

OSP.CE4.W/-20
May 13, 1948.PAN AMERICAN SANITARY ORGANIZATIONEXECUTIVE COMMITTEEFINAL REPORT OF THE FOURTH MEETING

Washington, D.C., Pan American Sanitary Bureau Building

May 3 - 13, 1948

I N D E X

- I. Organization of the Pan American Sanitary Bureau.
- II. Budget of the Pan American Sanitary Bureau.
- III. Relations with the World Health Organization.
- IV. Proposals submitted by the Members.
- V. Subjects for the Annual Report of the Directing Council.
- VI. Agenda for the Second Meeting of the Directing Council.

PAN AMERICAN SANITARY ORGANIZATION

FOURTH MEETING OF THE EXECUTIVE COMMITTEE

FINAL REPORT

The Fourth Meeting of the Executive Committee was convened in the City of Washington, D. C., United States of America, from May 3 to 13, 1948, by the Director of the Pan American Sanitary Bureau. The following persons were present:

REPRESENTATIVES:

Dr. Heitor Prager Fróes, Director General of the National Department of Health	BRAZIL
Dr. Antonio Peña Chavarría*, Director del Hospital San Juan de Dios	COSTA RICA
Dr. L. L. Williams, Jr. (Alternate) Chief, Health Branch, Division of International Labor, Health and Welfare, Department of State	UNITED STATES OF AMERICA
Dr. Ignacio Morones Prieto, Under Secretary of Health and Welfare	MEXICO
Dr. Juan José Leunda (Alternate), Assistant Director of the Institute of Epidemiology and Contagious Diseases	URUGUAY
Dr. Arnaldo Gabaldon (Alternate), Chief of the Malaria Division	VENEZUELA

ALTERNATE:

Dr. James A. Doull, Director of the Office of International Health Relations, U. S. Public Health Service	UNITED STATES OF AMERICA
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* Present at the Fifth, Sixth, Seventh, Eighth and Ninth Plenary Sessions.

ADVISORS:

Mr. Howard B. Calderwood, Specialist, Division of International Organizational Affairs, Department of State	UNITED STATES OF AMERICA
Dr. Angel de la Garza Brito, Director General of Health and of the School of Public Health	MEXICO

OBSERVERS:

Dr. Alberto Zwanck, Permanent Representative to the International Health Organizations, Ministry of Public Health	ARGENTINA
Dr. C. Soto Maynez Physician to the President	MEXICO

PAN AMERICAN SANITARY BUREAU:

Dr. Fred L. Soper,
Director of the Pan American Sanitary Bureau

Dr. John R. Murdock,
Assistant Director of the Pan American Sanitary
Bureau

Dr. Miguel E. Bustamante,
Secretary General of the Pan American Sanitary
Bureau.

ABSENT:

Dr. Luis Espinosa y G. Cáceres (Representative) Director of Health	CUBA
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The first session took place at 10 A.M., on May 3, 1948, under the temporary chairmanship of Dr. Fróes. The election of officers was immediately taken up, with the following results:

Chairman: Dr. Heitor Praguier Fróes,
Vice Chairman: Dr. Ignacio Morones Prieto,
Secretary: Dr. Miguel E. Bustamante.

The draft rules of procedure were discussed, and approved after consultation with a committee consisting of Drs. Morones Prieto and Gabaldon (see Annex I).

Dr. Soper read his report covering the period from October 1947 to April 1948 (document OSP.CE4.W/-3), which was approved without change (see Annex II).

The agenda for the Fourth Meeting (document OSP.CE4.W/-1, Annex I) which had been prepared by the Pan American Sanitary Bureau, was also adopted by the Executive Committee (see Annex III).

The following Working Committees were appointed:

Committee I: Organization and Budgets of the Pan American Sanitary Bureau.
Drs. MORONES PRIETO, WILLIAMS (Rapporteur), and PENA CHAVARRÍA.

Committee II: Relations with the World Health Organization.
Drs. GABALDON (Rapporteur) and LEUNDA.

Committee III: Subjects for the Annual Report and Agenda of the Directing Council.
Drs. DE LA GARZA BRITO (Rapporteur), DOULL and LEUNDA.

Drafting Committee: The Chairman of the Meeting, The Secretary, and Drs. Gabaldon and Morones Prieto.

Dr. Pedro Nogueira,
Director of the Health Unit of
Marianao

CUBA

Dr. Luis F. Galich,
Director General of Public Health

GUATEMALA

were present at the Eighth Plenary Session, at which the Final Report was approved.

Nine plenary sessions and sixteen of the Working Committees were held.

The Closing Plenary Session was held on May 13, 1948, at 10:00 P.M.

I and II - ORGANIZATION AND BUDGET OF THE
PAN AMERICAN SANITARY BUREAU

Because of the urgency of the financial problem of the Pan American Sanitary Bureau, the solution of which must necessarily affect the organization of the Bureau, the Executive Committee preferred to forego consideration of questions of organization, in order to concentrate on finance.

With regard to finance, the following resolution was adopted:

WHEREAS:

quota contributions at the rate of forty cents or one dollar per thousand inhabitants have proven inadequate to enable the Pan American Sanitary Bureau to discharge in full the duties assigned to it by the Pan American Sanitary Code and Conferences, notwithstanding assistance which has been received from outside sources; and

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WHEREAS:

the Bureau is bound by Article 60 of the Pan American Sanitary Code to follow the formula of the Pan American Union which has been based on population; and

WHEREAS:

the Union has adopted a new formula for one year which is no longer based solely on population and which no longer produces a fixed sum as the contribution due from each Member Government, providing only a percentage distribution which can be applied only to a pre-determined budget; and

WHEREAS:

the Bureau should draw up a program based upon duties assigned to it by the Code and the Sanitary Conferences, and measures should be initiated to assure adequate funds to permit the Bureau to carry out such a program,

THE EXECUTIVE COMMITTEE

1. Recommends that the Directing Council approve

the principle of an adequate budget apportioned according to a fixed scale of contributions, and take steps to give effect to this principle at the earliest possible moment.

2. Instructs the Director to prepare a scale of contributions, taking into consideration the discussions on this subject in the meetings of the Committee on Budget and Organization, and to communicate such scale to Member Governments for their study, with the request that their Representatives to the Second Meeting of the Directing Council be authorized to initiate action with a view to giving effect to such a scale.

3. Recommends that the Pan American Sanitary Organization adopt its own formula for apportioning expenses among its Members, which will necessitate amending the Pan American Sanitary Code.

4. Instructs the Director to prepare a draft protocol for the sole purpose of amending Article 60 of the Pan American Sanitary Code so as to permit the Pan American Sanitary Organization to adopt its own scale of contributions, and to communicate it to Member Governments for their study, with the request that their Representatives to the Second Meeting of the Directing Council be authorized to sign a protocol for the above mentioned purpose.

5. Instructs the Director to prepare detailed programs of activity for:

- (a) the period from January 1, 1949, to June 30, 1949, and
- (b) the period from July 1, 1949, to June 30, 1950; and to attach to each of these programs detailed budgetary estimates.

6. Instructs the Director to communicate such programs and budgetary estimates to Member Governments in ample time for their study before the Second Meeting of the Directing Council.

7. Instructs the Director to request the governments, in the name of the Executive Committee, to authorize their representatives to the Second Meeting of the Directing Council:

- (a) to approve a program and a budget for the two periods mentioned above;

- (b) to agree to the division of the budget for each of these periods into two parts: one part, which might be called the administrative budget, to be apportioned according to the scale adopted by the Pan American Union; the other part, which might be called the operating budget, to be apportioned according to a scale to be adopted by the Directing Council;
- (c) to agree on behalf of their Governments to contribute to this latter part on the basis of the scale adopted by the Directing Council pending amendment of the Code.

8. Authorizes the Director to carry out as much of the program approved by the Directing Council at its First Meeting as is feasible with available funds, in view of the fact that only one member has paid a voluntary contribution and that the timing of the other payments is not known.

III - RELATIONS WITH THE WORLD HEALTH ORGANIZATION

The Executive Committee, in its capacity as Negotiating Committee with the World Health Organization as provided under paragraph (b) of Part 1 of the Resolution on "Relations with the World Health Organization and other Organizations" approved by the Directing Council at its First Meeting, was unable to make further headway in the pertinent negotiations, for the reason that only three American countries have thus far ratified the Constitution of the World Health Organization, whereas according to Paragraph (3) of Article 6 of the Resolution concerning the Agreement between the Pan American Sanitary Organization and the World Health Organization approved by the XII Pan American Sanitary Conference, at least 14 American countries must have ratified the aforesaid Constitution in order that the Agreement between said Organization and the Pan American Sanitary Organization may be concluded.

However, since it is necessary and convenient that the closest relations continue to exist between the Pan American Sanitary Bureau and the Secretariat of the World Health Organization, which will supplant the Interim Commission of said Organization, and in order to continue to carry out the instructions contained in Article 7 of the aforementioned Resolution of the Conference, the Executive Committee was of the opinion that the adoption

of the following resolution would constitute a forward step in these relations:

WHEREAS:

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it is necessary that a close working relationship continue to exist between the World Health Organization and the Pan American Sanitary Organization until such time as an Agreement is reached between the two, and

WHEREAS:

the Executive Committee is empowered under paragraph (b) of part 1 of the Resolution on Relations with the World Health Organization and other Organizations approved by the Directing Council at its First Meeting, and having in mind the instructions contained in Article 7 of the Resolution concerning the Agreement between the Pan American Sanitary Organization and the World Health Organization, approved by the XII Pan American Sanitary Conference, with regard to the maintenance of close relations between both organizations,

THE EXECUTIVE COMMITTEE

RESOLVES:

to authorize the Director of the Pan American Sanitary Bureau to enter into administrative arrangements with the Director General of the World Health Organization in order to coordinate plans for the Western Hemisphere and harmonize the action of both organizations, reporting periodically on these arrangements.

IV - PROPOSALS SUBMITTED BY THE MEMBERS

The Executive Committee approved the following proposals of the Representatives of Uruguay and Venezuela:

Second Inter-American Conference on Brucellosis.
(Proposal of the Representative of Uruguay, seconded by the Representative of Mexico).

WHEREAS:

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the time is opportune for holding the Second Inter-American Conference on Brucellosis, and having heard the favorable report presented by the Observer for Argentina,

THE EXECUTIVE COMMITTEE

RESOLVES:

that the Director of the Pan American Sanitary Bureau shall issue a call this year for said meeting, which will deal with problems affecting the health of many nations of the Continent.

Pan American Public Health Corps. (Proposal of the Representative of Venezuela, seconded by the Representative of Brazil).

WHEREAS:

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a well-defined public health career does not exist in some of the American countries, and since it would be possible to form an international corps specialized in public health, constituted by persons from the American countries who would be recruited and promoted in conformity with the highest standards of capacity and justice,

THE EXECUTIVE COMMITTEE

RESOLVES:

to authorize the Director of the Pan American Sanitary Bureau to initiate studies leading to the formation of a Pan American Public Health Corps. This study, which shall be guided by the pertinent legislation in effect in certain countries, should be presented at the first opportunity to the Executive Committee for its consideration and submission to the Directing Council.

V - SUBJECTS FOR THE ANNUAL REPORT OF THE DIRECTING COUNCIL

THE EXECUTIVE COMMITTEE

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CONSIDERING

the subjects to be dealt with in the Annual Report of the Council to the participating governments,

RESOLVES:

that these subjects should be grouped under the following headings: I - Technical subjects; II - Administration; III - Finance; IV - Miscellaneous.

I - Technical subjects

- a) Eradication of vectors;
- b) Research;
- c) Education;
- d) Publications;
- e) Regional agreements;
- f) Representation of the Pan American Sanitary Bureau at international conferences, expert committees and other international organizations;
- g) Recommendations.

II - Administration

- a) Reorganization of the Bureau;
- b) Assistance to member governments;
- c) Relations with the World Health Organization;
- d) Recommendations.

III - Finance

- a) Expenditures;
- b) Income;
- c) Recommendations.

IV - Miscellaneous.

VI - AGENDA FOR THE SECOND MEETING OF THE DIRECTING COUNCIL

WHEREAS:

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the Director of the Pan American Sanitary Bureau has received affirmative opinions from 16 member countries regarding the holding of the VI Pan American Conference of National Directors of Health jointly with the Second Meeting of the Directing Council,

THE EXECUTIVE COMMITTEE

RESOLVES:

that the meeting of these groups be held in Mexico City.

WHEREAS:

the dissemination of knowledge regarding new discoveries in pertinent matters that has prevailed at the Pan American Conferences of National Directors of Health should be maintained, and in addition to the functions assigned by the Constitution to the Directing Council should be discharged,

THE EXECUTIVE COMMITTEE

RESOLVES:

to divide the meeting into two sections: the first, a Technical Section, which shall be the joint meeting of the Sixth Pan American Conference of National Directors of Health and of the Directing Council; and the second, an Executive Section, which shall be a meeting of the Directing Council alone. To facilitate the meeting, the Executive Committee suggests the appointment of a single group of officers and submits the following tentative agenda for said meeting:

Tentative Agenda of the Second Meeting of the
Directing Council of the Pan American Sanitary Organization
and of the
VI Conference of National Directors of Health

First part: Technical Section.

1. Election of officers.
2. Adoption of rules of procedure.
3. Control of diseases propagated by arthropod vectors.
4. Observations on new rodenticides.
5. Control of venereal diseases.

6. Problems of hydatidosis.
7. Problems of histoplasmosis.
8. Evaluation of new drugs for:
 - (a) Tuberculosis;
 - (b) Malaria;
 - (c) Filariasis;
 - (d) Leprosy;
 - (e) Rickettsial diseases;
 - (f) Plague.

Second part: Executive Section.

1. Achievements of the Organization.

- (a) Progress of the campaign for eradication of Aedes aegypti;
- (b) Progress of investigations in venereal diseases, onchocerciasis, etc.;
- (c) Professional education;
- (d) Publications;
- (e) Regional agreements;
- (f) Representation at international conferences;
- (g) Recommendations.

2. Administration.

- (a) Consideration of the annual reports of the Chairman of the Executive Committee and of the Director of the Pan American Sanitary Bureau;
- (b) Consideration and adoption of the annual report of the Council to the member governments;
- (c) Reorganization of the Bureau;

- (d) Plan for organization of a Pan American Public Health Corps;
- (e) Assistance to member governments;
- (f) Relations with the World Health Organization;
- (g) Relations with the Pan American Union and other organizations.

3. Finance.

- (a) Income;
- (b) Expenditures;
- (c) Consideration and approval of the budget for the first half of 1949, and for the period from July 1, 1949, to June 30, 1950.

For the Technical Section, the Executive Committee authorizes the Director of the Pan American Sanitary Bureau to communicate with the various health authorities, in order to choose the experts who shall take part in the preparation of the papers dealing with the various items of the agenda.

The Executive Committee further resolves that the sessions of the Technical Section shall not exceed three days in duration, and also that the Executive Section (Meeting of the Directing Council) can not have a fixed closing date, although it is recommended that a tentative date be chosen.

This Final Report was approved at the Plenary Session of May 13, 1948, and signed in the City of Washington, D. C., U. S. A., on the same date, at the Closing Session, by the Representatives of the countries composing the Executive Committee, as well as by the Director, Assistant Director and Secretary General of the Pan American Sanitary Bureau.

EXECUTIVE COMMITTEE:

(sgd.) Heitor P. Fróes
Representative of Brazil

(sgd.) A. Peña Chavarría
Representative of Costa Rica

(sgd.) Louis L. Williams, Jr.
Representative of the United States of America

(sgd.) I. Morones P.
Representative of Mexico

(sgd.) Juan José Leunda
Representative of Uruguay

(sgd.) Arnoldo Gabaldon
Representative of Venezuela

PAN AMERICAN SANITARY BUREAU:

(sgd.) Fred L. Soper
Director

(sgd.) John R. Murdock
Assistant Director

(sgd.) M. E. Bustamante
Secretary General

OSP.CE4.W/-20 (Annex I)
May 4, 1948

RULES OF PROCEDURE AND OF DEBATE OF THE
EXECUTIVE COMMITTEE
of the
PAN AMERICAN SANITARY ORGANIZATION

MEMBERS

- Art. 1 - The Executive Committee of the Pan American Sanitary Organization shall be composed of Representatives of the seven Member Governments elected in accordance with Article 13 of the Constitution.
- Art. 2 - The Director of the Pan American Sanitary Bureau shall be a member ex-officio of the Executive Committee, without the right to vote.

OFFICERS

- Art. 3 - The Executive Committee shall elect a Chairman and a Vice-Chairman who shall serve until new officers are elected at the next meeting of the Committee.
- Art. 4 - The Secretary General of the Pan American Sanitary Bureau shall act as Secretary of the Executive Committee.
- Art. 5 - The Chairman shall preside over the plenary sessions of the Executive Committee and act in any other capacity conferred on him by these rules.
- Art. 6 - In the absence of the Chairman the Vice-Chairman shall preside, and in case both are absent, the Committee shall appoint one of its members to preside over the session.
- Art. 7 - The order of precedence of the delegations shall be based on the alphabetical order of the countries, as expressed in the language of country where the meeting is held.

MEETINGS AND AGENDA

- Art. 8 - The meetings of the Executive Committee shall be convoked by the Director of the Pan American Sanitary Bureau.
- Art. 9 - The meetings which coincide with those of the Directing Council or the Conference shall be held at the same place immediately before and after the meetings named in this article.
- Art.10 - Other meetings shall be held at the headquarters of the Pan American Sanitary Bureau.
- Art.11 - The Director of the Pan American Sanitary Bureau shall prepare the provisional agenda for each meeting in agreement with the Chairman of the Executive Committee.

Art. 12 - The provisional agenda shall include :

- (a) any subject suggested by the Directing Council;
- (b) any subject proposed by the Executive Committee during its preceding meeting;
- (c) any subject proposed by one of the member countries, if possible, not later than 21 days before the meeting;
- (d) any subject proposed by the Director of the Pan American Sanitary Bureau.

Art. 13 - The provisional agenda and all documents relating thereto shall be sent to the Member countries, if possible, at least 14 days prior to the meeting.

Art. 14 - The Director of the Pan American Sanitary Bureau shall formulate a program for each session based on the agenda.

Art. 15 - The Executive Committee may revise and modify the agenda or the program at each meeting.

Art. 16 - The plenary sessions shall meet on the dates established by the approved program; other sessions, however, may be held on dates approved by the Executive Committee.

Art. 17 - The plenary sessions shall include general matters and discussion and approval of the reports of the sub-committees.

Art. 18 - Unless otherwise decided by the Executive Committee sessions shall be open.

WORKING COMMITTEES

Art. 19 - When deemed expedient, sub-committees shall be named to deal with special subjects and their recommendations and reports shall be submitted for consideration at the plenary sessions.

Art. 20 - Sub-committees may be composed of delegates, alternates, and advisers.

Art. 21 - Alternates and advisers may express opinions when requested to do so by a member of the sub-committee.

Art. 22 - Members of the sub-committees shall be elected by a majority vote.

Art. 23 - Each sub-committee shall name its own reporter who shall submit its report and recommendations to the plenary session for consideration.

Art. 24 - The Sub-Committee composed of the Chairman, Vice-Chairman, an official of the Pan American Sanitary Bureau and two delegates shall draft all proceedings of the Executive Committee.

DEBATES

- Art. 25 - One-half of the delegates plus one shall constitute a quorum for the plenary sessions of the Executive Committee.
- Art. 26 - Each country constituting the Executive Committee shall be limited to one vote in the plenary sessions and in the sub-committees. A resolution shall be approved on the affirmative vote of one-half plus one of the representatives present and entitled to vote.
- Art. 27 - The voting may be made nominal on the request of any delegate.
- Art. 28 - The voting may be made by unit, partial or total on the request of any delegate.
- Art. 29 - When two or more amendments to one proposition are proposed the sequence of voting shall be to consider first the amendment most radical and the others in turn until all have been considered.
- Art. 30 - When an amendment which revises, adds to or negates a proposed resolution is approved, the resolution thus amended shall be submitted to vote.
- Art. 31 - When a delegate requests a point of order it shall be given priority by the Chairman.
- Art. 32 - A motion to close the debate shall be given priority and following arguments pro and con shall be brought to a vote.
- Art. 33 - The Chairman of the Executive Committee may at any time call for a vote to close the debate which if approved shall close the debate.
- Art. 34 - The Executive Committee may limit the time allotted to each speaker.
- Art. 35 - The right to speak shall be limited to the delegates of the countries comprising the Executive Committee, the observers of the countries comprising the Pan American Organization and the Director of the Pan American Sanitary Bureau, as a member ex-officio of the Executive Committee. However, the Chairman may extend the right to speak to alternates, advisers, and officials of the Pan American Sanitary Bureau on matters under discussion.

FINAL REPORTS AND ACTS

- Art. 36 - The Drafting Committee shall prepare the Final Report, which shall include all matters approved by the Committee.
- Art. 37 - At the Closing Plenary Session, the delegates shall sign the Final Report.

- Art. 38 - The Pan American Sanitary Bureau shall send a certified copy of the Final Report to each of the Member countries of the Pan American Sanitary Organization.
- Art. 39 - The minutes of the acts of the sessions of the Committee, and the Final Report shall be multigraphed or printed at least in Spanish and English.

OFFICIAL LANGUAGES

- Art. 40 - The official languages of the Meetings shall be Spanish, Portuguese, English and French.

MODIFICATIONS

- Art. 41 - These Rules may be modified or otherwise changed by resolution of the Committee whenever it is deemed necessary or advisable.
- Art. 42 - All matters not already provided for in these Rules may be resolved directly by the Executive Committee.

REPORT OF THE DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU TO THE
EXECUTIVE COMMITTEE, WASHINGTON, D.C., May 3, 1948.

The period from October 1947 to April 1948 has been a busy one for the staff of the Pan American Sanitary Bureau without the financial and personnel requirements to make its activity fully productive. Attention is called once more to the Director's report to the Directing Council, Buenos Aires, September 1947, since most of the points made in it are still valid.

Finances.

The first meeting of the Directing Council of the Pan American Sanitary Organization, held in Buenos Aires, September 24 to October 2, 1947, approved a budget of \$1,300,000 for the calendar year 1948 with financing to be based on

- (a) an annual quota of \$1.00 per 1000 inhabitants to be paid by the Member Governments, and
- (b) an additional annual voluntary quota, the amount of which should be in accordance with the economic capacity of each country, the Director of the Bureau being authorized to carry out the pertinent negotiations.

The following table gives the situation of Member Governments with regard to quota contributions:

Argentina. A law authorizing an annual payment to the Bureau of 1,500,000 Argentine pesos (\$375,000 USA) has been approved and is being sent to the Argentine Congress for final ratification this month. The amount of this contribution has been officially announced by the Argentine Ambassador in Washington.

Brazil. The last news from Brazil is to the effect that the bill providing for an annual contribution of \$250,000 USA to the work of the Pan American Sanitary Bureau was in the hands of the Finance Committee of the House of Representatives.

Colombia. Conversations had been carried on with the Ministry of Foreign Affairs and the Ministry of Health of Colombia, previous to the recent cabinet changes in that country, on the basis of an annual supplementary contribution of \$30,000 to \$100,000 per year.

Cuba. In Cuba the needs of the Bureau were discussed with the Minister of Foreign Affairs, the Minister of Health and the President of the Republic. The President signified his willingness to present to Congress a recommendation to be prepared by the Minister of Health for an annual contribution to the budget of the Bureau of \$100,000 USA.

Mexico. To Mexico must go the credit for final approval of the first supplementary payment to the Bureau of the budget. On December 28, 1947, the Mexican Congress approved the budget for 1948, providing for a supplementary contribution to the Bureau of \$200,000.

El Salvador has notified the Bureau of a supplementary contribution of \$2000 which will be paid in July 1948.

Uruguay. The Council of Ministers of Uruguay has agreed to support a supplementary contribution to the Bureau of \$50,000.

Discussion of the needs of the Bureau have been carried out by the Director with representatives of the United States of America, of Panama, Peru, Chile, Ecuador, Bolivia and Paraguay without reaching any definite conclusion regarding amounts of supplementary contributions.

The Pan American Sanitary Code provides that the quotas of the Pan American Sanitary Bureau shall be levied on the same basis as the quotas of the Pan American Union. The Governing Board of the Union took preliminary action regarding the redistribution of quotas for the fiscal year 1948-49 only. This action provides that 40% of the budget be paid on the basis of population, the rest to be raised on the basis of each country's contribution to the United Nations. The final percentages of budgets to be paid under this system by each country are shown in the following table:

4.68	Argentina
0.65	Bolivia
8.30	Brazil
1.36	Chile
1.71	Colombia
0.16	Costa Rica
1.09	Cuba
0.36	Dominican Republic
0.52	Ecuador
0.58	Guatemala
0.44	Haiti
0.22	Honduras
3.97	Mexico
0.21	Nicaragua
0.16	Panama
0.21	Paraguay
1.39	Peru
0.35	El Salvador
72.13	United States
0.55	Uruguay
<u>0.96</u>	Venezuela
100.00	

It is probable that some such formula as this will become permanent since action has been taken by the Ninth International Conference of American States in Bogotá, authorizing the Governing Board of the Pan American Union to set the future percentage distribution of contributions.

In the financial report submitted last year it was pointed out that the reserve fund of the Bureau would be exhausted by the end of the present fiscal year (June 30, 1948). Experience has shown this statement to have been unduly optimistic since the deficit overtook the last of these reserves some weeks ago.

Continental Eradication of *Aedes aegypti*.

The Directing Council in Buenos Aires resolved to entrust to the Pan American Sanitary Bureau the solution of the continental problem of urban yellow fever, based fundamentally on the eradication of *Aedes aegypti*, and authorized the Bureau to take the necessary measures to solve such problems as may emerge in the campaign.

In considering the *aegypti* problem in South America, it is interesting to note that the great central part of the continent from East to West has its anti-*aegypti* program well organized. Brazil, which bulks very large in this area, is reported to have *aegypti* only in the northeastern section; Bolivia is reported entirely free, and Peru is making regular progress in the eradication of the species in that country. Excellent progress has been made in British Guiana, and the problem in Chile is a minor one. For the clearing of *aegypti* from South America then, there remain two important regions to be worked, namely, the River Plate countries, Paraguay, Argentina and Uruguay,

and the northern cap of the continent, Ecuador, Colombia, Venezuela and Dutch and French Guianas.

The first step in Bureau collaboration in the solution of the aeegypti problem was taken in Paraguay in October 1947 when an agreement was worked out with the Government there providing for the organization of an eradication program under the auspices of the Pan American Sanitary Bureau (copy of contract, Annex No. I). A small nucleus of Brazilian personnel is undertaking the training of the Paraguayan staff. Dr. Octávio Pinto Severo, an experienced anti-aeegypti worker from Brazil, has assumed the responsibility of supervising the work in Paraguay and coordinating it with measures to be taken in Argentina and Uruguay. Brazil and Argentina have both shown an active interest in getting the Paraguayan problem solved and are both collaborating in this project. Definite plans have been made for the inauguration of eradication programs in Uruguay and Argentina in the near future.

The anti-aeegypti activities in the northern part of South America are being coordinated by Dr. Adhemar Paoliello, another one of the experienced anti-aeegypti workers from Brazil. Trained Brazilian workers are already in Ecuador, Colombia and Venezuela, assisting in the reorganization of anti-aeegypti services in these three countries. Fortunately, the anti-aeegypti work in British Guiana is well advanced, and the authorities in French, British and Dutch Guiana have promised collaboration on the problem in these territories. Information has been received to the effect that an appropriation of 50,000 guilders has been made for anti-aeegypti work in Paramaribo.

In looking into the situation regarding Aedes aegypti, it has become apparent that sufficient personnel and funds are already being used in many places for the eradication of this species. The problem in these areas is one of reorganization and reorientation of the campaign, rather than an increase in expenditures. The use of DDT as a larvicide is proving to be a great aid in this eradication program. Once the services in South America are satisfactorily organized, it will of course be necessary to work up through the Caribbean and Gulf of Mexico regions.

The financial commitments against Bureau funds for the aeegypti campaign during the present calendar year of 1948 are as follows:

Dr. Octávio Pinto Severo - salary and travel estimate	\$ 4,000
Dr. Adhemar Paoliello " " " "	4,000
Man in Ecuador -	1,500
Three additional men in Colombia " " "	4,500
Dr. Ibêre da Silva Reis and men in Paraguay	<u>14,000</u>
	\$28,000.

Regional Health Meetings

It is a pleasure to report to the Members of the Executive Committee the success of two meetings which were held this year in Uruguay and Argentina under the auspices of the Pan American Sanitary Bureau, to discuss national and international frontier health problems of mutual interest to the countries concerned.

The first of such meetings, which took place in Montevideo, Uruguay, and in which the Uruguayan Government acted as host, was attended by representatives from Argentina, Brazil, Paraguay, Uruguay and the Pan American Sanitary Bureau. As a result of the sessions, which were held from March 8 to 13, an agreement was prepared and signed by the Minister and the Secretary of Public Health of Uruguay and Argentina, respectively, Drs. Enrique M. Claveaux and Ramón Carrillo, and by Drs. Ricardo Cappelletti and Alberto Zwanck; for the Republic of Brazil, by Dr. Heitor Prager Frôes, Director General of the National Department of Health; for the Republic of Paraguay, by Drs. Raúl Peña and Carlos Ramírez Boettner; and for the Pan American Sanitary Bureau, by the Director, Dr. Fred L. Soper, and the Secretary General, Dr. Miguel E. Bustamante. This agreement dealt with health problems of the River Plate area, including malaria, smallpox, yellow fever, plague, trachoma,

hydatidosis, rabies, leprosy and venereal diseases.

