



# XIX PAN AMERICAN SANITARY CONFERENCE

## XXVI REGIONAL COMMITTEE MEETING

WASHINGTON, D.C., U.S.A.

September-October 1974

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### RESOLUTIONS OF THE TWENTY-SEVENTH WORLD HEALTH ASSEMBLY OF INTEREST TO THE REGIONAL COMMITTEE

The Director-General of the World Health Organization has requested that the following resolutions be presented for consideration by the Regional Committee:

- EB53.R38 Programme Review: Health Education
- WHA27.27 Health Education
- WHA27.28 Health Education of Children and Young People
- WHA27.31 Continuing Education for Physicians
- WHA27.49 WHO's Human Health and Environment Programme
- WHA27.50 WHO's Human Health and Environment Programme:  
Coordination on Programmes and Action in  
the Field of the Environment
- WHA27.51 Development of the Antimalaria Programme
- WHA27.52 Intensification of Research on Tropical Parasitic Diseases
- WHA27.59 Prevention of Road Traffic Accidents

The Secretariat has prepared separate documentation with information on the work done by the Pan American Health Organization in each of the fields listed above.

Annexes

EB53.R38 Programme Review: Health Education

WHA27.27 Health Education

WHA27.28 Health Education of Children and  
Young People

**EB53.R38 Programme review : health education**

The Executive Board,

Having considered the report of the Director-General on the programme of the Organization in the field of health education; and

Recognizing that health education is basic both for individual motivation and for community participation in the improvement of health conditions, and should therefore form an integral part of all health programmes,

1. NOTES with satisfaction the activities of the Organization in the field of health education;
2. EMPHASIZES the importance of health education in national programmes of health and in programmes of socioeconomic development that affect health;
3. RECOMMENDS that WHO
  - (1) should intensify health education in all the programmes of the Organization and should assist Member States in strengthening the planning, implementation and evaluation of those parts of their national health programmes, including those for manpower development, that are concerned with health education;
  - (2) should bring to the attention of Member States and international agencies the need for the expansion of activities in health education; and
  - (3) should continue to cooperate fully with the United Nations, the specialized agencies and the appropriate international nongovernmental organizations and bilateral agencies in programmes in which health education plays an important part;
4. REQUESTS the Director-General to explore ways and means of providing additional support for the Organization's programme of work in health education; and, further,
5. REQUESTS the Director General to submit the programme review, together with the comments of the Executive Board on it, to the Twenty-seventh World Health Assembly for its consideration when the proposed programme and budget estimates for 1975 are being reviewed.

TWENTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA27.27

21 May 1974

HEALTH EDUCATION

The Twenty-seventh World Health Assembly,

Noting the discussions at the fifty-third session of the Executive Board on the programme review on health education, and the resultant resolution EB53.R38;

Reiterating that health education is basic both for individual motivation and for community participation in the improvement of health conditions and should, therefore, form an integral part of all health programmes; and

Recalling that health education of the population and the involvement of people in all health programmes is a collective responsibility of all elements of society;

1. NOTES with satisfaction the trend of activities of the Organization in the field of health education;
2. EMPHASIZES the importance of health education not only in health programmes but also in programmes of education and related socioeconomic development efforts that affect health;
3. RECOMMENDS that the World Health Organization should
  - (1) intensify health education activities in all the programmes of the Organization;
  - (2) endeavour to enlarge its support to interested Member States in strengthening the planning, implementation and evaluation of the health education components of their national programmes including manpower development, strengthening of health services, promotion of environmental health, disease prevention and control;
  - (3) cooperate more actively with the United Nations, the specialized agencies, and the appropriate international nongovernmental organizations and bilateral agencies in programmes in which health education plays a part, and should be continuously alert to opportunities for inserting health education into all such programmes;
4. REQUESTS the Director-General:
  - (1) to bring to the attention of Member States and international agencies the need for the inclusion of health education activities in all health and other related programmes; and
  - (2) to develop ways and means of providing additional support, including manpower and funds, for the Organization's programme of work in health education in accordance with available budgetary resources, taking into account its essential role in programmes for socioeconomic development.

Thirteenth plenary meeting, 21 May 1974  
A27/VR/13

TWENTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA27.28

21 May 1974

HEALTH EDUCATION OF CHILDREN AND YOUNG PEOPLE

The Twenty-seventh World Health Assembly,

Taking into account the basic principles set forth in the WHO Constitution and particularly the fact that healthy growth and development of the child is of basic importance and that ability to live harmoniously in a changing total environment is essential to such development;

Recalling the declaration adopted by the United Nations General Assembly (resolution 2037 (XX)) on the promotion among youth of the ideals of peace, mutual respect and understanding between peoples;

Aware of the important role played by the younger generation in every domain of human activity and also of the fact that in our era the enthusiasm and creative talents of the young should be dedicated to promoting the material and spiritual progress of all peoples;

Taking into account the fact that WHO's activities should not be concerned solely with the prevention and control of physical and mental illness but that special attention should also be paid to the harmonious development and training of the rising generations with a view to the building of a healthy society;

Considering the important role of health education and of the multiplicity and complexity of educational factors, within the family, the school and other institutions, in the training of children and young people and in protecting them against the undesirable features of our era (the tobacco habit, alcoholism, drugs, etc.); and

Considering that WHO possesses an authority and an exalted prestige based on the positive solutions found for many major health problems relying on the experience of national medical and health staffs,

DEEMS it necessary:

- (1) to intensify within WHO's programmes concrete and effective action to ensure that children and young people receive a multidisciplinary health education, which is of particular importance for the development of future generations;
- (2) to explore and promote new approaches for tackling and solving in an appropriate way the problems posed by the health education of mothers, children and young people in order to take care of their health and of their protection against the harmful factors of modern life;
- (3) to support actively the basic right to health of the child and the adolescent and to promote by suitable means the improvement of the legislative provisions together with other concrete actions aimed at ensuring a healthy future for the rising generations;

(4) to invite other international organizations, particularly UNESCO and UNICEF, and, through the governments of the Member countries, national health agencies, voluntary organizations and parents to participate actively in the implementation of activities for the health education of children and young people.

