is the governments of the American countries themselves that should bring their health problems to the attention of the Council of the OAS, the latter of necessity should consult with the Pan American Sanitary Organization. Moreover, since the existing technical public health organization is one that has fifty years' experience, there is no question of the Organization of American States having to create a new one. He was in agreement with the proposal of the Representative of El Salvador to add the pertinent preamble to the resolution.

Mr. SALZMAN (Observer, OAS) affirmed that the Organization of American States, its organs, and the Pan American Union have no intention whatever of interfering in health programs, for they recognize a single authority in the field of public health. However, the Inter-American Economic and Social Council cannot renounce the responsibilities or the autonomy which devolve upon it as coordinating agency for all official inter-American activities of an economic and social nature.

Dr. HURTADO (Cuba) said that, since a point of order was involved, he wished to request that a vote be taken on the proposal of the Representative of the United States to postpone the discussion of this matter to the following day.

Dr. DIAZ DEL PINAL (El Salvador) agreed that the discussion should be postponed and suggested also that a working party be appointed to draft the preamble of the resolution.

Dr. HURTADO (Cuba) pointed out that, if the discussion were suspended at this time, consideration of the topic would automatically be postponed until the next meeting of the Directing Council, since the General Committee had decided that the business of this meeting should be completed at the present session.

Dr. VAN ZILE HYDE (United States) expressed the opinion that the General Committee is merely a working body of the Directing Council that determines the order of business for each plenary session. However, this does not imply that the Council cannot make its own decisions on the order of business. He therefore reiterated his proposal that the discussion be postponed to the following day.

The CHAIRMAN put to a vote the proposal of the Representative of the United States to suspend the discussion.

Decision: By a vote of 12 to 6, with no abstentions, the proposal of the Representative of the United States to suspend the discussion was rejected.

Dr. HURTADO (Cuba) felt that the topic had been sufficiently discussed and requested that it be put to a vote.

Mr. SIEGEL (Assistant Director-General, WHO) stated that he had gained the impression during the discussion that the subject under consideration referred only to the implementation of programs financed from funds of the Technical Cooperation Program of the OAS. If his impression was not correct and the topic was meant to cover also funds from other organizations, he would ask for the opportunity to put before the Council some additional information, before the matter was voted upon.

Mr. DAVEE (UNICEF Regional Director for the Americas) said that he had followed the discussion with great interest and he also had gained the impression that the proposed resolution submitted to the Council referred only to funds from the OAS. If this was not the case, a decision such as the one proposed could have certain repercussions on UNICEF itself. He requested that this point be clarified.

Dr. DIAZ DEL PINAL (El Salvador) insisted that the main cause of difficulty in the present debate lay in the fact that no preamble had been added to the resolution to explain the origin of the decision that is proposed.

Dr. SIRI (Argentina) felt that, since the Pan American Sanitary Organization is an agency whose role is to implement the health programs of the Americas, that agency should be given full responsibility in the carrying out of those programs and should be the one to give them final approval. Quite obviously, no one wishes to cause offense to other organizations. The only thing intended is to leave clearly established the authority of the Pan American Sanitary Organization in matters that concern the public health programs. Only a misinterpretation of the present deliberations could lead one to conclude that what is being discussed might mean the loss to the PASO of the valuable assistance it now receives from other organizations for activities that form part of a great common endeavor.

The SECRETARY reported that, at this point in the discussions, the following proposals were pending a vote: the proposed resolution appearing on page 6 of Document CD9/17; the amendment proposed by the Representative

of Chile; and the amendment proposed by the United States Representative. The first of these amendments read: "The Directing Council... resolves: That public health programs to be developed with funds of the Program of Technical Cooperation of the Organization of American States should be subject to the approval of the governing bodies of the Pan American Sanitary Organization and should be administered in accordance with the administrative procedures of the Bureau." This text, he said, delivered by the Chilean Representative to the Secretariat, reflects the proposal of the United States Representative in favor of using the term "should" instead of "shall."

Dr. VAN ZILE HYDE (United States) stated that the information given by the Secretary clearly summarized the status of the debate. He said, however, that the proposed resolution in Document CD9/17 is drafted in such general terms that it is of the utmost importance that the Director of PASB, who will have to apply these provisions, be the one to give the exact interpretation of the text submitted to the Council for consideration.