The Argentine Government acted as host during the meeting held in Salta, Argentina, March 15 to 20, which was attended by representatives from Argentina, Bolivia and Paraguay and by the Secretary General of the Pan American Sanitary Bureau. At this meeting, information and advice were received from the local health authorities of Salta and Jujuy, and special attention was given to highway sanitation and the development of border medical societies. The official agreement was signed at a solemn ceremony in the Ministry of Public Health in Buenos Aires by Dr. Alberto Zwanck, Representative of Argentina; Dr. Humberto Pizarro Aráoz, Representative of Bolivia; Dr. Carlos Ramírez Boettner, Representative of Paraguay, and by Dr. Miguel E. Bustamante, for the Pan American Sanitary Bureau.

Copies of the agreements of both meetings have been sent to the Director General of the Pan American Union, and to the Executive Secretary of the Interim Commission of the World Health Organization.

The United States-Mexico Border Public Health Association held its sixth annual meeting in Laredo, Texas, and Nuevo Laredo, Tamaulipas, from the 20th to the 22nd of March, with an excellent attendance and great interest shown in health work along the border. Among those present were Dr. Ignacio Morones Prieto, Under Secretary of Health and Welfare of Mexico, and, from the Bureau, Dr. Fred L. Soper, Dr. M. L. Haralson, Dr. O. Vargas, Dr. Gustavo Roviroso and Mr. Donald L. Snow.

Nursing.

To enable the Bureau to continue its recent activities in the field of nursing, Mrs. Agnes W. Chagas was appointed its Nursing Consultant on September 1st, 1947. In preparation for her duties and in order to get first hand knowledge of nursing practice and education in the various countries, Mrs. Chagas has since visited all the Republics members of the Bureau, except Bolivia and Paraguay. It was found that the public health services and hospitals in all the countries were greatly understaffed and that there is a great lack of candidates with suitable educational background for the schools of nursing. It was suggested that in some measure this difficulty could be met by creating a second type of worker to be trained in a shorter time and utilized in the hospitals, thus releasing the graduates of the schools of nursing for the public health services and for positions of instruction and supervision in the hospitals.

In few of the countries are the schools of nursing prepared to train well-qualified nurses, the principal drawbacks, besides the lack of suitable recruits, being the lack of instructors, of equipment and of textbooks and other literature on nursing, in Spanish.

Miss A. Frances Olson, Regional Nursing Consultant stationed in Lima, Peru, has continued her activities, mainly in the field of nursing education. She has collaborated with the schools of nursing, the health centers and with groups of teachers in Lima, in courses on hygiene, public health, principles of supervision and school health.

Relations with the World Health Organization.

The Interim Commission of the World Health Organization, at its Fifth Session in Geneva, received a document prepared by the Brazil and United States representatives regarding relations with the Pan American Sanitary Bureau, and after due consideration approved most of the recommendations made. The corresponding documents are to be found in Annex No. II.

The meeting of the First Assembly has been set for June 24th in Geneva, and arrangements are being made for the Bureau to be represented by the Director and the Secretary General. Of the Pan American countries, only Haiti, Mexico, Brazil and Bolivia are known to have ratified the World Health Organization Charter.

Dr. Atilio Macchiavello of the Pan American Sanitary Bureau represented the Director at the first session of the Expert Committee on International Epidemic

Control in Paris from April 12 to 17, 1948, for the revision of the International Sanitary Conventions. Dr. Macchiavello also attended the study group meeting of the Interim Commission, Geneva, March 31 to April 2, 1948, as an expert on typhus.

Relations with the Pan American Union.

The Directing Council at its meeting in Buenos Aires authorized the Director of the Pan American Sanitary Bureau to study and plan in agreement with the Director General of the Pan American Union the necessary measures for the maintenance of close relations between these two organizations. In accord with this authorization, a conference was held with the Director of the Pan American Union late last year at which general policies of collaboration were discussed and the status of the Director of the Bureau at the Bogotá Conference was taken up. This conference was followed by discussions between representatives of the Union and the Bureau at which an outline of points on which active collaboration would be profitable was drawn up. A copy of this outline is attached as Annex No. III.

An exchange of correspondence with the Director General of the Union confirmed the fact that no provision had been made for the recognition of any representation of the Bureau at the Ninth International Conference of American States in Bogotá.

Late in February, in going over the documents prepared by the Governing Board of the Pan American Union for consideration of the Ninth International Conference of American States, the Director of the Bureau encountered certain articles, the approval of which would apparently have greatly curtailed the autonomy of the Pan American Sanitary Bureau. Two letters, dated March 4 and March 8, 1948, were prepared covering the points in question and addressed to the Director General of the Pan American Union (Annex No. IV). Copies of these letters were forwarded to various authorities in different countries, and a special effort was made to discuss the matter with as many officials as possible. Before the beginning of the Bogotá Conference, the Director of the Bureau had discussed the matter with the Ministers of Foreign Affairs of Paraguay, Uruguay, Argentina and Peru and had had an opportunity to go over the situation with certain authorities of Brazil, Chile, Panama and Mexico.

The Director of the Pan American Sanitary Bureau was present in Bogotá for the opening of the Ninth International Conference, and through the personal interest of Dr. Jorge Bejarano secured a ticket admitting him to committee meetings. During the early days of the Conference, the relationship of the Bureau to the Pan American Union was discussed with different representatives from various other countries. Before the temporary interruption of the Conference occurred, enough interest in the Bureau had been shown to guarantee against the weakening of the Bureau's position through ignorance or oversight.

It is a pleasure to put on record here that conversations with Dr. Juan Bautista de Lavalle, the present Chairman of the Governing Board of the Pan American Union, and with Dr. Antonio Rocha, last year's Chairman and Chairman of the committee responsible for drawing up the project of the Organic Pact, made it quite clear that these members of the Governing Board interpreted the Pact in such a manner as to leave the Pan American Sanitary Bureau untouched. Both assured me there had been no intention on the part of the Union to alter its relationship with the Sanitary Bureau.

Relations with other Organizations.

American International Institute for the Protection of Childhood.

The IX Pan American Congress of Child Welfare was held in Caracas in January 1948. The Director of the Pan American Sanitary Bureau attended as an observer

from the Bureau, whereas the Pan American Union was represented by Mrs. Elisabeth Shirley Enochs of the Children's Bureau of the U. S. Social Security Administration. The Director of the Bureau learned after arrival in Caracas that a change has been made in the regulations of the Institute and that the representative of the Bureau no longer forms part of the Directing Council of the Institute.

At the Congress, Dr. Domingo Ramos presented the appeal of the Children's Emergency Fund for support, and a resolution regarding this matter was put through the Congress. The possibility was discussed of getting the Children's Emergency Fund to collect funds for financing child welfare work in the Americas to be carried out by Pan American organizations.

A draft was prepared was prepared at Caracas for a so-called Children's Code, originally suggested by Dr. John D. Long, to be known as the Declaration of Caracas, but it was decided that this Code should be issued as a joint document of the Institute and of the Pan American Sanitary Organization, the final wording to be determined by the Directing Council of the Pan American Sanitary Organization (Annex No. V).

V International Leprosy Congress, Havana, Cuba, April 1948.

Dr. Oscar Vargas attended this Congress at the request of the Cuban authorities to aid in handling the organization of the meetings.

Inter-American Conference on Social Security, Rio de Janeiro, November 1947.

Dr. Heitor Prager Fróes represented the Bureau at this meeting, held under the auspices of the International Labour Organisation.

International Meeting of Experts on Tropical Housing, December 1947.

Dr. Demetrio Castillo was the representative of the Bureau at this meeting in Caracas, Venezuela, sponsored jointly by the Secretariat of the United Nations and the Government of Venezuela.

No provision has been made for representation of the Bureau at UNESCO's II Hylean Conference set for the end of April 1948, in Iquitos, Peru.

Inter-American Hospital Association.

The Director and Assistant Director have discussed with various officers of the Inter-American Hospital Association the possibility of coordinating the efforts of the Bureau with those of the Inter-American Hospital Association in hospital planning, construction, organization and administration. The former President, Dr. Gustavo Baz, the present President, Dr. Guillermo Almenara, and the Executive Director, Mr. Felix Lamela, of the Inter-American Hospital Association feel that there is a definite need in the Americas for assistance in this important field and that since both organizations are interested in the question, more can be accomplished if there is intimate cooperation and coordination between the Bureau and the I.A.H.A. More specific planning will be undertaken as soon as funds become available for organizing a Hospital Division in the Bureau.

Venereal Disease Conference.

The Second Central American Congress of Venereal Diseases, in which members of the staff of the Pan American Sanitary Bureau assigned to the regional office in Guatemala are participating, will be held in Guatemala City April 26 to 29. At this Congress papers will be read by Bureau representatives outlining the results in research and the accomplishments in the prevention and control of venereal diseases.

Inter-American Association of Sanitary Engineering.

Origin and Development of the Association-

The XI Pan American Sanitary Conference, held in Rio de Janeiro in September 1942, adopted a resolution favoring the organization of regional institutes to further the practice of sanitary engineering in order to meet growing demands.

Little was done until 1945 when the Director of the Bureau appointed a small Conference Committee to investigate ways and means of holding regional sanitary engineering conferences, the first to be held in Rio de Janeiro, Brazil, and the second in Caracas, Venezuela.

Through the splendid cooperation afforded by the Ministries of Public Health and Public Works of the Republics of Brazil and Venezuela and the whole-hearted cooperation of all of the American Republics, two successful conferences were held in 1946: the first in Rio de Janeiro from June 10 to 20; and the second in Caracas from September 26 to October 2.

At the second conference a constitution was approved for submission to the First Inter-American Sanitary Engineering Congress, which was to be held later in Santiago, Chile. In order to guide the affairs of the Association during the period before the First Congress, a Temporary Advisory Committee was appointed. The Director of the Pan American Sanitary Bureau, in accordance with the proposed constitution, appointed Mr. Donald L. Snow as Acting Secretary of the Association with the duties of carrying out a campaign for membership and to encourage the formation of national sections of the Association. A Membership Committee, composed of one representative from each of the American Republics, was also appointed.

Membership and National Sections-

The membership campaign was initiated in April 1947 and has progressed beyond expectations. At present there are over 1200 members in the Association, representing not only the twenty-one American Republics but also Alaska, the Canal Zone, Greece, the Philippines, Puerto Rico, Spain and the Virgin Islands.

National sections have been formed in the majority of the American Republics and splendid relationships are being established between these sections and the national engineering societies.

Official Journal-

During its short period of existence, the Association, under the able direction of its Acting Secretary, has published three editions of the Official Journal of the Inter-American Association of Sanitary Engineering. Many of the papers presented at the First and Second Regional Conferences have been published in the Journal.

Most of the countries have appointed correspondents who furnish material to the Editor of the Journal and the Editorial Advisory Committees in certain specialized fields of sanitary engineering have been appointed to aid in the evaluation and selection of articles for publication.

First Inter-American Congress of Sanitary Engineering.

This Congress was held in Chile from the 8th to the 14th of April, 1948. All but two of the American countries were represented at this Congress and although no details have been received as to actions taken at the Santiago meeting, it is known that the Constitution was approved. Mr. Clarence I. Sterling was elected first President, Mr. Alberto Ortiz Irigoyen of Mexico was elected Vice-President, and Mr. Donald L. Snow was elected Executive Secretary.

Source of funds-

A number of organizations have given their generous support to the Regional Sanitary Engineering Conferences, the IAASE and its Official Journal.

The Pan American Sanitary Bureau has assigned Mr. Snow to the post of Acting Secretary and has further assisted by providing competent secretarial and translating services, official stationery, postage and express charges through the calendar year 1947, and office space. Without the continued support of the Bureau, the Association could not hope to continue. It is hoped that in the future the Organization may become self-sustaining, especially if the members give it their wholehearted individual and collective support.

New Headquarters.

Early in August 1947 the officers of the Pan American Sanitary Bureau learned that the space occupied in the Pan American Union Building would have to be vacated. The Treasurer of the Union later reported that he had found space in the American Trucking Associations Building, the rental of which, amounting to \$10,000, would be paid by the Union during the first year. Inspection revealed the inadequacy of this space, and the Assistant Director was made responsible for securing more suitable quarters. After considering a number of other possibilities, arrangements were made for a two-year lease on the Lothrop Home at the intersection of Columbia Road and Connecticut Avenue at an annual rental of \$12,000. The Pan American Union is contributing \$10,000 to the first year's rental and in return has some of its activities housed in the Bureau's home.

The building, at 2001 Connecticut Avenue, required a great deal of cleaning, painting and repair work, the cost of which was largely paid by the owner from the first four months' rental. The Bureau moved into its new home during the last week in September 1947.

The grounds of the property had been badly neglected. Fortunately, Dr. Murdock has found it possible to get the collaboration of the National Capital Park Services in beautifying the grounds.

The Library, which was buried for many years in the basement and tunnel of the Pan American Union Building, is now divided between the basement and the fourth floor, in such a way as to be accessible.

There can be no doubt that the general efficiency of the staff has improved with the change in headquarters. There is some room available for additional expansion, but any considerable increase in activities will require a readjustment of space with the Union.

Library.

The moving of headquarters from the Pan American Union building to the present one, gave opportunity to improve the physical arrangements of the Library and to do the cataloguing and classification which are essential. The collections of periodicals and books from the American Republics are placed in alphabetical order on the shelves of the fourth floor. The earlier numbers and collections of books are all in order in the well lighted and dry basement of the building. Unfortunately, during the years that the Library was situated in the basement of the Pan American Union building, hundreds of books were lost, which we are trying to replace whenever possible. Letters have been sent to the Health Departments and Medical Schools of the American countries requesting their donations to the Library. A library is indispensable in any organization as a source of information.

Purchasing Division.

One of the most important divisions of the United Nations Relief and Rehabilitation Administration was the one concerned with purchasing medical supplies and drugs. In the course of their experience, this division developed a catalogue which is unique for the purpose. The catalogue has listed all the

drugs and medical supplies that U.N.R.R.A. purchased, and includes not only U. S. products but those of other countries as well.

Dr. Murdock learned of the existence of this catalogue and acted to procure it for the Bureau before it became buried in the archives of the U.N.R.R.A. before that organization's Purchasing Division was disbanded now that U.N.R.R.A. is being liquidated.

The acquisition of this catalogue will be an extremely valuable asset to the Bureau's Purchasing Division which is to be organized to service requests from the Member Nations of the Pan American Sanitary Organization. With it any Ministry of Health can be supplied with anything from a dozen aspirin tablets to a 1000 bed hospital completely equipped.

Projects sponsored by the Pan American Sanitary Bureau being carried out in Guatemala which are supported by grants-in-aid from the National Institute of Health.

Onchocerciasis Investigations in Guatemala-

The cooperative program for the study of onchocerciasis begun by the Pan American Sanitary Bureau in 1943 has been sustained from July 1946 by research grants from the National Institute of Health. At present two lines of investigation are being pursued. The first consists of studies of the Simulium fly, the vector of the disease, and its control and eradication by use of insecticides, especially DDT, and the second consists of chemotherapeutic studies in evaluating the efficacious results of Bayer's 205 and Hetrazan in the treatment of onchocerciasis.

A systematic collection of adults, larvae, and pupae of various species of Simulium in the endemic regions in Guatemala has been made and the specimens have been preserved and catalogued for ready reference. Another problem on which the entomologist, Mr. Herbert T. Dalmat, is engaged is the breeding of Simulium species in captivity in order that the vectors of Onchocerca volvulus might be ascertained with certainty.

Dr. Thomas A. Burch who is in charge of the evaluation of the treatment of onchocerciasis with the new drugs, Bayer's 205 and Hetrazan, has reported very promising results with these two new weapons. The results obtained will be published in the near future as will also a report on the entomological investigations.

Venereal Disease Program-

In April 1946 a research project which includes the study of prophylaxis and control of venereal diseases was started by the Pan American Sanitary Bureau in cooperation with the Venereal Disease Research Laboratory of the Public Health Service and the Health Department of the Guatemalan Government, supported by funds obtained from a grant-in-aid from the National Institute of Health. A laboratory was equipped to do all standard forms of serological tests for syphilis and for the staining and cultivation of gonococcus. Officers of the U. S. Public Health Service assigned to the Bureau have been assisted by Guatemalan doctors and technicians in working on the problem. Reports of the various phases of the work will be written and published, but in the meantime it is interesting to note that the new knowledge on value of treatment with penicillin has been definitely established, that a newer and much more effective prophylactic has been demonstrated and that the standard serological tests which are used daily in the United States have been found to give many false positive reactions in Guatemala and other Central American countries. It has been determined that the most specific of the serologic reactions is the VDRL Cardioplipin Flocculation test. During the course of these studies, local technicians from Guatemala have been instructed in carrying

out the various serological tests and the countries of Central America and Panama have been invited to send technicians to Guatemala to learn the latest techniques.

Serologists from the Laboratory in Guatemala, both American and Guatemalan, have visited certain of the other Central American countries in order to study the techniques used locally and to demonstrate the newer techniques which are being used at the Laboratory in Guatemala.

This program will be terminated in August or September 1948, but it is hoped that the Bureau will have sufficient funds by that time to continue the Laboratory as a teaching center for serologic techniques and for further investigations to determine the causes of false positive reactions.

Typhus Project in Guatemala-

The Pan American Sanitary Bureau entered into an agreement with the Guatemalan Ministry of Health June 26, 1946, to carry out a cooperative program for the control of typhus fever in Guatemala. The plan was based on the possibility of controlling the disease in Guatemala by vaccinating a high percentage of the inhabitants of the areas in the country where typhus is endemic. The primary vaccination, using the Cox vaccine, was to consist of one dose followed by a single booster dose from three to four months thereafter and a further vaccination to consist of a single dose given annually at appropriate seasons. The program was organized by representatives of the Pan American Sanitary Bureau. Teams of vaccination specialists were trained in the methods of vaccination. The work was begun in the highlands of Guatemala. In the neighborhood of a million vaccinations have been done up to date. A total of 482,510 persons have received their first injection, 294,727 have received the second injection, and 144,830 the third. The plan also calls for the use of DDT wherever an outbreak occurs. Remarkable results have been obtained among the persons vaccinated and in the endemic regions only a few scattered cases of typhus of a very benign form have occurred in recent months. No cases occurred in the endemic region during the month of December. The Guatemalan health authorities are very pleased with the results and the program is continuing.

In order to gain additional information as to the relative value of DDT as compared to vaccination, one section of the country adjacent to the region in which vaccinations are being done has been selected in which DDT will be used on the inhabitants and in the habitations. No one in this region will receive vaccinations. So far the consensus of opinion of the medical authorities interested in the program is that vaccination, if carried out in the manner used in this program, can control typhus fever and prevent a very high percentage of infections and reduce the mortality to a bare minimum.

This project is being carried out with funds supplied by Guatemala, with Guatemalan personnel supervised and controlled by Bureau representatives.

Testing Newer Therapeutic Agents in the Treatment of Malaria.

A project has just been started with funds from the Grants Division of the National Institute of Health for a cooperative study by the Bureau and the Guatemala Health Department to determine the relative values of the newer therapeutic agents in the treatment of malaria.

A contract has just been signed by the Director and the Minister of Health and Welfare of the Republic of Guatemala to continue this malarial study for a period of two years.

A malaria laboratory and training center will be established at San Jose, Guatemala, which area was selected because it is known to be an endemic center of malaria.

Emphasis of the study will be placed particularly on the use of newer anti-malarial drugs to determine the most adequate drug regimens for prophylaxis, suppression and therapy in selected groups. The information obtained as a result of this study will be made available through the Pan American Sanitary Bureau to the member governments of the Organization.

Nutrition Institute of Central America and Panama.

The Pan American Sanitary Bureau, in cooperation with the Republics of Central America and Panama, entered into a tentative agreement to carry out a program to improve nutrition in the region.

Three countries, Guatemala, El Salvador and Honduras, are actively participating in the program and furnishing a yearly contribution toward its support. The W. K. Kellogg Foundation is furnishing fellowships for the training of personnel from each country to coordinate the nutrition work in each of the participating countries. Three agronomists are now being trained in Mexico under the supervision of Dr. J. G. Harrar of the Rockefeller Foundation, and three biochemists who have completed a course in English at the University of Michigan are now receiving their professional training at the Massachusetts Institute of Technology under the supervision of Dr. Robert S. Harris. Fellowships will be given to three doctors, one from each of the participating countries, in clinical nutrition, who will start their training in July, and three young women, one from each of the participating countries, will be given fellowships in nutrition education and will begin their studies in July.

A Laboratory for the analysis of foods will be established in Guatemala City where the three biochemists, under the direction of a Chief, will analyze samples of foods from their respective countries. The building has already been selected, and Dr. Harris of M.I.T. is preparing a list of the equipment which will be required in the Laboratory. The equipment will be purchased in the near future and shipped to Guatemala for installation in the building. The Laboratory will be in readiness in October to start the analysis of foods.

It is hoped that Panama and other Central American countries who are at present not participating will join in the program within the next year.

For some months the Bureau has been attempting to find a suitable Director for the Division of Nutrition. When one is employed, his principal duty for the first year or so will be to coordinate the Nutrition Program in Central America and Panama, but he will also be available to investigate conditions relating to nutrition in the other member countries and help them solve their individual problems in nutrition.

Radioisotopes.

The Pan American Sanitary Bureau has offered to the health authorities of the Latin American countries to act as their representative in the handling of purchases of radioisotopes, in accordance with the instructions provided by the United States Atomic Energy Commission, Oak Ridge, Tennessee.

Brucellosis.

The Pan American Sanitary Bureau, following the Resolutions of the XII Pan American Sanitary Conference, Caracas, Venezuela, has started the study of a plan for a Pan American Meeting on Brucellosis, taking into consideration the fact that there are three groups interested in such a meeting: the Argentine Ministry of Health, the Committee elected in a non-official Congress of Brucellosis held in Mexico City, and the Pan American Sanitary Bureau. In this case, as in others of similar nature, it is the intention of the Bureau to coordinate the health and medical activities pertaining to the same subject in as few and as efficient meetings as possible.

Fellowships.

The shortage of funds has made it impossible for the Bureau to grant any fellowships for doctors, nurses, sanitary engineers, statisticians, etc. It is expected that in the future the Bureau may act as a coordinating rather than an awarding agency with regard to scholarships, taking into consideration the fact that we can receive information from all the different agencies in the United States interested in this type of international program of education. Besides, we have access to information on fellowships offered in Latin America. Once the Bureau knows the number of fellowships available in all parts of the Hemisphere and is aware of the particular interest of each country, it will be in a position to give information as to the proper direction of fellowships and selection of fellows, in order that the greatest benefit may be obtained by all. We have received very favorable answers and valuable data from the many requests for information made to the Foundations and organizations in the United States. There has been some delay in receiving answers from Latin America, possibly because a very detailed questionnaire was sent to the Health Departments. (Annex VI).

Need for Developing Improved Methods for Collecting and Distributing Statistical and Epidemiological Information.

One of the basic functions of the Pan American Sanitary Bureau is the collection and distribution of sanitary information of the American Republics.

Two articles in the Pan American Sanitary Code refer specifically to this function:

Article 55 states:

"The Pan American Sanitary Bureau shall be the central coordinating sanitary agency of the various member Republics of the Pan American Union and the general collection and distribution center of sanitary information to and from said Republics. For this purpose it shall, from time to time, designate representatives to visit and confer with the sanitary authorities of the various signatory Governments on public health matters, and such representatives shall be given all available sanitary information in the countries visited by them in the course of their official visits and conferences." and

Article 56 states:

"In addition, the Pan American Sanitary Bureau shall perform the following specific functions: To supply to the sanitary authorities of the signatory Governments through its publications, or in other appropriate manner, all available information relative to the actual status of the communicable diseases of man, new invasions of such diseases, the sanitary measures undertaken, and the progress effected in the control or eradication of such diseases; new methods for combating disease; morbidity and mortality statistics; public health organization and administration; progress in any of the branches of preventive medicine; and other pertinent information relative to sanitation and public health in any of its phases, including a bibliography of books and periodicals on public hygiene.

"In order more efficiently to discharge its functions it may undertake cooperative epidemiological and other studies; may employ at headquarters and elsewhere experts for this purpose; may stimulate and facilitate scientific researches and the practical application of the results therefrom; and may accept gifts, benefactions, and bequests, which shall be accounted for in the manner now provided for the maintenance funds of the Bureau."

The reporting of epidemiological and other statistical information, including notifications of quarantinable diseases, from the American Republics to the Pan American Sanitary Bureau has always been unsatisfactory. Some improvement was experienced from 1944 to 1947 when statistical representatives

were appointed in each country and paid a supplementary salary for services rendered. The supplementary salary was discontinued on January 1, 1948, as recommended by the Directing Council (Buenos Aires, 1947), and the responsibility of sending this information devolved upon each member country. It is still too early to determine if the reporting has been affected in any way by the change, but there is still ground for great improvement, and more cooperation must be obtained from the health authorities if the Bureau is to fulfill effectively its international obligations.

Dr. Halbert L. Dunn, Secretary General of the Inter-American Statistical Institute, recently proposed the creation of an Inter-American Committee on Public Health and Vital Statistics and also the creation in each country of a National Council of Vital Statistics, and requested the cooperation of the Bureau in promoting his ideas. The Director has taken no action up to date because he feels that the time is not ripe for inaugurating a uniform system in all of the American Republics because of the great diversity in the methods in use at the present time. The Director does feel, however, that there is need for improving the method in each of the American Republics and that it is up to the governments concerned to inaugurate the necessary changes. The Director feels that it is the duty of each health department to collect the necessary epidemiological, morbidity, and vital statistics in order to carry out the obligation to the Pan American Sanitary Bureau imposed by the Pan American Sanitary Code. The Bureau must have this information reported on time and in the proper manner in order for it to carry out its obligations to other international health organizations.

For many years the Bureau has cooperated with the Office of Public Health of Paris, with the International Health Division of the League of Nations, with the United Nations Relief and Rehabilitation Administration, and more recently with the Interim Commission of the World Health Organization. Although it is felt that it can not promote the ideas proposed by Dr. Dunn, there is no reason why it cannot continue to cooperate with the Inter-American Statistical Institute.

AGENDA

FOURTH MEETING OF THE EXECUTIVE COMMITTEE

PAN AMERICAN SANITARY ORGANIZATION

May 3-8, 1948 - Washington, D. C., 2001 Conn. Ave., N.W.

1. Study of the proposed organization of the Pan American Sanitary Bureau, (Paragraph 6 of the Resolution adopted on Finances and Reorganization at First Meeting of the Directing Council, Buenos Aires.) (Page 6 of Final Report.)

2. Study of the budget of the Pan American Sanitary Bureau (Item C of Article 12, Chapter IV of the Constitution and Paragraph 2 of the Resolution of the Directing Council on Finances and Reorganization, Buenos Aires.) (Page 6 of Final Report.)

3. Study of the relations of the Pan American Sanitary Organization with the World Health Organization (Paragraphs (b) and (c) of the Resolution of the Directing Council on Relations with the World Health Organization and other organizations, Buenos Aires.) (Page 5 of Final Report.)

4. Discussion of proposals presented by Members of the Executive Committee.

5. Discussion of points which the Executive Committee deems proper, in order that they may be adopted in the Annual Report submitted by Directing Council to the Member Governments (Item D of Article 12, Chapter IV of the Constitution and Item E of Article 8, Chapter III of the Constitution.)

6. Discussion and approval of Preliminary Program* for the Second Meeting of the Directing Council to be held in Mexico City, September 1948. (Item B of Article 12, Chapter IV of the Constitution.)

(Note: It is suggested for future reference that all Resolutions of the Executive Committee be numbered.)

*Annex II.

PRELIMINARY PROGRAM
FIRST PART

SIXTH PAN AMERICAN CONFERENCE OF
NATIONAL DIRECTORS OF HEALTH
and
SECOND MEETING OF THE DIRECTING COUNCIL

TECHNICAL SECTION
October 4 - 7, 1948
Mexico, D.F.

Monday, October 4

9:00 A.M.: Registration of Delegates at the Ministry of Health & Welfare.

9:30 A.M.: Preliminary Session. Organization.
Election of the Executive Board of the Technical Section.*
Designation of the Committees on Credentials, Regulations and Procedure.

11:00 A.M.: Official Opening. (Palacio de Bellas Artes)
Welcome to the Delegates in the name of the Government of Mexico and the Ministry of Health and Welfare.
Response in the name of the Delegates.
Declaration of the opening of the Sixth Pan American Conference of National Directors of Health and the Second Meeting of the Directing Council of the Pan American Sanitary Organization, by His Excellency Miguel Alemán, President of the United States of Mexico.

4:00 P.M. - 6:30 P.M.: First Plenary Session - Auditorium of the Heart Institute.
Reports of the Committees on Credentials, Regulations and Procedure.
Presentation and discussion of the following papers:

- (a) "Control of Diseases Transmitted by Arthropod Vectors" - Dr. Justin M. Andrews.
- (b) "Control de la Fiebre Amarilla y de otras Enfermedades Transmitidas por Mosquitos" - Dr. Adhemar Paoliello.
- (c) "Febre Amarela - Contribuição ao Contrôlê do Aedes (Stegomyia) egypti, visando a sua Erradicação Continental" - Dr. Octavio P. Severo.
- (d) "Control de las Enfermedades Trasmitidas por Mosquitos, especialmente Anófeles" - Dr. Carlos A. Alvarado.

* Since the Third Pan American Conference of National Directors of Health, the Executive Board has consisted of a Chairman and four Vice-Chairmen.

Tuesday, October 5

9:30 A.M. - 1:30 P.M.: Second Plenary Session - Auditorium of the Institute of Health and Tropical Medicine.