Thirteenth plenary meeting, 21 May 1974  
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EB53.R38 and WHA27.27: Health Education  
WHA27.28 Health Education of Children and Young People

The importance of community participation in health programs and schemes has been recognized in this Region for many years. However, it has taken on a particular significance in the last few years because of a noteworthy feature of the present day in the Americas--the constantly growing demand of communities to participate in all matters relating to their development. Education has thus become the main instrument of this more informed participation of individuals and population groups, especially in those sectors of the community which hitherto had not enjoyed adequate health protection. Health care is thus recognized as a right of the population, and the State is required to ensure that the right is equal for all.<sup>1</sup>

Consequently, the Organization is now collaborating with the Member Governments on the implementation of Resolution EB53.R38 on Health Education adopted at the 53rd Session of the Executive Board and approved at the Twenty-seventh World Health Assembly. Essentially, this resolution is in the spirit of Resolution XXII of the XXII Meeting of the Directing Council of PAHO on "Community Health Services and Community Involvement." PAHO is collaborating with the Governments of Brazil, Chile, Costa Rica, Dominican Republic, Ecuador, El Salvador, Grenada, Guyana, Jamaica, Nicaragua, Paraguay, Surinam, Trinidad and Tobago, and Venezuela with a view to upgrading their health education services to ensure that an effective part is played by the community in the planning, development and evaluation of health programs. In the Caribbean countries and some Central and South American countries, serious attempts are being made to bring about better coordination between the specialist services and those of other sectors committed to secure the support of the community in health schemes. For example, in Brazil five experimental projects have been selected; they are being carried out in the States of São Paulo, Minas Gerais, Rio Grande do Sul and Maranhão, and their objective is to devise a simple and feasible method of ensuring the participation of the community through "support groups" for strengthening and extending the health services, especially in the rural areas of the country. Similar experiments are being made in Ecuador in the Manabí health region. Other projects concerned with the participation of the user or consumer are being carried out in many Latin American countries in connection with specific health programs, such as those designed to supply drinking water services to rural communities, where considerable success has been achieved in the provision of unskilled manpower, materials and money by the beneficiary communities, which also take part in the administration of the local water supply mains.

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<sup>1</sup>Ten-Year Health Plan for the Americas. Final Report of the III Special Meeting of Ministers of Health of the Americas. PAHO Official Document 118, 1973.

In recognition of the tremendous importance of Resolution WHA27.28 approved at the Twenty-seventh World Health Assembly, nearly all the Governments of the Region have embarked on schemes designed to prepare the new generations for family life as part of the process of learning and understanding the significance of health in the construction of the community itself and in social living. On its side, the Organization has sponsored a meeting of an advisory group which produced a document on "The Health Aspects of Education for Family Life of Children and Young People of School Age in Latin America." This document lays down a series of guidelines to help governments desirous of doing so to put into practice activities designed to achieve the regional goal, namely to "encourage greater participation by the teaching profession in health education".<sup>1</sup>

At the same time, PAHO/WHO collaboration is continuing with Governments interested in applying a multidisciplinary approach, under the joint direction of ministries of health and of education, with a view to imparting health education, both curricular and extracurricular, at the various levels of general education in the countries. Assistance in this sphere is being given in Argentina, Brazil, Chile, Ecuador, Guyana, Paraguay, Dominica, St. Kitts, St. Vincent, Montserrat and Uruguay. For example, during the current year Argentina has published the second revised edition of the new health education curriculum at primary school level and has organized a national seminar on the same subject for provincial teachers and supervisors. In Brazil a similar program has been published for the basic education level. In Ecuador, about 1,500 teachers have been trained in this area of education so far. National mixed commissions of education and health are functioning in Argentina, Chile, Ecuador and Venezuela.

Chile has set up a Department of Health Education and Education for Family Life as part of the organizational structure of the Ministry of Public Education, and plans have been made to train the various grades of teachers in the subject.

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<sup>1</sup>Ten-Year Health Plan for the Americas. Final Report of the III Special Meeting of Ministers of Health of the Americas. PAHO Official Document 118, 1973.



WHA27.31 Continuing Education for Physicians

TWENTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA27.31

21 May 1974

CONTINUING EDUCATION FOR PHYSICIANS

The Twenty-seventh World Health Assembly,

Having considered the comments of the Executive Board on the report of the Expert Committee on Continuing Education for Physicians;

Noting that continuing education of health personnel must be an integral part of the total health and educational system and is of cardinal importance to the health authorities in assuring the quality and coverage of health services;

Recognizing that the primary purpose of continuing education is to maintain and improve the competence of health personnel in delivering health care,

1. REQUESTS the Director-General to pursue vigorously measures for the continuing education of health personnel and to

- (1) assist Member States, upon their request, in the planning and organization of continuing education for health personnel;
- (2) develop, jointly by specialists in various disciplines, specific objectives and methods of continuing education for the health professions;
- (3) develop and evaluate pilot projects in continuing education, including inter-professional and integrated education;
- (4) train in communications sciences health professionals who can provide leadership for programmes in this field;
- (5) encourage and promote research into, and the collection, exchange and evaluation of information on continuing education;

2. CALLS UPON Member States to consider as a matter of urgency:

- (1) the development of national systems of continuing education for the health professions, based on national and local health needs and demands, integrated with health care and educational systems, with full utilization of the resources of universities and schools of health personnel;
- (2) the promotion of the systems approach in educational planning for continuing education and the periodic assessment of the quality of performance of health personnel in delivering preventive and curative health care.

Thirteenth plenary meeting, 21 May 1974  
A27/VR/13

WHA27.31: Continuing Education for Physicians

Definition of the Problem

Continuing education has been defined as the program for helping health personnel to maintain and extend their professional competence. This definition disregards all forms of training leading to a degree or diploma. The concept of continuing education, as the WHO Expert Committee stated, is confused and narrow, and should be replaced by a concept of continued learning, which better expresses the objective it is hoped to attain with this type of program.

