*directing council*

PAN AMERICAN SANITARY ORGANIZATION

*VI MEETING*

*regional committee*

WORLD HEALTH ORGANIZATION

*IV MEETING*

*Havana, Cuba*
*15-24 September 1952*

CD6/13 (Eng.)
CORRIGENDUM I
8 September 1952
ORIGINAL: ENGLISH

Topic 8: ANNUAL REPORT OF THE DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU, 1951

## ADDENDUM AND CORRIGENDUM

Page 9, paragraph 2:

The epidemic of over 3,000 cases refers to the first 6 months of 1951. Later in the year, a rather extensive distribution of jungle yellow fever was registered for the states of Goias, Minas Gerais, São Paulo, and Mato Grosso.

Page 10, at end of section on Mexico, add:

When the same sera were examined at the yellow fever laboratory in Rio de Janeiro, 12 of the specimens were found positive.

Page 11:

The caption TYPHUS should read TYPHUS (and Smallpox). In the next to last paragraph, page 11, the immunizations of 85.6 per inspector refers to smallpox immunizations.

Page 12:

Delete last sentence on page, and insert instead:
At the end of the month, during which there were 10 test-days, 47,074 persons were tuberculin-tested, of whom 37,793 returned for their reading. Among the latter, 21,688 were negative, of whom 21,011 were vaccinated.

Page 13, section on MALARIA; after the first paragraph, add:

The orientation of the program in Panama began in 1949; and the orientation of programs of insect control under UNICEF in the Central American countries, although basically considered as anti-malaria projects, were from the beginning combined with programs for the eradication of Aëdes aegypti. (See pages 27-28, under CENTRAL AMERICA, where the results of the anti-aegypti programs are given.)

Arrangements were made in 1951 under which the anti-aegypti campaign, in which PASB was collaborating with the government of Colombia, was to be combined with the anti-malaria operations, beginning in January 1952.

In August, the Bureau published an extensive report in Spanish entitled Situación de la Lucha Antimalárica en el Continente Americano, as Publication No. 361-Annex B. It was written by the regional consultant of WHO/PASB.

Following page 13, map on Schistosomiasis:

The distribution shown in Brazil is based in part on studies of liver material removed post mortem. The individuals were not necessarily infected at the same locality where they died.

Page 17, paragraph 3:

Omit the second sentence.

Page 17, under INFLUENZA:

Change last sentence to read:
WHO reached agreement with Argentina, Chile, and Mexico that centers in those countries should study the different strains of the influenza virus.

Page 19:

At the end of the paragraph captioned "10,000,000 Cruzeiros," add in parentheses, ($534,000).

Page 26, paragraph 2:

After the word "campaign," add:
--for the eradication of *aegypti*.

Page 26:

Omit 2nd and 3rd sentences in paragraph 1, and omit 1st sentence in paragraph 2. Instead, insert:

The emphasis, in the descriptions below of insect-control work, is placed on *aegypti* eradication, since this has been reported on a concrete basis. The anti-malaria work is not being reported in the same way, because the evaluation of results was not available in 1951 on the same basis.

Page 29, under British Guiana:

Omit the word December.

Page 30, under Peru:

At end of first sentence, add: mainly in the coastal areas.

Change the figure 2,788 to read 3,370, and change the figure 57 to read 29.

Page 33, Table 5:

Change ADMINISTERED to read AWARDED.

Page 56:

Delete paragraph 4.

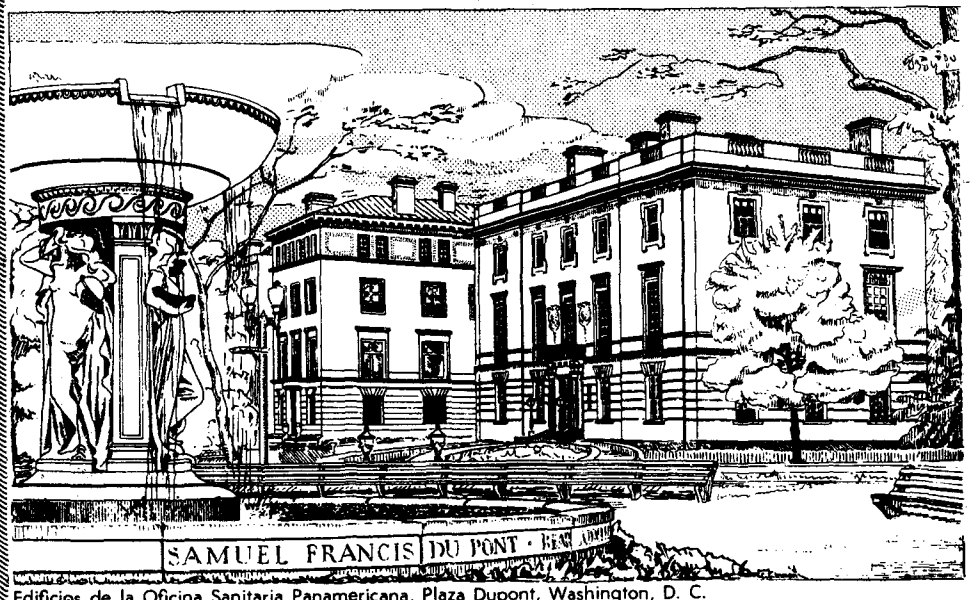
Page 60, paragraph 3:

Change "Division's work" to read "division of work".

CD6/13 (Eng.)

# ANNUAL REPORT OF THE DIRECTOR

## PAN AMERICAN SANITARY BUREAU
## REGIONAL OFFICE OF THE
## WORLD HEALTH ORGANIZATION




Edificios de la Oficina Sanitaria Panamericana, Plaza Dupont, Washington, D. C.

**1951**

**WASHINGTON, D. C.**

CD6/13 (Eng)
25 August 1952
ORIGINAL:ENGLISH

# P A N  A M E R I C A N
# S A N I T A R Y  B U R E A U

# A N N U A L  R E P O R T  O F  T H E  D I R E C T O R

## TO THE MEMBER GOVERNMENTS

## OF THE

# P A N  A M E R I C A N  S A N I T A R Y  O R G A N I Z A T I O N

## 1 9 5 1

PAN AMERICAN SANITARY BUREAU
REGIONAL OFFICE OF THE
WORLD HEALTH ORGANIZATION

Washington, D.C.

# REPORT OF THE DIRECTOR

# OF THE

# PAN AMERICAN SANITARY BUREAU

# REGIONAL OFFICE OF THE WORLD HEALTH ORGANIZATION

# 1951

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TO THE MEMBER GOVERNMENTS OF THE

PAN AMERICAN SANITARY ORGANIZATION:

I have the honor to submit a report on the activities of the Pan American Sanitary Bureau for the calendar year 1951.

The year 1951 marks the hundredth anniversary of the international health movement and the forty-ninth anniversary of the Pan American Sanitary Bureau, which since 1949 has served also as the Regional Office of the World Health Organization for the Americas.

During 1951, as in previous years, the Pan American Sanitary Bureau has enjoyed the collaboration of other organizations active in the international health field. Joint activities of these organizations with the Pan American Sanitary Bureau are covered by this report.

Respectfully,

FRED L. SOPER,

Director

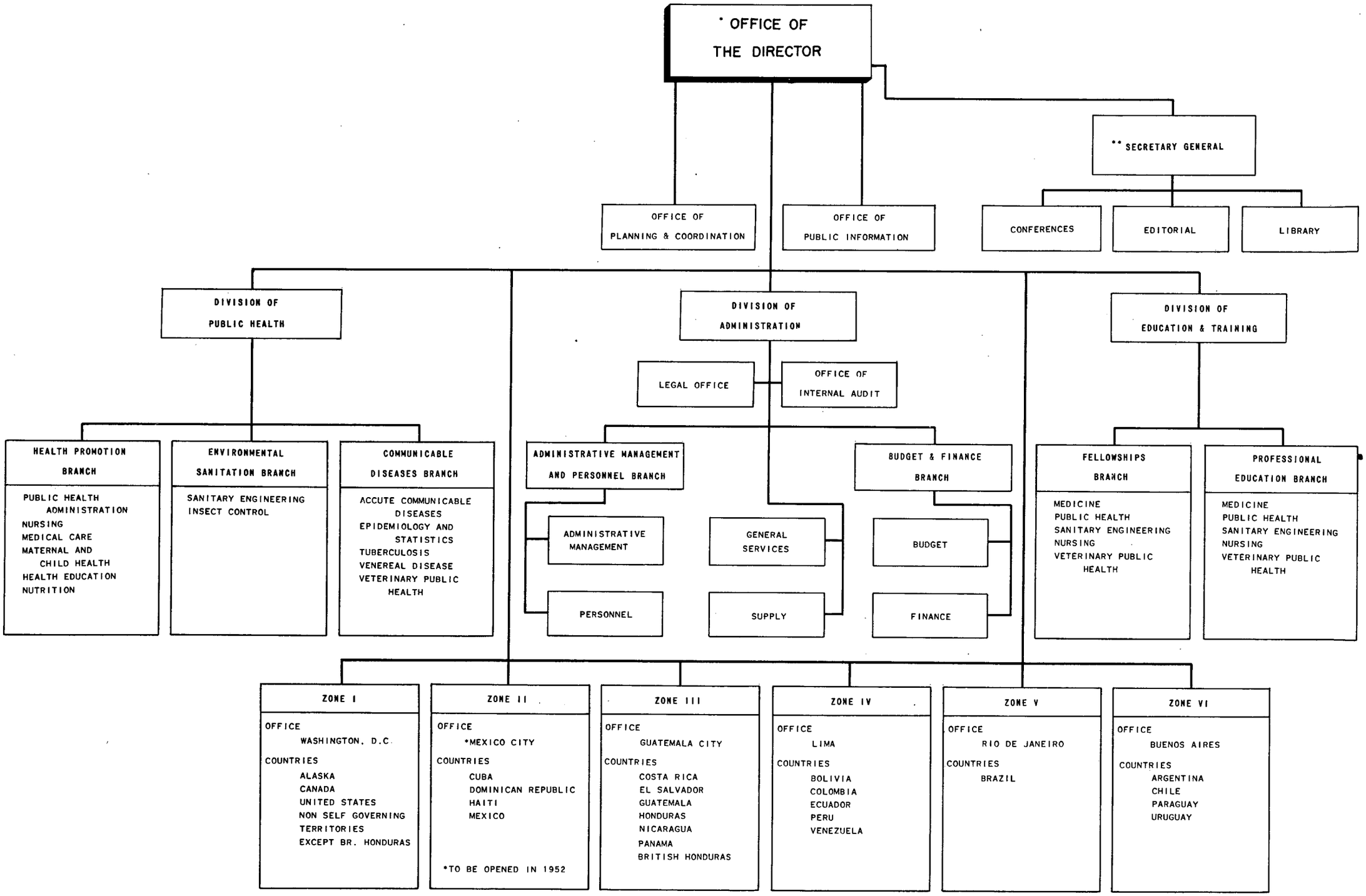
# PAN AMERICAN SANITARY BUREAU

## REGIONAL OFFICE OF THE

# WORLD HEALTH ORGANIZATION

### ORGANIZATION CHART

(EFFECTIVE JANUARY 1, 1952)




*The Office of the Director includes the Director, the Assistant Director and the Secretary General

**The Secretary General has the additional responsibility of supervision of Conferences, Editorial and Library

Approved by the Policy Board

Dec. 19, 1951

Cartographic and Drafting Section
Pan American Sanitary Bureau
Washington, D.C.

## STRUCTURE OF ORGANIZATION

The Pan American Sanitary Bureau, founded in 1902, is the executive organ of the Pan American Sanitary Organization, of which all of the 21 American republics are members. That organization was created in 1947 by the XIII Pan American Sanitary Conference, and consists of four component parts:

(a) THE CONFERENCE

The supreme governing body; meets at four-year intervals, with delegations of all Member Governments.

(b) THE DIRECTING COUNCIL

Composed of representatives of each Member Government; meets annually to approve the programs and budget.

(c) THE EXECUTIVE COMMITTEE

Composed of representatives of seven Member Governments elected for overlapping terms of three years; meets at least every six months.

(d) THE PAN AMERICAN SANITARY BUREAU

The administrative organ which executes the programs and activities, under a Director chosen by a two-thirds vote of the Conference.

Since 1949, the Pan American Sanitary Bureau has functioned also as the Regional Office for the Americas of the World Health Organization. The Director of the Bureau is also Regional Director of the World Health Organization.

The World Health Organization, with headquarters in Geneva, Switzerland, is a self-governing body with world-wide membership of individual governments established in 1948 under a constitution separate from that of the United Nations.

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A history of the Pan American Sanitary Bureau was included in a preceding report, which covered the four years 1947-1950.

# TABLE OF CONTENTS

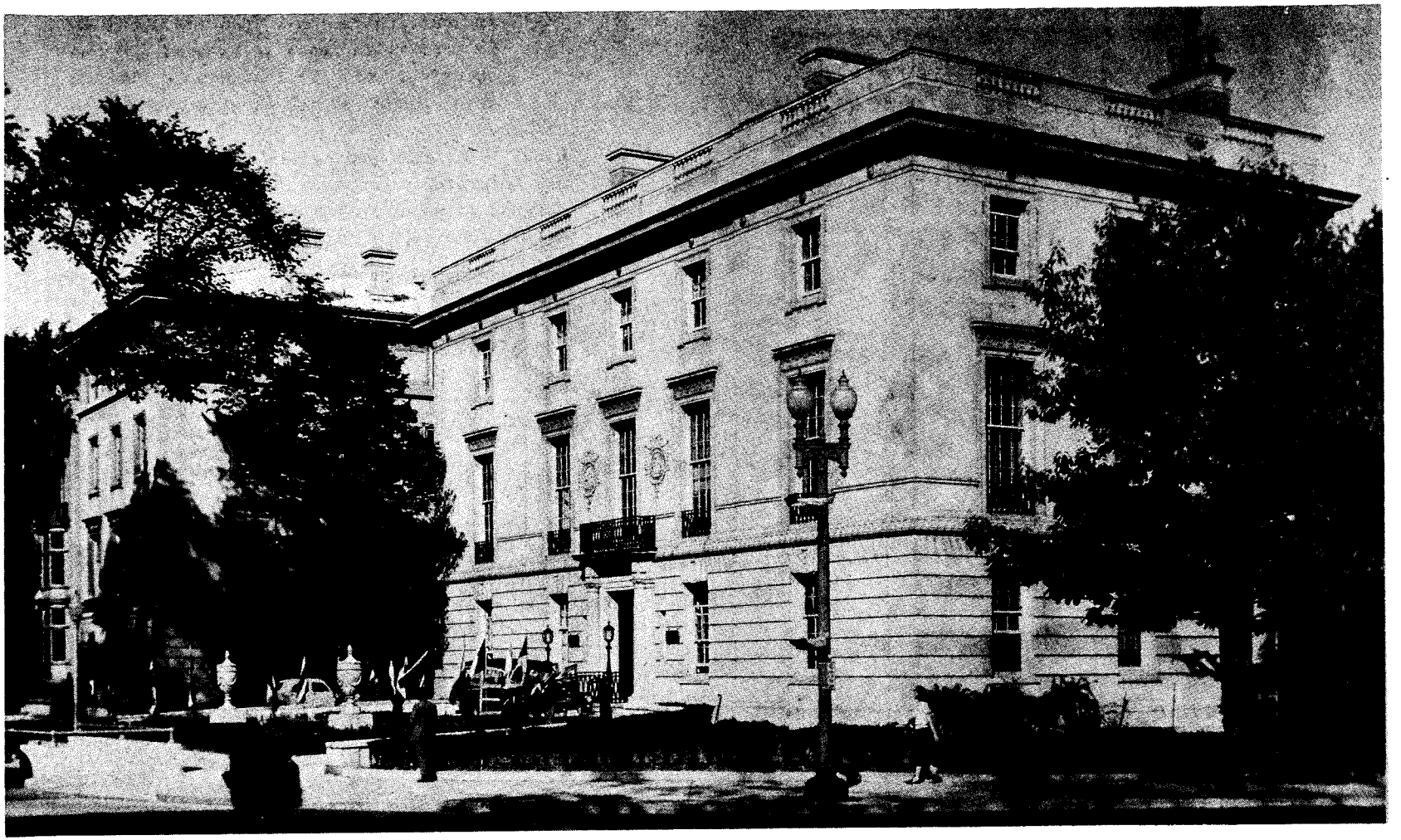
## A B B R E V I A T I O N S

The following abbreviations are used in this Report:

| | |
|---|---|
| AIDIS | Inter-American Association of Sanitary Engineering |
| CREFAL | Regional Center of Fundamental Education for Latin America |
| CZPHS | Canal Zone Public Health Service |
| FAO | Food and Agriculture Organization |
| IIAA | Institute of Inter-American Affairs |
| ILO | International Labor Organization |
| INCAP | Institute of Nutrition of Central America and Panama |
| KF | Kellogg Foundation |
| OAS | Organization of American States |
| PASB | Pan American Sanitary Bureau |
| PASO | Pan American Sanitary Organization |
| SNFA | Serviço Nacional de Febre Amarela (Brazil) |
| TA | Technical Assistance |
| UN | United Nations |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNICEF | United Nations International Children's Emergency Fund |
| USPHS | United States Public Health Service |
| WHO | World Health Organization |

- - - - - - - - - - - - - - - - - - - -

Symbols such as WHO/TA, PASB/OAS, etc., used in the description of a program, indicate the organization administering the program, and the source of funds.