Presentation and discussion of the following papers:

- a) "Control de las enfermedades Trasmitidas por Pulgas" - Dr. Atilio Macchiavello.
- b) "Control de las Enfermedades Trasmitidas por Simflidos" - Dr. Luis Vargas.
- c) "Control de las Enfermedades Trasmitidas por Triatomas" - Dr. Emmanuel Dias.
- d) "Control de las Enfermedades Trasmitidas por Piojos" - Dr. Felipe Malo Juvera and Dr. Carlos Ortiz Mariotte.
- e) "Control of Diseases Transmitted by Flies" - Dr. James Watt.

4:00 P.M. - 6:00 P.M.: Presentation and discussion of the following papers:

- a) "Observations on New Rodenticides" - Dr. E. R. Kalmbach
- b) "Origen, Desarrollo y Extensión de la Enfermedad Hidática en América" - Dr. Velarde Pérez Fontana.
- c) "Problemas de Hidatidosis" - Dr. Carlos A. Crivellari.
- d) "Problemas de Histoplasmosis" - Dr. Antonio González Ochoa.

Wednesday, October 6

9:30 A.M. - 1:30 P.M.: Presentation and discussion of the following papers:

- a) "Enfermedades Venéreas en general y programa de investigación en Guatemala" - Dr. Juan M. Funes.
- b) "Chemotherapy of Malaria" - Dr. Robert Coatney
- c) "Control de la Oncocercosis y Evaluación de Nuevas Drogas para la Filariasis" - Dr. Adrián Torres Muñoz y Dr. Luis Mazzotti.
- d) "Experimental Therapy of Onchocerciasis with Suranim and Hetrazan" - Dr. Thomas A. Burch
- e) "Evaluation of venereal disease treatment" - Dr. Robert D. Wright
- f) "Evaluación de Nuevas Drogas para el tratamiento de la Peste" - Dr. Atilio Macchiavello.

4:00 P.M. - 6:00 P.M.: Presentation and discussion of the following papers:

- (a) "A Avaliaçao de novas drogas para a lepra" - Drs. Avelino Alonso Miguez and Joao Batista Rizi.
- (b) "Evaluation of New Drugs for the Treatment of the Rickettsial Diseases" - Dr. Joseph E. Smadel.

General public health problems:

1. Importance of Public Health Dentistry - Dr. Bruce D. Forsyth.
2. "Odontología Preventiva y Servicios de Odontología en los Centros de Salubridad y Asistencia" - Dr. Félix R. Léycogui.

Thursday, October 7

9:00 A.M.: Ceremony in the Central Department (City Government) to receive the Delegates and Representatives as Guests of the City.

10:00 A.M.: Visit to the Lerma Water Works.

1:00 P.M.: Lunch at Xochimilco, offered to the Ladies by the Department of Health and Welfare.

2:00 P.M.: Lunch at Atarasquillo, offered to the Delegates by the Central Department.

PRELIMINARY PROGRAM
SECOND PART
SECOND MEETING OF THE DIRECTING COUNCIL

EXECUTIVE SECTION

October 8 - 12, 1948

Mexico, D.F.

Friday, October 8

9:30 A.M. - 1:30 P.M.: First Plenary Session, Executive Section.

Election of Executive Board of the Executive Section*

Approval of the Internal Procedure and Debate.

Appointment of Committees of:

- I. Organization and Budget of the Pan American Sanitary Bureau
- II. Relations.
 - a) Relations with the World Health Organization
 - b) Associate Members of the World Health Organization
 - c) Other business
- III. Annual Report of the Directing Council to the Member Governments.
- IV. Votes, Resolutions and Drafting

4:00 P.M. - 6:00 P.M. Meetings of Committees.

Saturday, October 9

9:00 A.M. - 1:30 P.M.: Meetings of Committees

4:00 P.M. - 6:30 P.M.: Plenary Session.

Sunday, October 10

9:00 A.M. - 11:30 A.M.: Visit to Temixco, Morelos and demonstration of the application of DDT for the control of insects.

12:30 P.M.: Luncheon in Cuernavaca.

Monday, October 11

9:00 A.M. - 1:30 P.M.: Meetings of Committees.

4:00 P.M. - 6:30 P.M.: Plenary Session.

*At the First Meeting held in Buenos Aires an Executive Board was elected, consisting of a President, a Vice-President and two secretaries.

Tuesday, October 12

9:00 A.M. - 11:00 A.M.: Meetings of Committees.

11:00 A.M. - 1:30 P.M.: Plenary Session

4:00 P.M.: - Closing Plenary Session.

9:00 P.M.: Reception in honor of the National Directors of Health, Delegates, Representatives and others attending the meetings in the Ministry of Foreign Relations of the United States of Mexico.

- 1 -

PAN AMERICAN SANITARY BUREAU
2001 Connecticut Avenue, N.W., Washington 8, D.C.

September 3, 1948

The Honorable,
The Secretary of State
Department of State
Washington, D. C.

Dear Mr. Secretary:

The Final Report of the Fourth Meeting of the Executive Committee of the Pan American Sanitary Organization, sitting in Washington from May 3 to 13, 1948, was forwarded to the Department of State under date of June 4, 1948. Under Sections I and II, "the Organization and Budget of the Pan American Sanitary Bureau", the Executive Committee recommended that the Directing Council, which is to meet in Mexico City on October 4, 1948, approve an adequate budget, apportioned according to a fixed scale of contributions, rather than, as at present, through a fixed per capita contribution of one dollar per thousand inhabitants, plus such supplementary contribution as may be negotiated between the Director of the Bureau and the individual government.

The action of the Directing Council in Buenos Aires, establishing, for the calendar year 1948, the present quota of one dollar per thousand inhabitants, plus supplementary contributions by those countries able and willing to make them, was based on articles 60 and 56 of the Pan American Sanitary Code. The relevant parts of these articles read:

"Article 60. For the purpose of discharging the functions and duties imposed upon the Pan American Sanitary Bureau, a fund... shall be collected ..., apportioned among the signatory Governments on the same basis as are the expenses of the Pan American Union."

"Article 56. In order more efficiently to discharge its functions,... the Bureau may accept gifts, benefactions and bequests..."

Previous to the fiscal year 1949, the Pan American Union assessments were apportioned among the signatory Governments on a fixed per capita basis. In January 1948, the Pan American Union abandoned the per capita basis of raising funds in favor of a formula which assigns to each country a certain percentage of the approved budget. The formula for the fiscal year beginning July 1, 1948 was arrived at by calculating 40% on the basis of population,

and 60% on the basis of ability to pay, as estimated in the formula of payments to the United Nations. Since, in accord with Article 60 of the Pan American Sanitary Code quoted above, funds for the Pan American Sanitary Bureau should be apportioned among Member States in the same way as are funds for the Pan American Union, this change in the Union scale automatically affects the apportionment of collections for the Bureau.

The Executive Committee, believing that the disparity in economic conditions existing among the countries of the Western Hemisphere makes it difficult to provide an adequate budget for the work of the Bureau through assessments based on any of the approved formulae, without throwing an undue burden on certain countries, instructed the Director to prepare a new scale of contributions which would reflect the declared interest of a number of countries in inter-American health activities. The Committee felt that advantage should be taken of the willingness of certain countries to accept an increased percentage of the costs of the international health program to build up an adequate budget without placing too heavy a burden on any country. It was proposed that the budget be divided into two parts - an administrative section which would be apportioned to the Member States according to the formula used by the Pan American Union, and an operational section which would be apportioned according to the new scale.

The Director has not had at his disposal any information available to the apportioning committees of the Pan American Union and of the United Nations except the gratifying response of certain countries to the Director's appeal on behalf of the Bureau.

The new scale has been evolved only after a careful consideration of existing formulae. The allotment to the United States is on a straight per capita basis amounting to 51.67%. The remaining 48.33% has been divided among the other Member States taking into consideration, 1) the percentage each State would have been assessed had the Pan American Union scale been used, 2) the relative ease with which certain countries can obtain dollar exchange, and 3) the declared willingness of various countries to make supplementary contributions to the Bureau.

It is believed that the present scale will not throw an undue burden on any country. This new scale in effect pools the contributions of all Latin American countries, with the United States contributing more than an equal amount.

The budget estimate for the first half of 1949 is \$700,000 or, at the rate of \$1,400,000 annually, only a slight increase over the budget approved for the calendar year 1948.

The budget estimate for the fiscal year 1950, beginning July 1, 1949, amounts to approximately \$2,000,000. These budgets will permit a reasonable expansion of certain activities of the Bureau, and will at the same time make funds available for surveys and planning for further future expansion.

The Executive Committee has instructed the Director to request the Governments in the name of the Committee to authorize their representative at the Second Meeting of the Directing Council to approve the program and budget for the first half of 1949, and for the fiscal year, 1949 - 50.

Budget estimates are enclosed herewith, divided according to administrative and operative sections, with a table showing the representative apportionments for each country, 1) according to the scale adopted for the fiscal year 1949 by the Pan American Union and 2) according to the Union scale for the administrative section of the budget and the special scale for the operational section, as ordered by the Executive Committee.

It is earnestly requested that your Government give the question of financing adequately the work of the Pan American Sanitary Bureau careful consideration and instruct its representative at the meeting of the Directing Council in Mexico City accordingly. As Director of the Bureau during the past year and a half, I have found it impossible to improve existing services or initiate projects covering needs because of a lack of funds. If the Bureau is to serve the health authorities of the Americas in accord with the Code and the present opportunities and needs, adequate provision for financing must be made.

Respectfully yours,

S/d Fred L. Soper

FIS/erb:em

Enclosures

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STATEMENT ON PROGRAM OF THE PAN AMERICAN SANITARY BUREAU

Authorized Program

The Pan American Sanitary Bureau was created by the First Pan American Sanitary Conference in 1902 for the collection and dissemination of information on the occurrence of pestilential diseases. The Pan American Sanitary Code of 1924, the treaty under which the Bureau now operates, created many additional functions and duties for the Bureau, and additional ones have been added from time to time by the Pan American Sanitary Conferences.

The objectives of the Pan American Sanitary Code are declared to be (ART.1):

- a. The prevention of the international spread of communicable infections of human beings;
- b. The promotion of cooperative measures for the prevention of the introduction and spread of disease into and from the territories of the signatory governments;
- c. The standardization of the collection of morbidity and mortality statistics by the signatory governments;
- d. The stimulation of the mutual interchange of information which may be of value in improving the public health and combating the diseases of man.

I. Functions and Duties of the Pan American Sanitary Bureau Established by the Pan American Sanitary Code (Havana 1924) in Articles 54 to 59, inclusive.

- A. To act as the central coordinating sanitary agency of the various Member Republics.
- B. To collect and distribute sanitary information to and from the Pan American Republics.
- C. To publish
 1. Classification of the causes of death.
 2. Standard Forms for reporting on Communicable Disease.
 3. Standard Forms for all other Vital Statistics.
 4. Tabulation of sanitary conditions in ports of Western Hemisphere.
 5. Instructions for measures to be taken by owners and masters of vessels for prevention of international spread of disease.

- D. To supply to the sanitary authorities of the signatory governments through its publications or any other appropriate manner all available information relative to
1. Actual status of the communicable diseases of man.
 2. New invasions of such diseases and measures taken to eradicate them.
 3. Morbidity and mortality statistics.
 4. New methods of combating disease.
 5. Public health organization and administration (Sanitary Codes).
 6. Progress in any of the branches of preventive medicine.
- E. To undertake cooperative epidemiological and other studies, employing experts for this purpose.
- F. To stimulate and facilitate scientific research and the practical application of the results therefrom.
- G. To advise and consult with the sanitary authorities of the various governments on the interpretation and application of the provisions of the Sanitary Code. (Quarantine)
- H. To bring about for mutual aid in the protection of the public health upon requests of sanitary authorities of any of the signatory governments, - exchanges of professors, of medical and health officers, of experts or advisers in public health of any of the sanitary sciences, and
- I. Such administrative functions and duties as may be determined by Pan American Sanitary Conferences.
- II. Responsibilities of the Pan American Sanitary Bureau determined by Pan American Sanitary Conferences in accord with Article 54 of the Sanitary Code (Havana 1924).
- A. The general scope of the duties of the Pan American Sanitary Bureau was greatly increased by the Twelfth Pan American Sanitary Conference (Caracas, January 1947) which resolved:
1. That the Bureau should add to its program the medicosanitary aspects of medical care and of social security;
 2. That the Bureau should act as the Regional Office of the World Health Organization in the Western Hemisphere on the basis of an agreement to be negotiated with that organization.

- B. Specific mandates have been given to the Bureau by the IX, X, XI, and XII Pan American Sanitary Conferences, covering:
1. Bubonic plague.
 - a. Continuation of campaign for eradication in South America (XI-1942).
 - b. Intensification of investigations on plague in wild rodents (XII-1947).
 2. Brucellosis. Declared to be problem of international importance. (XII-1947).
 3. Typhus.
 - a. Organization of committee (XI-1942).
 - b. Popularization of residual insecticides and rodenticides (XII-1947).
 - c. Strengthening of support to official and private investigators of typhus (XII-1947).
 - d. Standardization of rickettsial disease nomenclature. (XII-1947).
 4. Trypanosomiasis (Chagas disease) (XII-1947).
 - a. Epidemiological surveys in countries of the Western Hemisphere.
 - b. Studies on biology of the parasite, the insect vector and on diagnostic methods.
 - c. Development of economical rural dwelling unsuitable to insect vector.
 - d. Systematic study of insecticides suitable for triatomata.
 5. Food and Drugs (XII-1947).
 - a. Creation of Permanent Commission of twenty-one members, representing all Member Governments.
 - b. Creation of Section to study problems of exportation, importation, manufacture and supply.
 - c. Preparation of a Pan American Bromatological Code to define, classify and establish standards of purity.
 - d. Arrangement for supplying official laboratories with pharmacological, biological and bacteriological standards.
 6. Health Education (XII-1947).
 - a. Formation of a Technical Committee.

- b. Creation of a Section in the Bureau.
 7. The formation of Pan American Committees on
 - a. Malaria (X-1938); (XII-1947).
 - b. Sanitary Engineering (XI-1942).
 - c. Housing (XI-1942).
 - d. Biostatistics (XI-1942).
 - e. Nutrition (X-1938).
 8. The convocation of Pan American meetings.
 - a. Pan American Sanitary Conferences at four-year intervals (X-1938).
 - b. Pan American Directors of Health at four-year intervals (X-1938).
 - c. Directing Council of Pan American Sanitary Organization annually (XII-1947).
 - d. Executive Committee of Pan American Sanitary Organization biannually. (XII-1947).
 - e. Sanitary Engineers of Departments of Health (X-1938).
 9. The technical orientation of the sanitation of the Pan American Highway (XI-1942).
 10. The formulation of the conditions under which institutions which care to do so may be registered with said OSP as Pan American Institutions of Scientific Investigation of Public Health Education and of Testing of Diagnostic and Therapeutic Materials. (B.A. IX-1934).
 11. Tuberculosis. Organization of a special section for the study of tuberculosis (B.A. IX-1934).
 12. Pharmacopoeia. Coordination of the activities of the National Committee on Pharmacopoeias looking toward the eventual preparation of a single pharmacopoeia. (B.A. IX-1934).
- C. Special recommendations have been made by Conferences for common action to be taken by Governments on many problems, including
1. Public health administration
 2. Schools of Hygiene
 3. Public health nursing
 4. Infant mortality
 5. Maternal welfare
 6. Biological standards
 7. Tuberculosis

8. Venereal disease
9. Leprosy
10. Rabies
11. Poliomyelitis

Experience shows that such recommendations can be of great practical value when the Bureau acts as central coordinating agency through which interest is maintained.

III. Responsibilities of the Pan American Sanitary Bureau determined by the Directing Council in accord with Article 8 of the Constitution of the Pan American Sanitary Organization.

Specific mandates were given to the Bureau by the First Meeting of the Directing Council, Buenos Aires 1947.

- A. To solve the continental problem of urban yellow fever, based on the eradication of the Aedes aegypti mosquito. The Bureau is authorized to develop the program in agreement with the interested countries, taking the necessary measures to solve such sanitary, economic and legal problems as may arise.
- B. To organize a Section on Relations with other organizations.

IV. Responsibilities of the Pan American Sanitary Bureau determined by the Pan American Conference of National Directors of Health.

The V Pan American Conference of National Directors of Health (Washington 1944) recommended that

The Bureau accept the responsibility for and make preparations to become the uniform channel for requesting, transmitting and obtaining inter-Governmental fellowships for training in Public Health and Welfare.

V. Responsibilities of the Pan American Sanitary Bureau established by the United States - Mexico Border Public Health Conference, Laredo 1947.

The Border Conference with representation of the Minister for Health and Welfare of Mexico, of the United States Public Health Service, and of the State Departments of Health of Arizona, California, New Mexico and Texas agreed:

That the Pan American Sanitary Bureau coordinate

Health Activities along the whole border for the intensification of the control of venereal diseases and of tuberculosis, for public health education, and maternal and child health and in limited zones for the control of malaria and typhus.

C.H.

Actual Program

The Pan American Sanitary Bureau has never had sufficient funds with which to carry out directly its authorized program. The Bureau has always depended on the United States Public Health Service for most of its professional staff and has carried out many of its field studies with funds received from the National Institute of Health. During World War II supplementary funds were received from certain other agencies for specific purposes, but these have been greatly reduced during the past two years. But even at the peak of the war growth, activities of the Bureau were relatively few in number and most of these had a very limited geographical distribution.

The quota contributions of Member States have been devoted largely to the headquarters staff, to the collection and dissemination of statistical information and to the publication of the monthly Bulletin which is distributed widely throughout Latin America. As funds became available for new field programs during World War II, needed increases in headquarters staff were not made and the office organization was not modernized to take care of the added activities.

The following list of activities of the Bureau shows the present spread of activities without attempting to indicate too clearly how very inadequate is the staff with which properly to supervise and direct them.

VI. Activities of the Pan American Sanitary Bureau during 1948 related to responsibilities established by the Sanitary Code, by the Conferences and by the Directing Council.

Programs and Commitments

A. Headquarters.

1. Epidemiology and Statistics - Collection and dissemination of information. International reporting and tracing of venereal disease contacts. Weekly Epidemiological Report.
2. Editorial Section. Monthly Bulletin. Preparation of meeting reports.
3. Library.
4. Information service for official and private organizations on medical and health conditions in Latin America. Technical consultation, placing of fellows and students, hospital construction, plans, etc. Very inadequate.
5. Purchasing Service. A new service which has taken over the UNRRA catalogue files; prepared to procure

materials for health services anywhere in the Americas; will act as agent for handling radio-isotopes, narcotics, biological standards and bacterial strains.

6. Consultant in Nursing and Nursing Education. (Financed for one year by the Rockefeller Foundation.)
7. Sanitary Engineering.
 - a. Consultation on water supplies, sewage disposal and housing.
 - b. Collaboration with Inter-American Association of Sanitary Engineering in conference and publication of Quarterly Journal.
8. Meetings under Pan American Sanitary Bureau auspices.
 - a. Regional Health Conferences
 - 1) Argentina, Brazil, Uruguay, Paraguay, - Montevideo, March 1948.
 - 2) Argentina, Paraguay, Bolivia - Salta, March 1948.
 - 3) Argentina, Chile - Santiago, November 1948
 - 4) Ecuador, Peru - September 1948.
 - b. The Directing Council of the Pan American Sanitary Organization - Mexico City, October 1948.
 - c. Sixth Pan American Conference of National Directors of Health - Mexico City, October 1948.
 - d. Executive Committee of the Pan American Sanitary Organization - Washington, D.C. May 1948; Mexico City, October 1948.
 - e. United States - Mexico Border Public Health Association, Laredo, Texas, and Nueva Laredo, Mexico, March 1948.
 - f. Inter-American Conference on Brucellosis - Mendoza, Argentina, November 1948.
 - g. First Inter-American Sanitary Engineering Congress Santiago, April 1948.
 - h. Expert Malaria Committee of the World Health Organization - Washington, May 1948, with concurrence of Pan American Malaria Committee.
9. Meetings with Pan American Sanitary Bureau - participation.

- a. First Assembly of World Health Organization - Geneva, June-July 1948.
 - b. 1948 General Assembly of the International Union against Venereal Disease - Copenhagen- September 1948. (25th Anniversary Celebration).
 - c. Revision Commission of the International Sanitary Conventions, Expert Committee on International Epidemic Control (World Health Organization) Geneva, April 1948; November 1948.
 - d. Ninth International Conference of American States Bogota - March-April 1948.
 - e. IX Pan American Congress on Child Welfare, Caracas, January 1948.
 - f. Joint Study Group of the Office International d'Hygiene Publique and the World Health Organization on plague, typhus and other diseases - Expert Committee on International Epidemic Control- Paris March-April 1948; October 1948.
 - g. Economic Commission for Latin America - Santiago, June 1948.
 - h. Fourth International Congresses on Tropical Medicine and Malaria (x) - Washington , May 1948.
10. Technical Staff assistance in holding International Conferences
- Fifth International Leprosy Congress- Havana, Cuba, April 1948.
 - Nutrition Conference for Latin America- Montevideo, July 1948 (Food and Agriculture Organization of the United Nations.)
11. Collaboration on Fellowship Programs with
- Venezuelan Government (Malaria)
 - Trudeau Society (Tuberculosis)
 - Kellogg Foundation (Nutrition)
12. Technical Experts borrowed and loaned
- Malaria Expert from U.S. to Venezuela
 - Sanitary Engineer from U.S. to Bahia, Brazil.

B. El Paso Office

1. Coordination of health activities along the entire

Mexico-United States Border, emphasizing especially the control of venereal diseases, tuberculosis, typhus and malaria. (Polio myelitis included 1948).

2. Mexico-United States Border Health Association.

C. Guatemala Office

1. Research programs in collaboration with the National Institute of Health, U.S.A.
 - a. Onchocerciasis. Clinical studies, therapeutic tests, entomology, insecticides.
 - b. Tests of therapeutic agents for malaria.
 - c. Venereal disease studies.
2. Typhus control. Vaccination and DDT. (Collaboration with Guatemalan Government).
3. Institute of Nutrition for Central America and Panama. Contributions of Kellogg Foundation and interested governments.
4. Venereal Disease Control.
 - a. Standardization of laboratories.
 - b. International training center for serologists.

(x) This Congress, meeting in Washington, May 10-18, 1948, adopted a resolution calling on the Bureau to act as a center of information and coordination between the institutions and investigators interested in the study of Chagas disease and leishmaniasis to bring about a methodical joint investigation program in the Western Hemisphere.

D. Lima Office

1. Bubonic plague. Epidemiology and orientation of control measures.
2. Nursing Education.
3. Sanitary Engineering.
4. Coordination health activities along frontiers.

E. Aedes aegypti eradication

1. Southern sector of South America.

Coordination activities Brazil, Paraguay
Uruguay, Argentina.

Northern sector of South America.

- a. Coordination activities Brazil, Ecuador, Venezuela.
- b. Negotiations with Colombia, British, French and Dutch Guiana and Trinidad.

Proposed Program

In considering any program for a regional health organization it should be borne in mind that there are no international areas in which international health organizations operate. The activities of international health organizations must always be tied in with those of national health services. The regional health organization is the agency through which the sanitary authorities of the Member States cooperate with each other in the collection and dissemination of information of all kinds, in the study and solution of problems of common interest, in the exchange of technical experts and in the training of personnel.

VII. Considerations determining the program of the Pan American Sanitary Bureau for the periods, January 1 to June 30, 1949 and July 1, 1949 to June 30, 1950.

The program of the Bureau for the immediate future cannot cover all of its official functions and duties. There are many limiting factors, besides finances, and a choice has had to be made among many opportunities for service.

In general, priority has been given to responsibilities established in the Code (I-A to H above), with emphasis on strengthening the present program before undertaking new activities. Preference has been given to programs of an international character and to activities in which there is an opportunity for financial support from government or private foundations. Certain activities are especially timely because of availability of trained personnel belonging to other agencies which can be utilized. And the real importance of individual problems, as well as the availability of successful methods for their solution, has influenced the decision in some cases. In many instances various or all of these considerations have been present.

A. Limiting Factors.

- 1. Inadequacy of present headquarters and field staff of the

- Bureau for present program.
2. Impossibility of rapidly improvising technical staff for international health work.
3. Lack of basic information essential to preparation of projects for certain activities.
4. Wide extent of region to be served by the Bureau.
5. Necessity of negotiating agreements with governments on technical, administrative and financial details of programs within each country.
6. Lack of working capital and reserve funds for covering early expenditures in 1949 and guaranteeing continuity of operations until quotes are paid.

B. Factors influencing choice of activities.

1. Fundamental responsibility established in the Code.

- a. The obligation to supply sanitary authorities of twenty-one countries, using four languages, with all available information on communicable diseases, on measures taken to eradicate them, on morbidity and mortality statistics, on new methods of combating disease, on public health administration and on all progress in preventive medicine, is one of the fundamental duties established by the Code.
 - (1) To properly discharge this function requires the organization of an Information Section and a considerable increase in the Bureau's staff in the Library, in Epidemiology and Statistics, and in Editorial Section at Headquarters.
 - (2) To get good comparable statistics from all countries requires field contact with statistical officers and provision for uniform training courses.
 - (3) To get the greatest value from collected statistics, provision must be made for analysis and epidemiological interpretation of data on problems of general interest.
- b. Historically, international health organizations owe their existence very largely to the pestilential diseases, yellow fever, smallpox, cholera, plague and typhus, and the Pan American Sanitary Code is very largely devoted to regulations referring to these diseases. So long as these diseases continue in a region, they must constitute a primary responsibility of the regional health organization.
 - (1) Yellow Fever. For over thirty years the Rockefeller Foundation has taken an active part in the study and control of yellow fever in the Americas and has, with respect to this disease, functioned as a re-

gional health organization, relieving the Pan American Sanitary Bureau of much of the burden of this problem. During this period, methods have been developed for the complete eradication of the Aedes aegypti mosquito, the urban vector of yellow fever, and for the mass protection of exposed populations by vaccination; the existence of jungle yellow fever among forest animals has been revealed and many of its mysteries solved; and three yellow fever laboratories, in the United States, in Brazil and in Colombia, have been installed and are prepared to manufacture vaccine.

The Rockefeller Foundation now considers its contribution to this problem to have been made and is withdrawing from participation in yellow fever studies and control. The moment is a propitious one for such withdrawal, no urban outbreaks of yellow fever having occurred in the Americas for several years, and only minor outbreaks of the jungle disease since 1945. The Pan American Sanitary Bureau must step in to cover the breach caused by this withdrawal.

Laboratory services. Vaccine production. It is essential that laboratory services for the diagnosis of yellow fever and the manufacture of vaccine continue to be available to sanitary authorities throughout the continent. The Rockefeller Foundation collaborated with the governments of Colombia and Brazil in the installation of such services in Bogota and in Rio de Janeiro, strategic centers from which to serve the rest of the continent. During the period of Foundation collaboration it was relatively easy to coordinate the work done in these laboratories and direct their energies to the solution of problems, including the manufacture and distribution of vaccine, of general interest to all countries. It is important that this coordination be continued and the Pan American Sanitary Bureau has the responsibility for maintaining contact with these two laboratories and with the entire problem of yellow fever in South America.

The suggestion has been made that yellow fever and smallpox vaccine should be combined as the French do in West Africa. The method has obvious advantages, but has never been tested in the Americas. The testing of this method in the Americas is a matter of general interest and should be carried out at an early date.

Eradication of Aedes aegypti. Though the means for the solution of the yellow fever problem are at hand, the task is far from complete, and the threat continues in these days of rapid air transportation to all countries whose cities harbor the Aedes aegypti mosquito. The Bureau has been working under a specific mandate of the Directing Council since October 1947 on the coordination of activities for the eradication of aegypti from the Americas to eliminate completely the threat of urban yellow fever. In this program the Bureau has the full collaboration of the National Yellow Fever Service of Brazil, the Director of which fully realizes that the permanent freedom of his country from aegypti depends on its eradication from neighboring countries.

From the long years' experience with eradication in Bolivia and in Brazil, there can be no doubt but that Aedes aegypti, the vector of both yellow fever and dengue can be eradicated from the continent. It is highly important to push the program to completion in South America and up through Central America and the West Indies to Mexico and the United States, as rapidly as possible, thus eliminating the threat of reinfestation of clean areas.

It may seem to some that, considering the apparent relative unimportance of yellow fever in recent years, an undue emphasis is placed on this problem in the program of the Bureau. It cannot be forgotten that yellow fever continues as an animal disease with some human cases capable of bringing the disease into urban areas, occurring from time to time in all of the countries of South America except Uruguay and Chile. The recent occurrence of yellow fever cases (June 1948) in Misiones, Argentina, and Rio Grande do Sul, Brazil, only emphasizes the wide geographical distribution of this threat.

On the other hand, the present situation is the result of many years of constant effort with the expenditures of many millions of dollars. The advanced status of the program for the eradication of Aedes aegypti in Bolivia, Perú and Brazil makes it imperative to carry on with the eradication in other regions as rapidly as possible.

The funds spent in the eradication of Aedes aegypti should be considered in the light of capital investment from which dividends will be drawn in future years in the shape of freedom from yellow fever and dengue fever, and in increased comfort for urban inhabitants throughout the Western Hemisphere.

- (2) Plague. From the date of its invasion into the Western Hemisphere at the turn of the century, plague has been a continued menace to the American Republics. It is confined principally to the rural districts in the United States, Peru, Ecuador, Venezuela, Brazil, Argentina and Bolivia.

That the disease has become a minor problem for shipping in the Western Hemisphere in recent years is believed to be due in part to the work of the Bureau in cooperation with the infected countries. The principal ports are now free from plague, but from time to time the disease is discovered at some of the smaller ports and interior towns. Through the use of new chemical agents, insecticides and redenticids such local foci of plague can be promptly suppressed. Staff members of the Bureau have taken an important part in developing methods for the use of these chemical agents in the field.