The poorly structured nature of continued education has led to a lack of definition of the institution entrusted with its planning and organization. Thus in some countries it has been the responsibility of the universities or national associations of schools, while in others it is the responsibility of the ministry of health. However, the trend is toward a certain centralization of the planning of these activities as one more function of the manpower development offices. This trend would imply the utilization of all available resources, both university and extra-university, and decentralized implementation.

The PAHO Programs

Continuing education programs can be classified into two broad categories:

- (a) Schemes involving collaboration with the Governments in establishing national systems of continuing education for the health professions and the planning of educational action to include the evaluation of the quality of the work done by health personnel; and
- (b) Help in the preparation and implementation of concrete programs of continuing education, and the training of personnel specializing in that field.

A. National Systems of Continuing Education and Planning of Educational Schemes

Such activities must be closely linked with the overall process of manpower planning. This was the approach of the discussion at the Conference on Health Manpower Planning held in Ottawa, Canada, in September 1973. One of the recommendations of that meeting was to "establish, at the level of the ministries of health, health manpower units." It was proposed that these units be responsible for research, decision-making, technical assistance and advisory services, and coordination, as they are in some countries of the Region.

The Conference recommended in regard to continuing education that "special attention should be given to the development of continuing education, which will in turn contribute to:

- (a) Updating and reorienting health workers.
- (b) Satisfying more rapidly the changing needs of the services."

The Organization has been helping some of the Member Governments to set up national programs of continuing education. One of the first in the field was that set up in Colombia. By an agreement signed between the Colombian Association of Faculties of Medicine, the Colombian Government, and the Pan American Health Organization (PAHO/WHO), a central coordination organization was set up, under the direction of a coordinator, within the Education, Planning and Development Division of the Association of Faculties, whose director is responsible for the organization and general implementation of the program of continuing education. The direct execution of the program (courses, training of physicians, and paramedical personnel) is entrusted to a peripheral organization set up by the faculties of medicine, and in each faculty the program is the responsibility of the Director of Graduate Education. During the first half of 1974, 43 courses were held in 13 hospitals; individual training was given to 13 professionals; and educational material was distributed (the "Medical Charter" to 4,000 subscribers and various lectures on tape to nine schools of medicine).

A new system of coordination of programs at the national level, in which the Organization is involved, is that set up in Guatemala and Honduras. On the basis of an agreement, a permanent coordinating committee is being structured, consisting of representatives of the Ministry of Health, the University, and the Organization, which is responsible, inter alia, for formulating programs, selecting fellows to participate in the courses, supervising and evaluating the program, and organizing the permanent secretariat of the committee.

The first stage in the plan of action involves training in the public health field for professional personnel carrying out duties in the services of the various health institutions of the country. The agreement also provides for the development, in accordance with the needs of the country, of similar programs in other areas, e.g., internal medicine, maternal and child welfare, surgery, etc.

The contribution of the Organization toward the establishment of national systems of continuing education was also seen in its sponsorship of the first Seminar of the Department of Manpower and Research on Continuing Medical Education held in Argentina at the end of 1972. Mention should also be made in this connection, because of its theoretical and practical implications, of the program of regionalization of teaching and assistance in Peru. This program is based on an agreement to which the Organization is a

party, some of its objectives being: to improve the system of collaboration between the members of the health team and those of the university; to secure the active participation of the health personnel in each region and to incorporate them into the teaching-learning process; to use the regional health infrastructure for the teaching and training of interns, graduates, and residents by means of a system of practical tutorship, and of other health personnel by conventional methods; and to broaden the training of intermediate and auxiliary health personnel. It is clear from this program that continuing education is being integrated into the whole complex of teaching and assistance operations, and that the agencies providing services and the training systems are being coordinated to this end.

Thus continuing education programs are no longer seen as separate, autonomous entities, as was the case with some of the programs mentioned above, but are intimately integrated into teaching and assistance activities. The establishment of manpower departments at the national level and the emergence of regional programs of teaching and assistance constitute the basis for the development of programs of continuing education at the national level in which the educational and medical care systems are integrated, as is seen in the resolution of the Twenty-seventh World Health Assembly.

B. Preparation and Implementation of Concrete Programs

The Organization does not restrict its action simply to stimulating and supporting the establishment of national systems of continuing education; it also participates actively in developing concrete schemes in this field. Some of the most important programs in which the Organization has collaborated directly are the following:

Basic Public Health Courses

In 1970 the Organization set up a program designed to provide adequate training in public health for medical and paramedical personnel serving in the health field, and further education for those already so trained. Since 1970, eight basic public health courses have been held in the following countries: Bolivia, Guatemala, Honduras, Panama, and Paraguay. These courses have served as models for others organized by the countries themselves, thus having a catalyzer effect.

Environmental Health

During 1972, with the help of the Organization, 136 meetings concerned with continuing education were held in all the countries of the Continent. They comprised courses, symposia, seminars, lectures, and colloquia. They were attended by over 5,000 persons connected in one way or another with 337 health bodies.

### Administration of Medical Care Services

In 1972 the Organization worked with the School of Public Health of Venezuela on a program of continuing education in hospital service administration. In all, 134 physicians in charge of services participated in three courses. In addition, five intensive courses were held in medical care and hospital administration in Bolivia, Ecuador (two courses), the Dominican Republic, and Uruguay, with the participation of 99 physicians who are directors or deputy directors of hospitals, and 36 nurses responsible for nursing services at the most important hospitals in those countries.

### Health and Population Dynamics

For several years assistance has been given for courses and seminars designed to update the knowledge and skills of health professionals in medical demography, human reproduction, perinatology, cervical cytology, clinical and social pediatrics, maternal and child health, education for family life, and social welfare.