Dr. SOPER (Director, PASB) explained that, in presenting the proposed resolution, his purpose was not to bring about a change in the present situation as a whole. The only matter involved is to resolve the problem encountered with respect to the technical cooperation of the Organization of American States. He therefore considered that a text such as the one proposed by the Representative of Chile would be acceptable.

Dr. HORWITZ (Chile) supported the repeated requests of the Representative of El Salvador to add several preamble clauses to the resolution and suggested that these be worded as follows: "The Directing

Council, having carefully studied Document CD9/17 presented by the Director on the Technical Cooperation Program of the Organization of American States; and considering that under the terms of the Agreement between the Council of the Organization of American States and the Directing Council of the Pan American Sanitary Organization, 'the Council of the Organization of American States, its Organs, and the Pan American Union shall consult the Pan American Sanitary Organization on all matters of public health and medical care that are brought to the attention of the former.'" This would be followed by the operative paragraphs, drafted in the manner proposed in the amendment, although without using "should" as the verb tense, since the inclusion of the preamble would make it unnecessary to do so.

Dr. VELAZQUEZ PALAU (Colombia) agreed with the preamble clauses but felt that the text of the operative part should be the one presented by the Director, inasmuch as it is necessary that all inter-American health programs be subject to the approval of the governing bodies of the PASO, regardless of the source of the funds that are used, and that these funds be administered in accordance with the procedures of the Bureau.

Dr. SIRI (Argentina) said that the Director of the Bureau had implicitly recognized that the proposed resolution he presented could be interpreted as covering organizations which it was not intended to include. It would therefore be advisable that the terms of any resolution adopted be limited specifically to the Organization of American States.

Dr. DIAZ DEL PINAL (El Salvador) agreed with the preamble clauses proposed by the Representative of Chile, saying that he would vote in favor of the amendment put forth by the latter.



Dr. SOPER (Director, PASB) stated, by way of information, that the Economic and Social Council has approved no health programs without first consulting the PASB and giving the latter an opportunity to express its views. Probably, he said, there is some misunderstanding with respect to certain aspects of the problem. Article 97 of the Charter of the Organization of American States contains the provision that "the Specialized Organizations shall enjoy the fullest technical autonomy and shall take into account the recommendations of the Council." No reference is made in this article to the Technical Cooperation Board; it speaks only of the Council of the Organization of American States. Undoubtedly, in speaking of "the fullest technical autonomy" the article refers to the approval of the health programs by the Directing Council of PASO, and not by the Technical Cooperation Board, a body composed of persons who are not technical experts in public health.

Dr. MORILLO DE SOTO (Dominican Republic) raised a point of order. He stated that the Representative of Cuba had presented a motion to close the debate, deeming that the topic had been sufficiently discussed. Under the terms of Article 39 of the Rules of Procedure of the Directing Council, this motion has priority, and he therefore requested that it be put to the vote immediately.

The SECRETARY stated that, according to the present status of the debate, there were three proposals pending: the proposed resolution in Document CD9/17; the amendment presented by the Representative of the United States to the effect that in the English text the word "shall" be replaced

by "should," which would mean that the Spanish text would state "deberían" instead of "deberán"; the amendment proposed by the Representative of Chile, with the addition of the preamble clauses he later proposed; and the amendment proposed by the Representative of Colombia, to the effect that the resolution contain the preamble proposed by the Representative of Chile and the operative part of the original proposed resolution.

Dr. HURTADO (Cuba) requested that the preamble and the operative part, in the amendments presented, be voted on separately.

The CHAIRMAN put to the vote the preamble proposed in the amendment presented by the Representative of Chile.

Decision: The preamble clauses proposed by the Representative of Chile were unanimously approved.

The CHAIRMAN then called for a vote on the amendment presented by the Representative of the United States.

Decision: By a vote of 14 to 3, with 1 abstention, the amendment proposed by the United States Representative was rejected.

The CHAIRMAN put to the vote the operative part of the amended text proposed by the Representative of Chile.

Decision: The vote was 8 to 8, with 1 abstention, with the result that the operative part of the amended text presented by the Representative of Chile was not carried.

The CHAIRMAN then called for a vote on the amendment proposed by the Representative of Colombia, which consisted of the preamble proposed by the Representative of Chile and the operative part of the proposed resolution appearing in Document CD9/17.

Decision: By a vote of 11 to 4, with 1 abstention, the amendment presented by the Representative of Colombia was approved.