With the facilities available in Peru, which have been offered to the Bureau, consisting of a well-equipped laboratory and field staffs, the Bureau is in a position to train doctors and technicians from other countries in the epidemiology and in modern methods of control of plague. The ultimate hope of eradicating plague from the Americas must depend on the concerted action of properly trained personnel working in the

infected countries. The continued existence of plague in the Americas is a definite challenge to the Bureau which has been working for so many years on this important problem.

(3) Rickettsial diseases: Typhus.

The introduction of DDT has made the control and eradication of both louse and flea-borne typhus feasible. The importance of these diseases in many parts of the Americas cannot be overestimated.

The Pan American Sanitary Bureau has been collaborating with the sanitary authorities of Guatemala in a three-year program, proposed by the Pan American Typhus Committee in 1945, based on the use of vaccine and DDT.

Much yet remains to be done in developing economical methods for the eradication of typhus and in introducing these methods throughout the infected areas.

(4) Smallpox. Since Jenner demonstrated the value of vaccination in 1796, the eradication of smallpox from the earth has been scientifically possible, but still the old menace persists. The American Republics in the Caribbean and a few on the mainland have evidently eradicated the disease since no cases nor outbreaks have been reported for several years. On the other hand, cases and outbreaks have been frequently reported in other countries and the disease continues to spread from place to place. (In 1947 an outbreak occurred in New York City from an imported case from Mexico).

The Bureau's position as the Inter-American agency for coordinating the control of communicable disease should be utilized to aid in the eradication of smallpox from the Americas. A relatively small amount spent in the improvement of vaccine for use in the tropics and in stimulating local health services to carry

out concerted mass vaccination programs should pay big dividends in the solution of this eternal problem.

5. Cholera. Although cholera has not been a serious problem in the Western Hemisphere during the present century, the 1947 invasion of Egypt caused serious apprehension in certain quarters. The program of the Bureau gives no consideration to this problem but the Bureau should be in a position to suggest common action, should any new threat appear.

c. Exchanges of personnel; fellowships.

Experience has shown that a very important function of an international health organization consists in bringing information and techniques available in one country to the attention of other countries through promoting the exchange of technical personnel for consultation and service, for special research, for formal training in special institutions and for informal travel grants. The amount set aside for fellowships in the proposed budget of the Bureau is very inadequate to cover the Inter-American requirements.

Previous to the development of an extensive fellowship program, however, a survey should be made of the needs for trained personnel in the health field, in the various countries of the Americas. A survey should also be made of the opportunities for training different types of personnel in the various countries of the Western Hemisphere.

2. International Character of Problem.

The solution of border health problems depends upon a degree of international collaboration which is difficult to obtain even between the most friendly neighboring countries in the absence of an international coordinating agency.

a. Border activities.

(1) Mexico - U.S.A. border. Along the long border between the United States and Mexico, from the Gulf to the Pacific, are a series of Siamese-twin cities, part in the United States, part in Mexico, with separate political and health administrations, but with a large daily interchange of population and with many common health problems. During the early war years the Pan American Sanitary Bureau had an extensive Border Service in large part financed by the United States. This Service was later greatly reduced, but in 1947, on the initiative of the Under-Secretary of Health for Mexico, a border conference of sanitary authorities from both countries was held and a program of coordination to be carried out by the Pan American Sanitary Bureau agreed upon, covering tuberculosis, venereal disease, malaria, typhus, and general health activities. There is an opportunity for important constructive work along the border which is not now being properly exploited through lack of the necessary elements.

(2) River Plate Conferences.

Early in 1948 two health conferences were held, one at Montevideo, Uruguay, and the other at Salta, Argentina. At the first, Argentina, Brazil, Uruguay and Paraguay joined in a regional health code covering points of special interest to the River Plate countries. At the second, similar action was taken by Argentina, Bolivia, and Paraguay. These local agreements are very important, but it is apparent that they can become fully effective only when the Pan American Sanitary Bureau has the organization to maintain contact with the authorities of the participating countries.

Similar agreements have been drawn up by Peru and Ecuador, and by Bolivia, Perú and Chile.

b. Onchocerciasis.

Onchocerciasis is a filarial disease of African origin with a foothold in the Americas only in Guatemala and in certain parts of Mexico, which has shown a disquieting tendency to spread from infected to clean areas. The development of the Pan American Highway and the improvement of local transportation systems in the infected regions has greatly facilitated the movement of infected individuals from place to place to meet changing labor requirements with consequent spread of the disease.

Onchocerciasis is a problem in which countries other than Guatemala and Mexico have a stake. Through the Pan American Sanitary Bureau all of the American countries should collaborate in the attempt to solve this problem through the development of therapeutic and entomologic methods of eradication.

c. Verruga peruana.

Verruga peruana is a disease native to South America, unknown in other parts of the world and for long believed to be limited to a few short Pacific coast valleys in Peru. It is now known to exist in many of these valleys and to have established a foothold in Ecuador and in Colombia. There are also reports of the disease on the eastern slope of the Andes in Bolivia which have not been adequately investigated. Fortunately the insect vector of this disease is very susceptible to residual DDT. A number of countries have a direct interest in the making of a thorough survey of the distribution of verruca, and in the organization of a campaign for its eradication before further spread occurs.

d. Hydatidosis

Hydatidosis is an increasing problem in Argentina, Uruguay, southern Brazil and Chile. The development and enforcement of methods for its control are of common interest to these countries.

e. Schistosomiasis.

Schistosomiasis is a serious helminthic disease originating in other parts of the world which has become established in a number of the West Indian islands, in Venezuela and in several Brazilian states. The disease is less widespread than is its snail host (*Planorbis*), and there is evidence of its continuing extension. It is important that field tests be made under careful control conditions of a large number of chemical products, until a satisfactory molluskicide has been found.

3. Financial Support from other agencies.

An international health organization cannot expect to have funds sufficient to carry out alone all of the activities which are of international importance. Also it must be remembered that cooperative projects tend to develop strength and character from each of the cooperating agencies.

a. Eradication of *Aedes aegypti*.

The program for the eradication of *Aedes aegypti* is based on the belief that most of the political units in the Americas will be able to finance the eradication of *aegypti* once they have proper orientation for the economic use of DDT in this program. The Bureau at the present time is coordinating activities in various countries, in most instances with the entire cost borne by the individual country. In no case is the Bureau contributing to the cost of locally hired personnel.

b. Typhus and plague.

The Typhus program in Guatemala and the plague programs in Peru and Ecuador are financed by the respective governments with the representatives of the Pan American Sanitary Bureau acting in an advisory capacity.

c. Nutrition

The project for the creation of an Institute of Nutrition for Central America and Panama is based on financial contributions of each of the participating countries and of the Kellogg Foundation. The support of the Kellogg Foundation to this project has made it possible for the Bureau to make definite plans for a section of nutrition in the

Bureau, with the selection of its future Director, at a time when the funds of the Bureau did not permit such action.

d. Nursing.

The financial collaboration of the Rockefeller Foundation has made possible the appointment of a Consultant in Nursing in the Bureau at a time when Bureau funds were inadequate.

4. Availability of Personnel.

Personnel for specialized activities in the international health field cannot be improvised, and it is and must continue to be the policy of the Bureau to take advantage of those instances where personnel may be available.

a. Eradication of Aedes aegypti.

The organization of the program for the coordination of measures for the eradication of Aedes aegypti has been possible only because of the present availability of highly experienced personnel from the National Yellow Fever Service of Brazil. The program for the eradication in Brazil has progressed until it has become possible to make members of its staff available for international work. Without this reserve of personnel, the organization of the program would have been greatly delayed.

b. Trypanosomiasis (Chagas' Disease)

The Bureau has not been active in the field of trypanosomiasis, but tentative plans have been made to coordinate the programs of a number of active, well-trained workers in several different countries who are now working independently and, in many cases, with inadequate funds for personnel and equipment.

5. The importance of individual problems and the availability of methods for their solution.

There are certain problems of such outstanding importance that even though they are not, in and of themselves, international problems merit international collaboration in their solution.

a. Malaria.

Malaria continues to be one of the most important health problems of the American tropics. The introduction of DDT as a residual spray has made possible the dream of the practical eradication of this disease in the near future. The dissemination of information on, and the demonstration of methods for the proper use of this insecticide are most important. This is especially true since the use of DDT as a residual domiciliary insecticide is of value in the control of a large number of other diseases which are transmitted by insects in the home. For this reason, the section responsible for the control of malaria should also become responsible for the freeing of domiciles from other insects, thus being transformed from a Malaria Section to a House disinfection Section.

The importance of this House Disinfection Section can be seen from the following list of diseases in the Americas which are transmitted in some places by household insects:

Malaria
Yellow Fever
Dengue fever
Relapsing fever
Verruga peruana
Plague
Murine Typhus
Louse and flea-borne typhus
Trypanosomiasis (Chagas' Disease)
Visceral leishmaniasis
Fly-borne intestinal diseases
Rocky Mountain spotted fever
Filariasis

House disinfection also adds greatly to the comfort of the inhabitants through the elimination of bed bugs, cockroaches and flies.

It is important that studies be carried out to determine:

- (1) the most economical method of using insecticides for the solution of important problems dealing with a single insect vector or for the eradication of a given insect species, and
- (2) the most useful and economical method for

general application of insecticide to meet the majority or all of the above problems.

b. Venereal disease.

Venereal disease is an important public health problem which becomes one of international importance in border communities and in international ports. A start has been made in international collaboration through special therapeutic studies, through the standardization of laboratory techniques for serum diagnosis and through the international notification of known contacts of cases occurring among military and maritime personnel.

With the development of methods which make possible the rapid sterilization of infectious cases, increased progress can be anticipated in the eradication of venereal disease wherever a serious administrative effort is made. As the future incidence of venereal disease cases drops, more and more attention will be paid to sources of infection. It is inevitable that venereal disease will, in the not far distant future, come to be a matter of increasing international concern. It is highly important that laboratories through the Americas be uniformly prepared to do high grade diagnostic work and that both therapeutic and administrative methods be standardized for the eradication of venereal disease.

6. The importance of general fields of activity.

Certain general fields are of so much importance to all public health programs that the coordination of activities must be considered as an integral part of a regional health program. In the future program for the Bureau provision has been made for sections on

- a. Sanitary Engineering
- b. Nursing, and
- c. Health Education.

A technique which is proving quite successful in general fields of activity is the development of permanent inter-American technical organizations with an international membership. The United States - Mexico Border Public Health Association, now in its sixth year, is active and useful with well attended

Annual Meetings at different border towns. The more recent Inter-American Association for Sanitary Engineering has more than 1200 members in various American Republics and is publishing a quarterly journal.

It would seem, logical to look forward to the Bureau's collaboration with the Inter-American Hospital Association and with an inter-American nursing organization to be formed.

Comment

Reference to the proposed Budget for Six Months, January 1 to June 30, 1949, and the Proposed Budget for Fiscal Year 1950, July 1, 1949, to June 30 1950, will reveal the inclusion of many items not referred to above. The funds allocated to individual items should not be taken as a suggestion of their relative importance nor of the eventual programs to be developed in future years.

VIII.

PAN AMERICAN SANITARY BUREAU

SUMMARY
 PROPOSED BUDGET FOR SIX MONTHS
 JANUARY 1, 1949 to JUNE 30, 1949

PART I. ADMINISTRATIVE BUDGET \$243,000.00

PART II. OPERATING BUDGET 457,000.00
 TOTAL \$700,000.00

	<u>PART I</u>	<u>PART II</u>
Headquarters Administration	137,000.00	
Reserve for Income Tax and Retirement	20,000.00	

ZONE OFFICES

Zone No. 1 Southern Sector of North America	21,500.00	19,250.00
Zone No. 2 Western Sector of South America	21,500.00	19,775.00
Zone No. 3 Southern Sector of South America	21,500.00	19,250.00
Zone No. 4 Eastern Sector of South America	21,500.00	19,640.00

FIELD PROGRAMS AND SECTIONS

Library Services	8,525.00
Epidemiological & Statistical	19,650.00
Editorial & Publications	27,450.00
Procurement Services to Member Republics	13,200.00
Sanitary Engineering	18,300.00
Nursing Section	12,250.00
Nutrition Section	-
Maternal & Child Hygiene	11,425.00
Dental Section	-
Veterinary Section	11,000.00
Food and Drugs	15,550.00
Fellowship Section	16,760.00
Conference Section	10,000.00
Health Education	11,600.00
Div. of Public Health	7,500.00
Hospital Administration	13,250.00
Div. of Medical Services	5,500.00
Disinfestation of Domiciles	13,000.00
Rickettsial Diseases	8,050.00
Trypanosomiasis & Leishmaniasis	9,025.00
Small Pox Program	8,050.00
Verruga Peruana Program	4,500.00
Yellow Fever Program	55,250.00
Plague Program	4,100.00

Onchocerciasis Program	-
Venereal Disease Program	45,450.00
Leprosy Programs	-
Tuberculosis Program	7,500.00
Poliomyelitis Program	5,500.00
Typhoid Fever Program	3,500.00
Schistosomiasis Program	7,500.00
Hydatidosis	5,700.00

The above budget makes no provision for necessary working capital

C.H.

IX.

PAN AMERICAN SANITARY BUREAU

SUMMARY

PROPOSED BUDGET FOR FISCAL YEAR 1950
July 1, 1949 to June 30, 1950

PART I. ADMINISTRATIVE BUDGET \$ 486,000.00

PART II. OPERATING BUDGET 1,514,000.00

TOTAL \$2,000,000.00

	<u>PART I</u>	<u>PART II</u>
Headquarters Administration	318,375.00	
Reserve for Income Tax and Retirement	55,000.00	
<u>ZONE OFFICES</u>		
Zone No. 1 Southern Sector of North America	28,156.25	60,043.75
Zone No. 2 Western Sector of South America	28,156.25	57,893.75
Zone No. 3 Southern Sector of South America	28,156.25	59,543.75
Zone No. 4 Eastern Sector of South America	28,156.25	60,243.75

FIELD PROGRAMS AND SECTIONS

Library Services		18,000.00
Epidemiological & Statistical		70,850.00
Editorial & Publications		72,900.00
Procurement Services to Member Republics		52,970.00
Sanitary Engineering		39,000.00
Nursing Section		48,900.00
Nutrition Section (Non add)		x55,500.00
Maternal & Child Hygiene		22,400.00
Dental Section		20,200.00
Veterinary Section		21,000.00
Food and Drugs		30,000.00
Fellowship Section		123,100.00
Conference Section		31,105.00
Health Education		24,700.00
Division of Public Health		14,175.00
Hospital Administration		38,500.00
Division of Medical Services		11,000.00
Disinfection of Domiciles		26,000.00
Rickettsial Diseases		27,050.00
Trypanosomiasis & Leishmaniasis		44,025.00
Smallpox Program		24,350.00
Verruga Peruana Program		15,950.00

Yellow Fever Program	322,500.00
Plague Program	12,600.00
Onchocerciasis Program	4,000.00
Veneral Disease Program	99,050.00
Leprosy Program	1,750.00
Tuberculosis Program	16,200.00
Poliomyelitis Program	10,500.00
Typhoid Fever Program	7,000.00
Schistosomiasis Program	15,000.00
Hydatidosis	11,400.00

x Financed by three governments and the Kellogg Foundation.

The above budget makes no provision for necessary working capital

C.H.

PAN AMERICAN SANITARY BUREAU

SCALES FOR APPORTIONMENT OF CONTRIBUTIONS
TO THE PAN AMERICAN SANITARY BUREAU
(1949 & 1950 BUDGETS)

Countries	Per Capita Scale	United Nations Scale	Pan American Union Scale	New Scale for Operating Budget
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
ARGENTINA	5.72	3.98	4.68	12.50
BOLIVIA	1.37	.17	.65	.60
BRAZIL	14.77	3.98	8.30	12.35
CHILE	1.95	.97	1.36	.87
COLOMBIA	3.09	.80	1.71	1.83
COSTA RICA	.27	.08	.16	.21
CUBA	1.80	.62	1.09	2.30
DOMINICAN REP.	.73	.11	.36	.55
ECUADOR	1.15	.11	.52	.36
EL SALVADOR	.70	.11	.35	.15
GUATEMALA	1.28	.11	.58	.90
HAITI	.97	.08	.44	.15
HONDURAS	.43	.08	.22	.20
MEXICO	7.90	1.36	3.97	7.35
NICARAGUA	.39	.08	.21	.20
PANAMA	.24	.11	.16	1.27
PARAGUAY	.41	.08	.21	.20
PERU	2.84	.43	1.39	.90
UNITED STATES	51.67	85.77	72.13	51.67
URUGUAY	.79	.39	.55	1.67
VENEZUELA	1.53	.58	.96	3.77
	<u>100.00</u>	<u>100.00</u>	<u>100.00</u>	<u>100.00</u>

PAN AMERICAN SANITARY BUREAU

BUDGET FOR THE FIRST SIX MONTHS OF 1949
Jan 1, 1949 to June 30, 1949

TABLE OF CONTRIBUTIONS

<u>COUNTRY</u>	<u>ADMINISTRATION</u>		<u>OPERATING</u>			<u>COMBINED</u>		
	P.A.U. SCALE	AMOUNT	NEW SCALE	AMOUNT ON NEW SCALE	AMOUNT ON P.A.U. SCALE	PAU AN NEW SCALE	TOTAL AMOUNT OF BUDGET-PAU AND NEW SCALE	TOTAL AMOUNT OF BUDGET - P.A.U. SCALE
Argentina	4.68	\$ 11,372.40	12.50	\$ 57,125.00	\$ 21,387.60	9.79	\$ 68,497.40	\$ 32,760.00
Bolivia .....	.65	1,579.50	.60	2,742.00	2,970.50	.62	4,321.50	4,550.00
Brazil	8.30	20,169.00	12.35	56,439.50	37,931.00	10.94	76,608.50	58,100.00
Chile	1.36	3,304.80	.87	3,975.90	6,215.20	1.04	7,280.70	9,520.00
Colombia	1.71	4,155.30	1.83	8,363.10	7,814.70	1.79	12,518.40	11,970.00
Costa Rica .....	.16	388.80	.21	959.70	731.20	.19	1,348.50	1,120.00
Cuba	1.09	2,648.70	2.30	10,511.00	4,981.30	1.88	13,159.70	7,630.00
Dominican Republic ..	.36	874.80	.55	2,513.50	1,645.20	.48	3,388.30	2,520.00
Ecuador .....	.52	1,263.60	.36	1,645.20	2,376.40	.42	2,908.80	3,640.00
El Salvador .....	.35	850.50	.15	685.50	1,599.50	.22	1,536.00	2,450.00
Guatemala .....	.58	1,409.40	.90	4,113.00	2,650.60	.79	5,522.40	4,060.00
Haiti .....	.44	1,069.20	.15	685.50	2,010.80	.25	1,754.70	3,080.00
Honduras .....	.22	534.60	.20	914.00	1,005.40	.21	1,448.60	1,540.00
Mexico	3.97	9,647.10	7.35	33,589.50	18,142.90	6.18	43,236.60	27,790.00
Nicaragua .....	.21	510.30	.20	914.00	959.70	.20	1,424.30	1,470.00
Panama .....	.16	388.80	1.27	5,803.90	731.20	.88	6,192.70	1,120.00
Paraguay .....	.21	510.30	.20	914.00	959.70	.20	1,424.30	1,470.00
Peru	1.39	3,377.70	.90	4,113.00	6,352.30	1.07	7,490.70	9,730.00
United States	72.13	175,275.90	51.67	236,131.90	329,634.10	58.77	411,407.80	504,910.00
Uruguay .....	.55	1,336.50	1.67	7,631.90	2,513.50	1.28	8,968.40	3,850.00
Venezuela .....	.96	2,332.80	3.77	17,228.90	4,387.20	2.80	19,561.70	6,720.00
	<u>100.00%</u>	<u>\$243,000.00</u>	<u>100.00%</u>	<u>\$457,000.00</u>	<u>\$457,000.00</u>	<u>100.00%</u>	<u>\$700,000.00</u>	<u>\$700,000.00</u>

PAN AMERICAN SANITARY BUREAU

BUDGET FOR FISCAL YEAR 1950
(July 1, 1949 to June 30, 1950)

TABLE OF CONTRIBUTIONS

<u>COUNTRY</u>	<u>ADMINISTRATION</u>		<u>OPERATING</u>			<u>COMBINED</u>		
	<u>P.A.U. SCALE</u>	<u>AMOUNT</u>	<u>NEW SCALE</u>	<u>AMOUNT ON NEW SCALE</u>	<u>AMOUNT ON P.A.U. SCALE</u>	<u>FAU AND NEW SCALE</u>	<u>TOTAL AMOUNT OF BUDGET-PAU NEW SCALE</u>	<u>TOTAL AMOUNT OF BUDGET-PAU AND BUDGET-PAU NEW SCALE</u>
Argentina	4.68	\$ 22,744.80...	12.50	\$ 189,250.00	\$ 70,855.20.....	10.60	\$ 211,994.80	\$ 93,600.00
Bolivia	0.65	3,159.00...	.60	9,084.00	9,841.00.....	.61	12,243.00	13,000.00
Brazil	8.30	40,338.00...	12.35	186,978.00	125,662.00.....	11.37	227,316.00	166,000.00
Chile	1.36	6,609.60...	.87	13,172.00	20,590.40.....	.99	19,781.60	27,200.00
Colombia	1.71	8,310.60...	1.83	27,706.00	25,889.40.....	1.80	36,016.60	34,200.00
Costa Rica	0.16	777.60...	.21	3,179.40	2,422.40.....	.20	3,957.00	3,200.00
Cuba	1.09	5,297.40...	2.30	34,821.40	16,502.60.....	2.01	40,118.80	21,800.00
Dominican Republic	0.36	1,749.60...	.55	8,327.00	5,450.40.....	.50	10,076.60	7,200.00
Ecuador	0.52	2,527.00...	.36	5,450.00	7,872.80.....	.40	7,977.00	10,399.80
El Salvador	0.35	1,701.00...	.15	2,271.00	5,299.00.....	.20	3,972.00	7,000.00
Guatemala	0.58	2,818.80...	.90	13,626.20	8,781.20.....	.82	16,445.00	11,600.00
Haiti	0.44	2,138.40...	.15	2,271.00	6,661.60.....	.22	4,409.40	8,800.00
Honduras	0.22	1,069.20...	.20	3,028.00	3,330.80.....	.20	4,097.20	4,400.00
Mexico	3.97	19,294.20...	7.35	111,279.00	60,105.80.....	6.53	130,573.20	79,400.00
Nicaragua	0.21	1,020.60...	.20	3,028.00	3,179.40.....	.20	4,048.60	4,200.00
Panama	0.16	777.60...	1.27	19,228.00	2,422.40.....	1.00	20,005.60	3,200.00
Paraguay	0.21	1,020.60...	.20	3,028.00	3,179.40.....	.20	4,048.60	4,200.00
Peru	1.39	6,755.40...	.90	13,626.00	21,044.60.....	1.02	20,381.40	27,800.00
United States	72.13	350,552.00...	51.67	782,285.00	1,092,048.20.....	56.64	1,132,837.00	1,442,600.00
Uruguay	0.55	2,673.00...	1.67	25,284.00	8,327.00.....	1.40	27,957.00	11,000.00
Venezuela.....	0.96	4,665.60...	3.77	57,078.00	14,534.40.....	3.09	61,743.60	19,200.00
TOTAL	100.00%	\$486,000.00...	100.00%	\$1,514,000.00	\$1,514,000.00.....	100.00%	2,000,000.00	2,000,000.00

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NOTES AND DOCUMENTS ON REGIONALIZATION AND RELATIONS
WITH THE PAN AMERICAN SANITARY ORGANIZATION FROM THE
FIRST ASSEMBLY OF THE WORLD HEALTH ORGANIZATION
(Geneva, June 24 - July 24, 1948)

The Pan American Sanitary Bureau has the honor to submit to the Directing Council the attached material taken from the documents of the First World Health Assembly (Geneva, June 24 to July 24, 1948) in reference to problems of regionalization in general and relations between the World Health Organization and the Pan American Sanitary Bureau.

Although there is a large amount of documentation on the subject, it is felt that the Members of the Directing Council should be fully informed of the discussions and actions which took place at the First World Health Assembly. All of the documents attached have been taken verbatim from the official records.

It was particularly fortunate that both the Director and the Secretary General of the Bureau could attend these meetings, as so many matters of interest and importance to the future of the Pan American Sanitary Organization were discussed.

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29 June 1948 - A/VR/8

In the Eighth Plenary Meeting Dr. Soper, Director of the Pan American Sanitary Bureau made the following statement:

As Director of the Pan American Sanitary Bureau, an organization in which twenty-one of the American Republics are united, it is my great privilege to offer our felicitations to the World Health Organization on this auspicious occasion. Although less than half of the American republics have ratified the Constitution of the World Health Organization, I can assure you that steps towards ratification are being taken in most of them and we anticipate that it will not be many months before the roll of the American republics in the World Health Organization is complete.

My remarks on the report of the Interim Commission are divided into two parts, the first making certain corrections on the statement regarding the Pan American Sanitary Bureau contained in the report, which we feel is not up to date, and the second referring to the entire problem of regional organization.

The statement regarding the organization of the Pan American Sanitary Bureau and its duties, appearing on pages 19 and 20, and the general statement at the top of page 22 of the report of the Interim Commission to the first World Health Assembly that (I quote) "all the international health organizations in existence in 1939, the Pan American Sanitary Organization, OIHP, and the Health Organization of the League of Nations, were bodies with advisory but without executive power, authorized only to collect and distribute technical information and statistical data and to act as liaison organs between national health-administrations", are apt to give a misleading impression of the present responsibilities and activities of the Pan American Sanitary Organization.

Chapter IX of the Pan American Sanitary Code of 1924 establishes the functions and duties of the Pan American Sanitary Bureau in Articles 54 to 59. Article 54 of the Code provides that "the organization, functions and duties of the Pan American Sanitary Bureau shall include those heretofore determined for the International Sanitary Bureau by the various international sanitary and other conferences of the American Republics, and such additional administrative functions and duties as may be hereafter determined by Pan American sanitary conferences."

The twelfth Pan American Sanitary Conference, meeting in Caracas in January 1947, acting under the authorization of this article, broadened the programme of the Bureau to include all medical sanitary aspects of preventive medicine, medical care and social welfare and increased its field of activity to cover the Western Hemisphere. Article I of the Constitution reads as follows: "Purposes. The fundamental purposes of the Pan American Sanitary Organization shall be to promote and co-ordinate efforts of the countries of the Western Hemisphere, to combat disease, lengthen life, and promote the physical and mental health of the people."

The components of the Pan American Sanitary Organization as now organized are four. The twelfth Pan American Sanitary Conference, meeting in Caracas in January, as above referred to, decided that the Pan American

Sanitary Organization should be composed of:

1. The Pan American Sanitary Conference, the supreme organ of the Organization constituted by delegates from each of the Member States meeting at four-year intervals;
2. The Directing Council with one representative of each Member State meeting annually;
3. The Executive Committee composed of representatives of Seven Member States meeting at six month intervals; and
4. The Pan American Sanitary Bureau, the operating agency of the Organization.

The fields of activity of the Pan American Sanitary Bureau are much more extensive than are generally appreciated. The Pan American Sanitary Bureau, with headquarters in Washington, has at present three field offices. The office at El Paso, Texas, on the border between the United States and Mexico, is devoted to the co-ordination of health activities relating especially to communicable disease, tuberculosis, venereal disease, malaria and the rickettsial diseases on both sides of the border.

The Bureau's office at Guatemala City is responsible for the administration of a special three-year typhus control programme, of a series of studies on venereal disease, on onchocerciasis, and on malaria therapy, and for the organization of an Institute of Nutrition for Central American and Panama, in which several countries and the Kellogg Foundation are collaborating.

The Bureau's office at Lima, Peru, is devoted especially to the study and control of plague in South America, and to assistance on problems of nursing education and sanitary engineering in Peru and in neighbouring countries.

A new programme, which was organized last year, marks, we believe, a milestone in public health practice. At the eleventh Pan American Sanitary Conference, meeting in Rio de Janeiro in 1942, the Bolivian delegate proposed a resolution which was approved, calling on all of the American governments to organize simultaneous campaigns for the eradication of the Aedes aegypti mosquito, the vector of urban yellow fever. Bolivia was interested in getting other countries to rid themselves of infestation with Aedes aegypti, since she had been able to eradicate this species and was anxious to be protected against re-infestation. By 1947 Peru and British Guiana had made considerable progress in the eradication of Aedes aegypti and the National Yellow Fever Service of Brazil reported that only a small section of north-east Brazil was still infested. At the meeting of the Directing Council in Buenos Aires in September 1947, the representative of Brazil called attention to the re-infestations of Brazil with Aedes aegypti from other countries, and asked that a campaign for the eradication of Aedes aegypti from the Americas be carried out, so that such countries as might free themselves from this mosquito would not be threatened by re-infestation. After full discussion of the difficulties of the proposed programme, the Directing Council made the Bureau responsible for the solution of the continental problem of urban yellow fever in the Americas, through the eradication of the Aedes aegypti mosquito from the Western Hemisphere, and authorized the Bureau to take the necessary measures to solve the sanitary, financial and legal difficulties encountered. This action was taken with the full knowledge that the Bureau would have to do more than act in an advisory capacity, if the objectives were to be gained. In carrying out the instructions of the Directing Council,

the Pan American Sanitary Bureau has already taken over the direct administration of the anti-mosquito service in one of its Member States for the years 1948 and 1949, and has furnished technically trained personnel for the reorganization of anti-mosquito services in other countries.