### Nursing

Over the last few years the number of programs of inservice education and continuing education has increased considerably. In general, the training is carried out in common, including both teaching personnel in schools and courses and those in services. In 1972, short courses, seminars, and working groups amounted to 147, and were attended by 4,753 members of the nursing profession, in both the service and the teaching sectors.

Communications in the biomedical sciences. Bringing health professionals up to date by means of printed materials constitutes one of the most important activities in regard to collaboration between the Organization and the countries. The PAHO Regional Library of Medicine (BIREME) in São Paulo, is one of the most effective means at the disposal of the Organization for the dissemination of information.

### Physicians in Specific Areas

In 1974 refresher courses were held in the following areas: dermatopathology, neuropathology, child and maternal pathology, morphological sciences, strategy of clinical diagnosis, and maternal and child care. The courses were attended by 120 specialists physicians.

WHA27.49 WHO's Human Health and Environment  
Programme

WHA27.50 WHO's Human Health and Environment  
Programme: Coordination on Programmes  
and Action in the Field of the  
Environment

TWENTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA27.49

23 May 1974

WHO'S HUMAN HEALTH AND ENVIRONMENT PROGRAMME

The Twenty-seventh World Health Assembly,

Having considered the report of the Director-General;<sup>1</sup>

Aware that biological pollution of the environment caused by the lack of basic sanitary measures, particularly of adequate water supplies and waste disposal facilities, is the most prevalent environmental problem in the developing countries, while physical and chemical pollution is of concern not only in industrialized countries but increasingly also in many developing countries;

Emphasizing that any environmental deterioration ultimately affects human health and that any programme for the improvement of the environment ultimately contributes to the improvement of human health and well-being;

Believing that lack of coordination at the national level often prevents environmental health activities from becoming part of balanced public health programmes;

Recognizing the need for a methodology for the formulation of the environmental health requirements of technological, scientific and socio-economic development and for their application in the planning of appropriate programmes,

1. RECOMMENDS that Member States:

(a) make the immediate and long-term protection and promotion of human health and well-being the basis for their formulation of environmental policy and environmental programmes and projects;

(b) make health-oriented environmental action an essential part of all relevant major national programmes for social and economic development;

(c) strengthen environmental health functions, manpower and services in health and other agencies;

(d) collaborate with WHO in the establishment of environmental health criteria and monitoring, and in the exchange of information on the prevention of health risks resulting from the environment, particularly in relation to pollution control and the adaptation of methods for basic sanitary measures to suit local resources;

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<sup>1</sup> Documents A27/14 and Corr.1.



2. REQUESTS the Director-General:

- (a) to continue to implement resolutions WHA24.47 and WHA26.58 on the basis of the principles set forth in his report;
- (b) to continue to provide assistance to Member States, to prepare guides, codes of practice and technical manuals, to develop and adapt methodology, to promote and coordinate research, and to collect, assess and disseminate scientific and other relevant information;
- (c) to emphasize a comprehensive approach to environmental health problems by integrating programme activities aiming at improving basic sanitation and the quality of air, water, food, conditions of work, housing and urbanization, giving priority to those conditions that are known to have an adverse effect on community health and the health of groups at special risk;
- (d) to continue to study environmental health needs of Member States and to review and update, as appropriate, the WHO long-term programme in environmental health at all levels of the Organization to meet these needs;
- (e) to formulate programmes of collaboration between Member States and the Organization for systematically collecting, assessing, disseminating and using scientific and other relevant information, and to invite Member States to participate with WHO in such programmes, particularly those related to environmental health criteria, environment and health monitoring, and the adaptation of suitable methods for basic sanitation and pollution control;
- (f) to emphasize the training of multidisciplinary manpower for environmental health programmes;
- (g) to submit to the fifty-seventh session of the Executive Board and to the Twenty-ninth World Health Assembly, for their review, a report containing a summary of progress achieved in the implementation of the Organization's human health and environment programme, and proposals for the future development of this programme.

TWENTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA27.50

23 May 1974

WHO'S HUMAN HEALTH AND ENVIRONMENT PROGRAMME

Coordination on programmes and  
action in the field of the environment

The Twenty-seventh World Health Assembly,

Considering the increasing importance of problems of the environment and of the many relevant programmes and activities at national and international levels;

Concerned that sufficient and appropriate attention be given in these programmes to human health and well-being, and that health agencies and the World Health Organization actively participate therein;

Emphasizing that, in accordance with its constitutional mandate, the World Health Organization has gathered considerable knowledge and expertise in matters of environmental health and that it is the only specialized international agency devoting primary attention to the health implications of the environment;

Convinced that the full utilization of the capacity of the World Health Organization in the planning and implementation of environment programmes within the United Nations system would enhance the effectiveness of these programmes,

1. RECOMMENDS to Member States:

(a) that health agencies fully participate in the planning and implementation of national environmental programmes and of any other national programmes that may have effects on health, and

(b) that health agencies be authorized and equipped, both technically and financially, to the greatest extent possible to carry out this role;

2. REQUESTS the Director-General:

(a) to collaborate with and provide assistance to the various national and international programmes, agencies and ministries, as appropriate, concerned with the improvement of the human environment;

(b) to strengthen collaboration with UNEP, particularly within the Environment Coordination Board, and also with UNDP, UNICEF, and the specialized agencies, particularly the IBRD, FAO, ILO, and the IAEA, as well as other intergovernmental and nongovernmental agencies concerned and to maintain WHO's leading role in respect to environmental activities that promote human health;

(c) to keep the governing bodies and executive heads of other international organizations informed of relevant decisions of the World Health Assembly and of the programmes of the Organization and to report to the Twenty-eighth World Health Assembly on the progress achieved in this respect.

Fourteenth plenary meeting, 23 May 1974  
A27/VR/14

WHA27.49: WHO's Human Health and Environment Programme

WHA27.50: WHO's Human Health and Environment Programme--Coordination on programmes and action in the field of the environment

The series of resolutions relating to the human environment that have been passed recently by the World Health Assembly seek to encourage the Member States and the Organization to give increased attention to the very important influence of environment on human health and well-being.