*Nuevos edificios de la sede de la Oficina Sanitaria Panamericana en Dupont Circle, Washington, D.C. En primer término, la "Hitt House," 1501 New Hampshire Avenue. Detrás, la "Blodgett House," 1515 New Hampshire Avenue.*

*New headquarters buildings of the Pan American Sanitary Bureau, at Dupont Circle, Washington, D.C. In the foreground, the Hitt House, 1501 New Hampshire Avenue. At the left, the Blodgett House, 1515 New Hampshire Avenue.*

*Mexico.--Mother and child convalescing from brucellosis. The baby is one of the few surviving the disease at that age.*

*México.--Madre y niño convalecientes de brucelosis. El niño es uno de los raros supervivientes de la enfermedad a esa edad.*

*Miami. Florida. A shipment of radioactive isotopes from the Oak Ridge Laboratory in Tennessee, bound for the University of Brazil at Rio de Janeiro, being loaded aboard an airplane.*

*Miami, Florida.--Una remesa de isotopos radioactivos del Laboratorio de Oak Ridge, Tennessee, al ser cargada en un avión con destino a la Universidad de Rio de Janeiro, Brasil.*

# INTRODUCTION

Disease recognizes no political boundaries. During 1951, the nations of the hemisphere approached their health problems on an increasingly international basis, supplementing national programs through joint action with neighboring governments. The organizations, public and private, active in the international health field in the Americas, have likewise begun to coordinate their activities, thus avoiding unnecessary and wasteful duplication.

There was definite progress in mutual understanding and cooperation between the World Health Organization and the Pan American Sanitary Bureau in its comparatively new additional role of Regional Office of WHO for the Americas.

This Report covers the work of PASB and WHO in collaboration with the health authorities of the American governments, including Technical Assistance for Economic Development health programs of the United Nations and of the Organization of American States (OAS), and activities coordinated with programs of other specialized agencies: the Food and Agriculture Organization (FAO); the United Nations Economic, Social and Cultural Organization (UNESCO); the United Nations International Children's Emergency Fund (UNICEF); and the International Labor Organization (ILO). In addition, the Report covers programs in coordination with the United States Public Health Service; the Serviço Nacional de Febre Amarela (yellow fever) of Brazil; the Institute of Inter-American Affairs; the Kellogg Foundation and the Rockefeller Foundation.

These programs, complicated by the large number of participating organizations, each operating under a different set of regulations, put a heavy administrative load on the Pan American Sanitary Bureau. To pass resolutions and to sign agreements are vital and necessary steps; but to breathe life into programs, to give them flesh and blood and bones so that actual work is done in the field, requires policy decisions, judicious management of funds, interchange of information with co-operating organizations, hiring and adjustment of qualified personnel, -- in short, effective administration. This can only be done by a competent technical staff, which cannot be improvised, but must be built gradually over the years. During 1951, there was a gratifying increase of administrative strength within the Bureau.

The financial position as of 31 December was more favorable than at the end of previous years. The working capital was $1,371,043.09 on 31 December 1951, as compared with $1,067,000.00 on 31 December 1950.

# Chapter I

## PUBLIC-HEALTH PROMOTION

Among the subjects in the field of public-health promotion are public-health administration, maternal and child health, nursing, nutrition, and general health promotion through education of the public.

### 1. PUBLIC-HEALTH ADMINISTRATION

The concept of a Health Demonstration Area was first formulated at the II World Health Assembly and further developed at the III Assembly, held in May 1950. In contrast to specialized programs against specific diseases, the Health Demonstration Area was to be a program of comprehensive health services, which should include:

Public-health administration
Environmental sanitation
Vital statistics
Communicable disease control
Administration of hospitals, medical and dental care
Health education
Promotion of health through maternal and child health services, nutrition, mental health, and occupational health activities
Laboratory services

Requests for such a health-demonstration area were received from seven countries. After a comprehensive survey, an area was selected in the valley of San Andrés in El Salvador, which has a population of 167,000 and is some 1,200 square kilometers in area. The area is rural and underdeveloped.

The health problems of the area include malaria, tuberculosis, basillary and amoebic dysentery, syphilis, malnutrition, intestinal parasite infestation, general respiratory illness, and high infant mortality.

The government of El Salvador took an active part in launching the project, including training of personnel, selection of the sites for health centers and clinics, and local publicity. Plans were developed, under which WHO, with Technical Assistance funds, started in May 1951 to provide experts, supplies, equipment, and fellowships. By the end of the year, a chief medical officer, a sanitary engineer, and a public-health nurse had started work. The aim of the program was to improve not only the conditions of public health, but also of agriculture, industry, and education. It was expected to continue for five years, and have the active participation of a number of international organizations, including FAO, ILO, and UNESCO.

The Health Demonstration Area in El Salvador was planned as a proving ground and model for the development of techniques and methods which could be adapted to other countries of the hemisphere.

Requests were also made by Chile, Colombia, Ecuador, Haiti, Peru and Venezuela for assistance in developing projects similar to that in El Salvador. Preliminary surveys were made in Chile, Haiti, and Peru. It was decided that all possible assistance should be given to the requesting governments in setting up their demonstration areas for local health services.

## 2. MATERNAL AND CHILD HEALTH

During 1951, the activities of the Bureau in promoting maternal and child health were expanded and strengthened. Programs were under way in many countries, as detailed below. Close co-operation was continued with the United Nations International Children's Emergency Fund (UNICEF). Each of the staffs of Zone Offices III and IV included one public-health worker with special training in maternal and child health.

When the Directing Council of PASO met in Washington from 24 September to 3 October, it discussed national programs for the benefit of children.

The countries that were carrying on activities in maternal and child health, in which the Bureau co-operated, were as follows:

Brazil. A maternal and child health program (WHO/UNICEF) was under study, providing for essential supplies and equipment for MCH centers, for feeding activities, and for training of midwives and child-care aides for general health education in the four northeastern states of Paraiba, Piauí, Ceará and Rio Grande del Norte.

Chile. A program (WHO/UNICEF) was in operation to improve and extend MCH services and provide practical and technical training for personnel in certain rural and urban areas.

Colombia. An agreement (WHO/TA/UNICEF) was ratified in August for a midwife-training program, aiming to produce a small number of highly trained nurse-midwives to act as instructors and supervisors of less highly trained midwives in rural areas. An adviser in maternal and child health was appointed for the program.

Ecuador. A consultant in maternal and child health was appointed for two months, to survey existing facilities and to aid the government in formulation of a plan for a maternal and child welfare program.

El Salvador. A program (WHO/UNICEF) to develop MCH services was under negotiation, and a draft plan of operations was developed.

Paraguay. With the assistance of a consultant in maternal and child health, a plan of operations was prepared for a program (WHO/TA/UNICEF) to develop MCH services within the framework of general public-health services, through a network of health centers. The agreement was ratified in August.

Peru. Regarding the Lima-Pativilca-Huaraz program (WHO/UNICEF), an agreement was drafted providing for an integrated program of general public-health services, including maternal and child health, communicable diseases, tuberculosis, health education, and nutrition.

## 3. NURSING

At the end of 1951, there were two nurses assigned to the Washington Office and fifteen in the field. Two of these were assigned to Zones III and IV as Zone Nursing Consultants, while the others were assigned to specific field projects. The main nursing activity in all public-health projects was the training of local personnel, whether professional or auxiliary, for the functions they were expected to perform.

In El Salvador, a supplementary course was given to graduate nurses to be employed in the Health Demonstration Area, and a six-month course for auxiliary personnel was well under way. Also in El Salvador, in the tuberculosis program, auxiliary personnel was trained in the third town to which the activities were transferred in carrying out the project.

In three other countries, candidates were selected and programs set up for the following courses to be started in 1952: in Colombia, a midwifery course for graduate nurses; in Ecuador, a course for auxiliary personnel employed in 1951 in the tuberculosis-control program; and in Paraguay, a course for auxiliary personnel in a generalized public-health service.

During the year, both consultation and services were given to various governments of Latin America in the reorganization of public-health nursing services; in the in-service staff education of nurses; and in studies of nursing schools. The Nursing Section of the Bureau also assisted in both school and field plans for nursing-fellowship students who were studying in the United States.

The Nursing Section continued to assist in hospital planning, through the appropriate section of the Bureau, as it related to nursing education and service; assisted in the planning of publicity for recruitment of student nurses; and aided in the selection of candidates for nursing fellowships. Plans were made to award, during 1952, about 30 fellowships from PASB, WHO, and Technical Assistance Funds.

Articles of importance to nurses in Latin America were prepared monthly for the Boletín and assistance was given with the technical revision of translations of nursing literature, articles, and textbooks. A glossary of nursing terms used in various countries of Latin America was compiled for the purpose of standardizing translations into Spanish.

A special study, made by the Nursing Section, disclosed that in 1951 there were approximately 60 schools of nursing in the Latin American republics, with about 4,000 students enrolled, and that enrollments are increasing yearly. In addition, there are some 5,000 graduate nurses who need information on modern nursing techniques in order to improve their methods. For these reasons, efforts were made during the year to interest various publishing companies to issue Spanish translations of several of their nursing textbooks. Two pamphlets, Safer Ways in Nursing and The Basic Education of the Professional Nurse, which the Bureau translated into Spanish, went to the publisher in December. It was expected that the Spanish text of Harmer and Henderson's Principles and Practice in Nursing would be ready for distribution early in 1952. *

Material distributed to libraries of the schools of nursing in Latin America, and to leaders in public-health nursing services, included reprints in Spanish of the articles on poliomyelitis which appeared in the Boletín, also 1,000 copies of a recruitment poster in Spanish and 300 in Portuguese.

Early in the year, the Bureau completed a Spanish translation of the Report of the WHO Expert Committee on Nursing, issued in English in November 1950.

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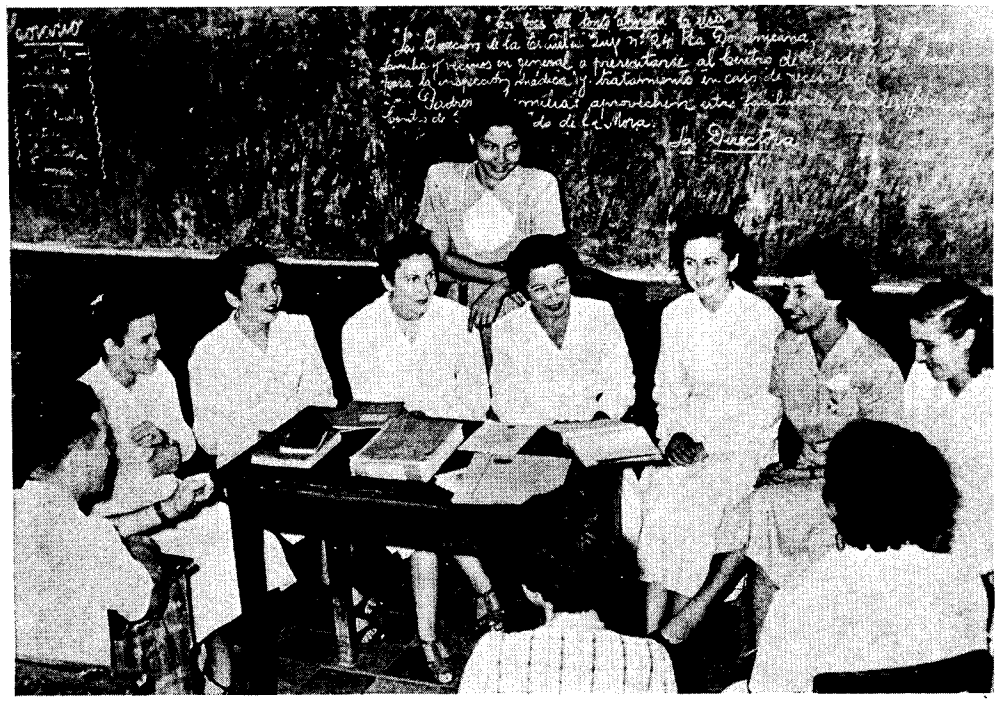
* La Prensa Médica Mexicana, Durango 145, Mexico, D.F.



*Paraguay.--The nursing consultant discusses the program of venereal disease control in the area of Fernando de la Mora.*

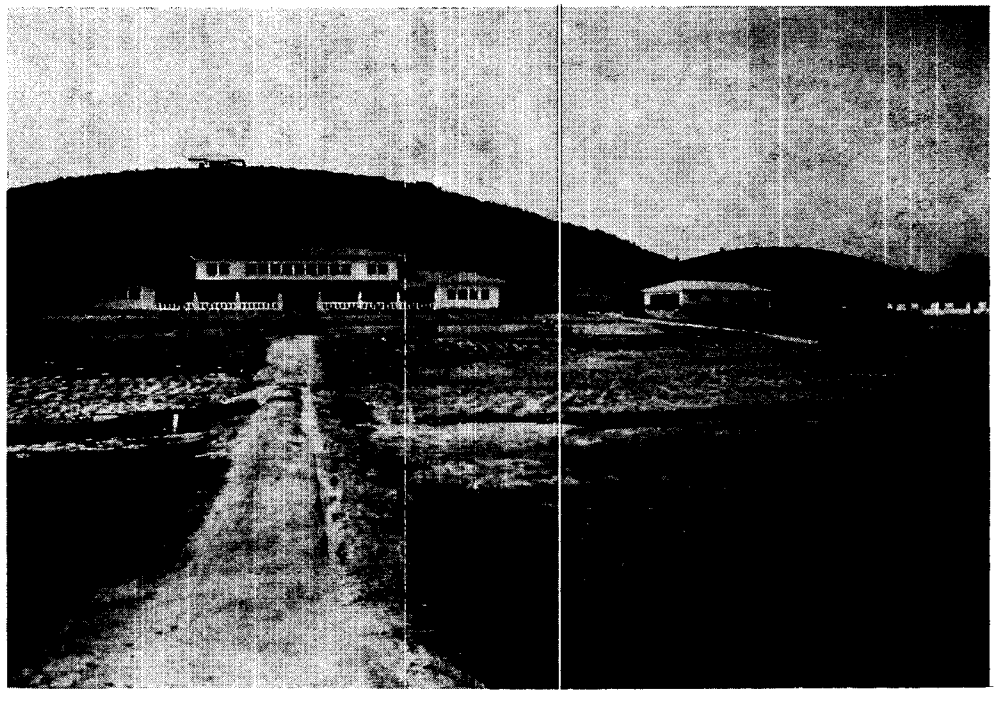
*Paraguay.--La consultora en enfermería discute el programa de control de enfermedades venéreas en el área de Fernando de la Mora.*

*Costa Rica. The nursing arts class, in a course for instructors, uses a dummy patient for demonstrating techniques.*

*Costa Rica. En la clase de artes de enfermería de un curso para instructoras se emplea un maniquí para la demostración de técnicas.*


*An exhibit prepared by the Cartographic and Drafting Unit, PASB, depicting the work of the World Health Organization.*

*Una exposición descriptiva de la labor de la Organización Mundial de la Salud, preparada por la Unidad de Cartografía y Dibujo de la OSP.*



*Brazil.--Site of the Pan American Foot-and-Mouth Disease Center at São Bento, near Rio de Janeiro.*

*Brasil.--Emplazamiento del Centro Panamericano de Aftosa en San Bento, cerca de Rio de Janeiro.*

Co-operation with students of nursing under fellowships was carried on at headquarters in Washington, and advice given them about their studies.

The Chief of the Nursing Section attended meetings of the Expert Committee on Nursing and of the Regional Nursing Advisers in Geneva, in October. In the meeting of the Committee, the training of auxiliary nursing personnel was discussed. In the meeting of the Regional Nursing Advisers, the topics included the recruitment of nurses and the orientation period.

On November 7, the Chief of the Nursing Section spoke to the New York City League of Nursing Education, on the part played by nurses in the activities of WHO.

Costa Rica. The Nursing Education Consultant, PASB, completed her report on the survey of the School of Nursing. The way was cleared for putting the recommendations of this study into operation, when the government of Costa Rica signed the agreement for the project (TA/WHO) on 25 May, and a team of four international nurses began the project in July.

A study was made of the public-health nursing program in Costa Rica, where plans were completed for in-service staff education of nurses and visitadoras in the Ministry of Public Health.

Ecuador. The Consultant Nurse (PASB) in maternal and child health to the Ecuadorean Ministry of Health continued to work closely with Health Centers 1 and 2 in Quito, where she conducted an in-service staff-education program and assisted the nurses in planning their field work and their teaching programs in the Centers.

Guatamala. The Workshop in Nursing (PASB/OAS/TA), held in Guatemala 1 July - 11 August, covered administration, supervision, and teaching methods, with special emphasis on communicable diseases. Representatives attended from ten countries. The report of the workshop, translated into Spanish, was sent to the printer in December, and a wide distribution was planned.

Mexico. Following a request from the Mexican Government, 17 October, for assistance in giving a short course on principles of teaching and supervision for instructors in schools of nursing, a WHO Technical Assistance project was prepared and sent to the Ministry of Health. The agreement was signed by the Mexican Government on 7 December.