THIRD REPORT OF THE GENERAL COMMITTEE

The SECRETARY read the third report of the General Committee containing Resolutions XVI through XXV, as approved at previous plenary sessions, the texts being those prepared by the General Committee.

Decision: Resolutions XVI through XXV, as presented by the General Committee, were unanimously approved without modifications.

VOTES OF THANKS

Dr. VELAZQUEZ PALAU (Colombia) announced that he would be unable to attend the closing session, as it was urgent that he return to his country. He therefore took this opportunity to thank the members of the Directing Council for the interest they had taken in his statements.

Dr. ORELLANA (Venezuela) said that, now that the work of this meeting of the Directing Council was coming to a close, it would be fitting to adopt, as the last of the resolutions, a vote of thanks to His Excellency the President of the Republic of Guatemala, Colonel Carlos Castillo Armas, for the generous hospitality and courtesies that this country had extended to the Organization, all of which contributed to the success of the Council's activities; to the Minister of Public Health and Welfare, Dr. Carlos Soza Barillas, and to the Commission that, under his direction, so successfully carried out its activities with respect to the preparation and conduct of the meeting; to the Governor of the Department of Sacatepéquez, Colonel José Arturo Lima, and the Mayor of Antigua Guatemala, Don José Luis Moreira Latour, for the many courtesies extended to the members of the Directing Council; and to the staff of the secretariat of the Pan American Sanitary Bureau for the efficiency and conscientiousness it showed

in the performance of its duties, thus contributing in large measure to the great success of this meeting.

Dr. SIRI (Argentina) supported the proposal of the Representative of Venezuela saying that his statements were clearly and well presented, expressing eloquently the sentiments of all members of the Council.

Dr. DIAZ DEL PINAL (El Salvador) and Dr. HURTADO (Cuba) also expressed their support of the proposal.

Decision: The proposal of the Representative of Venezuela was approved by acclamation.

The CHAIRMAN stated that it had been an honor for his country and his Government to receive the distinguished representatives that had participated in the deliberations of the Council. He was certain that the resolutions adopted at this meeting would redound to the benefit of all peoples of the Americas. He expressed his appreciation of the honor bestowed on him by the members in electing him to serve as Chairman of the IX Meeting of the Directing Council, and declared that Guatemala hopes often again to have the opportunity of welcoming all the distinguished guests and representatives who came here to attend the meeting that is now drawing to a close.

The session was adjourned at 7:30 p.m.



*directing council*

PAN AMERICAN  
SANITARY  
ORGANIZATION

IX Meeting

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

VIII Meeting



Antigua Guatemala  
September 1956

CD9/58 (Eng.)  
27 September 1956  
ORIGINAL: SPANISH

PROVISIONAL PRECIS MINUTES OF THE FIFTEENTH PLENARY SESSION  
Antigua Guatemala  
Thursday, 27 September 1956, at 10:30 a.m.

<u>Chairman:</u>	Dr. Carlos SOZA BARILLAS	Guatemala
<u>Vice-Chairmen:</u>	Dr. Daniel ORELLANA	Venezuela
	Dr. Félix HURTADO	Cuba
<u>Secretary:</u>	Dr. Carlos L. GONZALEZ	Pan American Sanitary Bureau

Contents

Welcome to the Governor of the Department of Sacatepéquez, Colonel José Arturo Lima, and to the Mayor of Antigua Guatemala, Don Luis Moreira Latour

Reading, approval, and signing of the Final Report

Votes of thanks

Closing of the IX Meeting of the Directing Council

Note: These précis minutes are provisional, and the representatives are therefore requested to notify the Secretary within 48 hours of any corrections they wish made in the text.

WELCOME TO THE GOVERNOR OF THE DEPARTMENT OF SACATEPEQUEZ, COLONEL JOSE ARTURO LIMA, AND TO THE MAYOR OF ANTIGUA GUATEMALA, DON LUIS MOREIRA LATOUR

The CHAIRMAN opened the session and welcomed the Governor of the Department of Sacatepéquez, Colonel José Arturo Lima, and the Mayor of Antigua Guatemala, Don Luis Moreira Latour, who as guests of the Council occupied seats of honor on the rostrum.

The SECRETARY stated that the Ministry of Public Health and Welfare of Guatemala had invited the representatives and observers to visit the health demonstration area in Amatitlán and the health center in Palín, and to observe the work of the field teams in the malaria eradication campaign being carried out in Escuintla.