Among the aspects of the broad environmental problem which have been emphasized in these resolutions are:

1. Lack of coordination of environmental health activities at the national level.
2. Need for a methodology for incorporating health aspects into socioeconomic development.

In order to meet these and other problems, several recommendations to Member States have been made. These include:

1. Incorporation of immediate and long-term protection and promotion of human health and well-being in the formulation of environmental policy, programs, and projects, including those of national development.
2. Strengthening of environmental health functions and activities in health and other agencies.
3. Collaboration with WHO in the establishment of environmental health criteria and monitoring, and in the exchange of information on environmental health risks and adaptation of methods to reduce them.

The basic approach of the Organization in the environmental field is toward the development of a national environmental plan for each country. The III Special Meeting of Ministers of Health supported this approach in connection with the Ten-Year Health Plan which they adopted.

Both the Ten-Year Health Plan and the national environmental plans, which would be part of it, are in turn realistically related to the national development plan of each country. This approach favors coordination at the national level of environmental health activities.

The Organization is giving priority attention to the development of a national environmental plan in each country. Meetings of PASB staff have been held in each Zone to review carefully the proposed methodology for development of the plans and to review the specific assistance which the Organization can provide to the countries in the development of national environmental plans.

The Organization proposes to assist the countries in the following specific ways:

The direct resources available for assistance to the countries are: the Washington Office staff, the Zone and Country staffs, the CEPIS staff, and special assignees (such as to ECLA). Indirect resources include short-term consultants; university assistance available through the ES-sponsored Pan American Network for Education, Training and Research; assistance from international agencies; and bilateral assistance.

Washington Office attention will be focused on newer areas and problems as well as review of existing ones, in order to introduce innovations and new technology, changes in direction, new criteria, and to suggest new policies and approaches. Specific program assistance to the countries is available in the fields of water supply and sewerage, institutional development and management, ecology, pollution control, river basin and related development, occupational health, human resources, and environmental planning. Assistance also is available in obtaining resources from international and other agencies (UNDP, OAS, UNICEF, banks, foundations, and bilateral aid from other governments, such as the United States of America, Canada, and Switzerland). Help in preparing loan requests and UNDP project documents is included in this assistance. The Institutional Development Program of the Washington Office provides individuals and teams of consultants to diagnose the needs for administrative reform in the environmental area. This program provides assistance in establishing or improving infrastructure and organization for channeling the actions necessary to achieve objectives.

The Pan American Center for Sanitary Engineering and Environmental Sciences is PAHO's principal technical and scientific resource. It is an extension of the Washington Office that provides expert technical assistance. The Center develops technical information materials and provides direct assistance on new technology, systems engineering, pollution control, environmental aspects of development, etc. The Center assists in developing and conducting specialized courses and seminars on newer developments and in planning and conducting research. Short-term consultants are available to supplement the Center's assistance.

Human resources assistance is available from the Organization, especially through the Pan American Network for Education, Training and Research, to:

- Produce the manpower specified in the goals
- Expand the continuing professional education program
- Develop new curricula and new training facilities
- Stimulate and support research.

Short-term training courses can be used advantageously to "sell" new program concepts and action techniques. They can be designed to promote and implement specific programs--as is being done now in the application of new water treatment technology, a program which is realizing large-scale savings. It is proposed to use training programs in this manner.

It has been stated that, for the developing countries of the world, only 10 per cent of development has taken place. Even though Latin America is more advanced, the potential for the preventive approach is still very great.

In summary, PAHO proposes to use its total resources in an integrated way to achieve maximum impact. Since this new task will have to be accomplished, at least initially, within the scope of present resources, there will need to be some adjustment of duties of Country, Zone, Washington Office, and Center environmental staff. This will have to be done in accordance with the goals the countries establish and within the priority framework they adopt for meeting their goals.

Utilizing the four-point emphasis on (1) new technology; (2) prevention; (3) lower cost; and (4) improved institutions and management, we believe national plans and programs for reaching the goals adopted, country-by-country, can be effectively pursued and reasonably attained.

In order to obtain coordination of environmental health activities at the national level and to incorporate health aspects into socioeconomic development, the health agency must be represented in multisectoral planning processes--from the initial through the final stages. In the environmental field, this has and will continue to involve the development of close relationships with water supply, sewerage, solid wastes, and similar national authorities; public works agencies; river basin and other development authorities; the universities; and the planning and financing agencies. Close relationships must also be developed with the international agencies having counterpart relationships with these national agencies. The primary rationale for the interrelation of the health agency with the foregoing institutions is the protection and promotion of human health and well-being. While it may be necessary at times for the health agency to conduct activities of a somewhat broader nature, this would normally be done to ensure adequate consideration of or attention to the human health aspects.

The development of national environmental programs is seen as the most promising approach to the formulation of environmental policy, programs, and projects, including those for national development, that will ensure the protection and promotion of human health and well-being. This approach is seen also as the one most likely to result in strengthening environmental health functions and activities in health and other agencies.

Collaboration with WHO in the establishment of environmental health criteria will be accomplished importantly through the Center for Human Ecology and Health, which is in the process of being established by the

Organization. This Center will provide the biomedical expertise necessary to assist the countries in defining their environmental health problems and priorities and in the development of environmental health criteria. Thus, there will be a regional input into the global effort of WHO. Likewise, through existing monitoring activities--such as the Pan American Air Pollution Monitoring Network and the proposed Water Quality Network--regional inputs to the global monitoring programs of WHO will be provided. As the Center for Human Ecology and Health develops and applies, with the countries, environmental health monitoring methods, information can be supplied to the global network. The exchange of information on environmental health risks and on the detection and early warning of environmental hazards will be an important function of the Center for Human Ecology and Health. Moreover, this Center is expected to provide information on cause-and-effect relations that will serve as the basis for the design of preventive and control measures.

The Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS) in Lima will continue to play an important role in designing methods for the prevention and control of environmental health damage. Also, it will continue to give great emphasis to the development of lower cost methods for providing basic environmental services, such as those for water supply, sewerage, and solid wastes. CEPIS will also serve as the Organization's principal resource for the transfer of technology in the physical sciences and engineering aspects of the environment. As part of the WHO global system of International Reference Centers, it will collaborate with Member Countries in the systematic collection, assessment, dissemination, and use of scientific and relevant information concerning environmental health, as well as suitable methods for ensuring it.

The preparation of human resources to accomplish the goals for the decade of the 1970's is receiving special attention through the Pan American Network for Education, Training, and Research. This operating network includes 40 universities in 24 countries. Through it, assistance is provided to the countries in programs of continuing professional education, curriculum development, and environmental research. Through CEPIS, assistance in the design and conduct of short-term, technical training courses in the newer fields of environment, and in the development of curricula related to the newer technologies, is being provided.

Training programs are receiving new multidisciplinary attention, as well as new emphasis on the relationships between environment and development. Improved educational technology is being explored with a view to meeting more expeditiously the large-scale requirements necessary to realize the ten-year environmental goals.

WHA27.51 Development of the Antimalaria Programme



TWENTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA27.51

23 May 1974

DEVELOPMENT OF THE ANTIMALARIA PROGRAMME

The Twenty-seventh World Health Assembly,

Noting the report of the Director-General that describes the state of development of antimalaria programmes;<sup>1</sup>

Recognizing that malaria is resurging in parts of the world, has never been controlled in other parts, and remains a disease the control of which is of the highest priority;

Believing that the revised strategy adopted by the Twenty-second World Health Assembly is an effective strategy, but for a variety of reasons has not been effectively implemented,

REQUESTS the Executive Board thoroughly to review the problem and national and international priorities, and report to the Twenty-eighth World Health Assembly.

Fourteenth plenary meeting, 23 May 1974  
A27/VR/14

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<sup>1</sup> Document A27/WP/5.

BRIEFING NOTE OF THE DIRECTOR GENERAL OF WHO ON THE SITUATION OF THE ANTI-MALARIAL PROGRAMS IN THE WORLD IN CONSIDERATION OF THE RESOLUTION WHA27.51

General

The discussions held at the World Health Assembly on malaria in connexion with the proposed Programme and Budget indicated clearly that this disease is again becoming a serious threat for a number of countries. As pointed out in the document presented to the Assembly (A27/WP/5), the progress of malaria eradication programmes has been slow for the past few years, mainly due to financial and administrative difficulties encountered by governments of malarious countries but also partly to technical problems manifested in the form of insecticide resistance, resistance of the parasite to drugs and behaviour of certain vectors in areas sprayed with an irritant insecticide.

Admittedly, many governments found it difficult to continue supporting their antimalaria programmes at the same level as previously, which, by itself, means a reduction in financial support of 20-30%, in view of the increases in wages and the costs of supplies and equipment. In addition, other health problems or initiation of other mass programmes, such as smallpox eradication, family planning, etc., with the same level of declared priority, obviously affected the degree of efficiency of the antimalaria programmes, particularly as, in many instances, the same service or the same personnel have to carry out several tasks.

The revised strategy adopted by the Twenty-second World Health Assembly provided for a flexible approach to malaria control by taking into account local manpower and financial resources in the first instance and, after having thoroughly reviewed the progress of the programme, the feasibility of time-limited eradication and/or the necessity of maintaining the goals so far achieved by specific programmes. Reviews were made of the majority of malaria eradication programmes in which the more flexible approach was applicable. However, some of these reviews fell short of giving the national programmes the fresh impetus they should have received in that either some of the conclusions of the review were impractical in the particular circumstances of the programme or the recommendations were not followed by actual governmental decision. This resulted in the unsatisfactory situation in certain countries being prolonged, allowing serious resurgences of the disease in more areas previously freed from malaria which, in turn, made the relevant recommendations unavailing. Hence, in such situations a complete and realistic reassessment would be needed.

With the reduction in international and bilateral assistance (UNICEF/USAID) there is an urgent need for governments of malarious countries to re-evaluate the situation, establish the priority to be accorded to anti-malaria programmes, and secure the required financial means for the running of the programme, and only then could further progress be foreseen.

The World Health Assembly has requested the Executive Board to study in more detail the problems of the global antimalaria programme and it is expected that this study would result in a report which will be submitted to the Twenty-eighth World Health Assembly in May 1975. However, the Regional Committees should also include the malaria problem in their discussions, with the exception perhaps of Europe, and this would enable the problem to be frankly faced and, at the same time, facilitate the study by the Executive Board and, ultimately, by the Twenty-eighth World Health Assembly.

In the following paragraphs details regarding progress in different Regions will be dealt with as seen from the point of view of the global antimalaria programme.

#### African Region

As stated in Document A27/WP/5, presented to the Assembly, the epidemiological situation regarding malaria has remained largely unaltered, characterized by a high level of endemicity and intense transmission in most of the Region. The public health importance of this disease, particularly in respect of the lives of pregnant women, infants and young children, and saturation of the available curative resources, may not receive sufficient attention due to the multitude of other problems with which governments are beset. Doubts may be expressed as to the adequacy of methods available for the control of malaria within the financial means of the countries. This may be true for rural savanna areas, but for the urban and rural forest areas, as well as for areas of particular economic importance, the feasibility of control has been amply demonstrated in many parts of the Region. (Technical details concerning the methodology of malaria control were recently published in the sixteenth report of the WHO Expert Committee on Malaria).<sup>1</sup>

#### Americas Region

While progress is being maintained in some programmes, there are a number where the development has not been satisfactory, due to administrative shortcomings as well as technical problems which, in turn, aggravate the financial difficulties. In view of these difficulties governments may need to review the priorities within their health programmes in their socioeconomic planning.