Peru. Plans for expansion of hospitals, plus the proposed health programs for the country, made clear the need for adequately prepared personnel. To meet this problem, the Minister of Health and Welfare requested WHO, under the program of Technical Assistance for Economic Development, for a nursing education consultant to study the situation. The consultant arrived in Peru in August to make the survey, following which she recommended a national school of nursing and prepared a plan of operations for the proposed school.

## 4. NUTRITION

In 1946, the Pan American Sanitary Bureau, the W. K. Kellogg Foundation, and the Central-American countries and Panama took steps to establish the Institute of Nutrition of Central America and Panama (INCAP), with headquarters in Guatemala. By 1951, the countries participating were Costa Rica, El Salvador, Guatemala, Honduras, and Panama.

When the Institute began its work, little was known of the dietary habits or nutritional deficiencies of the peoples of the Member States; but by 1951 the capacity of the Institute for technical assistance to the governmental and private agencies concerned with nutrition in the Member States had greatly increased. This was due in part to the accumulation of data, and in part to progress in developing a highly competent Central-American staff.

The Institute had considerable success in finding effective vegetable-protein combinations to relieve the need for scarce and costly animal-protein products. Co-operative programs with agricultural agencies assumed increasing importance. Corn varieties of superior nutritive value were found, and work was begun on beans, wheat, and other basic crops.

Educational activities had an important place, and much material was distributed, including daily articles in the principal newspapers of the Member States.

The Bureau, with the Kellogg Foundation, continued to supply the services of the Director of INCAP, an assistant, and a secretary.

Arrangements were completed by the government of Guatemala for the construction of a new and modern two-story building for INCAP, which would alleviate present over-crowding and increase the facilities for effective service.

Panama officially became the fifth member of INCAP in April. Field work was carried on during the year in Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua.

INCAP Council Meeting. A meeting of the Council was held at San Salvador 11-13 December, at which various administrative and technical discussions were held and the year's accomplishments reviewed and recorded. Among matters on the agenda were the scope of INCAP food-analysis services; policy toward commercial organizations; endemic goiter; advance training for personnel; and the new building for INCAP headquarters. Twenty-three resolutions were passed. It was decided to hold the third meeting of the Council in Panama, in December 1952.

Nutritional Status of Population Groups. The regular clinical work in El Salvador was tabulated and recorded. In Costa Rica the results of a survey of the nearly 1000 persons in the Turrialba community were tabulated. Work proceeded on tabulations of clinical data from Guatemala and Honduras.

Dietary Habits and Adequacy. Surveys of the adequacy of the diet of children in an orphanage in Guatemala and in a sugar plantation were completed, and recommendations prepared. Much progress was made on calculations of the diets of school children and their families in the Member States. This was made easier by preparing cards that listed the nutritive value of each food consumed in Central America.

Comparison of Animal and Vegetable Foods. Special attention was given to the nutritive value of cooked and processed foods from animal sources, to give the nutritionists enough information with which to complete their reports of dietary surveys. In both Guatemala and El Salvador, it was determined that vegetable-protein lunches or midmorning snacks were at least as successful for children as the more costly animal-protein lunches, based on milk and other animal protein. Palatable soya-milk-powder mixtures and soups from peanuts, plants, and various types of beans proved highly acceptable to the children.

Endemic Goiter. Goiter surveys under INCAP auspices were made in Costa Rica, El Salvador, and Guatemala. A survey revealing from 1 to 88% visible goiter in Chiriqui Province, Panama, was made available to INCAP. The report of the survey was based on 3,620 examinations, and revealed the occasional occurrence of imbeciles and cretins.

For some time interest has been stimulated in development of methods for iodizing solar-evaporated salt, which is the form of salt used in many countries. The Bureau has helped to set up field trials of methods of iodine enrichment, and these were being carried on during the year in Guatemala, in association with INCAP.

Elevated Serum Protein Levels. A study was made by INCAP on this subject, and the findings were reported in the April number of the PASB Boletín. Electrophoretic studies were being carried out on serum of persons with abnormally high serum-protein values.

Teosinte and New Genetic Varieties of Corn. A study was made by INCAP on the nutritive value of teosinte and an article on the subject was submitted to the journal Science.

Relation of Malnutrition to False Positive Serology. As the result of a study of this subject, four papers were prepared and submitted for publication in English in the American Journal of Syphilis, Gonorrhea and Venereal Diseases and in Spanish in the PASB Boletín. It was found that persons with false positive serology tended to have significantly lower values of vitamins A and E and lower serum values of vitamins A and E and carotene.

Blood Changes in Animals on Experimental Diets. Two papers were submitted for publication, dealing with serum-vitamin levels in pigs fed experimental diets, including $B_{12}$ and aureomycin.

Distribution of Major and Minor Blood Types. Blood types of persons in the Turrialba community were determined, and by midyear were ready for tabulation.

National Institute of Nutrition, Ecuador (PASB/KELLOGG FOUNDATION). The South-American area has also been giving the problem of malnutrition increasing attention in recent years. Ecuador has been among the first to take positive steps. In June of 1950, the Bureau entered into an agreement with Ecuador to help develop a National Institute of Nutrition. The Kellogg Foundation participated by supplying funds to equip a food-analysis laboratory. PASB continued to provide technical assistance and the services of a biochemist as chief of the food-analysis laboratory.

## 5. HEALTH EDUCATION

During 1951, WHO established an expert advisory panel on the health-education of the public. In consultation with PASB as Regional Office, WHO examined the possibility of co-operating in a regional conference on health education of the public in Latin America, proposed for 1952.

The Section of Health Education of PASB initiated and planned programs of health education related to other sections of the Division of Public Health, such as those concerned with tuberculosis, venereal disease, and maternal and child health. The Bureau collaborated with UNESCO, the Organization of American States, and other agencies, in promoting health education of the public.

Programs were carried out in Ecuador, El Salvador, Haiti, and Mexico. Negotiations were under way for establishing, with TA funds, general programs in Bolivia, Costa Rica, Honduras, and Nicaragua.

A serious obstacle to the progress of health education is the shortage in most countries, of workers qualified to give professional guidance. Plans were made during the year to help this situation by granting short-term fellowships.

An agreement was signed between Mexico and WHO, for the provision of Technical Assistance to the Regional Center of Fundamental Education for Latin America (CREFAL) In Patzcuaro, which had been established by UNESCO and OAS. The consultant in health education for the Center started his work there in April, to develop training courses in education and to assist in community organization for health in the surrounding towns. Many aspects of health education and preventive medicine were dealt with in the program furthered by the Center. The consultant, technically responsible to WHO, served under the director of the Center. In July, his assignment was extended for one year, as requested.

In Haiti, the WHO consultant in health education continued working with various departments of the Ministry of Health, in strengthening administration and in specific programs of health education. The organization provided a nurse to co-operate with the UNESCO team assigned to the Marbial Valley project.

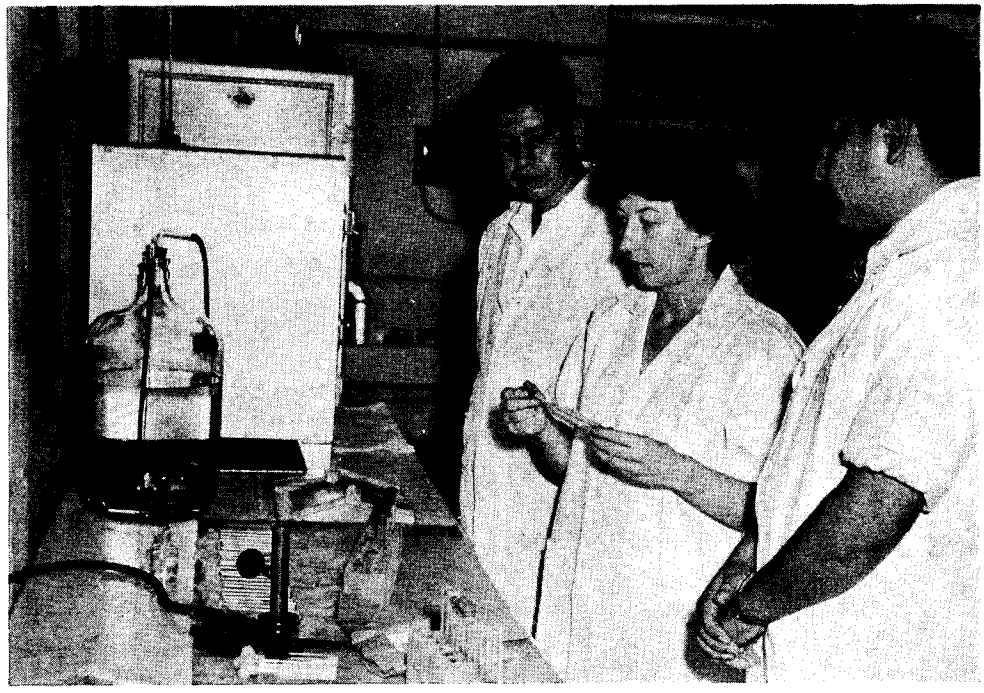
By invitation of the Division of Education of the Pan American Union, a PASB staff member attended a meeting of the Advisory Committees on Latin-American Material on Fundamental Education, set up in connection with a joint OAS/UNESCO program. Projects for producing material, and working plans for 1952 were considered. The Health Committee was composed of three PASB representatives: the Assistant Director, Secretary General, and Acting Chief of the Division of Public Health. This committee was to evaluate the 16 booklets already completed for fundamental education. Several members of the Washington staff assisted in preparing booklets on smallpox, tuberculosis, malaria, milk sanitation, potable water, and other topics. The booklets were prepared with simple illustrations and text in elementary Spanish and Portuguese, but with adult appeal. The American republics are free to use the booklets or to have new editions made, giving credit to OAS and UNESCO.

## Chapter II

## COMMUNICABLE DISEASES

Control of communicable diseases is inevitably one of the principal activities of health organizations. During the year, there was a growing demand for projects for such control, especially under technical assistance programs. There was a tendency toward combined projects, such as those for insect control to combat both malaria and yellow fever; and techniques recently developed had made it possible to engage in mass control of certain of the treponematoses.

The Communicable Diseases Branch of the Division of Public Health administered a large number of programs during the year, including those against yellow fever, diphtheria and whooping cough, hookworm, typhus, malaria, onchocersiasis, schistosomiasis, the treponematoses, tuberculosis, smallpox, influenza, poliomyelitis, and plague; and also against zoonoses such as brucellosis, foot-and-mouth disease, hydatidosis, and rabies.



*El Salvador.--A medical bacteriologist demonstrating procedures to local technicians at the Central Tuberculosis Diagnostic Laboratory.*

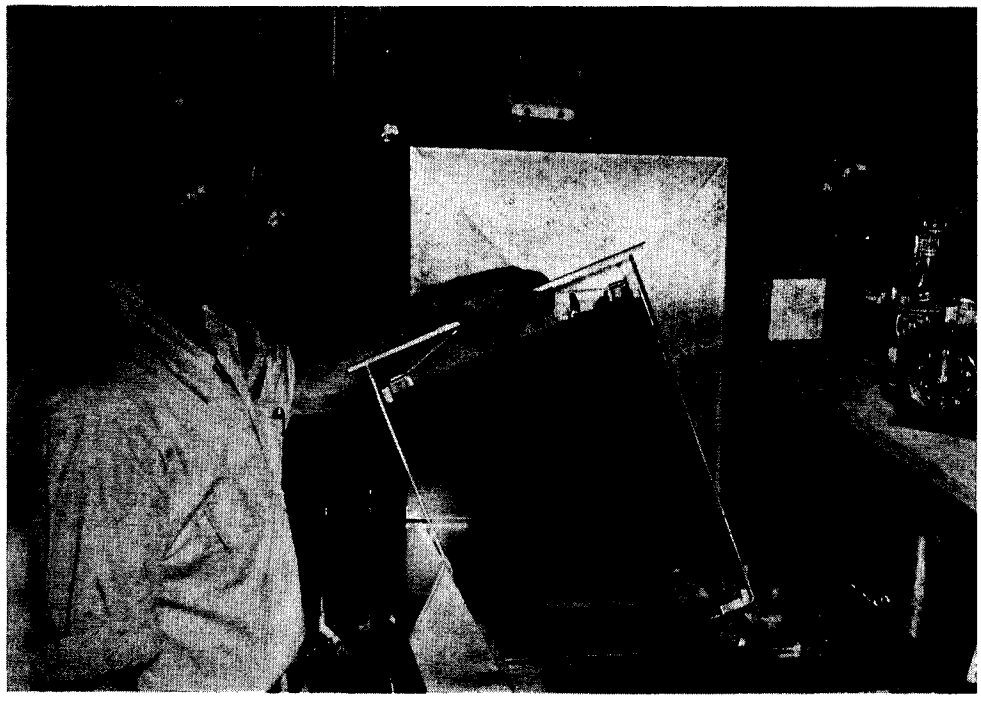
*El Salvador.--Un médico bacteriólogo dando explicaciones demostrativas a técnicos locales en el Laboratorio Central de Diagnóstico de Tuberculosis.*

*Costa Rica.--Physician applying the first anti-yellow-fever vaccine (Dakar type) to a citizen of Puerto Viejo to initiate the work and the trainig of personnel.*

*Costa Rica.--Médico aplicando la primera vacuna contra la fiebre amarilla (tipo Dakar) a un habitante de Puerto Viejo, para iniciar el trabajo y el adiestramiento de personal.*

*El Paso, Texas, U.S.A.--Puppy being vaccinated against rabies, while its 7-year-old owner watches the camera. The doctor is of the staff of PASB.*

*El Paso, Texas, E.U.A.--Vacunación de un cachorro contra la rabia, mientras su propietario de 7 años observa el aparato fotográfico. El médico pertenece al personal de la OSP.*



*El Salvador.--Processing of large-size film by a local technician trained by the WHO technical adviser to the tuberculosis project.*

*El Salvador.--Manipulación de una película de gran tamaño por un técnico local que adiestró el asesor técnico de la OMS para el proyecto de tuberculosis.*

Toward the end of the year, the Bureau published, for general distribution, 10,000 copies of a second Spanish edition of a handbook on the control of communicable diseases in man. The Bureau also completed a Portuguese translation of the same handbook.

1. YELLOW FEVER

Cases of jungle yellow fever occurred in Panama in each of the four years 1948-'49-'50-'51, where the disease had not been diagnosed for several decades. The extensive outbreaks in Bolivia (1950), on the Pacific slope of Ecuador (1951), and in Costa Rica (1951), were all in areas not previously incriminated. These outbreaks, plus the finding of immune monkeys in southeastern Mexico, led to the conclusion that jungle yellow fever is, from time to time, present in all the countries on the mainland of the Americas, except the United States and Canada in North America, and Uruguay and Chile in South America.

The following extracts from reports made during the year summarize the yellow-fever situation and the proposed solution:

> "Those who have followed the yellow-fever situation may remember that in the years '46, '47 and '48 there was very little activity in jungle yellow fever; however, in November, '48, cases did occur east of the Canal in Panama, and these were followed by other cases in '49, '50 and early in '51 in the Republic of Panama, always in a westerly direction.
>
> "Studies which were made by the Gorgas Institute on the distribution of immunity among animals at that time showed that there was and is a pretty general distribution of the immunity to yellow fever. Therefore it was a surprise to note the movement of the disease itself, which indicated a definite step of the disease; and then a case was reported early this year at Almirante in Panama.
>
> "Attention is called to the fact that 14 months before this case, a positive protection test had been made on monkeys captured near Almirante. However, it is now becoming apparent, with the movement of the disease through Costa Rica, that we are dealing with an epizootic wave similar to that of South Brazil, Paraguay, and Argentina from 1934 to 1940.
>
> "In Costa Rica, the disease has moved more rapidly than in Panama, and cases are now occurring very close to the border of Nicaragua. It is anticipated from what is known of conditions in Central America, that a movement of the virus to and through Nicaragua, Honduras, Guatemala, and into southern Mexico may occur in the next few years.
>
> "An attempt was made this year by the Bureau, working with the Gorgas Institute, to survey immunity of monkeys in southern Mexico. Due to refrigeration difficulties, the number of specimens which could be properly tested is not large; but three definitely positive monkeys were found.
>
> "The area of Central America and southern Mexico, with the possible but not probable exception of El Salvador, must be added to the epizootic area of yellow fever.

"With regard to the eradication of aegypti, the job has been practically completed by the Yellow Fever Service in Brazil. That Service is not ready to say that there are no aegypti in the country; but they can say that they do not know where there are any; and that up to September only three houses had been found in Brazil this year with aegypti breeding. So the big bulk of the work in Brazil is over, and it has been demonstrated that the eradication can be carried out in that country, even though it may take several years to find the last scattered foci.

"Any discussion of the problem of the Americas must take into consideration the fact that each year's findings tend to emphasize the extent and permanency of the threat of jungle yellow fever; that in 1950 there was a very active and serious outbreak of the disease in southern Bolivia, much farther south than had been previously noted during 18 years of observation; that during 1951 there has been in Brazil an epidemic of over 3,000 cases and several hundred dead; and that in Ecuador in 1951 yellow fever has been found west of the Andes for the first time since 1919.