#### READING, APPROVAL, AND SIGNING OF THE FINAL REPORT

The SECRETARY read the preamble of the Final Report and resolutions I through XXXII contained in the Report (Document CD9/57).

The CHAIRMAN submitted the resolutions in the Final Report, separately, and then the document as a whole, to the Directing Council for approval.

Decision: The Final Report and each of the resolutions, from I through XXXII, were unanimously approved without modification.

Dr. SOPER (Director, PASB) wished to make a clarification regarding Resolution XXXI, "Technical Cooperation Program of the Organization of American States." He said that, according to his impressions, there had been a misunderstanding during the discussion on this topic. As Director of the Bureau, he could not find anything in the resolution that would present a difficulty in continuing the collaboration with the Technical

Cooperation Program of the Organization of American States. He referred to the clause in the preamble that states: "the Council of the Organization of American States, its Organs, and the Pan American Union shall consult the Pan American Sanitary Organization on all matters of public health and medical care that are brought to the attention of the former." This is a point of importance, since the consultation is to be carried on with the Pan American Sanitary Organization, not with the Bureau or its Director. He wished to reiterate that the Bureau never had any intention of ceasing participation in the Technical Cooperation Program of the OAS, and that its sole wish was to establish the fact that the health program of the Americas must be a single one and that the whole of it should be developed at the same pace.

The CHAIRMAN declared that, since the Final Report had been approved, the members of the Directing Council should proceed to sign the document, together with the Director of the Pan American Sanitary Bureau and the Assistant Director of the Bureau, Secretary of the Council.

The SECRETARY called, the Representatives of Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, France, Guatemala, Haiti, Honduras, Mexico, the Netherlands, Nicaragua, Panama, Paraguay, Peru, the United Kingdom, the United States, and Venezuela, who signed the Final Report in Spanish and English, in that order. He next invited the Director of the Bureau to sign both copies of the document and then affixed his own signature thereto.

#### VOTES OF THANKS

Dr. LEIGNADIER (Panama) congratulated Dr. Carlos Scza Barillas,

Minister of Public Health and Welfare of Guatemala, on his own and his country's collaboration in the meeting of the Council. He said that the delegation of Panama, not being a technical one itself, wished to express its special appreciation of the fruitful work carried out at the meeting by the specialists and technical experts, whose knowledge had contributed considerably to its success. These efforts will lead to better relations between the various related organizations and to more effective technical cooperation, strengthening also the ties between the public health officers of the various countries, all of which will redound to the benefit of mankind.

Dr. HURTADO (Cuba) expressed his personal and sincere appreciation of the days spent in the hospitable city of Antigua Guatemala, and felt certain that his statement reflected the sentiments of all the representatives. He stated that Resolution XXXII, containing the official votes of thanks, had not been approved only as a matter of tradition, but as an expression of what all the representatives felt. Everyone will be returning to his country with a sense of having accomplished his mission.

He went on to express, on behalf of all the representatives, their affection and esteem for the Secretary of the Council, congratulating him on his work that contributed so greatly to the success of the meeting.

Dr. VAN ZILE HYDE (United States) expressed his gratitude to the President of the Republic, the Governor of the Department of Sacatepéquez, and the Mayor of Antigua Guatemala, for the friendly atmosphere they had given to this meeting, contributing thus to the successful completion of



the work of the Council. He stressed that his statement was not a mere formality and that all the representatives shared his sentiment.

Mr. SALZMAN (Observer, OAS) expressed his gratitude to the Chairman and to the Directing Council for their welcome and, on behalf of the Secretary General of the Organization of American States, congratulated them on the manner in which the important deliberations of the meeting had been carried out. He reiterated the interest of the OAS in the valuable work of the PASO.

#### CLOSURE OF THE IX MEETING OF THE DIRECTING COUNCIL

The CHAIRMAN stated that on this occasion, at the close of another stage in the American Continent's battle for the health of its peoples, he wished to express, not only as Chairman of this Council but also as a Guatemalan and as Representative of his Government, his deepest satisfaction at the outstanding success and effective results of this meeting of the Council. He was particularly gratified that the meeting had been held on Guatemalan soil, and that it had been possible to gather here the most distinguished members of the noble cruzade against the diseases and suffering that affect the American peoples. He was convinced that these days had been highly fruitful, for the exchange of ideas and experience and the joining of health efforts will bring new impetus and new enthusiasm to the work that each participant in the meeting is carrying out in his respective country, building up a single front to eradicate from American soil the most terrible enemies of mankind: diseases and endemias.