The Bureau has special travelling representatives, visiting all countries in South America to co-ordinate anti-~~egypti~~ activities throughout the continent. In the near future these activities are to be extended to the Caribbean region.

The action of the Directing Council in recognizing the importance to all countries in the Western Hemisphere of the existence of a given disease vector in any one of them, and in making the regional health organization responsible for undertaking the complete solution of the problem, marked, we believe, a new milestone in public health practice.

My following remarks refer to the Provisional Agenda, part II of No. 10 of the Official Records.²

An examination of the provisional agenda of the Committee on Programme, the Committee on Administration and Finance, and the Committee on Headquarters and Regional Organization, shows that no provision has been made for regional programmes, for regional budgets or for regional organizations prior to the end of 1949. Nor is there any proposal regarding the functions of regional organizations in the future. The failure to make provision for regional operations comes as a disappointment to the American republics, which during the past two years have given so much evidence of their interest in the regional programme of the World Health Organization.

The twelfth Pan American Sanitary Conference, meeting in Caracas in January 1947, broadened the programme of the Pan American Sanitary Bureau to correspond to that of the World Health Organization, and created a Directing Council with representatives of all Member States to correspond to the regional committee of the World Health Organization, as established by Chapter XI of the Constitution.

The Conference also acted to facilitate the participation of Canada, and the non-self-governing political units of the Western Hemisphere. These measures were all taken for the purpose of making the Pan American Sanitary Bureau an organization which could function as a regional organization for the World Health Organization.

The American republics are greatly interested in the World Health Organization but are most anxious that its activities be de-centralized in so far as possible on a regional basis. One of the provisions of the draft agreement with the World Health Organization, approved by the last meeting of the Directing Council in Buenos Aires, stipulates that an "adequate proportion of the budget of the World Health Organization shall be allocated for regional work". But the Pan American Sanitary Bureau is not interested in regionalization only for the Western Hemisphere; it is obvious that it would be very difficult to establish satisfactory working relationships between a single regional organization in the Western Hemisphere, and a centralized World Health Organization geared to handling matters for the rest of the world on the basis of direct arrangements between the Secretariat and individual governments.

The American international health workers realize that success in the ultimate control of communicable disease must be based on a programme of searching-out and cleaning-up endemic disease centres, wherever they exist. Even perfect regional health work in the Western Hemisphere will not be sufficient to give protection from threats originating in other parts of the world. The unexpected appearance of cholera in Egypt in 1947 constituted a potential threat to Brazil and other American countries. Concerted action by health authorities of other regions must be taken if the American continent is to avoid exotic diseases and is to remain free of re-importations of Anopheles gambiae and Aedes aegypti, and is to avoid the importation of tse-tse fly and other dangerous insects. Quite apart from the direct and indirect interest of the American republics in regionalization, attention should be called to certain very definite advantages inherent in a regional organization for an area.

Experience in the Americas has shown that general international conventions are not, in and of themselves, sufficient to establish satisfactory co-ordination of the activities of governments having common problems and common boundaries. Only through a regional organization, with a trusted international staff, is it possible to develop a free interchange of information and harmonious action in attacking common problems. Regional collaboration is required for many problems in which the individual State is unable to act efficiently. As satisfactory eradication techniques become available for the solution of an increasing number of problems, the importance of regional action must increase rather than diminish.

In addition to the technical and administrative advantages of a regional organization, there is at this time a very pertinent financial argument in its favour. It is quite apparent from the budgets proposed that the funds of the World Health Organization are inadequate to solve the important health problems of the world. Eventually a considerable part of the international health programme must be financed through the contributions of governments to budgets for the solution of regional problems in which they have a direct interest, as provided for in Article 50³ of the Constitution of the World Health Organization. This development can come only after regional organizations are operating and after a demonstration of their value. This is the logical way open to increase the funds available for the programme of the World Health Organization.

30 June 1948 - A/Prog/Min/2

Excerpts from the
Committee on Programme - Provisional Minutes of the Second Meeting
Chairman: Dr. Karl EVANG (Norway)

The PRESIDENT drew attention to the fact that there were on the agenda fifty-five items which included only a small fraction of the possible fields of action of WHO. The function of the Programme Committee was to select those of primary importance, on which WHO might most profitably begin its work.

Dr. LEON (Mexico) emphasized the necessity for regional offices, and for the staff of those offices to be fully acquainted with the problems of their special regions. Basing his proposal on the resolution adopted on 11 June 1946 by the Economic and Social Council relative to the Report of the Technical Preparatory Committee of Experts, and on Article 44 (b) of the Constitution, he moved the adoption of the following resolution:

"The Committee on Programmes adopts the resolution that the development of programmes in the field shall be through regional organizations whenever necessary or possible."

There were two other points which he wished to stress. In the first place he was in full agreement with what had been said with regard to water-borne diseases by the United States delegate. It was easy but costly to reduce mortality caused by these diseases, and he proposed that an item "water-borne diseases" should be included in the agenda after item 12.1.6. In the second place, the eradication of pestilential diseases by action on the foci of infection was in his opinion one of the most important fields of action, and any success achieved in this field would of itself justify the whole existence of WHO.

The CHAIRMAN replied that the resolution submitted by the representative of Mexico would be submitted to the General Committee for a ruling as to whether the Programme Committee should deal with the regional question, or whether it came within the scope of the Committee on Headquarters.

Dr. SOPER (Observer from the Pan-American Sanitary Bureau) considered that the very first item on the agenda should be the organization and functions of regional offices. It was the experience in the Americas that one of the most important functions of the regional offices was the improvement of statistical information. Statistics were the basis for the distribution of WHO activities and the yardstick for measuring results. The statistics which were at present being collected in the Western Hemisphere and furnished to WHO were very deficient. Field workers in statistics were needed to work with individual governments under a regional programme. The basic function of WHO was to create an administrative organization throughout the world, through which international health operations could be carried out. He cited the case of the International Children's Emergency Fund: \$4,000,000 was available for work on BCG, of which \$2,000,000 had been allocated to Europe, leaving \$2,000,000 for the rest of the world. The expenditure of this money should be made through WHO and its regional offices, but the administration of programmes from a single centre dealing with individual governments was extremely difficult. The items with regard to sanitary

legislation, epidemiological studies and health statistics, for instance, were essentially regional services. There should be at the centre a system for the coordination of the work done in these fields in the regional offices. On the other hand, international standards, therapeutic, prophylactic and diagnostic agents and the development of international pharmacopoeia were essentially central WHO matters.

With regard to publications, the Pan American Sanitary Bureau already had an important service of publications, particularly in the Spanish language. Provision would have to be made for reference and library services in the regional offices.

The PRESIDENT, in thanking the observer from the Pan American Sanitary Bureau for his statement, said that a slight misunderstanding seemed to have arisen. Dr. Sover appeared to think that the agenda for the Programme Committee had been drawn up on the assumption that there would be no regional activities. That was not the case. The question whether regionalization was to be discussed by the Programme Committee or by the Headquarters Committee would come before the General Committee for a ruling.

5 July 1948 - A/HQ/Min/4

Excerpts from the
Committee on Headquarters and Regional Organization - Provisional Minutes
of the Fourth Meeting - CHAIRMAN: Dr. J. ZOZAYA (Mexico)

The CHAIRMAN asked the chairmen of the five working parties to read their reports.
European Regional Organization

The Committee agrees that a special administrative office for Europe, with the primary objective of health rehabilitation of war devastated countries, be established immediately.

Middle East, Near East, and Parts of North-East Africa

(1) The working party recommends for the consideration of the Committee on Headquarters and Regional Organization that a regional organization be established immediately, to include Egypt, Saudi Arabia, Iraq, Syria, Lebanon, Transjordan, Yemen, Iran, Turkey, Pakistan, Greece, Ethiopia, Eritrea, Tripolitania, the Dodecanese Islands, British Somaliland, French Somaliland, Aden, Cyprus and Palestine, with headquarters at Alexandria.

(2) In view of the fact that the first seven countries are members of the pre-existing Arab Sanitary Bureau which has been in operation since 1946:

In view of the fact that the preliminary steps have already been taken for the final integration of this bureau with the World Health Organization;

In view of the fact that the sanitary and social conditions in this area need immediate consideration; and in view of the fact that most of the countries included in this area agree to the proposal,

the working party recommends that the establishment of this regional organization be given the highest priority.

South-East Asian Zone

After a general discussion, it was unanimously agreed that a regional organization should be set up, with India as its headquarters. The following countries agreed to join this organization forthwith: Afghanistan, Burma, Ceylon, India and Siam. It was understood that other countries, such as Malaya, would in due course be in a position to express their opinions about joining the organization. It was also tentatively agreed that, in view of the special facilities available in Mysore, which would meet the requirements of the regional organization, the offer of the Indian Government to locate the centre in that city may be accepted.

The question of priority was then considered and it was unanimously agreed, in view of the urgent needs of that part of the world, that the setting up of a regional organization for the South-East Asian zone should be considered as priority 1.

Far East Region

The recommendations of the working party were summarized as follows:

1. The Far East regional area should be defined to include Australia, China, Indo-China, Indonesia, Japan, Korea, the Philippines, New Zealand, and provisionally, the Malay Peninsula. After an organization has been established to serve the area defined herein, consideration should be given, in accordance with experience gained, to a re-definition which might eventually lead to the formation of smaller or sub-areas.
2. Special attention should be given by the World Health Organization to the urgency of the health problems in China, Indonesia and the Philippines, particularly the severe adverse effect of war devastation upon the level of health. Malaria should also be treated as an urgent problem in the area.
3. A regional organization to serve the Far East should be established as soon as possible.
4. The principle should be laid down, as applicable to this region and to all other regions, that in establishing a regional organization the organizational and administrative expense should be restricted to a minimum and emphasis placed on developing and executing the programme and services of the World Health Organization.
5. Concerning a site for regional headquarters, the delegate of China offered Shanghai as a central location with excellent facilities. The delegate of the Philippines reported official instructions from his government to offer Manila as a site centrally located and having adequate facilities. The delegate of the Netherlands expressed a preference for Manila and the observer for Korea a preference for Shanghai.

The selection of a site for the Far East regional headquarters was left for later discussion by the full committee.

Africa

The working party on Africa agreed that ultimately one or more regional organizations should be established in Africa.

A primary region is suggested for all Africa south of the 20° N. parallel of latitude to the western border of the Anglo-Egyptian Sudan (but excluding any part of Tripolitania), thence southwards along the western border of the Anglo-Egyptian Sudan to its junction with the northern border of the Belgian Congo, thence eastwards along the northern borders of Uganda and Kenya; and thence southwards along the eastern border of Kenya to the Indian Ocean.

In such a region Leopoldville is acceptable as a site for the headquarters.

The working party recognizes, however, that only limited resources

are at present available to the World Health Organization and that consequently it may not be possible immediately to establish any African region. It urges that, when circumstances are favourable, the World Health Organization give consideration to the creation of one or more African regions.

.....

The CHAIRMAN thought it clear that WHO had authority to establish regional offices. Before opening a general discussion, he would summarize the reports of the five working parties.

It was not necessary to delineate any geographical limitations in regard to the Americas, because these were evident and also because the Pan American Sanitary Bureau was at present operating very successfully in the area. It was hoped that negotiations would soon be concluded with the Bureau and that it would continue its operations as a regional organization of WHO.

Before opening the discussion, the CHAIRMAN reminded delegates that it was the committee's function to suggest to the Assembly the delineation of geographical areas and the organizations they wished to establish.

Sir A. MUDALIAR (India) felt the meeting was discussing a question that had already been settled - whether or not to establish regional organizations. There was an urgent need for regional organizations, particularly in the Western Pacific, South Asia and East Mediterranean regions, and their establishment would be, in his opinion, a most effective method of implementing the decisions of the Health Assembly. As regards programmes of work, he thought there need be no question of conflict between the central body and the regional organizations; items from the WHO programme could be referred to the regional organizations and co-ordination maintained between them and the central body.

Regarding the question of finance, he felt it was not for the Committee on Administration and Finance to tell the Assembly what funds were available for regional organizations; the Assembly itself was for the first time drawing up a budget and could decide the amount to be appropriated for that purpose. The Indian delegation considered that too much money should not be spent on either central or regional organizations; resources should be conserved as far as possible for work in connection with urgent health problems. He thought that the committee should decide on the following points:

1. whether or not regional organizations should be established in some areas;
2. if so, the order of priority in their establishment;
3. the proportion of the budget to be allocated to regional organizations;
4. whether or not to hold a joint conference with the Committee on Administration and Finance; and
5. whether or not to establish a joint committee with the Committee on Programme to decide what items, if any, should be referred for action to regional organizations.

The CHAIRMAN, in reply to the point raised by the delegate of India, said the view that regional organizations were necessary and important had been unanimously expressed and the question under discussion was what areas were to be established.

Mr. SHAH (Pakistan) stated that, after the definition of areas, the question to be decided was whether or not to establish regional organizations. In that connection the question of finance was a fundamental factor, a point that had also been stressed by the delegate of the United Kingdom. He considered that the task of working out financial estimates for regional organizations should be entrusted either to the Committee on Administration and Finance - a committee of experts - or to a joint committee of the Committee on Administration and Finance and the Committee on Headquarters and Regional Organization. Priorities could not be decided until the financial estimates had been settled.

The CHAIRMAN, summarizing the discussion, said the general opinion appeared to be that regionalization was both desirable and essential for the operation of world-wide programmes. It therefore seemed to him that the committee should recommend the creation of at least two regional organizations, one for the Eastern Mediterranean and the other for South-East Asia. The termination of the negotiations between WHO and the Pan American Sanitary Bureau would result in the automatic establishment of a regional organization in the Americas. The establishment of regional organizations for Africa and the Western Pacific areas should be postponed in the meantime, and the European office had of course a purely temporary character.

Dr. F. SOPER (Pan American Sanitary Bureau) said he had been somewhat surprised at the discussion, because he thought the question was basically an administrative rather than a financial one. He outlined the development of the Pan American Sanitary Bureau from its beginning in 1902, with a budget of \$5,000 a year, to the present year, for which they had an approved budget of \$1,300,000.

If WHO did not have regions it would have to set up in Geneva special organizations for each type of work and attempt to deal with 60 different countries all over the world.

Dr. STAMPAR (President of the Assembly) said he had been impressed by many of the speeches he had heard, and thanked Dr. Soper for his explanation of the activities of the Pan American Sanitary Bureau.

He said the Constitution of WHO definitely prescribed the establishment of regional organizations. At the International Health Conference in New York it had been decided that the Organization should not be over-centralized. He was quite sure that the countries that had proposed the establishment of regional bureaux did not expect large amounts of money from WHO; they asked for moral and financial help at the beginning, and he thought the committee could not refuse them. He urged the committee to accept the proposals submitted with regard to the establishment of regional offices; that was the philosophy of the Organization.

Dr. SHU (China) thought it important to consider three points concerning regionalization. First, was WHO ready to discuss regionalization? This was a question of principle. During the last two years the Interim Commission had only incurred the work of previous organizations and had not put up any programme at all. They had now prepared a programme. The problem should be considered from a global point of view: public health was a world problem. He thought WHO was not yet ready to discuss regionalization.

The second point was: were the countries concerned ready to discuss a regionalization programme? Dr. Soper had stated that certain groups were ready. He would ask for a definition of readiness and would put a big question mark to that point.

The third point was: had the Organization enough money to support any regional programme? As Dr. Soper had pointed out, regionalization should be all or nothing.*

He asked all delegates to consider the question seriously, not in the interest of a particular country or group of countries, but in the interest of WHO. From an administrative standpoint, he thought it was not at present advisable to talk about two regions and leave out the rest. He suggested that a committee be set up to study the regional problem and present a report to the next Assembly for consideration.

* See Dr. Soper's correction 7 July 1948 - A/HQ/Min/5

7 July 1948 - A/HQ/Min/5

Committee on Headquarters and Regional Organization - Excerpts from the
Provisional Minutes of the Fifth Meeting. Chairman: Dr. J. ZOZAYA (Mexico)

Resolution I: In accordance with Article 44 of the WHO Constitution, the first World Health Assembly resolves to define the geographical areas as indicated in the report of the Committee on Headquarters and Regional Organization.

Resolution II: The first World Health Assembly resolves that the Executive Board be instructed:

To establish a regional organization in any one of the above areas as soon as the consent of a majority of Members situated within such areas is obtained; where the consent of a majority of the Members had not yet been obtained, a regional organization in the respective area should be established as soon as the necessary consent becomes available; as regards the Eastern Mediterranean Area, to integrate the regional organization which already exists in that area, viz., the Alexandria Regional Bureau, with the World Health Organization as soon as possible, through common action, in accordance with Article 54 of the WHO Constitution; as regards Europe, to establish a temporary special administrative office as soon as possible, for the primary purpose of dealing with the health rehabilitation of war-devastated countries in that area.

.....

Dr. SOPER (Pan American Sanitary Bureau) asked for a correction to be made to document A/HQ/Min/4, Provisional Minutes of the Fourth Meeting of the Committee on Headquarters and regional Organization, page 17. Referring to the remark of the delegate of China: "As Dr. Soper had pointed out, regionalization should be all or nothing", he wished to point out that, although it would require a double system of administration to carry on activities in one part of the world through regional organization and in other parts through direct action with individual governments by the central Secretariat on each item, he had not at any time considered the possibility of getting along without some regional organizations.

8 July 1948 - A/47

Excerpt from the Second Report of the Committee on Headquarters and Regional Organization

Desirability of establishing Regional Organizations:

The Committee discussed at considerable length the necessity for establishing regional organizations in some or all of these areas during the year 1949. As a result of this discussion the committee agreed that:

1. As soon as the consent of a majority of Members of a regional area is obtained, a regional organization should be established in that area; where the consent of a majority of the Members has not yet been obtained, a regional organization in the respective area should be established as soon as the necessary consent becomes available.

2. As regards the Eastern Mediterranean Area, the committee recommends that the regional organization which already exists in that area, viz. the Alexandria Regional Bureau, be integrated with the World Health Organization as soon as possible, through common action, in accordance with Article 54 of the Constitution.⁴

3. As regards Europe, the committee recommends that a temporary special administrative office be established as soon as possible for the primary purpose of dealing with the health rehabilitation of war devastated countries in that area.

The committee further brings to the attention of the Assembly the fact that negotiations have not yet been completed for the integration of the Pan American Sanitary Organization with the World Health Organization. The committee recommends that these negotiations be brought to a successful close as soon as possible.

Accordingly, the following resolutions are placed before the Assembly for approval:

Resolution I: In accordance with Article 44 of the WHO Constitution, the first World Health Assembly resolves to define the geographical areas as indicated in the second report of the Committee on Headquarters and Regional Organization.

Resolution II: The first World Health Assembly resolves that the Executive Board be instructed:

To establish regional organizations in the areas indicated in the second report of the Committee on Headquarters and Regional Organization as soon as the consent of a majority of Members situated within such area is obtained; where the consent of a majority of the Members has not yet been obtained, a regional organization in the respective area should be established

as soon as the necessary consent becomes available; as regards the Eastern Mediterranean Area, to integrate the regional organization which already exists in that area, viz. the Alexandria Regional Bureau, with the World Health Organization as soon as possible, through common action, in accordance with Article 54 of the WHO Constitution; as regards Europe, to establish a temporary special administrative office as soon as possible for the primary purpose of dealing with the health rehabilitation of war devastated countries in that area.

4 - See Appendix C

14 July 1948 - A/Rel/36

Committee on Relations - Draft Resolution proposed by the
Working Party on the Pan American Sanitary Organization

The Committee on Relations recommends to the World Health Assembly the adoption of the following resolution:

THE WORLD HEALTH ASSEMBLY

DIRECTS the Executive Board to continue negotiations with the competent authorities of the Pan American Sanitary Organization with a view to the integration as soon as possible of PASO with WHO, in accordance with Article 54 of the Constitution, pending which integration the Executive Board shall seek to conclude a working arrangement;

DECIDES further that the appendix to Annex 31 B of Official Records of the World Health Organization, No. 7⁵, should serve as a basis for these negotiations, with the modification that Article 9 of the Draft Agreement contained therein be deleted.

5 - See complete copy of Provisions of Draft Agreement with WHO as approved by the Directing Council of the PASO at Buenos Aires on page 37 , 23 July 1948 - EB/16.

14 July 1948 - A/Rel/Min/9

Committee on Relations - Excerpt from the Provisional Minutes of the Ninth Meeting.

12.4.5.1. PAN AMERICAN SANITARY ORGANIZATION
(Document A/Rel/29)

Dr. ZOZAYA (Mexico), speaking as Chairman of the Committee on Headquarters and Regional Organization, said that that committee had decided not to make specific recommendations regarding the Pan American Sanitary Bureau in its report to the Assembly, as it was felt to be a question of relations rather than regional organization, to be dealt with by the Committee on Relations.

The CHAIRMAN drew the attention of the committee to the draft resolution proposed by the delegation of Brazil (document A/Rel/29).

Dr. de PAULA SOUZA (Brazil) thought the document submitted by his delegation was self-explanatory. They felt that power should be given to the Executive Board and the Director-General of WHO to continue the existing relations between the Pan American Sanitary Bureau and WHO and therefore proposed the adoption by the committee of the following recommendation to the Health Assembly:

The Assembly instructs the Director-General of WHO to continue negotiations with the Director of the Pan American Sanitary Bureau along the lines already laid down in Off. Rec. WHO, 7, Annex 31 B.

The proposal was supported by Dr. AUJALEU (France), Dr. FRAPPIER (Canada), Dr. ZOZAYA (Mexico) and Dr. CASTILLO REY (Venezuela).

Dr. VASILEV (USSR) asked how there could be in existence an independent organization such as the Pan American Sanitary Bureau as well as WHO.

Professor BRISKAS (Greece) supported the Brazilian proposal.

Dr. de PAULA SOUZA (Brazil), referring to the point raised by the delegate of the USSR, said the Pan American Sanitary Bureau had existed since 1902 as an inter-American organization. He hoped that within a short time most of the Pan American countries would have ratified the WHO Constitution. The Pan American Sanitary Bureau was continuing to work as before and was doing, on behalf of WHO, much of the interesting work which should be done by a regional organization.

Dr. FORREST (Secretary) thought that from the Secretariat's point of view it might be advisable to make a slight change in the draft. Reference to Off. Rec. WHO, 7, page 208, would show the lines already laid down in Off. Rec. WHO 7, Annex 31 B, were very broad; some decisions could only be taken by the Committee on Regional Organization and that Committee had not yet been able to take those decisions. He suggested that the Director-General of WHO might be instructed to continue negotiations and maintain the inter-secretariat relationship, pending the establishment of the Pan American Sanitary Bureau as the regional office.

Dr. VASILEV (USSR) said the argument for the retention of the Pan American Sanitary Bureau did not satisfy him. The regional organizations would contain many countries which had not accepted the Constitution of WHO, but they would still work as regional organizations. WHO would be a unified organization and he thought there was not sufficient reason for the retention of PASB as an independent organization simply because some countries had not yet ratified the Constitution of WHO. The delegation of the USSR reserved its right to express an opinion on the matter at a plenary session of the Assembly.

Dr. SOPER (Pan American Sanitary Bureau) thought that, as a question had been raised as to why the Pan American Sanitary Bureau still existed as an organization, apart from WHO, he should put before the committee certain facts which had not been properly appreciated by many delegates living in parts of the world other than the Americas.

He said the Pan American Sanitary Bureau existed on the basis of a treaty written in Havana in 1924, which had been ratified by all 21 American Republics and was the only one of the Pan American treaties so ratified. The treaty contained certain articles which, referring to the organization, functions and duties of the PASB permitted that organization to do in the Americas many things which the Constitution of WHO did not permit WHO to do throughout the world. It contained a clause providing that the Convention should become effective in each of the signatory States on the date of ratification thereof by the said State and should remain in force without limitation of time, each one of the signatory States reserving the right to withdraw from the Convention by giving a year's notice in advance to the Government of the Republic of Cuba. None of the 21 Republics had given such notice.

The things which that treaty permitted in the Western Hemisphere were contained in Articles 54 to 59 of the Pan American Sanitary Code and Dr. Soper said he would like those articles to be put on record, as follows:

Article 54: The organization, functions and duties of the Pan American Sanitary Bureau shall include those heretofore determined for the International Sanitary Bureau by the various international sanitary and other conferences of American Republics, and such additional administrative functions and duties as may be hereafter determined by Pan American Sanitary conferences.

Dr. Soper pointed out that under Article 54 the Pan American Sanitary Conference, which met every four years, had the full authority of the 21 countries to give additional administrative functions and duties to the Bureau. It was under that article that the Twelfth Pan American Sanitary Conference had met in Caracas in January 1947, six months after the meeting in New York of the International Health Conference which had created the World Health Organization. At the Caracas conference action had been taken to broaden the programme of the PASB to coincide with that of WHO, taking in matters of medical care and the medical and sanitary aspects of social welfare. At that time also, the sanitary organization of the Bureau had been changed so as to conform to the type of organization set up by the Constitution of WHO for regional organizations, so that it would be possible to conform in every way to the administrative type of organization of WHO. At the same time, action had been taken to throw down any

political bars which had been thought to exist and to make it possible for Canada and the non-self-governing political units in the Western Hemisphere to join the Pan American organization.

Article 55: The Pan American Sanitary Bureau shall be the central co-ordinating sanitary agency of the various member Republics of the Pan American Union and the general collection and distribution centre of sanitary information to and from said Republics. For this purpose it shall, from time to time, designate representatives to visit and confer with the sanitary authorities of the various signatory Governments on public health matters, and such representatives shall be given all available sanitary information in the countries visited by them in the course of their official visits and conferences.

Dr. Soper said that was a broad power in the Western Hemisphere which was not provided for in the Constitution of WHO.

Article 56: In addition, the Pan American Sanitary Bureau shall perform the following specific functions:

To supply to the sanitary authorities of the signatory Governments through its publications, or in other appropriate manner, all available information relative to the actual status of the communicable diseases of man, new invasions of such diseases, the sanitary measures undertaken, and the progress effected in the control or eradication of such diseases; new methods for combating disease; morbidity and mortality statistics; public health organization and administration; progress in any of the branches of preventive medicine; and other pertinent information relative to sanitation and public health in any of its phases, including a bibliography of books and periodicals on public hygiene.

In order more efficiently to discharge its functions it may undertake co-operative epidemiological and other studies; may employ at headquarters and elsewhere experts for this purpose; may stimulate and facilitate scientific researches and the practical application of the results therefrom; and may accept gifts, benefactions, and bequests, which shall be accounted for in the manner now provided for the maintenance funds of the Bureau.

Under that article, the Bureau was actually administering an anti-mosquito service in 1948 and 1949 in one of its member republics. PASB was working directly in that country; the service was under the direct administrative control of a representative of PASB who was a health officer of another of the Pan American members.

Article 57: The Pan American Sanitary Bureau shall advise and consult with the sanitary authorities of the various signatory Governments relative to public health problems and the manner of interpreting and applying the provisions of this code.

Article 58: Officials of the national health services may be designated as representatives, ex officio, of the Pan American Sanitary Bureau, in addition to their regular duties, and when so designated they may be empowered to act as sanitary representatives of one or more of the signatory Governments when properly designated and accredited so to serve.

Dr. Soper emphasized the importance of Article 58, under which it was possible for the Director of PASB to designate a health officer from any one of the 21 American Republics to act as representative of the Bureau or of any one or all of the 21 governments without that individual having to resign or abandon his position with his own government, and in that capacity he was able to act for the Bureau anywhere in the 21 American Republics.

Article 59: Upon request of the sanitary authorities of any of the signatory Governments, the Pan American Sanitary Bureau is authorized to take the necessary preparatory steps to bring about an exchange of professors, medical and health officers, experts or advisers in public health of any of the sanitary sciences, for the purpose of mutual aid and advancement in the protection of the public health of the signatory Governments.

Dr. Soper thought the committee would readily understand the reluctance with which the American Republics would give up the possibility of close collaboration on the technical level which at present existed in the Western Hemisphere. The question had been raised as to the continued existence of PASB as an independent regional organization. When he had attended the third meeting of the Interim Commission at Geneva in April 1947, as the newly-elected Director of PASB, he had found that WHO had no plans for financing or organizing regional work, and he was very much disturbed to find that in Off. Rec. WHO, 10, and other reports, no provision had been made for regionalization.

At the third meeting of the Interim Commission he had called attention to the fact that the discussion between the American Republics and WHO was not a political one, but essentially a question of whether WHO would have a large central organization or whether it would establish regional health organizations, which would make the influence of WHO felt by the people in the various countries. He thought it was still true that PASB was not a political organization; it was not subject in any way to any international political organization. The treaty was entirely independent of any other treaty.

With reference to financing, Dr. Soper called attention to the fact that the United States had contributed only eleven per cent of the budget for 1948. At the meeting in Buenos Aires last year, other countries had made voluntary supplementary contributions and had approved a budget of 1,300,000 dollars for 1948, knowing that only 145,000 dollars of that amount would be paid by the United States.

The PASB and the Pan American Countries were much more interested in the development of a real world health organization than in maintaining independence for themselves. They realized that they could not protect the Western Hemisphere against the introduction of disease unless regional organizations were functioning elsewhere.

Dr. Soper said he expressed the sentiments of the majority of the American Republics in stating that they were very much interested in WHO, but, until such time as WHO was in a position to take over and finance the responsibilities of the Bureau, he did not believe the Pan American countries would be willing to abandon the organization which at present existed. He wished to call attention to the fact that up to the present

time the Health Assembly had not discussed regional programmes. The Bureau was continuing its work and could only indicate the broad field of activities in which it was working and ask WHO what it wished to take over as regional work.