"From 1915 until 1949, the Rockefeller Foundation acted as an international health organization, supplying technical orientation and financial aid in the solution of the yellow-fever problems of the continent. At the present time, there are only three laboratories on the continent where yellow-fever vaccine is being produced: one in the United States, one in Colombia, and one in Brazil. PASB is collaborating with the governments of Brazil and Colombia in the work of the laboratories in those two countries, and is in a small measure attempting to take the place of the Rockefeller Foundation in the co-ordination of the yellow-fever programs of the Americas.

"Although endemic urban yellow fever has disappeared from the Americas as the result of anti-aegypti measures, jungle yellow fever persists as an important threat to rural populations and as a potential source of infection to urban areas where aegypti has not been eradicated. It is therefore essential to continue studies on the epidemiology of jungle yellow fever and on methods of production and application of yellow-fever vaccines, and to emphasize the importance of the complete eradication of the Aedes aegypti mosquito from the Americas.

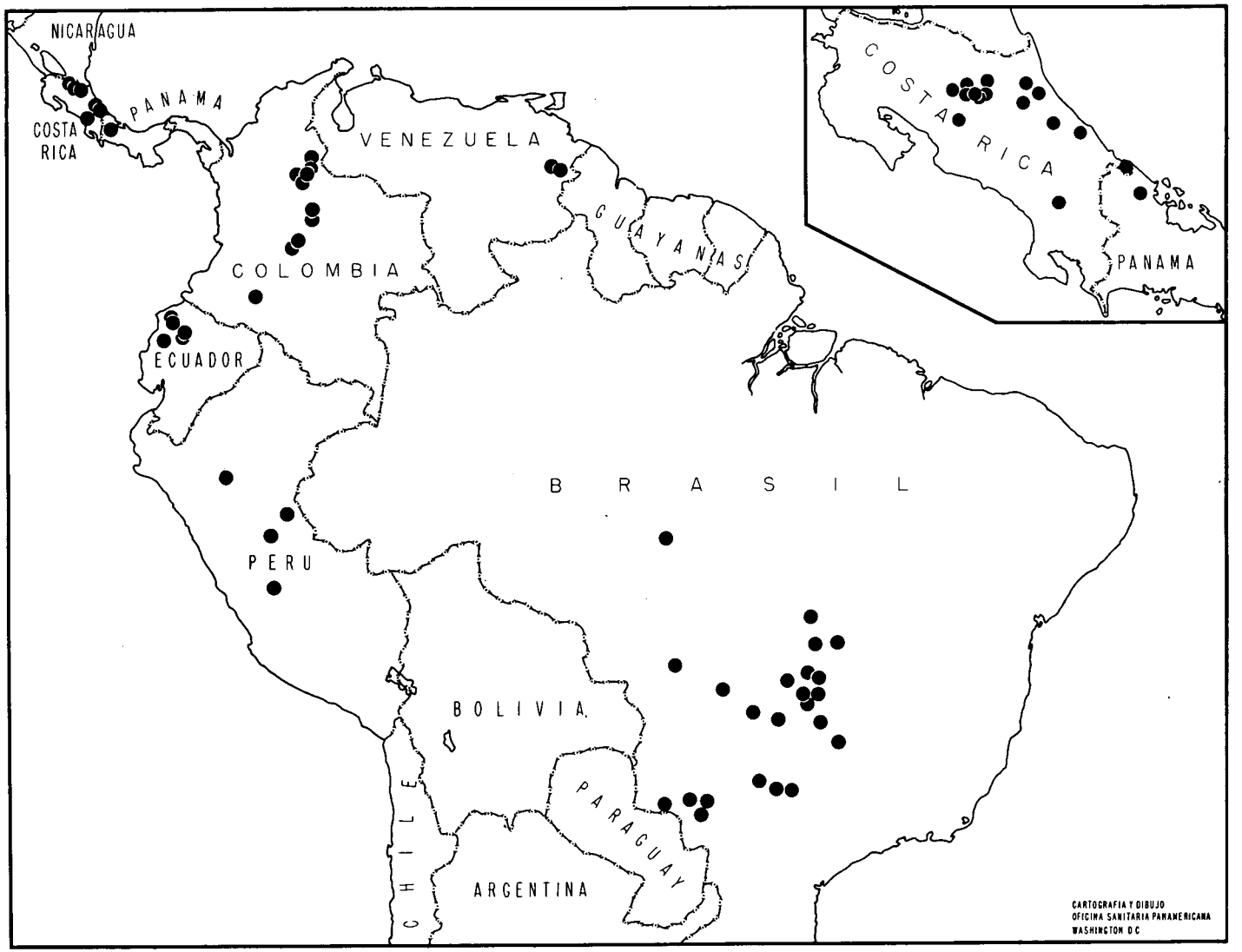
"Constant vigilance and active measures against yellow fever must be a permanent part of the public-health programs of the Americas. The Pan American Sanitary Bureau recommends, and strongly urges the implementation of the following measures:

1. Eradication of Aedes aegypti. This is essential, not only in the infected or threatened areas, but throughout all of the Americas.

2. Vaccination of all the population which lives in, or is liable to enter, forested areas inhabited by monkeys. The Bureau recommends at the present time the use of the 17-D vaccine, which is, so far, given by injection only.

3. Continuous investigation by viscerotomy, immunity surveys, and other methods, to disclose the actual distribution of yellow fever.' "

# FIEBRE AMARILLA SELVATICA EN LAS AMERICAS
## (JUNGLE YELLOW FEVER IN THE AMERICAS)




● Lugares donde ocurrieron casos humanos comprobados de FIEBRE AMARILLA SELVATICA durante el año 1951

(Places where confirmed human cases of JUNGLE YELLOW FEVER occurred in 1951)

Brazil. Co-operation was continued with the National Yellow Fever Service, which actively contributed to the organization of aegypti eradication programs in other countries, and with the Oswaldo Cruz Institute in the preparation of yellow-fever vaccine and its distribution to other countries, and in protection tests and pathological examinations.

Colombia. The agreement of 16 May 1950 with the Ministry of Hygiene regarding the Carlos Finlay Institute terminated 30 July 1951, and was replaced by a new agreement dated 3 July, which was modified on 13 November. The Institute was developed with the support of the Rockefeller Foundation, and has furthered research work and produced yellow-fever vaccine for distribution in the American republics. Under the new agreement, the Institute was to continue these activities, and also:

> " . . . continue to be responsible for co-ordinating and directing in Colombia the program, facilities, and activities relating to the epidemiology and control of yellow fever, typhus fever, and other rickettsial diseases, as follows:
>
> "a) to continue the viscerotomy service in order to discover the foci of yellow fever;
>
> "b) to produce and distribute vaccine against yellow fever and to administer said vaccine; and
>
> "c) to carry out studies on typhus fever and petechial fever."

Under the agreement, the Institute has a technical and administrative advisory committee, comprising the Minister of Hygiene, the Director of the Institute, and the Director of PASB.

Mexico. A yellow-fever serological survey on monkeys was made under the auspices of PASB and the Gorgas Memorial Institute, in Palenque and in lumber-camp regions about 60 kilometers from Cintalapa.

Palenque Survey

Of the 40 monkeys collected, 16 had satisfactory serum for the test, 24 had unsatisfactory serum, and 2 were positive. Both of the positive monkeys were black howlers.

Cintalapa Survey

Of the 37 monkeys collected, 27 had satisfactory serum for the test, 10 had unsatisfactory serum, 2 resulted in doubtful positive reactions, and 1 was positive. The positive monkey was a spider monkey.

The black howlers were identified as Alouatta palliata pigra and the spider monkeys as Ateles geoffroyi vellerosus.

2. DIPHTHERIA AND PERTUSSIS (WHOOPING COUGH)

Chile. At the end of 1950, a diphtheria-pertussis vaccination campaign (WHO/UNICEF) began in the province of Santiago. During the year, all of the equipment and supplies provided by UNICEF were delivered. The Chilean medical and social welfare institutions took part, with the aim of immunizing 40% of

the children between three months and six years of age. The Michigan State Health Laboratories (U.S.A.) tested the first mixed vaccine prepared in the Bacteriological Institute of Chile, and pronounced it satisfactory.

During an eight-month period, some 40,000 first doses and 26,000 second doses of the Chilean mixed vaccine were administered. Re-vaccinations totalled 466. From the beginning of the campaign, some 31,000 children had received both doses of vaccine. This number represented about 43% of the total program in Santiago.

Colombia. A nation-wide campaign (WHO/UNICEF) against diphtheria and pertussis was carried on during the year. UNICEF assisted with equipment, supplies, and preparation of vaccines, and WHO provided a consultant who also helped with the work in Chile. The Institute Samper Martinez began production of mixed vaccines during the year. The campaign in Cúcuta was completed in August, after 46% of the children between four months and six years of age had been given three doses. Later the campaign was extended to the cities of Cali, Manizales, Cartagena, and Barranquilla.

During one year of the work in Colombia, more than 100,000 doses were given. There were no serious post-vaccinal reactions. Before the project was started in each city, an intensive campaign of health education of the public was usually carried out, to ensure public co-operation.

3. HOOKWORM

Paraguay carried on activities during the year to combat hookworm disease, which is prevalent in the rural areas. To help with the problem, WHO/TA began recruitment of five experts, and provided material on health education; supplies for the demonstration of control methods; transportation; and material to construct latrines. The urban-rural area of Asuncion-Villarica was selected for the activities of the team.

4. TYPHUS

Bolivia. In co-operation with the Rockefeller Foundation, WHO, and UNICEF, a campaign against typhus was in operation during the year. From May, the date the Bolivian program began, until the end of November, 30,690 pieces of clothing were treated with DDT. Simultaneously, 22,768 persons, who were treated with the insecticide, were vaccinated against smallpox. The small number of inspectors in charge of this project accounts for the slow progress of the program, which had been developed along the border with Peru.

Peru. In the department of Cuzco, the campaign (WHO/UNICEF) for the control of typhus was continued. In the department of Puno, along the border with Bolivia, from 2 July to 15 September 1951, 14,468 persons, 4,489 dwellings, and 34,087 pieces of clothing were treated with DDT. In the department of Cuzco, from 16 October 1950 to 28 April 1951, 135,688 persons, including 15,354 transients, constituting 70.7% of the population, were treated with DDT. This insecticide was applied also to 51,307 dwellings.

The average number of immunizations given per day per sanitary inspector was 85.6, and the average number of DDT applications, 83.6 The campaign was developed jointly with an anti-smallpox immunization program.

By December 1951, the application of DDT in the provinces of Canca, Urubamba, Anta, and Cuzco was completed. The agreement expired on 31 December 1951, and was to be renewed during 1952.

## 5. TUBERCULOSIS

During the year, WHO, with the assistance of UNICEF, took over the work in BCG vaccination campaigns previously done by the Joint Enterprise of Copenhagen, Denmark. These campaigns were undertaken only in countries where collateral facilities for tuberculosis control were available.

In connection with the BCG campaigns planned for the Americas by WHO/UNICEF, the Regional Office assisted in placement of teams (each consisting of a doctor and two nurses) from Costa Rica, El Salvador, Peru, and Jamaica, for training in organization and planning of mass campaigns. The training was carried out in Ecuador, where a mass BCG project, under the auspices of the Joint Enterprise, had been in operation.

In July, authority was received from Geneva for the appointment of an inter-country BCG adviser. An area superviser in tuberculosis, based in Guatemala, was appointed by WHO in November. He assisted in making arrangements for combining the various tuberculosis institutions under one directorship.

The development of new drugs has given future promise of additional weapons in combatting the scourge of tuberculosis. The new compounds are technically described as isomers of niacin, the anti-pellagra vitamin. In 1951, the use of the new drugs was still in the experimental stage, and it was evident that much more work would be required to determine their place in the treatment of tuberculosis.

Ecuador. The BCG vaccination campaign, begun in July 1950 by the government and the Joint Enterprise of Copenhagen, assisted by the regional adviser in tuberculosis, was completed in July 1951. During the campaign, 640,000 persons in the age group of 1 - 30 were examined and about 350,000 of them were vaccinated. In the course of their year's work, the vaccinating teams that traveled about the country started an intensive anti-tuberculosis educational program. Work carried out with the radiographic mass-survey centers led to the discovery and treatment of many incipient cases of tuberculosis.

The Tuberculosis Control and Teaching Center (WHO/TA/UNICEF) began operating in September, when the bacteriologist recruited for the project arrived in Ecuador. The government of Ecuador offered 25 fellowship-years for persons from other Latin-American countries, in the field of tuberculosis.

El Salvador. The Tuberculosis Control Demonstration Project (WHO), completed its work in San Miguel in February, and in San Vicente in September. During seven months' activity in San Miguel, some 15,000 persons, out of a population of 22,000, were examined. Suspicious shadows in 574 persons were found by radiographic examination; 512 of these were examined bacteriologically, utilizing sputum or gastric lavage specimens, and about two-thirds were found positive. More than 4,000 persons in San Miguel received BCG vaccinations from the team. In both San Miguel and San Vicente, physicians and nurses connected with the Department of Health were trained in modern techniques of tuberculosis control. The Salvadorean authorities asked to have the program continued through 1952.

A mass BCG program (WHO/UNICEF) began in September. During the first week, 35,000 persons were tested and 18,000 vaccinated, mostly children of school age.

Jamaica. A mass BCG vaccination campaign (WHO/UNICEF) was started in September. UNICEF furnished $106,000 worth of supplies and equipment. WHO provided training in Ecuador for a doctor and two nurses, and sent an inter-country BCG adviser for one month to help organize and initiate the program. Under the Tuberculosis Control Program (WHO/UNICEF) a tuberculosis survey by means of radiographic and bacteriological investigations was begun. International advisers in mass X-Ray procedures and bacteriology were to be provided.

Paraguay. Detailed plans were made for helping with an improved program (TA/WHO/UNICEF) in tuberculosis control and a rural demonstration scheme to combat the disease. The project was designed to amplify the work in tuberculosis control in Asuncion, and extend it into a number of the larger rural communities. Personnel and fellowships were to be provided. The program was to last for two years, beginning in 1952.

Peru. Plans were made to set up a demonstration program (WHO/UNICEF) in tuberculosis control, to be started in 1952 in connection with the maternal and child health program for the Lima-Pativilca area.

Trinidad. A team from Trinidad was being trained in Jamaica, with a view to starting a BCG vaccination campaign in 1952, under the auspices of WHO and UNICEF.

6. MALARIA

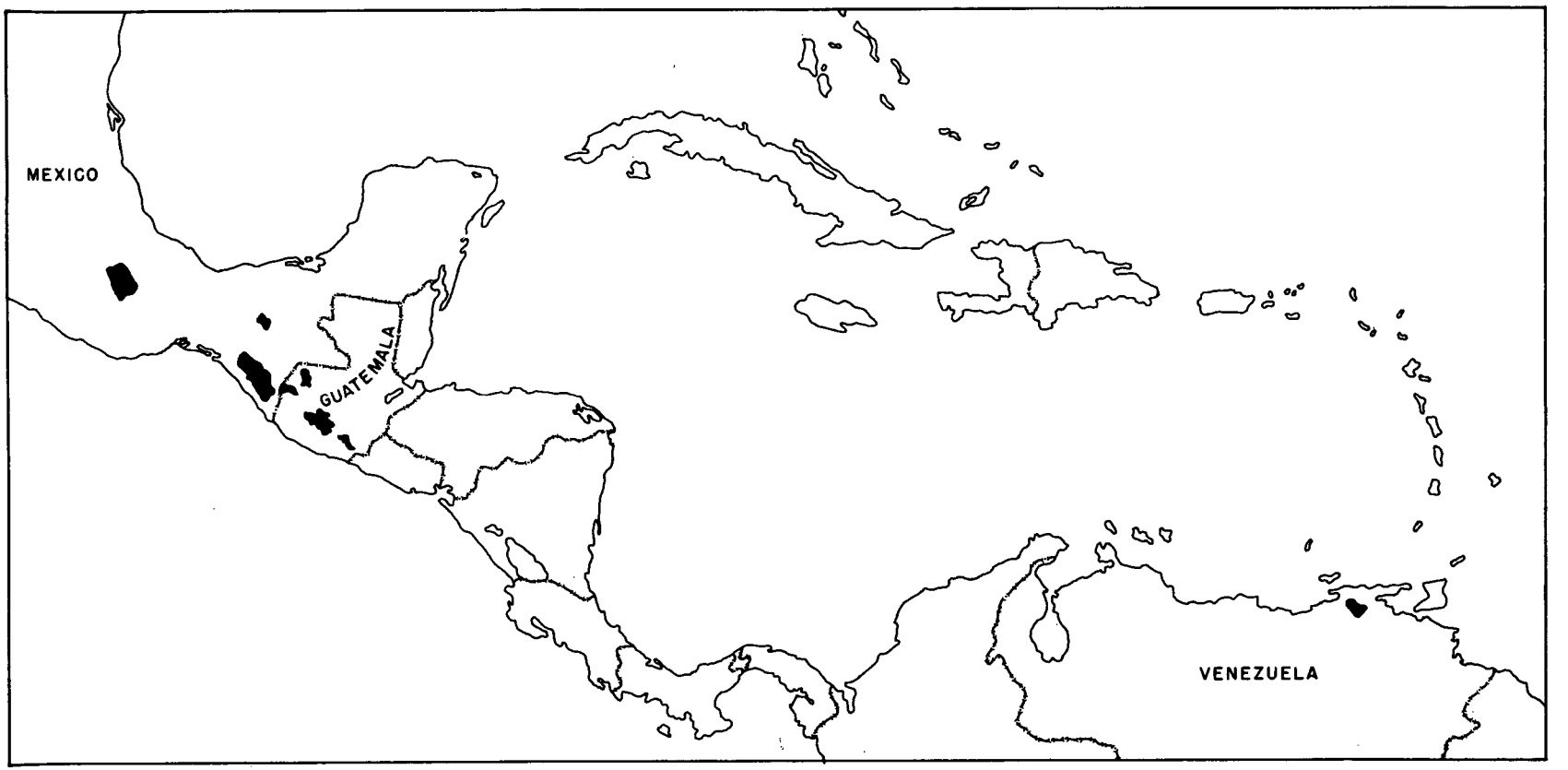
During the last four years, substantial changes have taken place in the Americas in anti-malaria activities, and in the control of the malaria carrier, the Anopheles mosquito. The problem of malaria has practically been solved in Argentina, Chile, Puerto Rico, and the United States; and two other nations (Brazil and Venezuela) are close to achieving the same results.