He expressed satisfaction at the technical level of these deliberations and the lofty purposes that inspired them, and emphasized the scientific importance and the practical usefulness of the discussions on the eradication of malaria and on the strengthening of national public health plans. Both of these activities, he said, can bring in a short time direct benefit to the economic and social conditions of the peoples of America. He expressed his gratitude to each and all the members of the delegations, to the Governments of the American republics, to those of Canada, France, the Netherlands, and the United Kingdom, as well as to the international organizations that participated in the meeting and that are collaborating so effectively in the improvement of the health conditions of the peoples of America.

He added that he wished to express special thanks to the Pan American Sanitary Bureau and to all the members of the secretariat staff of the Council, for their laudable work, which had done so much to facilitate the task of the Council and contributed in large measure to the great success of the meeting. He reiterated the firm decision of the Government of Guatemala to intensify its health campaigns at the national level, and to give its most sincere and determined cooperation to the Pan American Sanitary Organization and the World Health Organization in their international health programs to solve the health problems of America.

He added that nothing would give more pleasure to the Government and the people of Guatemala, and particularly to President Castillo Armas and to himself personally, than to feel certain that every representative

would take away with him a pleasant and lasting memory of Guatemala. But, above all, he wished that, on returning to their countries, they also take with them as the best memory of Antigua Guatemala, a message of sympathy to their compatriots, who are suffering from disease, and to all Americans who are victims of endemias, a message of encouragement expressing the firm hope that at this meeting there has been a coordination of efforts and the development of a joint resolve to wage a total war, without quarter, on all maladies.

He declared the IX Meeting of the Directing Council closed.

The session was adjourned at 11:45 a.m.



consejo directivo

ORGANIZACION  
SANITARIA  
PANAMERICANA

IX Reunión

Antigua Guatemala  
Septiembre 1956

comité regional

ORGANIZACION  
MUNDIAL  
DE LA SALUD



VIII Reunión

CD9/59 (Esp.)  
27 septiembre 1956  
ORIGINAL: ESPAÑOL

C O R R I G E N D A

Actas Resumidas Provisionales de las Sesiones Plenarias:

Primera (Doc. CD9/28)  
Cuarta (Doc. CD9/34)  
Sexta (Doc. CD9/38)  
Séptima (Doc. CD9/41)  
Décima (Doc. CD9/48)

ACTA RESUMIDA PROVISIONAL DE LA PRIMERA SESION PLENARIA (Documento CD9/28)

Página 13

Intervención del Dr. Orellana (Venezuela)

Agregar en la línea 15, después de la frase "aprobar el Programa", la oración siguiente: "lo cual debe hacerse de acuerdo con el Artículo 15 del citado Reglamento".

ACTA RESUMIDA PROVISIONAL DE LA CUARTA SESION PLENARIA (Documento CD9/34)

Páginas 13 y 14

Intervención del Dr. Horwitz (Chile)

En las líneas 20, 21 y 22 de la página 13, suprimir la oración que sigue a la palabra "excesiva" y sustituirla por la siguiente: "Si se iniciase un estudio basado en las prácticas modernas de administración, cree que podrían lograrse ahorros. Por otra parte, recuerda...".

En las líneas 1 y 2 de la página 14, sustituir la frase por la siguiente: "Esos porcentajes son una indicación de la forma en que se pone en práctica la política de un organismo. Por ello...".

ACTA RESUMIDA PROVISIONAL DE LA SEXTA SESION PLENARIA (Documento CD9/38)

Página 13

Intervención del Dr. Wegman (Jefe, División de Educación y Adiestramiento, OSP)

En la línea 1, después de la palabra "estudios" agregar: "así como la necesidad de que el Gobierno mantenga el sueldo y respete los derechos del becario mientras éste está estudiando". En la línea 3, después de la palabra "libros", agregar: "concedida por la Organización".

Página 14

Intervención del Dr. Orellana (Venezuela)

En la línea 16, donde dice "de que los becarios dominen", debe decir "del dominio de".

Página 16

Intervención del Dr. Williams (Estados Unidos)

En la línea 8, sustituir la palabra "alguna" por la palabra "más".