Dr. Soper concluded by saying that the Bureau was not asking for any special favours; it was asking for a regional organization and for adequate funds to be assigned to regional programmes.

The CHAIRMAN thanked Dr. Soper for his description and offer of collaboration. The possibility of two forms of relationship between WHO and the Pan American Sanitary Bureau had been raised: the inter-secretariat relationship mentioned by the Secretary and the proposal of the delegate of Brazil. He drew attention to the note on page 207 of Annex 31 B of Off.Rec.WHO, No. 7, which was the result of considerable work and long negotiations. Action with regard to the first paragraph of the draft resolution proposed by the delegation of Brazil and to paragraph (1) of this annex was being considered by the General Committee that morning.

Dr. VASILEV (USSR) explained the reason behind the Soviet Union delegation's question about the Pan American Sanitary Bureau.

The activities of the Bureau constituted a great achievement in regional medical organization. He had advocated its inclusion in WHO because its experience in the organization and methods of financing regional health work would be invaluable to WHO, which itself was inexperienced in this field. He had never intended that the Bureau's activity should be limited or curtailed as the result of its incorporation in WHO or that its programme and budget should be modified. The aim of his delegation was to increase the importance and strength of WHO and of international health work by making the Bureau's experience available to the regional organizations without, however, placing any restrictions on the existing functions of the Pan American Sanitary Bureau. He could not see why this should not be done.

Dr. de PAULA SOUZA (Brazil) sought to allay fears on the sub-division and dispersal of the work of WHO by recalling that Brazil had been one of the countries at San Francisco to propose the establishment of a single health organization. He thought all delegations were in favour of a single organization, which, by using all existing experience, would develop regional organizations to the maximum.

The CHAIRMAN proposed the following working party to consider the draft resolution proposed by the delegation of Brazil and the note in Annex 31 B. of Off.Rec.WHO, No. 7: the delegates of Brazil, China, Egypt, France, India, the Union of South Africa, United States of America and the USSR.

Dr. de PAULA SOUZA (Brazil) proposed the addition of the Chairman of the Committee on Headquarters and Regional Organization, Dr. Zozaya of Mexico, whose country was also a member of the Pan American Sanitary Bureau.

The CHAIRMAN agreed to this suggestion, but in order to preserve the balance in the working party between members and non-members of the Bureau he proposed to include also the delegate of Sweden.

This was agreed.

14 July 1948 - A/AF/26

Committee on Administration and Finance

DOCUMENT SUBMITTED BY THE MEXICAN DELEGATION

Whereas the Article 44 of the Constitution⁶ of the WHO establishes:
"(a) The Health Assembly shall from time to time define the geographical areas in which it is desirable to establish a regional organization.
(b) The Health Assembly may, with the consent of a majority of the Members situated within each area so defined, establish a regional organization to meet the special needs of such area....."

Whereas the First Health Assembly has defined geographical areas in which it is desirable to establish regional organizations.

Whereas the Health Assembly resolved that the Executive Board be instructed "to establish regional organizations in the areas indicated.... as soon as the consent of a majority of Members situated within such areas is obtained."

Whereas the consent of the majority of Members situated within the defined areas will be obtained with all probability in the year 1948-1949 and several regional organizations will have to be established.

It is formally moved that appropriate budgetary provisions be included in the WHO budget for 1949 for the establishment and initial operation of the said Regional Organizations.

6 - See Appendix C.

15 July 1948 - A/AF/Min/11

Committee on Administration and Finance - Excerpt from the Provisional Minutes of the Eleventh Meeting CHAIRMAN: Dr. M KACPRZAK (Poland)

Dr. van Zile HYDE (United States of America) was still of the opinion that no decision should be taken on the 1948 budget until the 1949 budget had been discussed.

Dr. LEON (Mexico) agreed with the delegate of the United States of America.

With regard to the allocation proposed for "Other offices and regional activities" he said that the Assembly had already agreed on the definition of regional areas and had decided to establish regional offices in those areas as soon as possible. He thought that some of the offices might be established in the remaining four months of 1948 and that more money should therefore be allocated for that item.

The CHAIRMAN agreed that if regional offices were established in 1948 more money would be needed.

15 July 1948 - A/Rel/38

Excerpt from Draft Seventh Report of the Committee on Relations

5. Item 12.3.9 Pan American Sanitary Organization

The Committee on Relations recommends to the World Health Assembly the adoption of the following resolution:

THE WORLD HEALTH ASSEMBLY

DIRECTS the Executive Board to continue negotiations with the competent authorities of the Pan American Sanitary Organization with a view to the integration as soon as possible of PASO with WHO, in accordance with Article 54 of the Constitution, pending which integration the Executive Board shall seek to conclude a working arrangement;

DECIDES further that the appendix to Annex 31 B of Official Records of the World Health Organization, No. 7, should serve as a basis for these negotiations, subject to appropriate modification of Article 9 of the Draft Agreement.

15 July 1948 - A/REL/Min/11

Committee on Relations - Excerpt from the Provisional Minutes of the Eleventh Meeting Chairman: Dr. Melville D. MACKENZIE (United Kingdom)

5. Item 12.3.9: Pan American Sanitary Organization

Dr. MacCORMACK (Ireland) said that, as he interpreted the proposed resolution, it seemed there could be no integration of the Pan American Sanitary Bureau with WHO until after the next session of the Health Assembly. With a view to expediting matters, he submitted an amendment, as follows:

The World Health Assembly

Directs the Executive Board to continue negotiations with the competent authorities of the Pan American Sanitary Bureau, with full authority to conclude these negotiations if possible to the satisfaction of both parties.

Dr. MANI (India) submitted a further amendment, as follows:

The World Health Assembly

Directs the Executive Board to continue negotiations with the competent authorities of the Pan American Sanitary Organization with a view to the integration as soon as possible of PASO with WHO and if possible to conclude an agreement, in accordance with Article 54 of the Constitution etc.....

He said the question of agreement for both sides was already laid down in the Constitution and it was not necessary to repeat it. In the Indian delegation's opinion, the retention of the reference to Article 54 was fundamental.

Dr. SOPER (Observer from the Pan American Sanitary Bureau) said he was glad the question had been raised in the meeting, because he wished to emphasise again the fact that the agreement contained in the appendix on Pages 208 and 209 of Off.Rec.WHO, 7, which had come under discussion, had been approved by the Directing Council of the Pan American Sanitary Bureau. But they had made a proviso, namely, that the agreement should enter into force upon its approval by the World Health Assembly. He thought it was essential at this time to have some action by the Assembly confirming the final agreement. The Directing Council was meeting in October, and if the entire document were accepted as it stood the final agreement could be very rapidly concluded. Since there had been a question regarding Article 9, he submitted that there should be a definite authorization on that particular item, so that it could be laid before the Directing Council in October. If a suitable wording agreeable to both parties was found, it would be possible to complete the arrangements between WHO and the Pan American Sanitary Bureau, so that the Bureau could begin to function as a full regional organization in 1949, without going through the preliminary stage of some kind of a working arrangement before the agreement had been reached.

20 July 1948 - A/AF/Min/15

Committee on Administration and Finance - Excerpts from the Provisional Minutes of the Fifteenth Meeting Chairman: Mr. A. J. van der SPUY (Union of South Africa) (Vice-Chairman of the Committee)

2. CONSIDERATION OF THE REPORT OF THE WORKING PARTY ON THE 1949 BUDGET (Off.Rec.WHO, 10, page 43)

Dr. LEON (Mexico) regretted that he did not agree with the working group's decision. He said the group was composed mainly of delegates who had already made suggestions which were generally in agreement, and that other delegates had not had an opportunity to speak before the group began its work. As the delegate of India had rightly pointed out, one very important item which had been forgotten was the amount allocated to regional offices. He referred to the proposal he had made previously, that the amount of \$156,068 be allocated to regional offices, and his surprise at finding that no amount had been allocated to that item. His delegation understood that, because drastic cuts had been made in certain important items, some of the money should be allocated to some of those items, but wished to submit the following proposal:

That \$50,000 be allocated to programme, instead of the \$70,000 proposed by the working group; \$20,000 to publications and editorial services; \$36,068 to administration and \$50,000 to regional offices.

The CHAIRMAN reminded delegates that this subject had been fully discussed on the previous day and thoroughly investigated by the working group; he appealed for brevity and avoidance of repetition.

Dr. de Paula SOUZA (Brazil) said that as a member of the Executive Board, which would have the responsibility of carrying out the recommendations of the committee, he was concerned as to how the various items of the programme could be administered without regionalization. He wished that small regional organizations could be started immediately, but no scheme had so far been put forward for the regions. He was afraid that the \$300,000 allocated to the regions would be too much for a thing when they did not know what it was going to be, or too little for what they wanted it to be.

Dr. GONZALES (Venezuela) apologized for insisting on the question of regional organization after it had been so fully discussed, but his delegation felt it to be of the greatest importance. They thought that too large a central organization at the present stage would be dangerous and that field work could be best be carried out by the establishment of efficient regional organizations.

He agreed with the delegate of Mexico and wished to have it on record that the Venezuelan delegation had always supported the conception that the work of regional offices should be one of the main objectives of the Organization. He felt he was speaking not only for Venezuela and the Americas, but for all other countries interested in regional organization.

The CHAIRMAN said they had heard three speakers in succession pleading for an increased allocation for regional organizations. He asked the chairman of the working group to indicate to the committee whether the question of a contribution towards the regions had been considered and, if so, to what extent.

Dr. ROUTLEY (Canada) explained the difficulties which had confronted the working group in the allocation of the limited sum available. The group might have made mistakes, but they had given their best judgement and it was for the committee to determine whether or not they had based their conclusions upon logic and circumstance and the facts as a whole.

He was instructed to say that the group had not underestimated the importance of the regional programme or of regional offices. They had presumed that, in suggesting \$300,000 for regional offices, the Secretariat considered that sum would be sufficient to deal adequately with the regional aspect of the Organization's activities in 1949, and scope must be left for regional offices to be financed to some degree by their regional members.

Dr. Routley said the working group wished to emphasize that it was not their thought that additional money for regional offices might not be desirable, but it was their opinion that the future of the regional offices was not in jeopardy if the \$300,000 suggested in the budget was made available to them. It was not the function of the working group to enter into debate on the merits or claims of regional offices, but it was their responsibility to indicate to the committee why they had allocated the amount in the manner in which they did.

Dr. MANI (India), while agreeing that the importance of regionalization had been realized, felt that what had not been realized was that the amount allocated was not sufficient to provide adequate staffs in the regions to carry out the programme planned by the Organization. He wished to second the proposal made by the delegate of Mexico and to suggest the following re-allocation of the amounts allocated by the working group:

\$50,000 for publications and editorial services could be retained, as recommended by the working group; \$106,000 suggested for programme and the Director-General's office could be reduced to \$56,000, and the balance of \$50,000 could be given to regional offices, to enable them to have a fair start.

Dr. NASIF Bey (Egypt) and Dr. CHELLAPAH (Ceylon) supported the proposal of the delegate of India.

Dr. LEGN (Mexico) withdrew his proposal in favour of that made by the delegate of India.

21 July 1948 - A/89, Rev. 1

Excerpt from the Seventh Report of the Committee on Administration and Finance

V. The Executive Board, in giving effect to programmes approved by the Health Assembly and included in Sections 3, 5 and 6 of Part II, shall, taking into account the recommendations of regional organizations and of Governments, make the necessary allocations of funds.

21 July 1948 - A/AF/Min/16

Committee on Administration and Finance - Excerpts from the Provisional Minutes of the Sixteenth Meeting, Chairman: Dr. KACPRZAK (Poland)

Mr. SIEGEL (Secretary) said that paragraph V on page 2 of the report, containing provision for allocations to regions, areas and/or States, had been included by the Rapporteur and the Secretariat for consideration by the committee.

Dr. van Zile HYDE (United States of America) recommended the deletion of the words "and/or States" at the end of paragraph V, as he thought it would be a very delicate task for the Executive Board to make specific allocations to States.

He suggested that paragraph IV should be redrafted to make it clear that any unobligated balances of allocations would be reconsidered from time to time and would not be automatically added to the allocation of the respective States for the ensuing year.

Dr. LEON (Mexico) thought that paragraph V should be considered first. He seconded the proposal made by the delegate of the United States that words "and/or States" should be deleted.

Mr. SIEGEL (Secretary) said that a very important question of principle had been raised and he welcomed the opportunity of having it thoroughly explored. It was necessary, in order to carry out programmes, to predetermine certain details and to draw up an estimate of the money that would be required. It had already been decided that the fiscal year of WHO would coincide with the calendar year.

In the first place, in planning programmes for the year it was necessary to decide what the expenditure should be in each area or country. This raised the question as to who should make this decision, the Executive Board or the Director-General.

In the second place, it was sometimes important to carry over into another fiscal year activities which had been budgeted for the previous fiscal year. He cited the example of fellowships, which were sometimes accorded late in the year. The fellow selected would hardly have had time to begin his work before the end of the calendar year supervened, and unless there were provision of funds to carry out the commitments entered into, he would have to break off and go back to his own country. He added that the provisions of paragraph IV were not new, and were embodied in the Report of the Interim Commission (Off.Rec.WHO, No. 10).

Dr. van Zile HYDE (United States of America) thought that by a proper system of obligation of funds that point could be met. For example, if WHO made a commitment out of, say, 1949 funds, the money could be set aside to cover the whole of the commitment, even if it had to be expended in the following year.

With regard to paragraph IV, the problem was more general. Committees seemed to be agreed on the principle that programme funds should be used to improve health conditions in areas where the need was greatest. He thought it was important that it should not be a matter for bargaining, or that because a State did not need help in certain cases, malaria, for instance, it was entitled to a certain amount of money for some other purpose.

Dr. MANDI (India) proposed the amendment of paragraph V by substituting in the third line, after the word "shall", the words "after consultation with the regional organizations, establish allocations to regions and areas." He thought that this proposal would also meet the point raised by the delegate of the United States of America.

Dr. CHELLAPAH (Ceylon) seconded the amendment proposed by the delegate of India.

Mr. SIEGEL (Secretary) drew attention to the fact that regional organizations had not yet been set up. He therefore proposed to add to the Indian amendment the word "existing" before the words "regional organizations."

Dr. MANI (India) accepted this modification.

Dr. SIEGEL (Secretary) drew attention to Regulation 13 of the Financial Regulations, which precluded the procedure outlined by the delegate of the United States of America. Budget surpluses could not be carried over from year to year. There was also another complication. The existence of regional organizations might be delayed in some instances for several months into the year 1949.

Dr. CHISHOLM (Executive Secretary of the Interim Commission) pointed out that if the deletion of the words "and/or States" were made, it would be impossible for the Executive Board to allocate any money to any of the South American States until the Pan American Sanitary Bureau was incorporated in WHO as a regional organization. The same would be true of any region until regional offices were established. He did not think that this was the intention of the committee.

Dr. van Zile HYDE (United States of America) did not agree that this would be the effect of the proposed amendment. Disease occurred on a regional basis, and did not respect national frontiers. The task of WHO was to combat disease. Even if there were no regional organizations, it would still be possible for the Executive Board to allocate funds for this basic purpose. The various regions were all well represented on the Executive Board, and were in a position to state their point of view. He supported the Indian amendment.

Dr. CHISHOLM drew attention to Article 44 of the Constitution. It was impossible for WHO to allocate money to a regional organization or any part thereof. Moreover, no member of the Executive Board could be said to represent a particular region.

Dr. LEON (Mexico) stated that there was no reference in paragraph V to organizations. Regions and areas were mentioned, but not regional organizations. He did not think that the deletion of the words "and/or States" bore the implication attributed to it by Dr. Chisholm. Further, the point with regard to the fiscal year applied to States as well as to regional organizations."

Mr. GOUDSMIT (Netherlands) supported the observations made by the delegate of Mexico.

Dr. CHU (China), Rapporteur, thought there was a certain confusion with regard to regions, areas and States. When funds were allocated, they had to be administered by an organization. Where no regional organizations existed, States were the only bodies which could receive and allocate funds. The measures under discussion were only temporary measures, applying to the 1949 fiscal year. There was no question of making a permanent decision of principle. The regional organizations would not be set up in 1949. He asked with whom WHO would do business in the various regions if not with States.

Dr. BARAN (Ukrainian SSR) agreed with the observations made by the Director-General. In the first place all States were not grouped in regional organizations. In Europe, for instance, a temporary regional administration was provided for, which would disappear at the end of two years or so. He asked whether this would mean that the European countries would then be excluded from all financial aid. In the second place, the funds had to be allocated to definite entities. A geographical territory did not constitute a definite entity such as a State. In the third place, since it was the States who applied to WHO, it was also to them that the funds should be allocated. He was therefore opposed to the deletion of the words "and/or States" but proposed the addition of the words "in consultation with the existing regional organizations". If regional organizations did not exist, then the Executive Board was competent to allocate funds to States of its choosing.

Mr. SIEGEL (Secretary) proposed an alternative wording - the substitution at the end of the paragraph, for the words "regions, areas and/or States", of the following: "regions and areas; following which the Director-General shall in consultation with existing regional organizations make allocations to States.

Dr. van Zile HYDE (United States of America) said that he could not accept any formula which permitted the allocation of funds for work in any region to one particular State.

Dr. UNGAR (Czechoslovakia) asked for an explanation as to who would administer the funds in the absence of a regional organization.

Dr. van Zile HYDE (United States of America) replied that money would in no case be turned over to regional offices, but would always be under the control of the Director-General. When regional directors were appointed, they would act as agents of the Director-General. One of the reasons why he objected to allocations being made to States was with regard to advisory

service to governments. The expert might have to visit two adjacent countries. The Director-General should not be bound to a formula which required that this official should visit one country which had funds allocated, and should not visit the neighbouring country which did not. The Director-General should be free within certain broad limits to perform services for governments.

Dr. VINOGRADOV (USSR) could not understand the reasons for the proposal of the delegate of the United States, which would deprive more than half of the State Members of WHO of the benefits to be derived from the Organization, since it seemed to be aimed at granting assistance only to countries which were grouped in regional organizations. The only regional organization in existence was the Pan American Sanitary Bureau. If the United States amendment were adopted, this would mean that all assistance would gravitate towards that Bureau, and that other regions such as Africa, the Middle East and the Far East would not benefit, although the States Members belonging to those groups would have contributed to the organization.

Dr. van Zile HYDE (United States of America) thought there was a fundamental misunderstanding at the basis of the discussion. The Organization had decided upon a division of the world into six regions, among which the funds of the Organization had to be equitably distributed. The Executive Board had the allocation of those funds. It made no difference whether there was a regional organization or not. If there was one, the regional director acted as agent. If there was not, the fund would be administered from the Central Office.

Mr. SIEGEL (Secretary) observed that the allocations to States only constituted the translation into money figures of a planned programme.

Mr. GOUDSMIT (Netherlands) thought that the words "establish allocations" gave delegates the impression that it was a question of money allocations. This was not always the case. He proposed to add after the word "allocations" the words "for assistance".

Dr. VINOGRADOV (USSR) asked what would happen in the case of, say, an outbreak of malaria, if all the funds had already been allocated. Assistance had been rendered in the past by the Interim Commission to China, Egypt, Greece and India, and no objections had been raised. While it was important to have confidence in the Director-General, it was also important to have confidence in the States Members. The expression "regions" was vague and uncertain. Malaria, for instance, existed everywhere, not only in "malaria regions". He urged that the Secretariat text be maintained.

Dr. MACLEAF (New Zealand) proposed the addition, after the word "allocations", of the words "for programmes to be carried out in regions, areas and/or States".

Dr. ROUTLEY (Canada) proposed a working party to deal with the matter under discussion, composed of delegates of India, Mexico, the United States of America and the USSR.

Mr. SIEGEL (Secretariat) proposed the following wording for paragraph V, which he thought might be acceptable to all delegates:

The Executive Board, in giving effect to programmes approved by the Health Assembly and included in Sections 3,5 and 6 of Part II, shall, after consultation with the existing regional organizations, make allocations of funds to the six defined regional areas: the Director-General shall direct the expenditure of these funds.

This would permit the Director-General to make allocations to States if in his judgment it became desirable to do so, thus lending a degree of flexibility to the provision.

The proposal of Mr. Siegel was acceptable to the delegate of the United States of America, but not to the delegate of the Union of Soviet Socialist Republics.

Decision: In accordance with a proposal by the CHAIRMAN, it was agreed that the working party should meet under the chairmanship of Dr. Routley and report back to the committee.

22 July 1948 - A/AF/Min/17 -

Committee on Administration and Finance - Excerpt from the Provisional Minutes of the Seventeenth Meeting. Chairman: Dr. KACPRZAK (Poland)

1. SEVENTH REPORT OF THE COMMITTEE ON ADMINISTRATION AND FINANCE:
Continuation of discussion (Document A/89 Rev.1)

Dr. ROUTLEY (Canada) presented the report of the working party appointed to consider the wording of paragraph V of document A/89. The working party had reached unanimous agreement on the following text:

V. The executive Board, in giving effect to programmes approved by the Health Assembly and included in Sections 3, 5, and 6 of Part II shall, taking into account the recommendations of regional organizations and of Governments, make the necessary allocations of funds.

In view of the connexion between paragraphs IV and V, the working party had instructed the Secretariat to redraft paragraph IV to bring into conformity with the proposed draft of paragraph V. He noted that only one deletion of substance had been made in paragraph IV, referring to Section V of Part II of the budget. The working party considered that the two clauses as amended would satisfy all points of view expressed in previous debates, and he moved the adoption of the working party's report.

Dr. van Zile HYDE (United States of America) seconded the motion.

Decision: The report of the working party was adopted without discussion.

The CHAIRMAN, on behalf of the committee, thanked Dr. Routley and the other members of the working party for the excellent work accomplished.

Decision: The seventh report of the Committee on Administration and Finance was adopted without further discussion.

23 July 1948 - EB/16

Report of the Working Party on the Draft Agreement between the
World Health Organization and the Pan American Sanitary Organization.

The chairman pointed out that the terms of reference of the Working Party were to review the Draft Agreement as approved by the Directing Council of the Pan American Sanitary Organization, as printed on page 208 of Official Records No. 7, paragraph by paragraph, and to make recommendations thereon to the Executive Board.

Following discussion, it was unanimously agreed by the Working Party that, as a general principle, this Draft Agreement should be considered a basis for the negotiation of an initial agreement between WHO and the Pan American Sanitary Organization.

Note: On the following pages the Draft Agreement, approved by the Executive Board at its meeting on Saturday afternoon, July 24, 1948, is presented, as well as the Draft Agreement with the WHO as approved by the Directing Council of the Pan American Sanitary Organization at Buenos Aires in September 1948. This arrangement will facilitate comparison of the two documents, since the document of the WHO includes only the proposals approved in Geneva.

Draft Agreement approved at Meeting of the Executive Board held on Saturday afternoon, July 24, 1948

Paragraph 1

The States and territories of the Western Hemisphere may make up the geographical area of a regional organization of the World Health Organization, as provided in Chapter XI of its Constitution.

Paragraph 2

The Pan American Sanitary Conference and the Pan American Sanitary Bureau shall serve respectively as the Regional Committee and the Regional Office of the World Health Organization, for the Western Hemisphere, within the provisions of the Constitution of the World Health Organization. In deference to tradition, both organizations shall retain their respective names, to which shall be added 'Regional Committee of the World Health Organization' and 'Regional Office of the World Health Organization', respectively.

Paragraph 3

The Pan American Sanitary Conference may adopt and promote health and sanitary conventions and programmes in the Western Hemisphere, provided that such conventions and programmes are compatible with the policy and programmes of the World Health Organization and are separately financed.

Draft Agreement with the WHO as Approved by the Directing Council of the Pan American Sanitary Organization at Buenos Aires. September 1947.

Paragraph 1.

The States and territories of the Western Hemisphere make up the geographical area of a regional organization of the World Health Organization, as provided in Chapter XI of its Constitution.

Paragraph 2

The Pan American Sanitary Conference and the Pan American Sanitary Bureau shall act respectively as the Regional Committee and the Regional Office of the World Health Organization, for the Western Hemisphere, within the provisions of the Constitution of the World Health Organization. In deference to tradition, both organizations shall retain their respective names, to which shall be added 'Regional Committee of the World Health Organization' and 'Regional Office of the World Health Organization', respectively.

Paragraph 3

The Pan American Sanitary Conference may adopt and promote health and sanitary conventions and programmes in the Western Hemisphere, provided that such conventions and programmes are not incompatible with the policy and programmes of the World Health Organization and are separately financed.

Paragraph 4

When this agreement enters into force, the Director of the Pan American Sanitary Bureau shall assume the post of Regional Director of the World Health Organization, until the termination of the period for which he was elected. Thereafter, the Regional Director shall be appointed in accordance with the provisions of Articles 49 and 52 of the World Health Organization Constitution.

Paragraph 5

No change

Paragraph 6

No change

Paragraph 7

No change

Paragraph 4

When this agreement enters into force, the Director of the Pan American Sanitary Bureau shall assume the post of Regional Director of the World Health Organization, until the termination of the period for which he was elected. Thereafter, the Regional Director shall be appointed in accordance with the provisions of Article 52 of the World Health Organization Constitution and by a two-thirds vote of the American Republics.

Paragraph 5

In accordance with the provisions of Article 51 of the Constitution of the World Health Organization, the Director-General of the World Health Organization shall receive from the Director of the Pan American Sanitary Bureau all information regarding the administration and the operations of the Pan American Sanitary Bureau as the Regional Office for the Western Hemisphere.

Paragraph 6

An adequate proportion of the budget of the World Health Organization shall be allocated for regional work.

Paragraph 7

The annual budget estimates for the expenses of the Pan American Sanitary Bureau as the Regional Office for the Western Hemisphere shall be prepared by the Regional Director and shall be submitted to the Director-General for his consideration in the preparation of the annual budget estimates of the World Health Organization.

Paragraph 8

No change

Paragraph 9

This Agreement may be supplemented with the consent of both parties, on the initiative of either party.

Paragraph 10

No change

Paragraph 8

The funds allocated to the Pan American Sanitary Bureau, as Regional Office of the World Health Organization, under the budget of the World Health Organization, shall be managed in accordance with the financial policies and procedures of the World Health Organization.

Paragraph 9

This agreement may be revised or annulled by either of the parties, with a year's notice (after legal consultation).

Paragraph 10

This agreement shall enter into force upon its approval by the World Health Assembly and signature by the Director of the Pan American Sanitary Bureau, acting on behalf of the Pan American Sanitary Conference, provided that fourteen of the American Republics have at that time deposited their instructions of acceptance of the Constitution of the World Health Organization.

Appendix A

Off. Rec. WHO. No. 9 - Report of the Interim Commission to the First World Health Assembly - Part I Activities, pp. 19-20

PAN AMERICAN SANITARY ORGANIZATION

The first health agency to function over a wide area on behalf of many governments was the Pan American Sanitary Bureau. The Bureau was formally organized by the first Pan American Sanitary Conference, Washington, 1902, following a decision of the second International Conference of American States, Mexico City, 1902. These Conferences and the Bureau were originally known as "International" instead of "Pan American", the names later being changed as a result of the creation of the Office International d'Hygiene Publique.

A sanitary convention was drawn up, based upon the International Sanitary Convention of 1903, accepted in 1905, and subsequently revised at the seventh Pan American Sanitary Conference, Havana, 1924. This convention, later called the Pan American Sanitary Code, has been ratified by all the twenty-one American republics.

The Bureau acts as the executive organ of the Pan American Sanitary Conferences, of which twelve have now been held, and its status is fixed by Chapter IX of the Code. It is under the direction of a council of eleven, designated in rotation by the conferences. Its members are chosen by governments from "persons connected with the public health services of their respective countries", no government being allowed more than one representative on the council. The Bureau, together with the Directing Council and the Conferences, constitutes the Pan American Sanitary Organization.

The Pan American Sanitary Bureau undertook the collection and dissemination of epidemiological information soon after its establishment, and in 1927 it became a "regional bureau" of the Office International d'Hygiene Publique under the provisions of the International Sanitary Convention of 1926. With its headquarters in Washington, the Bureau forms the central coordinating sanitary agency under the Code, and collects and distributes epidemiological information for all countries adhering to it. But the system of notification and collection of epidemiological information in the zone covered is wider than that of the international sanitary conventions, as the number of diseases obligatorily reportable under the Code is considerably greater.

In addition to epidemiological information, some of the principal duties of the Bureau are the prevention of the introduction of infectious diseases into the American republics, and from one republic to another, the restriction of quarantine measures to the minimum compatible with the prevention of disease, improvement of national health-administrations, and the promotion of liaison between the different national health-services. It has also acted as a convenient agency to which the American republics could turn for advice or assistance in combating epidemics, in reorganizing public-health services, in formulating sanitary codes, and in many other fields of hygiene and sanitation.

Appendix B

Official Records of the World Health Organization, No. 10 - Report of the Interim Commission to the First World Health Assembly, Part II, page 93.

12.4.5 PRE-EXISTING REGIONAL ORGANIZATIONS

12.4.5.1 Pan American Sanitary Organization

In application of Article 54 of the WHO Constitution, which provides for the integration of the Pan American Sanitary Organization with WHO, and of Article 2 (g) of the Arrangement of 22 July 1946, giving to the Interim Commission the duty of entering "into necessary arrangements with the Pan American Sanitary Organization", the Chairman of the Interim Commission, under authority granted during the first session, set up a Sub-Committee on Negotiations with the Pan American Sanitary Organization. At Geneva, in November 1946, this sub-committee drew up a tentative draft agreement (Off.Rec.WHO, No. 5, p. 114) designed to serve as a basis for negotiations with the Twelfth Pan American Sanitary Conference, at Caracas, in January 1947. This conference at Caracas included in its "Final Act" a resolution on the Agreement between the Pan American Sanitary Organization and the World Health Organization, and an "annex" containing a statement of principles (Off.Rec. WHO, no. 5, p. 116) for the guidance of the Directing Council of the Pan American Sanitary Organization, which was empowered to conclude the agreement without the necessity of approval by the Governments or by a subsequent Inter-American Sanitary Conference.