Paraguay. The organization in Paraguay for eradication of the Aedes aegypti mosquito was used during the year in a campaign against malaria (PASB/WHO/UNICEF/SNFA). Residual spraying with DDT was carried out in the Alto Paraná. In the Alto Paraguay area, the study of the malaria situation continued. The number of malaria cases in that area was high.

7. ONCHOCERCIASIS

The onchocerciasis project in Guatemala, administered by PASB through grants from the National Institutes of Health of the United States, was continued. It was indicated that 85% of the patients treated with suramin benefited from this treatment. Three kinds of flies transmitting onchocerciasis were found, in addition to the three known vectors. The action of chemical substances, on larvae exposed to them for thirty minutes, was studied. Deaths of the larvae were recorded in periods of 12, 24, and 36 hours. It was determined that infected Simuliidae can fly at least 2.85 miles from the point of infection, and that the Culicoides do not transmit human onchocerciasis in the area of Yepocapa. In the laboratory, larvae of 13 days were obtained, derived from the Onchocerca volvulus, S. metallicum and S. exiguum. It was decided to continue the program until July 1953.

PASB was represented at the Second International Conference on Onchocerciasis in Tapachula, Mexico, 22-25 February. Representatives were present from Guatemala, Mexico, and Venezuela. A report was made on some of the activities in Guatemala and Mexico, regarding the diagnostic phases, epidemiology, treatment, and control of onchocerciasis. Various conclusions were




Known Endemic Areas of ONCHOCERCOSIS in the Americas

Localities where SCHISTOSOMIASIS MANSONI has been found

reached on the growing international co-ordination of investigational work; the use of insecticides against the Simuliidae; the use of hetrazan, suramin, and other drugs in treatment; and on other epidemiological aspects which this disease presents.

8. SCHISTOSOMIASIS (BILHARZIASIS)

In the schistosomiasis program in Brazil (PASB/USPHS), a group of technicians worked in the laboratory in Recife, where the study of mollusks, and the action of chemical substances on them, was begun. Tropicorbis centrimetralis and Australorbis glabratus were found. During the rainy season in Recife, which interrupted the study, a survey of mollusks in São Paulo was made.

In December, a request was received from the government of the Dominican Republic for an expert to investigate the existence of schistosomiasis in some regions of that country.

9. TREPONEMATOSES

Not much data is available about the incidence and prevalence of the venereal diseases and the other treponematoses in the Americas; but findings in serological surveys of selected groups have shown that the need to combat these diseases is of prime importance. For this reason, the Pan American Sanitary Bureau created, early in 1950, a Section of Venereal Disease within the Division of Public Health. The work of this Section obviously had to be enlarged to include the other treponematoses.

During 1951, the training of personnel in the standard techniques for the serodiagnosis of syphilis was strongly intensified. The ground was prepared for carrying out experimental projects in the control of venereal diseases. Personal consultations were had by the professional staff of the Section with the appropriate officials in the Americas, in order to gather all available data concerning the administration and operation of control programs.

Perhaps the outstanding general developments of the year were the effective mass application of repository penicillin therapy; the training of national personnel in modern diagnostic, therapeutic, and epidemiological methods; and significant advances in the standardization of serodiagnostic tests.

The venereal nature of syphilis, gonorrhea, chancroid and lymphogranuloma venereum makes them more difficult to control by mass treatment than the non-venereal treponematoses, such as yaws.

During 1951, demonstration and training projects against veneral infections were begun in collaboration with the government of Ecuador, and plans were made for a similar program in Paraguay, to begin in January 1952.

Antigens. Steps were taken by WHO towards establishing the control and standardization of cardiolipin and lecithin antigens throughout the world. With the collaboration of WHO, a monograph on production and control methods was prepared by the Division of Laboratories and Research of the New York State Department of Health, which acted as a WHO Center for the standardization and control of cardiolipin and lecithin antigens.

Penicillin Testing. During the year, numerous lots and samples of penicillin (representing supplies from various parts of the world) were received

from WHO in Geneva for testing. Arrangements were made with the U. S. Food and Drug Administration to make the tests. In addition, samples of two lots of penicillin were received from Haiti, representing the new supply forwarded by UNICEF. A working arrangement was made, whereby no penicillin would be bought and shipped by UNICEF until it had been tested clinically, and satisfactory blood levels had been obtained.

Serological Tests. Arrangements were made for distribution of PASB publication No. 258, Pruebas Serológicas para Exámenes en Masa, to the field offices for dissemination in their areas.

Yaws Seminar, Bangkok. As requested by WHO in Geneva, PASB arranged for participation of technicians from Latin America in the Yaws Seminar in Bangkok, scheduled for March 1952. Dr. Petrus (Haiti), Dr. Varela (Mexico), Dr. Guimaraes (Brazil), and Dr. Sanchez Perez (Venezuela) were designated participants. The head of the program of yaws eradication and rural syphilis control in Haiti was to attend as representative of the Regional Office. Two papers prepared by WHO/PASB were to be presented at the seminar.

Brazil. The agreement for the São Paulo serological training program (PASB) was under negotiation, and equipment was being purchased and personnel recruited.

Chile. The Bureau, at the request of the Chilean Government, assisted in carrying out a comparative study on reactivity of the cardiolipin antigen with lipoidal antigens, at the Instituto Bacteriologico de Chile.

Colombia. A request was received from the Minister of Health of Colombia for the services of an expert in venereal disease, to advise the government on the organization of a venereal-disease service on a national level.

Ecuador. An experimental program for control of syphilis by mass treatment with penicillin (PASB/WHO) began in Portoviejo on 29 January. On 12 April, the mass penicillin administration was completed, with some 6,064 persons having received the antibiotic. The follow-up phase, concerning observations on relapses and re-infections, was started. An agreement between Ecuador and WHO for continuation of the program for the control of syphilis by mass treatment with penicillin, was ratified in October.

Guatemala. An agreement was signed in February, between Guatemala and PASB, to continue the work of the Venereal Disease Laboratory and Training Center. A number of courses in serodiagnosis were given to Latin Americans throughout the year. A broadened program was put into effect, which was to include training of physicians and lay investigators from the Central American countries and Panama, and advising the governments of those countries on administration and operation of venereal-disease programs. The merger of the Sanidad Serology Laboratory and the PASB Laboratory was completed. A serological evaluation of Central-American laboratories was made. The study of biological false-positives, carried out in cooperation with INCAP, was completed, and four technical papers were written.

Haiti. The program for yaws eradication and the control of syphilis in rural areas, which was started by PASB, with WHO and UNICEF assistance, in July 1950, was carried on in several large areas. The consultant-serologist reported for duty in Haiti in March, and three local serologists were trained later in the serology of treponemal diseases. In addition, three local Haitian

doctors worked full-time on the program, so that trained Haitian physicians might be available to continue the work in yaws control, after the end of the campaign. A statistician from PASB helped with the work, and a consultant was sent to evaluate the results. The Haitian Government took steps to train personnel, so that it could eventually develop a national yaws service within its own Division of Communicable Diseases. A statistical table of the program follows:

YAWS PROGRAM IN HAITI

From 20 July 1950 to 20 December 1951

| | |
|---|---|
| Total number of persons treated. . . . . | 708,155 |
| Number of persons showing clinical manifestations of the disease. . . . . | 376,990 |
| Number of cc. penicillin used . . . . . | 1,092,975 |
| Number of communities treated, to October 13, 1951 . . . . . | 2,405 |
| Number of injecting inspectors, to Dec. 20, 1951 . . . . . | 23 |

Number of Yaws Cases Diagnosed for Research Purposes at the Clinic of Bainet from 17 February to 20 December 1951:

| | Children | Adults | Total |
|---|---|---|---|
| Infectious yaws . . . . | 1,644 | 779 | 2,423 |
| Non-infectious yaws . . | 4,967 | 13,720 | 18,687 |
| Total . . . . . | 6,611 | 14,499 | 21,110 |

Paraguay. A supplementary agreement (WHO/TA) for a venereal-disease-control demonstration project in the urban-rural area of Asuncion-Villarica was ratified in Washington, late in June. In September, a project adviser was transferred by WHO from India to the Region of the Americas, and he acted as consultant for the Paraguay program.

United States-Mexico Border. As a result of a study made of the results of the venereal-disease prophylaxis program in Tijuana and other towns on the United States-Mexico border, it was decided to continue this co-operative program throughout 1951.

Venezuela. Courses in serodiagnostic tests for syphilis continued to be given by the PASB expert in the Venereal Disease Serology Laboratory and Training Center, Caracas.

10. SMALLPOX

This disease is endemic in several countries of the Western Hemisphere, and epidemic outbreaks occur with relative frequency in some of these countries.

The Pan American Sanitary Bureau has fostered the endeavor to eradicate smallpox. Preventive measures are very effective, and through properly planned programs for applying vaccine, it will be possible eventually to eradicate smallpox in the entire Western Hemisphere.

In July, measures were taken to help in reading the reactions produced by anti-smallpox vaccine. A memorandum based upon standard methods was issued in Spanish, presenting in simple form the different types of reactions, so that they may be readily recognized by inspectors, assistants, nurses, etc.

A vaccination program (PASB) was started during 1951 in Peru, and plans were made to initiate similar programs during 1952 in all the Central American countries and in Panama, Bolivia, and Ecuador. Through agreements signed with a number of governments, the Bureau during the year furnished technical assistance; promoted the training of personnel in various localities to do field work; and also furnished some of the supplies and equipment required for the campaigns.

Experiments in the use of dried vaccine were undertaken in Peru on a trial basis, for the reason that many failures occur in tropical countries from improper transport and conservation of the usual (lymph) smallpox vaccine. During the year, a PASB consultant visited the laboratories producing smallpox vaccine in Lima, in Guayaquil, and in Central America.

Before starting operations in Peru, tests were made of dry vaccine furnished by laboratories of the Health Department of the state of Michigan (U.S.A.). Tests on 100 persons were considered satisfactory, and characteristic reactions from first and second vaccinations were recorded.

In the area selected for the first stages of the campaign in Peru, total vaccinations, from the start in October 1950 to August 1951, were 632,710, of an estimated population of 1,361,343 persons.

Toward the end of the year, the Bureau printed information on the evolution of anti-smallpox vaccine, to be distributed among the countries collaborating in campaigns against the disease.

## 11. INFLUENZA

An epidemic of influenza occurred in many countries of the Northern Hemisphere during the early months of the year, particularly in Europe. WHO/PASB maintained contact with the World Influenza Center in London, reporting outbreaks, or any unusual prevalence of the disease in the Americas. Information on prophylactic measures, especially in regard to the value of the vaccine used, was prepared and distributed in response to many requests. Upon receipt of authorization from WHO in Geneva, the Regional Office reached agreement with Argentina, Chile, and Mexico for them to act as centers for study of the different strains of the influenza virus.

## 12. POLIOMYELITIS

A serious outbreak of poliomyelitis occurred during the year in Honduras, and the government requested technical assistance from PASB. A team was sent there, consisting of a medical officer and a nurse, the latter from the U. S. Public Health Service. They began work on 16 November.

13. PLAGUE

A plague focus appeared in the province of Chimborazo, Ecuador, where four human cases were reported. In March, four other cases, with one death, were reported in the province of Loja. An agreement had been signed in October 1950 between Ecuador and PASB, setting up a scheme of anti-plague work in the principal coastal cities and ports of Ecuador, covering the infested areas and those adjoining. Plans were made to continue the campaign in 1952, involving the purchase of rodenticides, including Warfarin.

## VETERINARY PUBLIC HEALTH

The Veterinary Public Health Service of PASB is concerned with the prevention, control, and eradication of animal diseases transmissible to man (zoonoses), as well as the prevention of human diseases caused by unsafe foods derived from animals. The Section provides a center of information about the incidence, prevalence, and control of zoonoses throughout the Americas and evaluates, publishes, and distributes such information. Campaigns to control brucellosis, foot-and-mouth disease, hydatid disease, and rabies are among the field programs which have been developed and supervised by the Veterinary Public Health Section. A number of very favorable comments were received regarding the work of the Veterinary Public Health Section and there is every indication that the Bureau's program in this field is filling a definite need.

14. BRUCELLOSIS

It is now possible to demonstrate proven techniques for use under the various circumstances in which brucellosis exists. During the year, certain areas made progress towards eliminating animal brucellosis. Attainment of a standardized procedure for the diagnosis of human and animal brucellosis in the Americas still remains an objective.

Diagnosis. Some progress has been realized towards the general adoption of standard techniques, which are recommended for use throughout the American continent. The Ring (ABR) test, for herd diagnosis of brucellosis, is undergoing investigation to determine its usefulness, so far as the caprine disease is concerned.

Three Centers. During the year, three brucellosis centers (FAO/WHO) were operating in the Americas, located in Argentina, Mexico, and the United States. All of them were engaged in research of international importance. Studies on human brucellosis were the most important aspects of the work of the Mexico City Center, animal work being greatly hampered by lack of veterinary field staff.

Documentary Film. A motion-picture entitled, "Triple Threat of Brucellosis," produced by the U. S. Bureau of Animal Industry, and which won first place as a documentary film at Venice in 1951, was obtained by the Washington Office for showing in the Americas.

Setting Standards. In July, the second phase of the project for the standardization of diagnostic procedures for brucellosis in the Americas was commenced. A supply of the standard dried serum adopted by the International Office of Epizootics was obtained, and distribution was begun to the various collaborating laboratories, in accordance with the recommendations of the III Inter-American Congress on Brucellosis. These recommendations indicated a

minimum positive titer for the diagnosis of the disease. Thus, a reliable standard will be provided by which each laboratory may make any changes in technique or interpretation that may be necessary. If a marked variation was found to exist between the recommended standard and the test in use in any country, it was suggested that the country adopt the method developed by the U. S. Bureau of Animal Industry.

PASB specialists conferred with brucellosis workers in several countries in the Americas concerning present methods and their application in the diagnosis of the disease. Without exception, cooperation received with respect to standardization of brucellosis diagnosis in the Americas was excellent. Selected reprints of recently published studies on diagnosis of brucellosis were distributed to individuals and laboratories in the Americas.

15. FOOT-AND-MOUTH DISEASE

Pan American Foot-and-Mouth Disease Center. An important event of 1951 was the establishment of the Pan American Foot-and-Mouth Disease Center at São Bento, Brazil, which was developed as a part of the OAS/TA program. By the end of the year, all of the 21 American Republics had signified their intention to take part.

Site facilities for the Center were offered by four countries. Members of the PASB staff inspected the facilities offered and made reports to the Co-ordinating Committee on Technical Assistance of the Organization of American States (OAS). That Committee, at its meeting on 10 May, accepted the offer of Brazil to become the host-country of the Center. The site is located at São Bento, some fifteen miles north of Rio de Janeiro. It consists of 92 hectares (227 acres) of land. The existing buildings were readily adaptable to form laboratories and offices for immediate, though limited, operations.

10,000,000 Cruzeiros. Brazil provided the land and existing structures, and undertook to construct permanent laboratories, stables, and supporting units, adjacent to the existing facilities. Plans for these additional structures were furnished by PASB to the Minister of Agriculture of Brazil, and blueprints were prepared. It was estimated that the construction would cost the government of Brazil at least 10,000,000 cruzeiros.

Following selection of Brazil as host-country, an agreement was drafted. Pending its execution, an understanding was reached with the Minister of Agriculture of Brazil, in the form of an exchange of notes, in order to expedite development of the Center. The Director of the Center assumed his official duties on 1 June.

Finances. The approved budget of the OAS Technical Co-operation for the Center amounted to $225,093.00 for the calendar year 1951. In May, the budget was revised, taking into account the actual starting date for the project; the new approved figure was slightly more than $210,200.00.

Total allocations received from OAS during 1951 were $165,341.98 ($151,899.97 U. S. dollars and 251,632.20 Brazilian cruzeiros).

First Activity. The Center rendered its first service to a Member Government, when its Director visited Ecuador during the week of 11 June, where he assisted veterinary officials in promoting defense measures against the entrance of foot-and-mouth disease along the northern border of that country.