#### South-East Asia Region

Although the programme has made a considerable impact on the incidence of the disease in the Region, the situation in most countries is now at a standstill or deteriorating. The causes of this have not been sufficiently recognized by governments as being largely repercussions of their curtailing operations and, in some countries, prematurely integrating programmes within the general health services without assessment of the preparedness of these services to develop the efficiency, coverage and rapidity of action needed.

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<sup>1</sup>Wld Hlth Org. techn. Rep. Ser. (1974) No. 549

### European Region

Malaria is no longer a major public health problem in any country in this Region. However, its resurgence in those countries where it is still endemic and the reinvasion of areas from which it has been eradicated must be guarded against and the public health services must remain alert to the potential danger of this disease.

### Eastern Mediterranean

Widely diverse situations exist in this Region in respect of the status of antimalaria programmes with, on the one hand, satisfactory progress being made in a number of countries and on the other largely inhibited malaria transmission occurring in two countries with eradication programmes in the eastern part of the Region which are beset by administrative, financial and technical difficulties. In one of these countries urban malaria is rampant. Such a situation demands an unequivocal recognition by the government concerned of the priority to be given to the protection of the population against malaria.

### Western Pacific Region

Unsettled conditions in some areas have militated against the implementation of planned malaria control activities; in others, antimalarial activities have had a marked impact on the incidence of the disease. With the different epidemiology and status of malaria in various countries of the Region, governments are likely to give more or less priority to the disease in accordance with its impact on the health of the people.

WHA27.52 Intensification of Research on Tropical  
Parasitic Diseases

TWENTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA27.52

23 May 1974

INTENSIFICATION OF RESEARCH ON TROPICAL  
PARASITIC DISEASES

The Twenty-seventh World Health Assembly,

Recognizing that tropical parasitic diseases are one of the main obstacles to improving the level of health and socioeconomic development in countries of the tropical and subtropical zones;

Bearing in mind the need to develop research on matters connected with the most important tropical parasitic diseases;

Realizing that national, regional or global programmes of tropical parasitic disease control can be implemented only if scientifically based methods and effective means for their control are available,

1. NOTES with satisfaction that the importance of the medical, social and economic aspects of the major tropical parasitic diseases has been recognized;
2. EMPHASIZES the urgent need for further development and intensification of research in this domain;
3. RECOMMENDS that Member States of WHO extend the activities of their national institutions for the development of research of prime importance for the control of the major tropical parasitic diseases;
4. REQUESTS the Director-General:
  - (a) to intensify WHO activities in the field of research on the major tropical parasitic diseases (malaria, onchocerciasis, schistosomiasis, the trypanosomiases, etc.) taking into consideration that such activities be carried out in endemic areas whenever possible and feasible;
  - (b) to define the priorities in research on the problem of tropical parasitic diseases in the various regions of the world, bearing in mind the primary needs of the developing countries;
  - (c) to extend cooperation with national institutions and other governmental and non-governmental organizations in regard to the coordination of research in this field;
  - (d) to enlist extrabudgetary resources on a wider scale for these purposes; and
5. FURTHER REQUESTS the Director-General to submit a report on progress in the implementation of this resolution to the Executive Board at its fifty-seventh session and to the Twenty-ninth World Health Assembly.

WHA27.52: Intensification of Research on Tropical Parasitic Diseases

The Twenty-seventh World Health Assembly adopted a resolution on "Intensification of research on tropical parasitic diseases."

In the Americas, parasitic diseases continue to be serious public health problems in most of the developing countries, and in many areas they are important causes of morbidity and mortality and constitute some of the main factors hampering economic and social development.

The statistical data available are very poor, as are also, in general, health statistics on rural areas in developing countries. It is nevertheless estimated that Chagas' disease affects some 10 million persons, and schistosomiasis some 7 million.

Chagas' disease and schistosomiasis are the most serious problems, but onchocercosis, leishmaniasis, cysticercosis, amebiasis and ankylostomiasis likewise contribute in many countries to lowering the vitality of the rural populations and perpetuating underdevelopment.

The Ten-Year Health Plan for the Americas lays down as a goal the reduction of the incidence of schistosomiasis, onchocercosis, and Chagas' disease, and recommends a campaign against other parasitic diseases.

However, unless adequate control programs are established, it seems likely that there will be an increase in incidence due to the changes taking place in the ecology of the vectors and the intermediate hosts, and to major population movements, all this resulting from economic development schemes, such as the construction of dams and extension of irrigation areas, road construction and colonization of virgin areas, and the creation of new industries.

As recommended in the Ten-Year Health Plan, studies are called for to acquire greater knowledge of the frequency and distribution of Chagas' disease and schistosomiasis.

With this in mind, the Organization has sponsored studies designed to improve and update diagnosis techniques and establish standard reference sera, and has stimulated, coordinated and participated in research on specific epidemiological problems.

The coordination of research on Chagas' disease involves close collaboration between the Department of Communicable Diseases and the Department of Research Development and Coordination of PAHO; the Division of Malaria and other Parasitic Diseases and the Immunology and Biology and Vector Control Section of WHO Headquarters; the various Governments; and institutions interested in these problems.

Schistosomiasis is widespread. It includes Brazil, where the disease mainly affects the northwest, although it is spreading to the east

central region and various states of the south, Venezuela and the coastal area of Surinam, and several Caribbean islands (Dominican Republic, Puerto Rico, Virgin Islands, Antigua, Guadelupe, Martinique, and St. Lucia).

Although effective control is feasible, only two countries have adequate control programs. Four others are carrying out some control activities, and the rest have no programs at all.

The studies have been continued in collaboration with the University of São Paulo with a view to the evaluation of drugs against schistosomiasis and the possible teratological effects of hycanthone, and other studies at the Snail Identification Center for the Americas set up at Brasilia, Brazil.

Onchocercosis is less widely distributed, but foci of the disease have been identified in Mexico, Guatemala, Venezuela, and Colombia.