The third session of the Interim Commission considered there and approved continued negotiations (Off.Rec.WHO, No. 5, p. 109). The Interim Commission, at its fourth session, after consideration of the reports of the Sub-Committee on Negotiations and notes and proposals submitted by the representatives of Canada and Peru, again approved the continuation of negotiations with certain modifications (Off.Rec. WHO, No. 6, p. 168)

The Directing Council of the Pan American Sanitary Organization, in October 1947, specifically considered relation with WHO and adopted resolutions thereon (Off.Rec. WHO, No. 7 Annex 31 A).

At the fifth session, the Interim Commission considered the resolutions of the Directing Council of the Pan American Sanitary Organization, the above-mentioned resolution and the statement of principles as enunciated by the Twelfth Conference. At the same time, the Interim Commission considered the document submitted by the representatives of Brazil and the United States of America (Off.Rec. WHO, No. 7, Annex 31 B) and decided that the points at issue were now reduced significantly in number and importance. The Commission recommended that negotiations between the two sub-committees should continue with a view to obtaining the removal of the paragraph of the draft agreement with WHO as approved by the Directing Council of the Pan American Sanitary Organization, which referred to revision or annulment after one year's notice (Off.Rec. WHO, No. 7, Annex 64) and decided to recommend continued inter-secretarial collaboration, pending the production of a revised draft agreement acceptable to both parties. Attention was also drawn to the fact that the membership of WHO at the moment in the region services by the Pan American Sanitary Bureau would be insufficient for the establishment of a regional committee.

To this end, the Interim Commission approved the following resolutions, to which it directs the attention of the Health Assembly:

"Recommended that paragraph 9 be deleted and that negotiations be carried on with the Pan American Sanitary Organization in order that this paragraph be deleted from the resolutions of that body (Off.Rec. WHO, No. 7, Annex 31 A);

"Recommended that a working arrangement, along the lines laid down... (Off.Rec. WHO, No. 7, Annex 31 B) be established on the Secretariat level, and

"Recommended continuation of negotiations between the two sub-committees."

Appendix C.

Chapter XI from the Constitution of the World Health Organization.

REGIONAL ARRANGEMENTS

Article 44

(a) The Health Assembly shall from time to time define the geographical areas in which it is desirable to establish a regional organization.

(b) The Health Assembly may, with the consent of a majority of the members situated within each area so defined, establish a regional organization to meet the special needs of such area. There shall not be more than one regional organization in each area.

Article 45

Each regional organization shall be an integral part of the Organization in accordance with this Constitution.

Article 46

Each regional organization shall consist of a regional committee and a regional office.

Article 47

Regional Committees shall be composed of representatives of the member States and associate members in the region concerned. Territories or groups of territories within the region, which are not responsible for the conduct of their international relations and which are not associate members, shall have the right to be represented and to participate in regional committees. The nature and extent of the rights and obligations of these territories or groups of territories in regional committees shall be determined by the Health Assembly in consultation with the member or other authority having responsibility for the international relations of these territories and with the member States in the region.

Article 48

Regional committees shall meet as often as necessary and shall determine the place of each meeting.

Article 49

Regional Committees shall adopt their own rules of procedure.

Article 50

The functions of the regional committees shall be:

- (a) To formulate policies governing matters of an exclusively regional character;
- (b) To supervise the activities of the regional office;

(c) To suggest to the regional office the calling of technical conferences and such additional work or investigation in health matters as in the opinion of the regional committee would promote the objective of the Organization within the region;

(d) To co-operate with the respective regional committees of the United Nations and with those of other specialized agencies and with other regional international organizations having interests in common with the Organization;

(e) To tender advice, through the Director-General, to the Organization on international health matters which have wider than regional significance;

(f) To recommend additional regional appropriations by the Governments of the respective regions if the proportion of the central budget of the Organization allotted to that region is insufficient for the carrying out of the regional functions;

(g) Such other functions as may be delegated to the regional committee by the Health Assembly, the Board or the Director-General.

Article 51

Subject to the general authority of the Director-General of the Organization, the regional office shall be the administrative organ of the regional committee. It shall, in addition, carry out within the region the decisions of the Health Assembly and of the Board.

Article 52

The head of the regional office shall be the regional director appointed by the Board in agreement with the regional committee.

Article 53

The staff of the regional office shall be appointed in a manner to be determined by agreement between the Director-General and the regional director.

Article 54

The Pan American Sanitary Organization, represented by the Pan American Sanitary Bureau and the Pan American Sanitary Conferences, and all other intergovernmental regional health organizations in existence prior to the date of signature of this Constitution, shall in due course be integrated with the Organization. This integration shall be effected as soon as practicable through common action based on mutual consent of the competent authorities expressed through the organizations concerned.

Appendix D

DELEGATES AND OBSERVERS FROM THE MEMBER GOVERNMENTS
OF THE PAN AMERICAN SANITARY ORGANIZATION TO
THE FIRST WORLD HEALTH ASSEMBLY

DELEGATES

Brazil

Dr. G. H. de Paula Souza
Dr. Almir de Castro

Dominican Republic

Dr. Manuel Pastoriza Valverde, Minister Plenipotentiary in Paris

El Salvador

Dr. Albert Amy, Consul in Geneva

Haiti

Dr. A. Arguello, Minister Plenipotentiary in Paris, who was
an Observer, was accepted as a Delegate

Mexico

Dr. A. P. León
Dr. J. Zozaya

United States

Dr. Thomas Parron
Dr. Martha M. Eliot
Dr. J. R. Miller

Venezuela

Dr. F. Castillo Rey
Dr. S. Ruesta Marco
Dr. Carlos Luis Gonzales Velasco

OBSERVERS

Argentina

Dr. Alberto Zwanck

Chile

Dr. Armando Alonso Vial

Ecuador

M. A. Gastelū, Consul General in Geneva

Nicaragua

Dr. A. Arguello Cervantes, Minister Plenipotentiary in Paris

Panama

Dr. Barraza

Paraguay

Dr. F. Vallejos

Uruguay

Dr. Abelardo Saenz, Deputy Minister Plenipotentiary in Paris
Dr. Antonio M. Carvalho, Secretary of the Legation at Berne

.....

Pan American Sanitary Bureau

Dr. Fred L. Soper
Dr. Miguel E. Bustamante

.....

Three of the countries of the Pan American Sanitary Organization were appointed on the Executive Board, - the United States of America to serve a one-year term, and Brazil and Mexico to serve a two-year term.

OSP.CD2.M/-4

PRELIMINARY NOTE IN RELATION TO DOCUMENTS OF THE WORLD HEALTH ORGANIZATIONREGARDINGASSOCIATE MEMBERS

Dr. Brock Chisholm, Director General of the World Health Organization, under date of August 5, 1948, sent to all countries with membership in the Organization (with copy to the Pan American Sanitary Bureau) the following telegram:

"HEALTH ASSEMBLY RESOLUTION OF 21 JULY REQUEST EXECUTIVE BOARD SUBMIT REPORT WITH RECOMMENDATIONS TO NEXT ASSEMBLY REGARDING ARTICLE 47 WHO CONSTITUTION AND COMMENTS OR RECOMMENDATIONS FROM MEMBERS AND REGIONAL ORGANIZATIONS CONCERNING RIGHTS AND OBLIGATIONS IN REGIONAL ORGANIZATIONS OF ASSOCIATE MEMBERS AND TERRITORIES OR GROUPS OF TERRITORIES NOT RESPONSIBLE FOR CONDUCT OF INTERNATIONAL RELATIONS AND WHICH ARE NOT ASSOCIATE MEMBERS STOP REQUEST YOU FORWARD IF POSSIBLE BEFORE FIFTH SEPTEMBER COMMENTS OR RECOMMENDATIONS FOR INCLUSION PROVISIONAL AGENDA OCTOBER MEETING EXECUTIVE BOARD". (Sgd.) CHISHOLM.

The following pages present the documents of the World Health Organization regarding Associate Members.

INDEXED

Documents of the World Health
Organization Regarding
Associate Members

Geneva, June-July 1948

SUPPLEMENTARY REPORT

S.63

OTHER BUSINESS: ASSOCIATE MEMBERS

(PROVISIONAL AGENDA) 19: Off.Rec.WHO 10, 1)

Status of Associate Members

The last sentence of Article 8 of the Constitution of the World Health Organization provides that

"....The nature and extent of the rights and obligations of associate members shall be determined by the Health Assembly."

Article 47 of the Constitution, which deals with the composition of the regional committees in which the associate members in the region concerned may participate, provides that

"The nature and extent of the rights and obligations of these territories or groups of territories in regional committees shall be determined by the Health Assembly in consultation with the member or other authority having responsibility for the international relations of these territories and with the member States in the region."

It is thus incumbent upon the Health Assembly to define the status of associate members, in regard to the central organization as well as to the regional centres to be established.

The New York arrangement of 22 July 1946 gives the Interim Commission no instructions whatever to undertake an investigation - even of a preliminary character - of the status of associate members.

This is a complex and difficult problem and, although up to the present time, no request for the admission of a territory likely to become an associate member has yet been submitted to the Assembly, the Interim Commission considered that it might be well to draw the Assembly's attention to this important question.

A/46
5 July 1948

19. Other business: Associate Members
(Off.Rec.WHO, 10, page 1)

PAPER SUBMITTED BY THE DELEGATION OF THE UNITED KINGDOM
ON ARTICLE 8 OF THE CONSTITUTION OF WHO

1. In the Report of the Preparatory Meeting of the Interim Commission¹, it is stated that document S.63 was referred to the Assembly for consideration. This document dealt with the status of Associate Members. The Legal Committee, in view of the important constitutional questions involved, may desire to refer the following suggestions to a special committee.

2. Not all specialized agencies of the United Nations make provision for Associate Members. The constitution of the World Health Organization, however, provides in Article 8, that:

Territories or groups of territories which are not responsible for the conduct of their international relations may be admitted as Associate Members by the Health Assembly upon application made on behalf of such territory or group of territories by the Member or other Authority having responsibility for their international relations. Representatives of Associate Members to the Health Assembly should be qualified by their technical competence in the field of health and should be chosen from the native population. The nature and extent of the rights and obligations of Associate Members shall be determined by the Health Assembly.

3. The delegation of the United Kingdom considers this an important provision of the constitution, because many non-self-governing territories are in comparatively unhealthy parts of the world, and the promotion of health is a major preoccupation of their governments and peoples. Many of their health problems also differ from those of the parent country, and it is therefore not always easy for the parent government to represent the views of the territory concerned to the World Health Organization on technical matters which are of importance to these territories.

4. Article 8 says that the nature and extent of the rights and obligations of Associate Members shall be determined by the Health Assembly. It is important, therefore, that these rights and obligations should be settled during this Assembly, for otherwise Associate Members will not be able to take part in the proceedings of the Assembly and article 8 of the constitution will remain ineffective until the year 1950. It is to be expected that many territories to which article 8 applies will not decide whether they desire to be Associate Members until they know the rights and liabilities which Associate Membership involves.

1. Doc. A.9, page 8, item 10.

5. The delegation of the United Kingdom therefore puts forward the following proposals. These fall under two heads: (a) the admission of Associate Members and (b) the rights and obligations of Associate Members.

6. As to (a) association with the World Health Organization is a valuable privilege and should not be indiscriminately bestowed. It is suggested that, in considering applications, the Assembly should have regard to such points as the state of development of a territory's medical and health services and the extent to which representatives of that territory can contribute to the deliberations of the Assembly. The association of the territory and the Assembly should be profitable to both parties.

7. As to (b), it is clear that the constitution of the World Health Organization attaches importance to the views of territories to which article 8 applies or the provisions of that article would not have been included in the constitution. It appears also that the intention was that the rights and obligations of such territories should be something less than those of members of the organization or the article would have provided for admission to membership. The delegation of the United Kingdom thinks, however, that the distinction between Members and Associate Members should not be excessive. They propose that the representatives of such territories or groups of territories as are admitted to Associate Membership should be entitled to take part in the proceedings of the Assembly and of its Committees, but that such representatives should not be entitled to vote at plenary sessions of the Assembly or in meetings of its main committees, or to be eligible for representation on the Executive Board.

8. The delegation of the United Kingdom considers also that, to establish a proper feeling of responsibility, Associate Members should contribute to the funds of the World Health Organization. In view, however, of the fact that their rights are more restricted than those of Members, they feel that the contribution should not be on the same scale as that required of Members. They suggest for consideration that the rate of contribution of an Associate Member should be determined by first calculating the rate at which territory would be assessed if it were a Member of the World Health Organization and then taking a fraction of the figure so calculated. It is suggested as a basis for discussion that the fraction should be 60% of the rate which a Member of similar position and resources would pay.

9. Similar questions will no doubt arise under Article 47 of the constitution in regard to membership in regional committees of territories or groups of territories which are not responsible for the conduct of their international relations and which are not Associate Members.

The delegation of the United Kingdom suggests that the position in regional committees of such territories or groups of territories should be analogous to that of Associate Members in WHO, that is, if the suggestions made above in regard to Associate Members of WHO are adopted, (a) representatives of such territories or groups of territories should be entitled to take part in the proceedings of the regional committee or of any of its committees but should not vote on the regional committee or its main committees, (b) if the members of the regional committee contribute towards the expenses of that committee, the contributions of the territories or groups of territories concerned should be scaled down in the same manner as is proposed above for the contributions of Associate Members to the World Health Organization.

10 The delegation of the United Kingdom consider that in regional committees there should be no distinction between the rights and obligations of Members and Associate Members of the World Health Organization.

A/L/20
14 July 1948

12.5.8. Other Business
Associate Members
(Doc. A.46 and S.63)

LEGAL COMMITTEE

Report of the Sixth Working Party to the
Legal Committee

At its meeting on Wednesday, 14 July, the Legal Committee appointed a Working Party to consider the question of the determination by the Assembly of the extent and nature of the rights and obligations of Associate Members in accordance with the provisions of articles 8 and 47 of the Constitution.

The Working Party consisted of the following representatives from the Legal Committee:

Mr. L. GEERAERTS (Belgium)
Mr. A. H. BAGHDADI (Egypt)
Dr. H. VAUCEL (France)
Sir DHIREN MITRA (India)
Dr. J. N. TOGBA (Liberia)
Mr. C. J. GOUDSMIT (Netherlands)
Dr. A. DA SILVA TRAVASSOS (Portugal)
Mr. C. B. CREER (United Kingdom)
Mr. D. V. SANDLER (U.S.A.)
Mr. F.L. PEIBERTHY (Union of South Africa)
Dr. C. van den BERG (Netherlands) took the Chair.

Mr. A. H. ZARB and Mr. Fr. GUTTENRIDGE acted as secretaries.

The Working Party had before it for consideration document S-63, a part of the supplementary report of the Interim Commission, and a paper submitted by the Delegation of the United Kingdom on Article 8 of the Constitution¹. During the course of the discussions of the Working Party draft resolutions were submitted by the Delegations of France, the United Kingdom and the United States of America.

After a very thorough discussion of the problems involved in this important question, the Working Party reached unanimous agreement on the resolution set forth below. There was a general concensus that the Assembly might from time to time review the statement of the extent and nature of the rights and obligations of Associate Members.

Attention was also called to the question of the privileges and immunities of the representatives of Associate Members under the general Convention on Privileges and Immunities of Specialized Agencies, and the Annex thereto and to the necessity for amendments in the rules of procedure. It was agreed that the Executive Board should consider these two questions.

Attention was drawn to a possible constitutional question arising from the definition of the rights and duties of Associate Members; there was general agreement in the Working Party that in view of the authority conferred upon the Health Assembly by Article 8 and 47 of the Constitution to define the rights and obligations of Associate Members and of territories or groups of territories which are not self-governing and which are not associate members, there can be no doubt of the authority of the Assembly to adopt reasonable provisions on this subject.

The Working Party accordingly submits to the Legal Committee the following resolution:

WHEREAS Article 8 of the Constitution of the World Health Organization provides that the nature and extent of the **rights** and obligations of Associate Members shall be determined by the Health Assembly, and

WHEREAS there is need for further study in connexion with Article 8 and 47 of the Constitution of the rights and obligations in regional organizations of Associate Members and of territories and groups of territories which are **not** responsible for the conduct of their international relations, which are not associate Members.

THE HEALTH ASSEMBLY RESOLVES

a) that Associate Members shall have:

- (i) the right to participate without vote in the deliberations of the Health Assembly and its main Committees;
- (ii) the right to participate with vote and to hold office in other committees or sub-committees of the Assembly, except the General Committee, the Credentials Committee, and the Nominations Committee;
- (iii) the right to participate equally with Members, subject to the limitation on voting in paragraph (i) above, in matters pertaining to the conduct of business of meetings of the Assembly and its committees in accordance with Rules 39 to 53, and 62 to 63, of the Rules of Procedure of the Assembly;
- (iv) the right to propose items for inclusion in the provisional agenda of the Assembly;
- (v) the right to receive equally with members all notices, documents, reports and records;
- (vi) the right to participate equally with members in the procedure for convening special sessions.

b) that Associate Members shall have the right, equally with Members, to submit proposals to the Executive Board, and to participate, in accordance with regulations established by the Board, in Committees established by it, but they shall not be eligible for membership on the Board.

c) that the Associate Members shall be subject to the same obligations as Members except that the difference in their status shall be taken into account in determining the amount of their contribution to the budget of the Organization.

d) that the Executive Board be requested to submit a report with recommendations to the next Health Assembly taking into account Article 47 of the Constitution and any comments or recommendations from Members and from regional organizations concerning the rights and obligations in regional organizations of associate Members and of representatives of territories or groups of territories which are not responsible for the conduct of their international relations and which are not Associate Members, the report to be transmitted to the Members at least two months in advance of the convening of the Assembly.

CARACAS DECLARATION OF THE HEALTH OF THE CHILD*

Submitted to the IX Pan American Child Congress (Caracas, January 5-10, 1948) by the American International Institute for the Protection of Childhood.

INDEXED

1. It is the right of all children to receive the greatest protection of their health. In order to achieve this purpose the parents and teachers should receive basic instruction in their respective duties and obligations. The medical, health, social and other personnel connected with the program should be provided with the means of obtaining proper training either by the State or by private institutions. Schools of medicine and other institutions utilized for training personnel should broaden their training programs to include pediatrics and the physical education of children.
2. All factors pertaining to pregnancy and childbirth such as pre-natal, natal, and post-natal care should be included in order to guarantee the health of the mother, and assure a normal delivery of a healthy baby who will develop into a strong child.
3. From birth to adolescence the child should be periodically examined by doctors, dentists and specialists in order to insure its normal development. Pediatricians and specialized technical persons should be in charge of guarding the health of the child.
4. Each country, guided by local conditions, should organize specific programs to protect the child against communicable diseases. These programs shall include vaccinations against smallpox, diphtheria and whooping cough, and when deemed necessary against typhoid fever and other infections; and campaigns against parasitosis and agents which transmit diseases shall be organized. To complement these protective measures, general sanitary services such as proper treatment and disposal of sewage and garbage shall be inaugurated.
5. In order that the school age may be reached in a healthy state the child shall receive special care during the pre-school period. The child's health shall be under strict vigilance with supervision of health education, including physical and mental hygiene, in school buildings meeting standard requirements such as proper illumination and ventilation, and with adequate equipment in order to protect the child during the school period.
6. All necessary facilities, including safe water and milk and proper food, shall be provided in order to assure the child good nutrition.

* Translated by the Pan American Sanitary Bureau, April 30, 1948.

With this end in view child nutrition classes shall be organized in the best manner possible in schools and institutions dealing with health and social welfare.

7. Mental hygiene classes shall be included in the program to assist in protecting the child against mental and physical diseases. Mentally deficient children and those constituting special social problems, with the support of society shall receive proper treatment in order to make it possible for them to regain their mental balance, and they shall not be considered noxious beings.
8. Crippled, blind, deaf, mute, rheumatic children or those suffering from any physical defect shall be educated and receive proper medical treatment in order that they may become useful citizens in the community.
9. Scientific standards authorized by specialists should be followed in order to prevent tuberculosis in children during all ages. Adequate measures should also be taken in regard to syphilis.
10. In brief, all children in America, regardless of race, color, or creed, should be guarded by necessary precautions based on general hygiene, good living conditions, ample sunshine, and air, and adequate clothing and facilities to insure cleanliness in order for them to take advantage of every opportunity to insure them a healthful, happy and peaceful life.
11. The Directing Council of the Pan American Sanitary Organization, at its Second Meeting held in Mexico City from October 8 to 12, 1948, adopted the following resolution:

"II - RELATIONS

c) Caracas Declaration on the Health of the Child

After a careful study of the Caracas Declaration on the Health of the Child, the Directing Council

RESOLVES:

6. To register its enthusiastic approval of the Declaration as a set of principles and objectives which will serve as a standard and guide to all organizations which are interested in the health and well-being of the child.
7. To recommend that the following statement of principles be added to said Declaration: The Pan American Sanitary Organization believes that all health activities, the objectives

of which are to guarantee to the child a harmonious physical and mental development, must be based on the family unit, of which the child is an integral part; the maternal and child health services being entrusted to the National Public Health Departments which will maintain the closest possible contact and collaborate with the agencies concerned with maternal and child welfare."

OSP.CE5.M-4
October 8, 1948

PAN AMERICAN SANITARY ORGANIZATION
EXECUTIVE COMMITTEE
FINAL REPORT OF THE FIFTH MEETING

Mexico, D. F., Secretaría de
Salubridad y Asistencia
October 1 - 8, 1948

I N D E X

- I. Organization of the Pan American Sanitary Bureau
- II. Budget of the Pan American Sanitary Bureau.
- III. Relations of the Pan American Sanitary Organization.
- IV. General Subjects.

PAN AMERICAN SANITARY ORGANIZATION
FIFTH MEETING OF THE EXECUTIVE COMMITTEE
FINAL REPORT

The Fifth Meeting of the Executive Committee was convened in Mexico City, Mexico, from October 1 to 8, 1948, by the Director of the Pan American Sanitary Bureau. The following persons were present:

REPRESENTATIVES:

Dr. Heitor Prager Fróes, Diretor Geral do Departamento Nacional de Saúde.	BRAZIL
Dr. Gonzalo González Murillo, Jefe del Servicio de Neuropsiquia- tría del Seguro Social.	COSTA RICA
Dr. Luis Espinosa y G. Cáceres, Director de Salubridad.	CUBA
Dr. Thomas Parran, Dean, Graduate School of Public Health, University of Pittsburgh.	UNITED STATES OF AMERICA
Dr. Ignacio Morones Prieto, Subsecretario de Salubridad y Asistencia	MEXICO
Dr. Ricardo Cappeletti, Jefe de la División de Higiene, Ministerio de Salud Pública	URUGUAY
Dr. Alfredo Arreaza Guzmán, Director de Salubridad Pública	VENEZUELA

ALTERNATES:

Dr. José Zozaya, Asesor Técnico de la Secretaría de Salubridad y Asistencia.	MEXICO
Dr. Juvencio Ochoa, Director de Asistencia Social.	VENEZUELA

ADVISOR:

Dr. Ward P. Allen,
Department of State.

UNITED STATES
OF AMERICA

OBSERVER:

Dr. Adhemar Paoliello,
Serviço Nacional de Febre Amarela.

BRAZIL

PAN AMERICAN SANITARY BUREAU:

Dr. Fred L. Soper,
Director.

Dr. John R. Murdock,
Assistant Director.

Dr. Miguel E. Bustamante,
Secretary General.

The first session took place at 10:45 A.M., on October 1, 1948, under the temporary chairmanship of Dr. Heitor P. Fróes. The draft Rules of Procedure and of Debate were discussed and approved with a few modifications according to the attached text (OSP. CE5.M-3). The election of officers was immediately taken up, with the following results:

Chairman: Dr. Ignacio Morones Prieto,

Vice Chairman: Dr. Alfredo Arreaza Guzmán,

Secretary: Dr. Miguel E. Bustamante, according to Article 4 of the Rules of Procedure and of Debate approved (OSP.CE5.M-3).

Dr. Fred L. Soper read his report (document OSP.CE5.M-2) covering the period from April to September, 1948, which was approved without change.

The Agenda prepared for the Fifth Meeting (Document OSP.CE5.M-1, Annex I) which had been prepared by the Pan American Sanitary Bureau, was also adopted by the Executive Committee.

The following Working Committees were appointed:

- Committee I. Organization and Budgets:
Drs. FROES (Rapporteur),
PARRAN and GONZALEZ MURILLO;
Dr. JOHN R. MURDOCK (Advisor).
- Committee II: Relations
(a) with the World Health Organization;
(b) Non-Self-Governing Territories;
(c) Caracas Declaration on the Health of the Child (OSP.CE4.W-3, Annex V).
Drs. ARREAZA GUZMAN (Rapporteur),
ZOZAYA, ESPINOSA Y G. CACERES
and CAPPELETTI;
Dr. FRED L. SOPER (Advisor).

Drafting Committee: The Chairman of the Committee, the Secretary and DRS. FROES and ARREAZA GUZMAN.

Seven plenary sessions and five of the Working Committees were held.

The Closing Plenary Session was held on the 8th day of October, 1948, at seven o'clock p.m.

CE 5.21

I. ORGANIZATION OF THE
PAN AMERICAN SANITARY BUREAU

The Executive Committee approved without modifications the report of the Organization and Budget Committee, after studying the organization draft of September 1948, submitted by the Director of the Pan American Sanitary Bureau, and

WHEREAS:

it is not desirable that the Directing Council indicate the precise form for internal organization, but that the matter be left to the Director, in order that he may be able to arrange and rearrange the administrative structure under the light of experience and of the available personnel possessing the various necessary qualifications,

RESOLVES:

1. to recommend to the Directing Council that the Director be authorized to effect the internal organization of the Pan American Sanitary Bureau periodically reporting his decisions to the Executive Committee and the Directing Council at their respective meetings.

II. BUDGET OF THE PAN AMERICAN
SANITARY BUREAU

CEC. 22

The Executive Committee, after studying the report from the Sub-Committee of Organization and Budgets, which re-examined the Final Report of its Fourth Meeting (Document OSP.CE4.W-20 and Annex I of Document OSP.CD2.M-2) relative to the Program of the Pan American Sanitary Bureau, and

WHEREAS:

it is convenient that the resolutions of the Executive Committee celebrated in Washington, be rectified in reference to paragraphs 2, 3, 4 and 5,

RESOLVES:

1. Not to accept the different scales of contributions prepared by the Pan American Sanitary Bureau in compliance with the instructions previously approved by the Executive Committee, nor the scale proposed by the Mexican Representative.

2. To recommend to the Directing Council that, in accordance with Article 60 of the Pan American Sanitary Code, it apply to the budget the scale of contributions of the Pan American Union.

The Executive Committee approved this resolution by six affirmative votes, with the United States Representative abstaining.

THE EXECUTIVE COMMITTEE

CE 5. 23

WHEREAS:

it is not necessary nor desirable to modify Article 60 of the Pan American Sanitary Code, as previously suggested by the same Committee at its Fourth Meeting, held May 3 to 13, 1948,

RESOLVES:

3. To suggest that the Directing Council of the Pan American Sanitary Organization not take into consideration the draft protocol suggested for the modification of the above mentioned Article 60, at present in force.

The Executive Committee, in the light of experience obtained during the present year in budgetary matters,

WHEREAS:

CE 5. 24

it is desirable to return to the fiscal year from July 1 to June 30,

RESOLVES:

4. To request the Directing Council to rectify the resolution taken at its First Meeting, in Buenos Aires, to consider the fiscal year from January 1 to December 31, and to approve the budget year from July 1 to June 30 of each year.

THE EXECUTIVE COMMITTEE

CE 5. 25

WHEREAS:

it is not desirable to subdivide the budget into administrative and operational, but that both parts should be combined into a single budget,

RESOLVES:

5. To request the Directing Council to approve
(a) A budget of US \$700,000.00 for the period
of January 1 to June 30, 1949.

Six Representatives voted in favor of this budget. The United States' Representative voted in favor of the \$700,000.00 budget under the condition that \$200,000.00 be reserved as a working capital fund.

(b) A budget of US \$2,000,000.00 for the fiscal year from July 1st, 1949, to June 30th, 1950.

This budget was approved by six affirmative votes against one negative vote (in favor of \$1,000,000.00 for the same fiscal year) from the United States' Representative.

The Executive Committee, after studying the estimates and detailed figures, submitted by the Director of the Pan American Sanitary Bureau, in Annexes I and II of Document OSP.CD2.M-2, introduced the modifications indicated in the items of the annexed budgets, and

RESOLVES:

CE 5. 26

6. To recommend to the Directing Council that they approve in principle the budget estimate submitted by the Director of the Pan American Sanitary Bureau in Document OSP.CD2.M-2, pages 21 and 22 of the English text, as regards the quantities to be allocated to various purposes.

7. To recommend to the Directing Council that the two pages of the above mentioned document be revised to include the sums indicated for the complete year 1949-1950, in order to satisfy the most important operational purposes indicated, as follows:

(1) Headquarters Administration	\$373,375.00
(2) Zone Offices	350,350.00
(3) Central Services and Field Activities	638,900.00
a. Central Services	275,825.00
b. Field Services	239,975.00
c. Fellowships	123,100.00
(4) Control of Communicable Diseases (including Yellow Fever, Tuberculosis, Trypanosomiasis and Leishmaniasis, and others).	637,375.00
Total	<u><u>\$2,000,000.00</u></u>

8. To recommend to the Directing Council that for the period of January 1 to June 30, 1949, the budget totalling US \$700,000.00 subdivided along the same lines as outlined above for the fiscal year 1949-1950, be approved.