Cartoon Booklet. In December, work was begun on a cartoon-type booklet on foot-and-mouth disease, to be used as a public-education medium.

During that month, information was supplied to the Austrian Legation as to the availability of foot-and-mouth disease vaccine in the Americas.

16. HYDATIDOSIS

The Bureau has sought to promote and support national campaigns against hydatidosis. Improved practices of livestock slaughtering, with appropriate methods of offal disposal, offer a prophylactic approach to the disease with respect to the canine host, and this aspect must be pursued to the fullest extent.

Another important measure, canine treatment, was continued during the year, as well as education of the public on how to avoid contracting the disease. The Bureau actively promoted and co-ordinated anti-hydatidosis measures. Among these were co-operation in the treatment of dogs in areas along international borders, as well as preparation and distribution of several types of material for public education, regarding the control and prevention of the disease.

Treatment of Dogs. The National Anti-Hydatidosis Commissions of Argentina and Chile, comprised of members of the Ministries of Health and Agriculture, meeting jointly with the Bureau's representative, agreed upon collective action for certain areas along international boundaries, for the treatment of dogs for echinococcal infection. A program, in which the Bureau zoonoses representative in southern South America co-ordinated the efforts of the two countries, was carried out on the Island of Tierra del Fuego. Teams of technical experts from each country treated the greater part of the dog population in their respective territories, to remove adult parasites. At the same time, an intensive public-education campaign was carried out.

Public Education. Audio-visual aids for public education were developed. A booklet in the form of a comic book, using characters that had already gained popularity, was published for distribution to children in the southern South American area. The booklet was designed to impress upon them the dangers to which they are subject, and the proper methods of handling dogs. Similar material was used to produce colored film strips and flannelgraphs, which formed the basis of lectures to all age groups.

17. MEAT HYGIENE

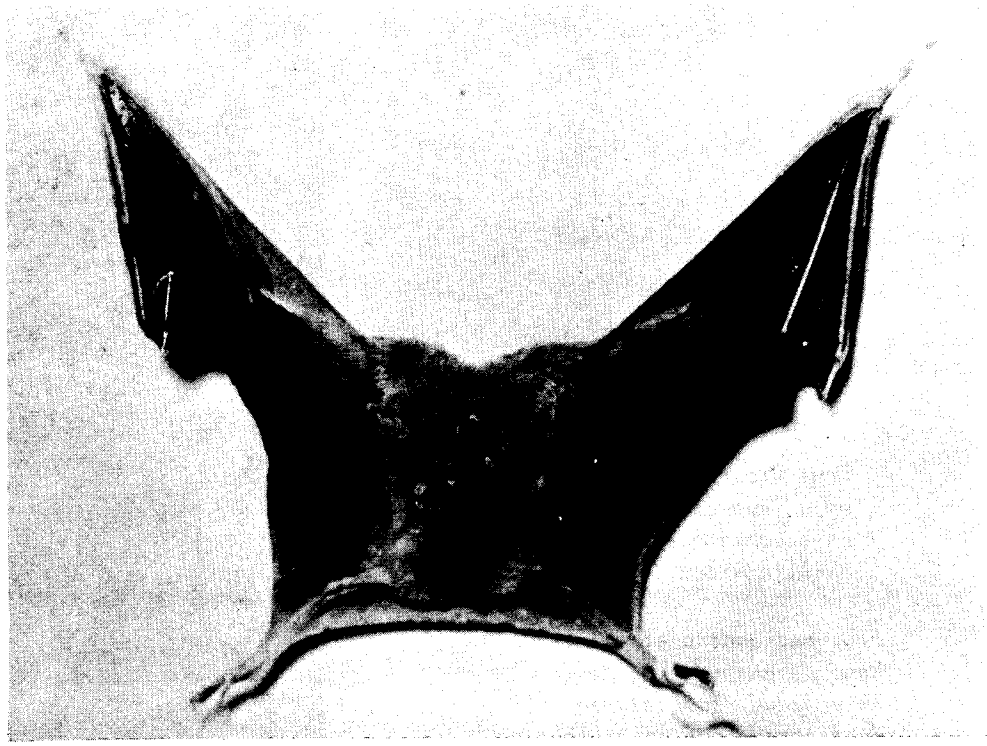
In December, arrangements were made to provide the services of a meat-hygiene consultant, to visit a number of countries during the early months of 1952. Inquiries from Member Governments indicated that more international emphasis should be given to this important phase of public health.

18. RABIES

During 1951, rabies increased in the hemisphere, and large amounts had to be expended from public-health funds to cover the cost of human anti-rabic


*Anti-Rabies Program, Mexico.--After a carcass injected with poison "1080" has been left as bait for wild animals, the technicians place a warning sign with the initials of the Oficina Sanitaria Panamericana.*

*Programa antirrábico, México.--Después de preparer una carroña con veneno "1080" y dejarla como cebo para los animales silvestres, los técnicos colocan un signo advertidor con las iniciales de la Oficina Sanitaria Panamericana.*



*Mexico. Vampire bat (D. rotundus).*

*México. Murciélago vampiro (D. rotundus).*

*Yaws Program.--Mother bringing her son to clinic for treatment. One injection of penicillin usually conquers the infection, allowing lesions to clear.*

*Programa contra el pian.--La madre lleva el niño a la clínica. Una inyección de penicilina basta generalmente para dominar la infección; las lesiones desaparecen.*

*Yaws Program.--The hand of a yaws victim, nearly unrecognizable due to swellings and lesions.*

*Programa contra el pian.--Mano de una víctima de la enfermedad, completamente desfigurada por la hinchazón y las lesiones.*

treatment. However, the administration of Pasteur treatment to bitten persons in no way contributes toward the elimination of the problem. Control of the disease in animals must therefore be the aim.

Some improvement was made in certain areas in the accuracy of diagnosis, thus diminishing promiscuous use of human vaccine, and providing more reliable data on the prevalence of the disease. The Bureau's emphasis was put on training courses and demonstrations. A number of technicians received instructions in diagnostic techniques, and numerous field men were trained in procedures for the control of potential wild-life reservoirs. PASB provided technical advice with regard to vaccine production, and projects of canine vaccination were carried out in selected areas. Public-education material, concerning rabies and its control, was made available to interested governments.

Danger from Mongoose. In July, a special item on the mongoose as a perpetuator and spreader of rabies was prepared by PASB for publication in the Monthly Epidemiological Report. Each country and territory was urged to prohibit the importation of these animals.

Mexico and Vampire Bats. In June, visits were made to areas in the states of Chichuhua and Sonora, where the Bureau and the United States Fish and Wildlife Service had co-operated in conducting field examinations in 1950, on control of predatory wild animals that act as reservoirs for rabies. The inspection showed the value of that type of program. Residents of the area reported that the predatory animals, which previously presented a problem, had almost completely disappeared. This success stimulated a request for extension of the program, which could be carried out to a great extent by recently trained Mexican personnel.

There was increased interest in the part played by vampire bats in transmission of rabies. A number of human deaths were reported to have occurred in Mexico during the year, as a result of direct attacks by infected bats. This form of rabies is a cause of economic loss in the agricultural industry in Mexico, Central America, and certain parts of South America.

In August, a bibliography on vampire bats and their relationship to rabies was prepared and copies were sent to the Communicable Disease Center, USPHS, Atlanta. This bibliography was requested as a result of the Bureau's work in this field in Mexico.

Vaccine Tests. PASB helped to test the potency of rabies vaccine produced in Mexico City. The first guinea-pig potency test on avianized rabies vaccine was completed. However, it was decided to run a new series of tests, using both derriengüe virus and canine street rabies for challenge. Dogs were injected intracerebrally to assess viability of the vaccine of the avianized virus. An outbreak of paralytic rabies in the state of Veracruz was confirmed. A proposal was made in Mexico that the species of hematophagus bats be studied, to determine their role in rabies transmission.

Other activities. In November, recommendations were made to the Department of Agriculture (U.S.A.) on training schedules for three veterinarians (two from Brazil and one from Panama), who were to come to the United States for one year under the U. S. Point Four Program.

In December, a number of countries were again contacted to verify material contained in the special study entitled, Size and Distribution of Veterinary Medical Profession in the Americas, which was presented as a preliminary report by the Chief of the VPH Section, PASB, at the First Pan American Congress of Veterinary Medicine, held in Lima, Peru, 21-26 October.

## Chapter III

## EPIDEMIOLOGICAL AND STATISTICAL SERVICES

The Pan American Sanitary Bureau is the central co-ordinating sanitary agency of the twenty-one American republics, and is the general collection and distribution center of sanitary information to and from them. Through its publications, or by direct communication, PASB supplies to the public-health authorities of the Member Governments all available information about the current status of the communicable diseases of man; new invasions of such diseases; the quarantine measures applied; progress in the control or eradication of such diseases; morbidity and mortality statistics; and other pertinent information about the status of public health in the Americas.

Outbreaks of quarantinable diseases are reported by cable to all countries that may be endangered by the spread of the epidemic. The Bureau also prepares and distributes a weekly report on the incidence of the major quarantinable diseases throughout the world; important outbreaks of other diseases; and the application of quarantine measures.

The monthly reports published in 1951 contained current statistics on selected groups of communicable diseases in the Americas, and included special articles on epidemics, international recommendations on health statistics and epidemiology, and other pertinent matters.

A weekly telegraphic interchange of epidemiological information is maintained with the headquarters of WHO at Geneva and with the epidemiological station at Singapore. The Section of Epidemiology and Statistics also collects biostatistical information on births, deaths, and principal causes of deaths, for the Americas. In addition, the Section makes many statistical compilations and reports in response to specific needs, and to requests from universities, national health services, and private individuals. For such reports, extensive research is often required.

Special notifications were sent to certain countries when outbreaks or epidemics occurred, such as those of influenza in Europe, and of jungle yellow fever in Brazil and in Costa Rica. In such cases, PASB recommended suitable protective measures; and when appropriate, it discouraged special requirements, such as vaccination certificates for international travellers.

Quarantine Restrictions. During the year, PASB recommended that the following quarantine restrictions were unnecessary and should be withdrawn:

1) Those against influenza, imposed by various American countries on other American and European countries

2) Those against yellow fever, imposed by Trinidad on Brazil and Venezuela; and by Egypt, Cuba, Guatemala, and Honduras on Costa Rica

3) Those against plague, imposed by Cuba on Brazil

4) Those against poliomyelitis, imposed by Cuba on Panama.

New Sanitary Regulations. In accordance with the decision of the Directing Council, PASO, initial steps were taken to bring the Pan American Sanitary Code into conformity with the new International Sanitary Regulations. These regulations were adopted by the Fourth World Health Assembly on 25 May, 1951, and their adoption was one of the most important achievements of WHO during the year. The regulations, known as WHO Regulations No. 2, represented four years of patient and careful consideration of expert advice on all aspects of the problem.

Influenza Epidemic. As a result of the influenza epidemic that occurred in Europe during the early part of the year, the Washington Office received inquiries concerning prophylaxis and control of the disease. A memorandum on prophylaxis was sent to health authorities of the American republics. Information about the epidemic in Europe was forwarded to the American Member Governments.

Jungle Yellow Fever. In September, recommendations were sent to the Ministers of Health of Mexico, Honduras, Guatemala, Nicaragua, and El Salvador, advising vaccination (with 17-D vaccine) of the population of the forested areas, against yellow fever. The Costa Rican outbreak had moved in a northwesterly direction at that time, and the possibility of the infection extending to Honduras and Nicaragua was considered imminent.

During the year, a large number of statistical summaries, on a wide variety of subjects, were prepared for publication in the Boletín. These included vital statistics and morbidity statistics.

A Spanish translation was made of the Supplementary Interpretations and Coding Instructions for Causes of Death, prepared by the WHO Center for Problems Arising in the Classification of Diseases. Copies were distributed to the directors of health of the Latin American countries, together with the Spanish version of the Final Report on the International Seminar on Vital and Health Statistics, held in Chile.

# Chapter IV

# ENVIRONMENTAL SANITATION

## 1. SANITARY ENGINEERING

In the field of sanitary engineering, the Pan American Sanitary Bureau seeks to assist the American nations in developing sanitation programs, especially with regard to safe water supply, waste disposal, food handling, and proper housing. A detailed sanitary survey throughout the Americas was started in 1951, to determine the priorities in the solution of sanitary problems. Basic projects included rural sanitation, teaching of environmental sanitation in public-health schools, housing sanitation, help to AIDIS (Asociación Interamericana de Ingenieria Sanitaria), and provision for fellowships and consultants.

During the year, study was given to problems concerning water supplies; sewerage and sewage-treatment services; promotion of rural programs, with emphasis on sanitary construction of wells and pit privies; and proper sanitary disposal of garbage.

To aid in planning future programs, WHO issued a questionnaire to sanitary engineers in national health administrations. Preliminary information was received from Chile, Guatemala, and the state of São Paulo, Brazil.

The Engineering Section made preparations for a program (WHO/TA) for Training of Environmental Sanitation Personnel, to be carried on in three schools of public health: one in Mexico City, one in Santiago, Chile, and one in São Paulo, Brazil. By the end of the year, the project was still in the planning stage, but 17 countries had signified their desire to participate. The project was initiated by the Organization of American States, but later was transferred to WHO/TA.

In order to bring up to date the official organ of AIDIS, the Bureau helped prepare Volume III, numbers 1, 2, 3, 4, July 1949-June 1950, and this volume was published in December. Work was begun on Volume IV (1950-1951). It was expected that by December 1952 the current issues of the journal would be coming out regularly.

A request was received at the Washington Office from Honduras, for WHO/TA to set up a short training course for water-treatment plant operators, with trainees to come from Central-American countries. In December, a plan of operation was drawn up for the course, to be held in Tegucigalpa in 1952.

By request, information was furnished about machines for pressing bricks in El Salvador, and about air contamination to be expected from the exhausts of diesel-powered buses in Guatemala City.

Engineers of the Washington Office drafted a paper expressing the views of PASB on the training and use of sanitation personnel, for the information of the WHO Expert Committee on Environmental Sanitation, which met in Geneva in October.

## 2. INSECT CONTROL

The Pan American Sanitary Bureau, during 1951, continued its efforts toward insect control, or at least, mosquito control, on a continent-wide basis. The constant menace of yellow fever is increased by the presence of the infection in Africa, where the Aëdes aegypti also has extra-domestic habits. The rapid growth of transportation facilities places the cities of the Americas within more direct access to the disease.

The success attained by the end of 1951 in the campaign against the Aëdes aegypti mosquito was a convincing argument for all of the countries to establish public-health programs for eradication work in the Americas. By December, almost all of the American countries were co-operating in the campaign, and not only had great progress been achieved, but the goal of total eradication was actually in sight. The United States was the only large country which had not thus far organized a nation-wide anti-aegypti program.

The situation regarding Aëdes aegypti as of December 1951, and the results of the campaigns undertaken in the American countries, are presented below.

### A. - MEXICO, PANAMA, CUBA, AND THE CARIBBEAN ISLANDS

Mexico. The anti-aegypti campaign, conducted by the National Malaria Service, began in 1948. The port cities were the first objects of attention, and Tampico, Merida, Acapulco, Mazatlan, Manzanillo, Progreso, Veracruz and Madero were made free of aegypti or reduced to a very low index. Up to April 1951, 358 localities had been treated by DDT spraying of houses. In the entire country, 658 localities were inspected for aegypti and 342 found infested, of which 156 were negative at the last inspection in 1951.

Toward the end of 1950, an agreement was signed with the Pan American Sanitary Bureau by which the eradication work was given added impetus. The territory of Quintana Roo was totally covered by preliminary inspection in 1951, 37 localities being found with aegypti, of which only 4 remained infested, and these had a very low index. Preliminary inspection of 90 of the 105 counties of the state of Yucatan showed this state to be very heavily infested, with 209 localities positive for aegypti. Although the work in most of the Yucatan localities had only been in progress a few months, 36 localities were negative, at last 1951 inspection. Work by both the anti-malaria and the anti-aegypti teams was begun in the state of Chiapas.

Panama. Although an anti-aegypti service was organized in 1949, after the confirmation of human cases of jungle yellow fever, infestation of the country was already very slight at that time, due to an anti-malaria campaign involving extensive use of DDT. As of April 1950, the country was considered to be free of aegypti; but in 1951, specimens were discovered in three small villages of the province of Bocas del Toro. The government requested WHO/UNICEF assistance for an insect-control program, and the project was approved by the WHO Regional Office.

Cuba. A request for insect-control co-operation was received from the government of Cuba. Up to December 1951, specific aegypti control work had been done only in the cities of Havana and Marianao.

Haiti. A project for insect control in Haiti had been approved in principle by UNICEF, and was also under negotiation with TA/WHO. In 1950, preliminary inspections for aegypti were made and some control work done with the co-operation of PASB.

Dominican Republic. In 1950, in accordance with a request of the government, an insect-control project was prepared by PASB and approved by TA/WHO, to be implemented with the co-operation of UNICEF. In 1951, the implementation was awaiting the signature of the agreement by the government.

Puerto Rico. The anti-aegypti campaign was begun in April 1950, with the technical guidance of PASB. Preliminary inspection revealed 79 localities positive of aegypti. In September 1951, the work was continuing, 31 localities having already been freed.