Página 17

Intervención del Dr. Horwitz (Chile)

En la línea 16, donde dice "existen dos tipos de becarios: el estudiante", debe decir: "existen en general dos tipos de becarios: el profesional". En la línea 18, sustituir al principio de la misma la palabra "profesional" por la frase: "de especialización", y suprimir el término "profesional" que le sigue.

En la línea 22, sustituir la palabra "aunque" por la frase: "entre los cuales se cuentan miembros de jerarquía de los servicios de salud y de la universidad".

Página 21

Intervención del Dr. Wegman (Jefe, División de Educación y Adiestramiento, OSP)

En la línea 14, intercalar, después de la palabra "selección", la siguiente frase: "señaló también que se preparó y distribuyó a todos los Gobiernos, en relación con la 25a Reunión del Comité Ejecutivo (CE25/7) y con la VIII Reunión del Consejo Directivo (CD8/15), un documento en el cual se describía el Programa de Becas, incluyendo prioridades, tipos de becas, requisitos, métodos de selección, etc."

ACTA RESUMIDA PROVISIONAL DE LA SEPTIMA SESION PLENARIA (Documento CD9/41)

Página 6

Intervención del Dr. Faverey (Países Bajos)

En la línea 6, donde dice: "45 pacientes", debe decir "15 pacientes".

Página 10

Intervención del Dr. Orellana (Venezuela)

En la línea 14, donde dice "afirma", debe decir "opina", y en la línea 15, donde dice: "tiene que", debe decir "podría". En la misma línea, la sigla "OSPA" debe sustituirse por la sigla "OSP".

Páginas 12 y 13

Intervención del Dr. Velázquez Palau (Colombia)

En la línea 15 de la página 12, debe leerse "En Colombia se emplea cerca del 20 por ciento ...". En la línea 11 de la página 13, donde dice: "centro", debe decir "programa".

Página 15

Intervención del Dr. Estrella Ruiz (Perú)

En la línea 19, sustituir la palabra "en" por la frase: "Dr. Hugo Pesce, contenidas en el Informe Final de".

Página 20

Intervención del Dr. Allwood Paredes (El Salvador)

En la línea 15, donde dice "Venezuela, Chile y Brasil", debe decir "Brasil, Chile y Venezuela".

ACTA RESUMIDA PROVISIONAL DE LA DECIMA SESION PLENARIA (Documento CD9/48)

Páginas 7 y 8

Intervención del Dr. Javaloves (Paraguay)

En la línea 8 de la página 7, después de la palabra "epidemia" debe decir "bien conocida". En la línea 9 debe suprimirse la frase "en los tiempos modernos". En la línea 16 debe decir: "creciente de los ríos Paraná y Paraguay. Por otra parte ...". En la línea 17, donde dice "albimanus" debe decir "albitarsis".

En la línea 20, donde dice "junio" debe decir "enero".

En la línea 2 de la página 8, después de "fuentes", sustituir el resto de la oración por lo siguiente: "una producida por un anófeles local, y otra por un anófeles invasor, ha obligado...".

En la línea 9, sustitúyase la palabra "pues" por la expresión "dice que".

En la línea 10, agréguese, después de "Anófeles darlingi", la siguiente oración: "pero lamenta el hecho de que con Argentina aún no haya podido establecerse un acuerdo semejante. Pone de relieve...".

Página 18

Intervención del Dr. Horwitz (Chile)

En la línea 8, después de la palabra "Continente", insértese la siguiente frase: "Se justifica esta inversión por el número de casos conocidos -- 2,000,000 -- y la tasa de mortalidad, de 100 por 100,000 habitantes.

Por tratarse de una emergencia acepta ...".

En la línea 12, donde dice "en el", debe decir: "y".

En las líneas 17 y 18, sustituir la frase: "en los servicios estatales y privados", por la siguiente: "expresado por el Dr. Swellengrebel en los términos siguientes: El objetivo de estas actividades especiales consiste en reducir la importancia de las 'perturbadoras' en una medida tal que dichas actividades puedan integrarse en el programa general de salud pública del país. La condición ideal que ha de alcanzarse es la siguiente: que los servicios especializados ya no sean necesarios; que el servicio general de salud pública pueda ocuparse de todos los problemas sanitarios, incluso de los correspondientes a las 'perturbadoras', porque éstas han quedado reducidas a un estado en que ya no son 'perturbadoras'".