THE EXECUTIVE COMMITTEE

CE 5. R 7

WHEREAS:

it is contrary to the interest of good administration that a large number of specific items be approved, many of them for small sums which might be assigned for the control of specific diseases, and that it is necessary that the Director of the Pan American Sanitary Bureau have sufficient flexibility in the administration,

RESOLVES:

9. To recommend that the Directing Council authorize the Director of the Pan American Sanitary Bureau to transfer funds from one to another of the four major categories indicated, not exceeding 10%. For sums in excess of this percentage the Director will require the approval of the majority of the Members of the Executive Committee.

10. To recommend to the Directing Council that it grant its approval to place in the Reserve or Emergency Fund any sums left over from the budgeted items due to savings as the organization and development of the Bureau is carried out,

III. RELATIONS OF THE
PAN AMERICAN SANITARY ORGANIZATION

- (a) With the World Health Organization
(Document OSP.CD2.M-3)
- (b) Non-Self-Governing Territories
- (c) Caracas Declaration on the Health of
the Child (Document OSP.CE4.W-3,
Annex V).

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(a) With the World Health Organization

The Executive Committee carefully studied the report of its Sub-Committee on Relations, which states: that the World Health Organization was established in June of the current year; that from the beginning, interest was shown in the possibility of reaching an agreement with the Pan American Sanitary Bureau, that it may act as the Regional Office of the World Health Organization in the Western Hemisphere; and also, that the Pan American Sanitary Organization was represented at the First World Assembly which was held in Geneva, by Drs. Fred L. Soper, Director of the Pan American Sanitary Bureau and Miguel E. Bustamante, Secretary General, acting as observers, who spoke for the Bureau, setting forth clearly the great possibilities for effective work of the Pan American Sanitary Organization.

THE EXECUTIVE COMMITTEE

(E.C.R.P)

WHEREAS:

only seven American countries have ratified the Constitution of the World Health Organization which prevented the weight of American opinion to be felt more fully in the First World Health Assembly, and

WHEREAS:

it is desirable that negotiations between the World Health Organization and the Pan American Sanitary Organization be speeded up,

RESOLVES:

1. To recommend that the Directing Council suggest to the American countries the advisability of ratifying the Constitution of the World Health Organization with the purpose of facilitating the current negotiations.

THE EXECUTIVE COMMITTEE

C E 5. 2 9

WHEREAS:

the First World Health Assembly used as a basis of discussion the document drawn up and approved by the Directing Council of the Pan American Sanitary Organization in its First Session, held in Buenos Aires, and that, in general, all the points of view of the Pan American Sanitary Organization were accepted, with slight changes which do not basically modify the Buenos Aires document,

RESOLVES:

2. To recommend to the Directing Council that it accept the proposal made by the Executive Board of the World Health Organization, with the slight modifications made, as the basis for an agreement between both organizations. This agreement will establish a definite working formula between the Pan American Sanitary Organization and the World Health Organization (Document OSP.CD2.M-3, pages 38, 39 y 40).

3. To recommend to the Directing Council that it authorize the Director of the Pan American Sanitary Bureau so that, in accordance with the pertinent resolution of the Twelfth Pan American Sanitary Conference, he sign the agreement with the World Health Organization when fourteen American Republics have ratified the Constitution of the World Health Organization.

(b) Non-Self-Governing Territories

The Executive Committee approved the report of its Sub-Committee on Relations with respect to the question of Non-Self-Governing Territories.

THE EXECUTIVE COMMITTEE

CE5.R10

WHEREAS:

the Constitution of the World Health Organization stipulates that the regional organizations will be made up of members from certain zones and Associate Members (Document OSP.CD2.M-4) whose rights will be described by the Assembly of the World Health Organization which at some future time might accept as Associate Members those countries of the American Continent which are not self-governing, and since this problem must now be studied, because the Executive Board of the World Health Organization has addressed all member countries asking their opinion as to the status of the Associate Members, which would seem to presage the admission of some of them in the near future, thus placing the Pan American Sanitary Organization before a de facto situation which it should anticipate, and

WHEREAS:

the Constitution of the Pan American Sanitary Organization makes no reference to the existence of "Associate Members" but refers specifically to the countries in the Western Hemisphere which are not self-governing, pointing out the desirability of their collaborating with the Pan American Sanitary Bureau and stating that their rights within the Bureau shall be fixed later by the Directing Council, after negotiating with the government of each interested country,

RESOLVES:

3. To recommend to the Directing Council that in accordance with the Constitution of the Pan American Sanitary Organization, the Council itself declare that the countries of the Western Hemisphere which

are not self-governing, will be offered the following rights within the Pan American Sanitary Organization:

- (a) Participate, without the right to vote, in the discussions of the plenary sessions of the Directing Council;
- (b) To participate, with the right to vote, in the Committees of the Directing Council, except in those which deal with administration, finances and the Constitution;
- (c) To participate on the same level as the Members in the discussions of those matters which relate to the program of the sessions of the Directing Council and its Committees, making proposals, suggesting changes, presenting motions on points of order, etc., subject only to the limitations mentioned in the first section;
- (d) To propose subjects for inclusion in the tentative programs of the meetings of the Directing Council;
- (e) To receive all the documents, reports and minutes of the Directing Council;
- (f) To participate on an equal plane with the Members in all plans for special meetings;
- (g) To appoint observers and to participate in the discussions of the Executive Committee subject to the same conditions which apply to the Members of the Pan American Sanitary Organization who are not members of the Committee, although these representatives will not be eligible for membership in the Committee.

Furthermore, the Executive Committee approved a motion to request the Second Meeting of the Directing Council that observers from countries of the Western Hemisphere who are present, enjoy the same rights mentioned above, as an indication of the attitude of comprehension and cooperation of the countries members of the Pan American Sanitary Organization.

(c) Caracas Declaration on the Health of the Child

THE EXECUTIVE COMMITTEE

CE 5. R 1

WHEREAS:

in the Ninth Pan American Child Congress held in Caracas in January of this year, a Declaration on the Health of the Child was drawn up (Document OSP.CE4. W-3, Annex V) it being resolved that they should be approved not only by the International American Institute for the Protection of the Child but also by the Pan American Sanitary Organization, and

WHEREAS:

after studying all the articles of the above mentioned Declaration, and finding nothing to which objection may be made, but not believing it advisable to create a complete separation between the child and the rest of the family nucleus, which constitutes the minimum indispensable basis for health work,

RESOLVES:

4. To approve the principles stated in the Caracas Declaration and to recommend to the Directing Council that it study more thoroughly the above mentioned Declaration and propose the addition of an article to the effect that in carrying out measures for child protection, the child must be considered as an integral and inseparable part of the family.

IV. GENERAL TOPICS

The Executive Committee approved without any changes the two parts of the tentative program: the Technical as well as the Executive Section.

This Final Report was approved at the Plenary Session of October 8, 1948, and signed in Mexico City, Mexico, on the same date, at the Closing Session, by the Representatives of the countries composing the Executive Committee, as well as by the Director, Assistant Director and Secretary General of the Pan American Sanitary Bureau.

EXECUTIVE COMMITTEE:

(sgd) Heitor P. Fróes
Representative of Brazil

(sgd) G. González M.
Representative of Costa Rica

(sgd) L. Espinosa
Representative of Cuba

(sgd) Thomas Parran
Representative of the United States of America

(sgd) I. Morones
Representative of Mexico

(sgd) R. Cappelletti
Representative of Uruguay

(sgd) A. Arreaza Guzmán
Representative of Venezuela

PAN AMERICAN SANITARY BUREAU:

(sgd) Fred L. Soper
Director

(sgd) John R. Murdock
Assistant Director

(sgd) M. E. Bustamante
Secretary General

OSP-EC5.M-3

Approved at the Fifth Meeting of the Executive Committee. (México, oct. 1949).

RULES OF PROCEDURE AND OF DEBATE
of the
EXECUTIVE COMMITTEE
of the
PAN AMERICAN SANITARY ORGANIZATION

MEMBERS

- Art. 1 - The Executive Committee of the Pan American Sanitary Organization shall be composed of Representatives of the seven Member Governments elected in accordance with Article 13 of the Constitution.
- Art. 2 - The Director of the Pan American Sanitary Bureau shall be a member ex-officio of the Executive Committee, without the right to vote.

OFFICERS

- Art. 3 - At each meeting the Executive Committee shall elect a Chairman and a Vice-Chairman who shall serve until new officers are elected at the next meeting of the Committee.
- Art. 4 - The Secretary General of the Pan American Sanitary Bureau shall act as Secretary of the Executive Committee.
- Art. 5 - The Chairman shall preside at the plenary sessions of the Executive Committee and act in any other capacity conferred on him by these rules.
- Art. 6 - In the absence of the Chairman, the Vice-Chairman shall preside and in case both are absent, the Committee shall appoint one of its members to preside at the session.
- Art. 7 - The order of precedence of the delegations shall be based on the alphabetical order of the countries, as expressed in the language of the country where the meeting is held.

MEETINGS AND AGENDA

- Art. 8 - The meetings of the Executive Committee shall be convoked by the Director of the Pan American Sanitary Bureau.
- Art. 9 - Five representatives of the countries members of the Executive Committee shall constitute a quorum for the plenary sessions.
- Art. 10 - Each country member of the Executive Committee shall be limited to one vote in the plenary sessions and in the sub-committees. A resolution shall be approved on the affirmative vote of the majority of the representatives present and entitled to vote.

- Art. 11 - The meetings which coincide with those of the Directing Council or the Conference shall be held at the same place immediately before and after the meetings named in this article.
- Art. 12 - Other meetings shall be held at the headquarters of the Pan American Sanitary Bureau.
- Art. 13 - The Director of the Pan American Sanitary Bureau shall prepare the provisional agenda for each meeting in agreement with the Chairman of the Executive Committee.
- Art. 14 - The provisional agenda shall include:
- (a) any subject suggested by the Directing Council;
 - (b) any subject proposed by the Executive Committee during its preceding meeting;
 - (c) any subject proposed by one of the Member countries not later than 21 days prior to the meeting, except in emergencies, at the discretion of the Director of the Pan American Sanitary Bureau;
 - (d) any subject proposed by the Director of the Pan American Sanitary Bureau.
- Art. 15 - The provisional agenda and all documents relating thereto shall be sent to the Member countries at least 14 days prior to the meeting.
- Art. 16 - The Director of the Pan American Sanitary Bureau shall formulate a program for each session based on the agenda.
- Art. 17 - The Executive Committee may revise and modify the agenda or the program at each meeting.
- Art. 18 - The plenary sessions shall meet on the dates established by the approved program; other sessions, however, may be held on dates approved by the Executive Committee.
- Art. 19 - The plenary sessions shall include general matters and discussion and approval of the reports of the Sub-committees.
- Art. 20 - Unless otherwise decided by the Executive Committee, the sessions shall be open.

WORKING COMMITTEES

- Art. 21 - When deemed expedient, Sub-committees shall be named to deal with special subjects, and their recommendations and reports shall be submitted for consideration at the plenary sessions.

- Art. 22 - Sub-committees may be composed of representatives, alternates and advisers.
- Art. 23 - Each Sub-committee shall name its own reporter who shall submit its report and recommendations to the plenary session for consideration.
- Art. 24 - A Sub-committee composed of the Chairman, Vice-Chairman, an official of the Pan American Sanitary Bureau and two representatives shall draft all proceedings of the Executive Committee.

DEBATES

- Art. 25 - The voting may be made nominal at the request of any member.
- Art. 26 - The voting may be made by unit, partial or total at the request of any member.
- Art. 27 - When two or more amendments are proposed, the sequence of voting shall be to consider first the most radical amendment, then the next radical, and so on until all have been considered.
- Art. 28 - When an amendment which changes, adds or omits part of a proposed resolution is approved, the resolution thus amended shall be submitted to vote.
- Art. 29 - When a member requests a point of order it shall be given priority by the Chairman.
- Art. 30 - During the discussion of any subject, one of the members may ask that the debate be closed. This motion shall be given priority and will be submitted to a vote after one member has been given the opportunity to speak in favor, and another against the motion.
- Art. 31 - The Chairman of the Executive Committee may at any time call for a vote to close the debate which, if approved, shall close the debate.
- Art. 32 - The Executive Committee may limit the time allotted to each speaker.
- Art. 33 - The right to speak shall be limited to the representatives of the countries comprising the Executive Committee, the observers of the countries members of the Pan American Sanitary Organization and the Director of the Pan American

Sanitary Bureau, as member ex-officio of the Executive Committee. However, the Chairman may extend the right to speak to alternates, advisers, and officials of the Pan American Sanitary Bureau on matters under discussion.

FINAL REPORTS AND ACTS

- Art. 34 - The Drafting Committee shall prepare the Final Report, which shall include all matters on the Agenda approved by the Committee.
- Art. 35 - At the Closing Plenary Session, the representatives shall sign the Final Report.
- Art. 36 - The Pan American Sanitary Bureau shall send a certified copy of the Final Report to each of the Member countries of the Pan American Sanitary Organization.
- Art. 37 - The minutes of the sessions of the Committee, and the Final Report shall be multigraphed or printed at least in Spanish and English.

OFFICIAL LANGUAGES

- Art. 38 - The official languages of the Meetings shall be Spanish, Portuguese, English and French.

MODIFICATIONS

- Art. 39 - These Rules may be modified or otherwise changed by resolution of the Committee whenever it is deemed necessary or advisable.
- Art. 40 - All matters not already provided for in these Rules may be resolved directly by the Executive Committee.

OSP.CE5.M/-4
October 8, 1948

PAN AMERICAN SANITARY ORGANIZATION

EXECUTIVE COMMITTEE

FINAL REPORT OF THE FIFTH MEETING

Mexico, D. F., Secretaría de

Salubridad y Asistencia

October 1 - 8, 1948

I N D E X

- I. Organization of the Pan American Sanitary Bureau.
- II. Budget of the Pan American Sanitary Bureau.
- III. Relations of the Pan American Sanitary Organization.
- IV. General Subjects.

PAN AMERICAN SANITARY ORGANIZATION
FIFTH MEETING OF THE EXECUTIVE COMMITTEE
FINAL REPORT

The Fifth Meeting of the Executive Committee was convened in Mexico City, Mexico, from October 1 to 8, 1948, by the Director of the Pan American Sanitary Bureau. The following persons were present:

REPRESENTATIVES:

Dr. Heitor Pragner Fróes, Diretor Geral do Departamento Nacional de Saúde.	BRAZIL
Dr. Gonzalo González Murillo, Jefe del Servicio de Neuropsiquiatria del Seguro Social.	COSTA RICA
Dr. Luis Espinosa y G. Cáceres, Director de Salubridad.	CUBA
Dr. Thomas Parran, Dean, Graduate School of Public Health, University of Pittsburgh.	UNITED STATES OF AMERICA
Dr. Ignacio Morones Prieto, Subsecretario de Salubridad y Asistencia.	MEXICO
Dr. Ricardo Cappeletti, Jefe de la División de Higiene, Ministerio de Salud Pública.	URUGUAY
Dr. Alfredo Arreaza Guzmán, Director de Salubridad Pública.	VENEZUELA

ALTERNATES:

Dr. José Zozaya, Asesor Técnico de la Secretaría de Salubridad y Asistencia.	MEXICO
Dr. Juvencio Ochoa, Director de Asistencia Social.	VENEZUELA

ADVISOR:

Dr. Ward P. Allen, Department of State.	UNITED STATES OF AMERICA
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OBSERVER:

Dr. Adhemar Paoliello, BRAZIL
Serviço Nacional de Febre Amarela.

PAN AMERICAN SANITARY BUREAU:

Dr. Fred L. Soper,
Director.

Dr. John R. Murdock,
Assistant Director.

Dr. Miguel E. Bustamante,
Secretary General.

The first session took place at 10:45 A.M., on October 1, 1948, under the temporary chairmanship of Dr. Heitor P. Fróes. The draft Rules of Procedure and of Debate were discussed and approved with a few modifications according to the attached text (OSP. CE5.M/-3). The election of officers was immediately taken up, with the following results:

Chairman: Dr. Ignacio Morones Prieto,

Vice Chairman: Dr. Alfredo Arreaza Guzmán,

Secretary: Dr. Miguel E. Bustamante, according to Article 4 of the Rules of Procedure and of Debate approved (OSP.CE5.M/-3).

Dr. Fred L. Soper read his report (document OSP.CE5.M/-2) covering the period from April to September, 1948, which was approved without change.

The Agenda prepared for the Fifth Meeting (Document OSP.CE5.M/-1, Annex I) which had been prepared by the Pan American Sanitary Bureau, was also adopted by the Executive Committee.

The following Working Committees were appointed:

Committee I. Organization and Budgets:
Drs. FROES (Rapporteur),
PARRAN and GONZALEZ MURILLO;
Dr. JOHN R. MURDOCK (Advisor).

Committee II: Relations
(a) with the World Health Organization;
(b) Non-Self-Governing Territories;
(c) Caracas Declaration on the Health of the Child (OSP.CE4.W/-3, Annex V).
Drs. ARREAZA GUZMAN (Rapporteur), ZOZAYA, ESPINOSA Y G. CACERES and CAPPELETTI;
Dr. FRED L. SOPER (Advisor).

Drafting Committee: The Chairman of the Committee, the Secretary and Drs. FROES and ARREAZA GUZMAN.

Seven plenary sessions and five of the Working Committees were held.

The Closing Plenary Session was held on the 8th day of October, 1948, at seven o'clock p.m.

I. ORGANIZATION OF THE
PAN AMERICAN SANITARY BUREAU

CE5/R.1

The Executive Committee approved without modifications the report of the Organization and Budget Committee, after studying the organization draft of September 1948, submitted by the Director of the Pan American Sanitary Bureau, and

WHEREAS:

it is not desirable that the Directing Council indicate the precise form for internal organization, but that the matter be left to the Director, in order that he may be able to arrange and rearrange the administrative structure under the light of experience and of the available personnel possessing the various necessary qualifications,

RESOLVES:

1. to recommend to the Directing Council that the Director be authorized to effect the internal organization of the Pan American Sanitary Bureau periodically reporting his decisions to the Executive Committee and the Directing Council at their respective meetings.

II. BUDGET OF THE PAN AMERICAN
SANITARY BUREAU

CE5/R.2

The Executive Committee, after studying the report from the Sub-Committee of Organization and Budgets, which re-examined the Final Report of its Fourth Meeting (Document OSP.CE4.W/-20 and Annex I of Document OSP.CD2.M/-2) relative to the Program of the Pan American Sanitary Bureau, and

WHEREAS:

it is convenient that the resolutions of the Executive Committee celebrated in Washington, be rectified in reference to paragraphs 2, 3, 4 and 5,

RESOLVES:

1. Not to accept the different scales of contributions prepared by the Pan American Sanitary Bureau in compliance with the instructions previously approved by the Executive Committee, nor the scale proposed by the Mexican Representative,

2. To recommend to the Directing Council that, in accordance with Article 60 of the Pan American Sanitary Code, it apply to the budget the scale of contributions of the Pan American Union.

The Executive Committee approved this resolution by six affirmative votes, with the United States Representative abstaining.

THE EXECUTIVE COMMITTEE

WHEREAS:

it is not necessary nor desirable to modify Article 60 of the Pan American Sanitary Code, as previously suggested by the same Committee at its Fourth Meeting, held May 3 to 13, 1948,

CE5/R.3

RESOLVES:

3. To suggest that the Directing Council of the Pan American Sanitary Organization not take into consideration the draft protocol suggested for the modification of the above mentioned Article 60, at present in force.

The Executive Committee, in the light of experience obtained during the present year in budgetary matters,

WHEREAS:

it is desirable to return to the fiscal year
from July 1 to June 30,

CE5/R.4

RESOLVES:

4. To request the Directing Council to rectify the resolution taken at its First Meeting, in Buenos Aires, to consider the fiscal year from January 1 to December 31, and to approve the budget year from July 1 to June 30 of each year.

THE EXECUTIVE COMMITTEE

WHEREAS:

it is not desirable to subdivide the budget into administrative and operational, but that both parts should be combined into a single budget,

CE5/R.5

RESOLVES:

5. To request the Directing Council to approve
(a) A budget of US \$700,000.00 for the period of January 1 to June 30, 1949.

Six Representatives voted in favor of this budget. The United States' Representative voted in favor of the \$700,000.00 budget under the condition that \$200,000.00 be reserved as a working capital fund.

(b) A budget of US \$2,000,000.00 for the fiscal year from July 1st, 1949, to June 30th, 1950.

This budget was approved by six affirmative votes against one negative vote (in favor of \$1,000,000.00 for the same fiscal year) from the United States' Representative.

The Executive Committee, after studying the estimates and detailed figures, submitted by the Director of the Pan American Sanitary Bureau, in Annexes I and II of Document OSP.CD2.M/-2, introduced the modifications indicated in the items of the annexed budgets, and

RESOLVES:

6. To recommend to the Directing Council that they approve in principle the budget estimate submitted by the Director of the Pan American Sanitary Bureau in Document OSP.CD2.M/-2, pages 21 and 22 of the English text, as regards the quantities to be allocated to various purposes.

CE5/R.6

7. To recommend to the Directing Council that the two pages of the above mentioned document be revised to include the sums indicated for the complete year 1949-1950, in order to satisfy the most important operational purposes indicated, as follows:

(1) Headquarters Administration	\$373,375.00
(2) Zone Offices	350,350.00
(3) Central Services and Field Activities	638,900.00
a. Central Services	275,825.00
b. Field Services	239,975.00
c. Fellowships	123,100.00
(4) Control of Communicable Diseases (including Yellow Fever, Tuberculosis, Trypanosomiasis and Leishmaniasis, and others).	637,375.00
	<hr/>
Total	<u>\$2,000,000.00</u>

7. To recommend to the Directing Council that for the period of January 1 to June 30, 1949, the budget totalling US \$700,000.00 subdivided along the same lines as outlined above for the fiscal year 1949-1950, be approved.

THE EXECUTIVE COMMITTEE

WHEREAS:

it is contrary to the interest of good administration that a large number of specific items be approved, many of them for small sums which might be assigned for the control of specific diseases, and that it is necessary that the Director of the Pan American Sanitary Bureau have sufficient flexibility in the administration,

CE5/R.7

RESOLVES:

9. To recommend that the Directing Council authorize the Director of the Pan American Sanitary Bureau to transfer funds from one to another of the four major categories indicated, not exceeding 10%. For sums in excess of this percentage the Director will require the approval of the majority of the Members of the Executive Committee.

10. To recommend to the Directing Council that it grant its approval to place in the Reserve or Emergency Fund any sums left over from the budgeted items due to savings as the organization and development of the Bureau is carried out.

III. RELATIONS OF THE

PAN AMERICAN SANITARY ORGANIZATION

- (a) With the World Health Organization
(Document OSP.CD2.M/-3)
- (b) Non-Self-Governing Territories
- (c) Caracas Declaration on the Health of
the Child (Document OSP.CE4.W/-3,
Annex V).

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(a) With the World Health Organization

The Executive Committee carefully studied the report of its Sub-Committee on Relations, which states: that the World Health Organization was established in June of the current year; that from the beginning, interest was shown in the possibility of reaching an agreement with the Pan American Sanitary Bureau, that it may act as the Regional Office of the World Health Organization in the Western Hemisphere; and also, that the Pan American Sanitary Organization was represented at the First World Assembly which was held in Geneva, by Drs. Fred L. Soper, Director of the Pan American Sanitary Bureau and Miguel E. Bustamante, Secretary General, acting as observers, who spoke for the Bureau, setting forth clearly the great possibilities for effective work of the Pan American Sanitary Organization.

THE EXECUTIVE COMMITTEE

WHEREAS:

only seven American countries have ratified the Constitution of the World Health Organization which prevented the weight of American opinion to be felt more fully in the First World Health Assembly, and

CE5/R.8

WHEREAS:

it is desirable that negotiations between the World Health Organization and the Pan American Sanitary Organization be speeded up,

RESOLVES:

1. To recommend that the Directing Council suggest to the American countries the advisability of ratifying the Constitution of the World Health Organization with the purpose of facilitating the current negotiations.

THE EXECUTIVE COMMITTEE

WHEREAS:

the First World Health Assembly used as a basis of discussion the document drawn up and approved by the Directing Council of the Pan American Sanitary Organization in its First Session, held in Buenos Aires, and that, in general, all the points of view of the Pan American Sanitary Organization were accepted, with slight changes which do not basically modify the Buenos Aires document,

CE5/R.9

RESOLVES:

2. To recommend to the Directing Council that it accept the proposal made by the Executive Board of the World Health Organization, with the slight modifications made, as the basis for an agreement between both organizations. This agreement will establish a definite working formula between the Pan American Sanitary Organization and the World Health Organization. (Document OSP.CD2.M/-3, pages 38, 39 y 40).

3. To recommend to the Directing Council that it authorize the Director of the Pan American Sanitary

Bureau so that, in accordance with the pertinent resolution of the Twelfth Pan American Sanitary Conference, he sign the agreement with the World Health Organization when fourteen American Republics have ratified the Constitution of the World Health Organization.

(b) Non-Self-Governing Territories

The Executive Committee approved the report of its Sub-Committee on Relations with respect to the question of Non-Self-Governing Territories.

THE EXECUTIVE COMMITTEE

WHEREAS:

the Constitution of the World Health Organization CE5/R.10 stipulates that the regional organizations will be made up of members from certain zones and Associate Members (Document OSP.CD2.M/-4) whose rights will be described by the Assembly of the World Health Organization which at some future time might accept as Associate Members those countries of the American Continent which are not self-governing, and since this problem must now be studied, because the Executive Board of the World Health Organization has addressed all member countries asking their opinion as to the status of the Associate Members, which would seem to presage the admission of some of them in the near future, thus placing the Pan American Sanitary Organization before a de facto situation which it should anticipate, and

WHEREAS:

the Constitution of the Pan American Sanitary Organization makes no reference to the existence of

"Associate Members" but refers specifically to the countries in the Western Hemisphere which are not self-governing, pointing out the desirability of their collaborating with the Pan American Sanitary Bureau and stating that their rights within the Bureau shall be fixed later by the Directing Council, after negotiating with the government of each interested country,

RESOLVES:

3. To recommend to the Directing Council that in accordance with the Constitution of the Pan American Sanitary Organization, the Council itself declare that the countries of the Western Hemisphere which are not self-governing, will be offered the following rights within the Pan American Sanitary Organization:

- (a) Participate, without the right to vote, in the discussions of the plenary sessions of the Directing Council;
- (b) To participate, with the right to vote, in the Committees of the Directing Council, except in those which deal with administration, finances and the Constitution;
- (c) To participate on the same level as the Members in the discussions of those matters which relate to the program of the sessions of the Directing Council and its Committees, making proposals, suggesting changes, presenting motions on points of order, etc., subject only to the limitations mentioned in the first section;

- (d) To propose subjects for inclusion in the tentative programs of the meetings of the Directing Council;
- (e) To receive all the documents, reports and minutes of the Directing Council;
- (f) To participate on an equal plane with the Members in all plans for special meetings;
- (g) To appoint observers and to participate in the discussions of the Executive Committee subject to the same conditions which apply to the Members of the Pan American Sanitary Organization who are not members of the Committee, although these representatives will not be eligible for membership in the Committee..

Furthermore, the Executive Committee approved a motion to request the Second Meeting of the Directing Council that observers from countries of the Western Hemisphere who are present, enjoy the same rights mentioned above, as an indication of the attitude of comprehension and cooperation of the countries members of the Pan American Sanitary Organization.

(c) Caracas Declaration on the Health of the Child CE5/R.11

THE EXECUTIVE COMMITTEE

WHEREAS:

in the Ninth Pan American Child Congress held in Caracas in January of this year, a Declaration on the Health of the Child was drawn up (Document OSP.CE4.W/-3, Annex V) it being resolved that they should be approved

not only by the International American Institute for the Protection of the Child but also by the Pan American Sanitary Organization, and

WHEREAS:

after studying all the articles of the above mentioned Declaration, and finding nothing to which objection may be made, but not believing it advisable to create a complete separation between the child and the rest of the family nucleus, which constitutes the minimum indispensable basis for health work,

RESOLVES:

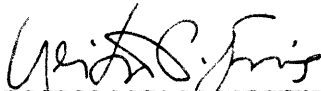
4. To approve the principles stated in the Caracas Declaration and to recommend to the Directing Council that it study more thoroughly the above mentioned Declaration and propose the addition of an article to the effect that in carrying out measures for child protection, the child must be considered as an integral and inseparable part of the family.

IV. GENERAL TOPICS

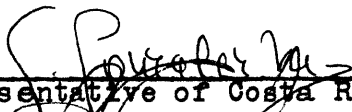
The Executive Committee approved without any changes the two parts of the tentative program: the Technical as well as the Executive Section.

This Final Report was approved at the Plenary Session of October 8, 1948, and signed in Mexico City, Mexico, on the same date, at the Closing Session, by the Representatives of the countries composing the Executive Committee, as well as by the Director, Assistant Director and Secretary General of the Pan American Sanitary Bureau.

EXECUTIVE COMMITTEE:




Representative of Brazil



Representative of Costa Rica



Representative of Cuba



Representative of the United States of America



Representative of Mexico



Representative of Uruguay

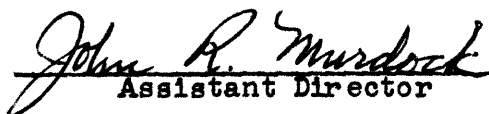


Representative of Venezuela

PAN AMERICAN SANITARY BUREAU:



Director



Assistant Director



Secretary General