Saint Croix, Virgin Islands (U.S.A.). Through a DDT campaign by the health authorities, Aèdes aegypti is believed to have been eradicated from the island in 1950.

Jamaica. An anti-aegypti campaign had been in progress since April 1950, under the technical guidance of PASB. Much work was done in the city of Kingston, but the fourth inspection, begun in July 1951, still showed the presence of aegypti. Several other localities of the island were also treated with DDT and the campaign was continuing, although serious hurricane damage interrupted the work in September.

Trinidad. The preliminary survey of the island in 1950 revealed 27 localities infested by aegypti, with high indices in both Port-of-Spain and San Fernando. A campaign was still in progress, with the co-operation of PASB, and by 30 September 1951, 15 localities had been rendered negative. The island of Tobago had already been freed of aegypti.

Other British West Indies. At a meeting on the island of Barbados, in June 1951, the health authorities of several of the British Caribbean colonies expressed interest in a co-operative anti-aegypti campaign. Although complete information on the situation in this area was not then available, at that time preliminary surveys had been made in the Bahamas, Bermuda, Barbados, Dominica, Grenada, St. Lucia, St. Vincent, and the Leeward Islands, and DDT programs were under way in Barbados, Dominica, and Nevis. Technical guidance in the planning of eradication programs had been given to several of these islands by an expert of PASB.

Netherlands West Indies. Preliminary inspection of the islands of Curaçao and Aruba, in 1950, revealed high indices of infestation. An aegypti-eradication campaign, with the co-operation of PASB, started on 1 October, 1951.

## B. - CENTRAL AMERICA

In the Central American countries, anti-aegypti programs were begun in 1949, with the technical guidance of PASB. In July 1950, two-year insect-control programs, with the financial assistance of UNICEF, began in these countries, and residual spraying of houses with DDT was practiced on a large scale under the projects, three cycles having been completed by the end of 1951. Aegypti eradication in Central America had then reached a very advanced stage. (The reduction of malaria would be reflected in statistics not available in December 1951).

British Honduras. Preliminary inspection of Belize, in December 1949, revealed an aegypti index of 90%. By December 1951, the country was believed to be practically free of aegypti. A PASB team, surveying the situation in October and November 1951, found aegypti in only 2 localities, including Belize, with a low index. All towns and villages were sprayed at least twice with DDT. As in Guatemala, El Salvador, Nicaragua, and Costa Rica, the three cycles of DDT spraying corresponded roughly to the months of June-December 1950, January-June 1951, and July-September 1951.

Costa Rica. Of 810 localities covered by preliminary inspection, 100 were found with aegypti in 14 of the 64 cantones of the country. Up to October 1951, one locality (Puntarenas) remained positive at the last inspection, but it had been subsequently treated with DDT.

El Salvador. Since the beginning of the anti-aegypti campaign, 76 localities had been found positive for aegypti. At the end of September 1951, 18 of these localities were still positive, 10 had been rendered negative, and 48 had not been re-inspected after treatment with DDT. In addition to the three cycles of spraying, the water supplies of five communities were treated with DDT. An extension of the UNICEF aid after July 1952 was approved, and the government's budget for insect control was increased in 1949, 1950, and again in 1951.

Guatemala. Initial inspection covered 386 localities, of which 103 were found positive for aegypti; at the last inspection (30 June 1951) 26 localities remained positive, but the third cycle of DDT spraying was completed in July-September. Guatemala requested an extension of the insect-control program with the help of TA/WHO.

Honduras. The preliminary inspection for aegypti was performed in 129 localities, of which 38 were found positive. Six were still positive at the last inspection, but were sprayed with DDT subsequently. The government's budget for this work was increased greatly in 1949-50 and again in 1950-51, and an extension of the UNICEF aid was under negotiation. The DDT spraying was done in 8-month cycles: May-December 1950, January-August 1951, and September 1951.

Nicaragua. The preliminary inspection revealed 13 localities with aegypti, of 20 inspected; at the last inspection, 9 were still positive, but were sprayed with DDT subsequently. As in the other Central-American countries, the great majority of houses in the country were treated under the insect-control program. The government incorporated an Insect-Control Section in its Health Department, and the budget for this work was greatly increased in 1950 and 1951. An extension of UNICEF aid was approved.

## C. - SOUTH AMERICA

Argentina. Eradication work was undertaken by the government in certain localities, especially in the northwestern part of the country, in 1949 and 1950. In July 1951, a decree was signed establishing the National Yellow-Fever Service, to direct aegypti eradication on a national scale; but the actual work of this campaign was not yet under way in December.

Bolivia. Bolivia had already been freed of aegypti by October 1947.

Brazil. For all practical purposes, Brazil was aegypti-free by the end of 1951. Before the national anti-aegypti campaign, infestation of Brazil was extensive. By 1947, the mosquito had been practically eradicated, and in 1951 it was found only rarely in isolated localities of the northeastern states, which were immediately treated by the National Yellow-Fever Service. This well-trained Service has been the source of the vast majority of PASB's technical personnel for the continental eradication campaign, and the Brazilian government has been most generous in rendering assistance to other countries for the control of Aëdes aegypti.

British Guiana. Surveys in 1949 revealed the distribution of aegypti to be more extensive than had previously been recognized. Although other methods of combatting this mosquito had been tried, the greatest advances were made through spraying with residual DDT. By December 1951, British Guiana was free of aegypti.

Chile. The task of eradicating aegypti was not too difficult, in comparison with the problems faced by other countries, as infestation was very slight. Methods effectively employed by the government, in 1949 and 1950, included the application of DDT to central water supplies. In 1951, the country was believed to be free of aegypti, except in the port of Tocopilla. An inspector was sent by PASB in November 1951.

Colombia. Of the 15 departments of the country, 11 were believed to have aegypti in 1951. The national campaign was begun in July 1950, with the co-operation of PASB. The first locality to be treated was the city of Barranquilla, where the index had been reduced to 0.03% by October 1951. The cities of Cartagena and Santa Marta were made free of aegypti. Up to the end of October, 192 localities in Colombia had been inspected and 159 found positive. Of these positive localities, 121 were negative at the last inspection. DDT was applied in 20 counties of the department of Atlantico and 6 counties of Bolivar, which were heavily infested. The government of Colombia requested a program for continuation of the aegypti eradication work and for malaria control, with the co-operation of TA/WHO and UNICEF.

Ecuador. Aegypti had established itself only in the 5 provinces of Litoral, where it was found in rural as well as urban areas. The eradication campaign had been carried out by the government, with PASB technical guidance, since May 1948. Guayaquil had been free of aegypti since September 1948. At the end of 1951, only one community was found positive. The government of Ecuador requested a yellow-fever-control project, including the establishment of viscerotomy and vaccination services, as well as regular inspection for Aëdes aegypti. This project was approved by TA/WHO, and in December was ready for implementation upon signature of the agreement.

French Guiana. An eradication campaign was begun in 1949, and no aegypti have been found in the country since early in 1950.

Paraguay. Paraguay was one of the first countries to accept the offer of PASB to co-ordinate the continental eradication campaign, and DDT had been applied in three-month cycles with great success, since December 1947. At the end of 1951, the campaign was in the vigilance stage, eradication of aegypti being considered practically complete. In 1948 and 1949, aegypti were found in 84 localities, in 1950 in 12 additional localities, and in 1951, in another locality, all of which were under control by the end of the year. A program, with

WHO/UNICEF assistance, for malaria control as well as inspection for Aëdes aegypti, began in January 1951. During this program, inspection of the sparsely populated regions of the Alto Paraguay and Alto Parana was completed, and all of the houses were sprayed twice with DDT.

Peru. An eradication program, conducted by the government, was already under way in October 1947. It received some technical guidance by PASB. By December 1950, 113 of the 132 localities found positive for aegypti since the beginning of the campaign had been rendered negative. A total of 2,788 localities had been inspected. By July 1951, of a total of 91 municipalities, 57 had been inspected, and only 2 of these still contained aegypti.

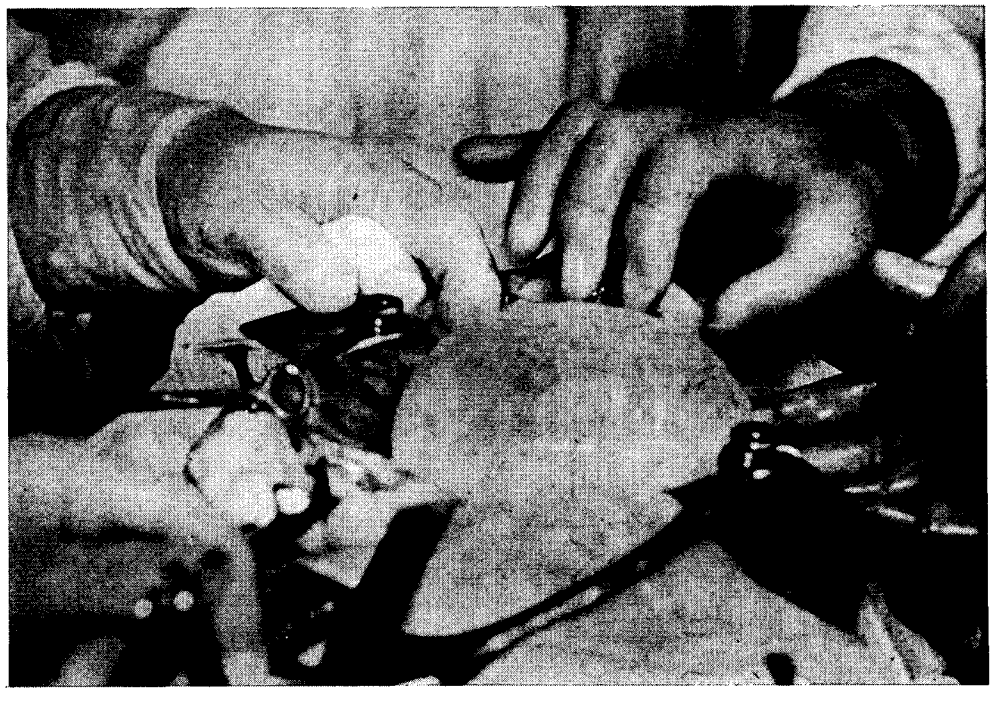
Surinam. The anti-aegypti campaign began in 1949, with the technical assistance of PASB, and by 1951, several areas were negative. It is estimated that about two-thirds of the work in Paramaribo had been completed by the end of the year.

Uruguay. At the beginning of the anti-aegypti campaign, in the second half of 1948, the country was found to be more heavily infested than had been anticipated. Of 435 localities inspected, 108 were found positive. By October 1951, eradication of aegypti in the interior of the country had been assured, only 2 localities remaining positive at last inspection. Investigations to confirm the absence of aegypti from Montevideo were in process.

Venezuela. The anti-aegypti service was organized in May 1948, with the co-operation of PASB and Brazilian experts. The country was extensively treated with DDT during the government's anti-malaria campaign, which has resulted in a dramatic reduction of malaria incidence during recent years. The Institute of Malariology of Maracay, which trains technical personnel for aegypti eradication work, as well as for malaria control, was in charge of the national anti-aegypti program. Aegypti had been eradicated in several states, and all of the principal port cities had been treated with DDT by the end of 1951.

*Uruguay.--Dog eating a beef liver containing hydatid cysts, which contain immature heads of the tapeworm (E. granulosis). These develop to maturity in the intestine of the dog, thus perpetuating the life cycle of the parasite.*

*Uruguay.--Perro comiendo un hígado de res con quistes hidatídicos que contienen cabezas de tenia ( E. granulosis) sin desarrollar. Estas cabezas se desarrollan en el intestino del perro, perpetuando así el ciclo vital del parásito.*

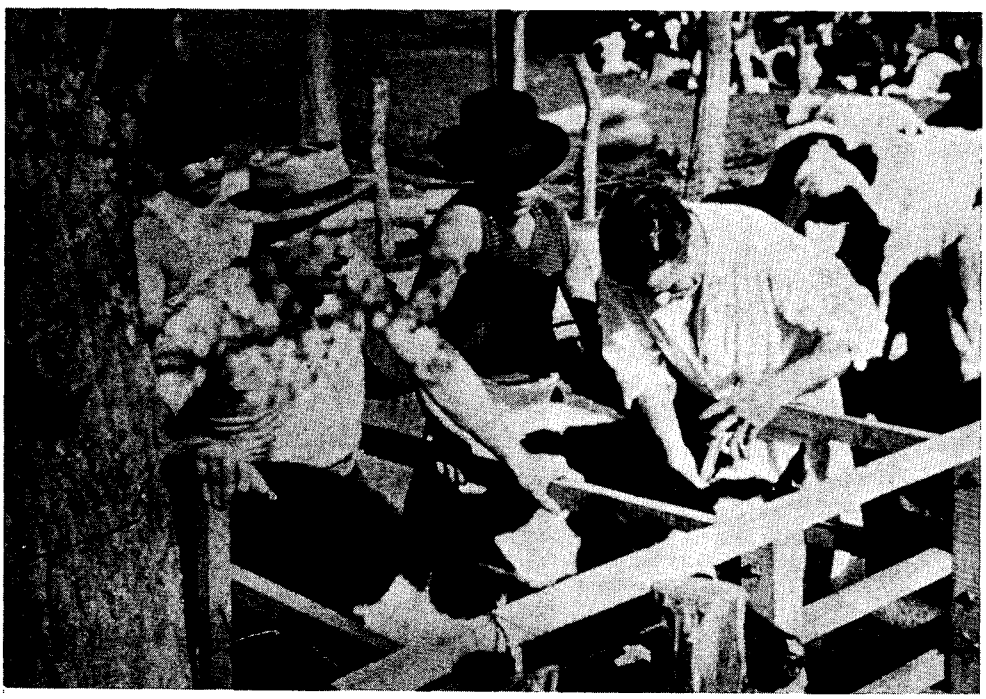


*Uruguay.--Surgical operation on an 11-year old girl for removal of hydatid cyst in the lung. The cyst contained 500 cc. of fluid filled with thousands of scoleces (immature tapeworm heads).*

*Uruguay. Niña de 11 años operada para la extracción de un quiste hidatidicos. El quiste contenía 500 cc. de fluido con millares de scoleces (cabezas de tenia sin desarrollar).*

*A case of foot-and-mouth disease.*

*Un caso de aftosa.*



*Argentina.--Veterinarian vaccinating 4-months-old heifer calves against brucellosis, using strain-19 type vaccine.*

*Argentina.--Veterinario vacunando terneros de cuatro meses contra la brucelosis con vacuna de tipo cepa-19.*

# Chapter V

## EDUCATION AND TRAINING

An ever-present problem in public-health activities is the shortage of qualified professional workers. In recognition of this need, the Directing Council of the Pan American Sanitary Organization, at its III Meeting, instituted a fellowships program as an activity of the Pan American Sanitary Bureau.

By the end of 1951, it had not yet been possible for the Washington Office properly to organize its division covering education and training matters; but definite plans to accomplish that object were made for 1952.

During the year, initiative was taken by officials of PASB to get the Committee on Registration of the American Medical Association to recognize graduates of the São Paulo Medical School in Brazil, which was established many years ago, and re-constituted with the collaboration of the Rockefeller Foundation. Another important action during the year was the sending of a consultant in medical education, at the request of the government of Costa Rica, to San Jose to study the situation there with regard to possible developments in medical education.

During the month of August and early in September, the PASB staff gave a series of lectures at New York University, on international affairs and the activities of PASB in the Americas, for a group of some 60 students. Many of them were teachers, who were taking special summer work to qualify for advanced degrees.

Technical training was carried out in connection with a large number of the PASB programs during the year, and is mentioned throughout this Report, where details regarding these programs are furnished. (See especially the training activities noted in Chapters I and II in the descriptions of programs for health promotion and for combatting communicable diseases.)

### 1. FELLOWSHIPS

As of December 1951, there were 109 Fellows under the supervision of the Bureau. Of this number, 76 were in schools and 33 under travel grants; 86 were under regular WHO grants, 16 were under Technical Assistance, and 7 were under PASB grants. The 76 in the academic group were attending 13 different schools: one in Chile, one in Mexico, one in Canada, and 10 in the United States. Most of the students were working toward a Master of Public Health (MPH) degree; others were specializing in such subjects as nursing, Chagas disease, insect control, sanitary engineering, hospital administration, venereal diseases, tuberculosis control, and BCG vaccine technique. The students were doctors, nurses, sanitary engineers, and laboratory technicians.

The travel fellowships included such activities as sanitary engineering, venereal diseases, preparation of BCG, public-health nursing, mental health and psychiatry, health education, hospital administration, industrial health, vital statistics, virus diseases, and dentistry. In addition, there were a few travel fellowships in straight clinical medical studies.

During the year, PASB, as Regional Office, assumed full responsibility for the administration of all fellowships awarded by WHO for study in the Americas, and exercised administrative supervision over fellowships under other agencies.

For 1951, the WHO budget for fellowships in the Americas was $135,000.00. During the year, 82 fellowships were awarded, including 15 on behalf of UNICEF and 12 under Technical Assistance. Of this total, 66 were given to students from Latin-American countries, 15 to students from the United States of America, and 1 to a Canadian. PASB also arranged programs for a large number of Fellows from outside the Region, who came to study in the United States. The PASB budget for fellowships in 1951 was $14,250.00.