In mid-1973, the Evandro Chagas Institute in Belem, Brazil, detected the presence of a focus of the disease during research carried out among the Indians of the Yanomamas group at Rio Tootobí in the State of Amazonas. This is the first focus of onchocercosis discovered in Brazil. PAHO has organized an epidemiological study of the area with a view to delimiting the focus and studying the possible existence of other foci.

In collaboration with the Evandro Chagas Institute in Brazil, parasitic disease surveillance studies are being carried out along the Transamazon Highway; these studies also include schistosomiasis, Chagas' disease, and leishmaniasis.

It is essential when irrigation and colonization projects in endemic or receptive areas are being carried out, that thought be given to the effect that such projects and the subsequent population movements are likely to have on the epidemiology of these diseases, and to establishing adequate surveillance and control programs in good time.

In view of the widespread nature and importance of these problems, it is nevertheless paradoxical that a low priority is traditionally given to programs for the control of these diseases in most of the countries.

One of the main causes of this situation is recognized to be the shortage in most of the countries of professional workers specializing in parasitic diseases, and especially in the epidemiological study of them. This problem is part of a complex cycle of interrelated causes and effects, including the lack of adequate centers for personnel training in the countries suffering most from these diseases, and hence their wholesale dependence on teaching centers in Europe and North America, which considerably reduces the number of professionals trained because of language and cost difficulties. In many instances, also, the training received is not suited to the needs of the countries, and frequently professionals are taken into highly specialized research centers which may be far removed from the problems met with in the field.



WHA27.59 Prevention of Road Traffic Accidents

TWENTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA27.59

23 May 1974

PREVENTION OF ROAD TRAFFIC ACCIDENTS

The Twenty-seventh World Health Assembly,

Noting with great concern the extensive and serious individual and public health problems resulting from road traffic accidents;

Recognizing that the use of alcohol and other psychoactive drugs contributes significantly to the heavy toll taken by road traffic accidents;

Believing that effective solutions require the coordinated efforts of international organizations and agencies, the Member States, regional and local authorities, and the world citizenry;

Declaring that the World Health Organization has a responsibility to provide leadership, guidance and technical assistance to Member States in the fields of improving road traffic safety in so far as human and medical factors are involved; and

Recalling resolution WHA19.36,<sup>1</sup>

1. URGES Member States:

(i) to promote improved driver-licensing standards and traffic safety education programmes;

(ii) to encourage the national health authorities to provide leadership in these matters in so far as human and medical factors are involved; and

(iii) to require the manufacturers to apply safety principles in the development of new types of vehicles;

2. RECOMMENDS that the World Health Organization should encourage and assist the development of improved programmes in the field of traffic safety; and

3. REQUESTS the Director-General:

(i) to study means, in consultation with other intergovernmental and nongovernmental organizations of developing: (a) appropriate standards relating to the medical aspect of licensing drivers; (b) increasingly effective educational and other programmes designed to encourage responsible use of vehicles and roads; and (c) of promoting and coordinating further research required on human and medical factors involved in traffic accidents;

<sup>1</sup> Handbook of Resolutions and Decisions, Vol.I, 1948-1972, p. 163.

- (ii) to convene as soon as possible a group of experts to study the influence of alcohol and psychotropic drugs and their interaction on driver skills and traffic accidents, and
- (iii) to report to the Executive Board and to the Twenty-ninth World Health Assembly on developments on these matters.

Fourteenth plenary meeting, 23 May 1974  
A27/VR/14

WHA27.59: Prevention of Road Traffic Accidents

PAHO Program on Prevention of Road Traffic Accidents

As a result of the alarming morbidity and mortality figures caused by traffic accidents, the Directing Council of PAHO at its XX Meeting in 1971 approved a resolution indicating the guidelines to be followed in regard to that problem, and outlining a practical program of action.

At the time, the Delegation of the United States of America, which had shown a particular interest in the subject, offered a donation for the purpose of studying that problem in relation to the problem of alcoholism.

In addition, the Ten-Year Health Plan for the Americas, approved at the Meeting of Ministers of Health held in Chile in October 1972, contained a recommendation to "reduce the proportion of traffic accidents" and consequently the deaths and disabilities they cause, indicating that to carry this out national bodies would be established in the various countries to coordinate the work of the institutions in the various public and private sectors dealing with the prevention of traffic accidents, and that countries should promote a multidisciplinary approach to control and research programs and assume guiding functions in the execution of programs in that field.

In compliance with the above-mentioned resolution of the XX Meeting of the Directing Council of PAHO, and with the funds donated by the United States Government, three international seminars on traffic accidents were organized and were held at Aguas Calientes, Mexico, from 17 to 21 July 1972, for the countries of Central America; at Caracas, Venezuela, from 13 to 17 November 1972, for the countries of South America; and at Kingston, Jamaica, from 12 to 16 February 1973, for the English-speaking Caribbean countries, Canada, and the United States of America.

These seminars were attended by representatives of all the countries of the Americas, on an average three persons per country, all of them officials responsible for the aspects of the problem relating to health, traffic engineering, police, etc.

The items discussed in all these meetings were (a) alcoholism and traffic accidents; (b) epidemiology of traffic accidents; (c) traffic engineering and the prevention of road accidents; (d) legislation; (e) surgical services for the treatment of accidents; (f) road education; (g) national coordination for the prevention of traffic accidents; and (h) driving licences.

Each of the seminars produced a report; the two prepared in Spanish (Mexico and Venezuela) were consolidated, and the third was in English.

The seminars produced unanimous agreement on the importance of carrying out epidemiological studies on traffic accidents making for a better knowledge of the problem so that adequate prevention can be developed.

Considering that the interest of the countries in this important problem had been awakened and discussed, it was decided to transfer action to the countries themselves, and for this reason six national seminars were held in the major countries of Latin America: in Brazil, November 1973; in Peru, February 1974; in Argentina, May 1974; in Chile, May 1974; and in Mexico, March 1974.

The Organization has included this program in its regular budget from 1974 onwards and proposes to continue to provide technical advisory services to countries in the fields in which they have a particular interest.