Tables showing the distribution of fellowships by beneficiary countries and by region and country of study, awarded by WHO, UNICEF, or under the Technical Assistance program, are shown at the end of this chapter.

2. EDUCATION AND TRAINING BY SEMINARS AND SPECIAL COURSES

A workshop and several seminars were held or planned during the year, such as the Workshop in Nursing in Guatemala, 1 July -- 11 August, and the course in Principles of Teaching and Supervision for Instructors in Schools of Nursing to be held in Mexico City, under an agreement between WHO and the Mexican Government. (See Chapter I, under "Nursing.")

The Bureau also arranged to train technicians in special fields, through group instruction in conveniently located centers. For example, short courses in serology and venereal-disease control were given in Brazil, Guatemala, Honduras, Nicaragua, and Panama, and training in nutrition was given under the auspices of INCAP in Guatemala.

DISTRIBUTION OF FELLOWSHIPS, 1951

1. WHO FELLOWSHIPS BY BENEFICIARY COUNTRY, ADMINISTERED BY PASB (Including Intra-Regional Fellowships and Fellowships for Group-Training)

| Country | Year of Award - 1951 |
|---|---|
| Argentina | 5 |
| Brazil | 6 |
| Canada | 1 |
| Chile | 7 |
| Costa Rica | 2 |
| Cuba | - |
| Dominican Republic | 2 |
| Ecuador | 2 |
| El Salvador | 2 |
| Guatemala | - |
| Haiti | 1 |
| Jamaica | - |
| Mexico | 2 |
| Nicaragua | 1 |
| Panama | 1 |
| Paraguay | 1 |
| Peru | 3 |
| Trinidad | - |
| United States of America | 15 |
| Uruguay | 1 |
| Venezuela | 2 |
| Windward Islands | 1 |
| Total | 55 |

2. WHO FELLOWSHIPS BY COUNTRY OF STUDY, ADMINISTERED BY PASB (Including Intra-Regional Fellowships and Fellowships for Group-Training)

| Country | 1951 |
|---|---|
| Brazil | 5 |
| Canada | 17 |
| Chile | 5 |
| Ecuador | 11 |
| United States of America | 123 |
| Others | 21 |
| Total | 182 |

3. FELLOWSHIPS AWARDED BY UNICEF AND ADMINISTERED BY PASB

| Country | 1951 |
|---|---|
| Costa Rica | 3 |
| El Salvador | - |
| Jamaica | 3 |
| Paraguay | 3 |
| Peru | 3 |
| Trinidad | 3 |
| Total | 15 |

4. FELLOWSHIPS AWARDED UNDER TECHNICAL ASSISTANCE AND ADMINISTERED BY PASB

| Country | 1951 |
|---|---|
| Colombia | 2 |
| Costa Rica | 5 |
| Haiti | 2 |
| Jamaica | 1 |
| Paraguay | 2 |
| Total | 12 |

5. SUMMARY OF FELLOWSHIPS ADMINISTERED BY PASB IN THE AMERICAS IN 1951

| WHO | UNICEF | TECHNICAL ASSISTANCE | TOTAL |
|---|---|---|---|
| 55 | 15 | 12 | 82 |

## Chapter VI

## PROCUREMENT OF DRUGS AND EQUIPMENT

To help Member Governments get equipment and medical literature and supplies not readily obtainable in their own countries, the Pan American Sanitary Bureau began to send them information in July 1948, and when requested, to make purchases for them. The service was an immediate success, and has had such remarkable growth that in 1951 the dollar volume of contracts placed was $2,461,752.73, which was more than three times the total for 1950.

As an international organization, the Bureau has been able to expedite the flow of medical supplies and other equipment, ordinarily subject to a complex mass of commercial regulations. Catalogs to assist the Member Governments in making up their orders are widely distributed throughout the Americas by PASB. Information about new drugs and therapeutic discoveries is promptly disseminated, and samples of the new drugs themselves are forwarded.

During 1951, a critical shortage of chlorine-based insecticides threatened to create an alarming situation. Through the initiative of the Bureau, supported by WHO and the U. S. Public Health Service, the U. S. National Production Authority agreed in July to release an additional quantity of 15,000,000 pounds of DDT Technical, for export during the remainder of the year. The importance of this action for public-health programs in the Americas, and indeed throughout the entire world, cannot be over-estimated.

The Bureau served as purchasing agent for a large number of the Member Governments. In countries where local regulations prevented the making of purchases through the Bureau, the governments relied upon PASB's authoritative market data, for guidance in making direct purchases.

The wide range of the activities of the Supply Section of PASB may be seen from the fact that not only drugs, vaccines, chemicals, insecticides, laboratory equipment, and surgical instruments were shipped, but also such things as cattle trucks, gaskets for DDT sprayers, airplane spare-parts, X-ray films, jeep station wagons, calculators, mimeograph machines, typewriters, garbage trucks, street-sweepers, graph paper, and radio-isotopes. These supplies were shipped not only to the countries of our hemisphere, but to such diverse places as Burma, Ceylon, Denmark, India, and Yugoslavia.

Market conditions during the year were adversely affected by shortages, scarcity of raw materials, and U. S. Government priorities. These factors not only tended to increase prices, but also delayed deliveries from a few weeks to several months, in most of the goods purchased by the Supply Section.

Radio-Isotopes. The Bureau acted during the year as procurement agent for nine Member Governments, in furnishing radio-isotopes for cancer therapy and medical research. Periodic reports concerning results obtained, in the countries using radio-isotopes for medical purposes, were received and forwarded to the Oak Ridge Laboratory. The Bureau, in procuring the radio-isotopes, and the countries in receiving them, assumed the obligation to report regularly the results of the use made of them.

The number of requests for radio-isotopes, and the countries making the requests during the year, are as follows: Brazil, 20; Chile, 7; Colombia, 11; and Mexico, 5.

MEDICAL SUPPLIES PURCHASED, 1951

| | PASB | WHO | TOTAL |
|---|---|---|---|
| January | $ 408,026.00 | $ 8,161.00 | $ 416,187.00 |
| February | 101,876.00 | 5,667.00 | 107,543.00 |
| March | 62,636.00 | 21,009.00 | 83,645.00 |
| April | 44,551.00 | 25,746.00 | 70,297.00 |
| May | 79,436.00 | 3,989.00 | 83,425.00 |
| June | 43,837.00 | 32,757.00 | 76,594.00 |
| July | 84,926.00 | 13,346.26 | 98,272.69 |
| August | 143,460.90 | 18,379.73 | 161,840.63 |
| September | 180,614.21 | 2,932.91 | 183,536.12 |
| October | 575,926.07 | 21,661.29 | 597,587.36 |
| November | 178,733.10 | 51,502.36 | 230,235.46 |
| December | 310,102.01 | 42,487.46 | 352,589.47 |
| Total: | $2,214,124.72 | $ 247,628.01 | $2,461,752.73 |

DOLLAR VALUE OF ESTIMATES FURNISHED TO MEMBER NATIONS, 1951

| | PASB | WHO | TOTAL |
|---|---|---|---|
| January | $ 175,000.000 | $ 20,000.00 | $ 195,000.00 |
| February | 150,000.00 | 10,000.00 | 160,000.00 |
| March | 170,000.00 | 15,000.00 | 185,000.00 |
| April | 155,000.00 | 12,000.00 | 167,000.00 |
| May | 170,000.00 | 30,000.00 | 200,000.00 |
| June | 2,350,000.00 | 13,000.00 | 2,363,000.00 |
| July | 200,000.00 | 8,000.00 | 208,000.00 |
| August | 90,000.00 | 6,000.00 | 96,000.00 |
| September | 125,000.00 | 10,000.00 | 135,000.00 |
| October | 75,000.00 | 11,000.00 | 86,000.00 |
| November | 145,000.00 | 18,000.00 | 163,000.00 |
| December | 115,000.00 | 10,000.00 | 125,000.00 |
| Total: | $3,920,000.00 | $ 163,000.00 | $4,083,000.00 |

NUMBER OF CONTRACTS (PURCHASE ORDERS) ISSUED
1 January 1951 to 31 December 1951

| | PASB | WHO | TOTAL |
|---|---|---|---|
| January | 190 | 140 | 330 |
| February | 152 | 39 | 191 |
| March | 164 | 154 | 318 |
| April | 126 | 101 | 227 |
| May | 71 | 52 | 123 |
| June | 114 | 38 | 152 |
| July | 118 | 30 | 148 |
| August | 70 | 39 | 109 |
| September | 53 | 28 | 81 |
| October | 97 | 48 | 145 |
| November | 93 | 66 | 159 |
| December | 55 | 176 | 231 |
| Total: | 1303 | 911 | 2214 |

## COUNTRIES SERVICED IN SUPPLY BY THE PAN AMERICAN SANITARY BUREAU

January - December 1951

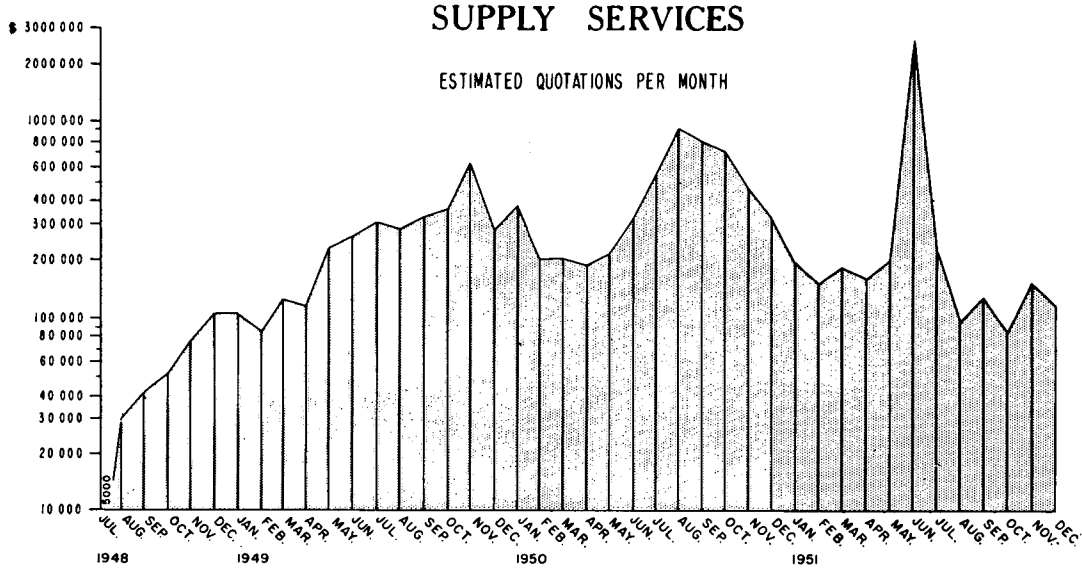
A. WESTERN HEMISPHERE:

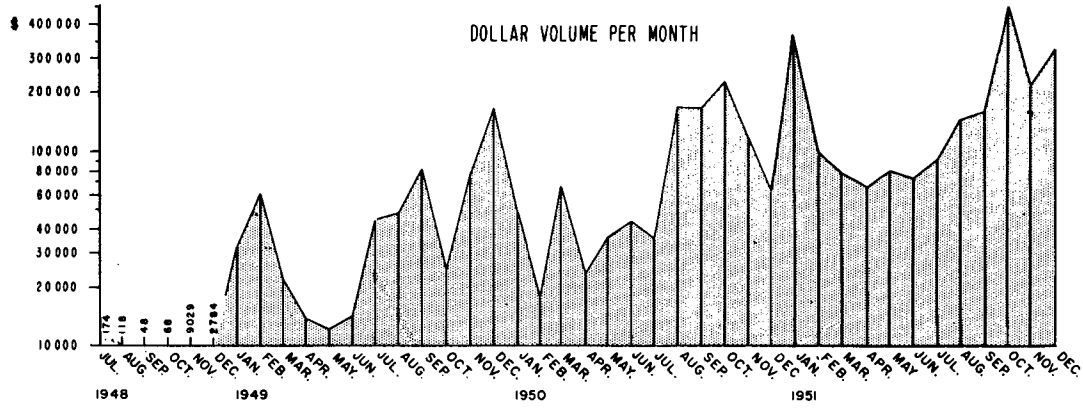
1. Argentina
2. Bolivia
3. Brazil
4. British West Indies
5. Chile
6. Colombia
7. Costa Rica
8. Cuba
9. Dominican Republic
10. Dutch West Indies
11. Ecuador
12. El Salvador
13. Guatemala
14. Haiti
15. Honduras
16. Mexico
17. Nicaragua
18. Panama
19. Paraguay
20. Peru
21. Surinam
22. Uruguay
23. Venezuela

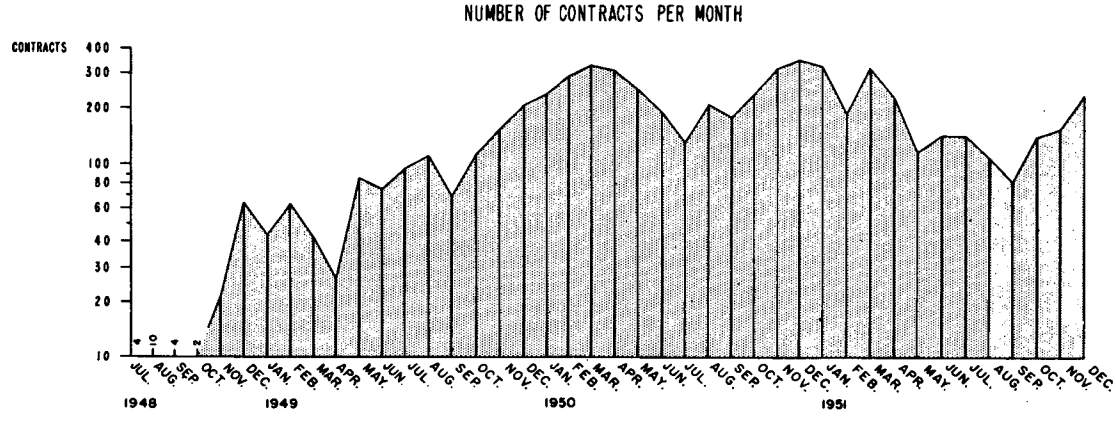
B. OUTSIDE WESTERN HEMISPHERE:

1. Aden
2. Afghanistan
3. Australia
4. Austria
5. Burma
6. Ceylon
7. China
8. Cyprus
9. Denmark
10. Egypt
11. Ethiopia
12. Finland
13. Formosa
14. France
15. Geneva (Switzerland)
16. Germany
17. Greece
18. India
19. Indonesia
20. French Indochina
21. Iran
22. Israel
23. Italy
24. Jordan
25. Lebanon
26. Liberia
27. Lybia
28. Monaco
29. North Borneo
30. Norway
31. New Zealand
32. Pakistan
33. Philippines
34. Saudi Arabia
35. Singapore
36. Somaliland
37. Syria
38. Thailand
39. Turkey
40. Yugoslavia

# SUPPLY SERVICES



## Chapter VII

## PUBLICATION AND REFERENCE SERVICES

These activities at PASB comprise the Editorial Section and the Library.

### 1. EDITORIAL SECTION

The Editorial Section is responsible for publication of the Boletín de la Oficina Sanitaria Panamericana, the Spanish edition of the Chronicle of the World Health Organization, and the Noticiario Serológico. The Section also publishes the proceedings of the Pan American Sanitary Conferences; final reports of the meetings of the Directing Council; reports of certain other international meetings held with participation, or under the auspices, of PASB; and various books and pamphlets, original or translated. It maintains mailing lists for the various publications.

During 1951, the Boletín was published each month. For the first time, its index was divided into two volumes: Year 30, Volume 30, and Year 30, Volume 31, with a total of 1,446 pages. A total of 83,000 copies of the Boletín were printed. As of December, the total number of subscribers was 7,115.

Issues of the WHO Chronicle for January, February, and March 1951, Volume 5, with a total of 99 pages, were published. There were 249 subscribers, and the monthly edition was 300 copies.

A Spanish translation was made of Volume I of the new Pharmacopoea Internationalis, which was issued by WHO during the year in English and French, and represents more than a decade of work by experts from many countries, to standardize the terminology, strengths, and composition of therapeutic substances. The translation was forwarded to Geneva for review.

Special Publications. During the year, ten of these were published, totalling 8,000 copies. In addition, 16 other special publications were edited and sent to the printer.

The titles of the special and other publications issued during the year are as follows:

Pub. No. 250 - Diagnóstico y Tratamiento de la Sífilis - Julio 1951

" " 252 - Cahier d'Hygiene Pratique et Elementaire pour les Ecoles Primaires de Marbial - March 1951

" " 253 - Cahier d'Hygiene Pratique et Elementaire pour les Centres d'Education d'Adultes - March 1951

" " 254 - Cuarta Reunión del Consejo Directivo - Informe Final - Febrero 1951

" " 255 - Final Act of the Fourth Meeting of the Directing Council - February 1951

Pub. No. 256 - Acta Final de la XIII Conferencia Sanitaria Panamericana - Marzo 1951

" " 257 - Final Act of the XIII Pan American Sanitary Conference - March 1951

" " 258 - Pruebas Serológicas para Exámenes en Masa - Marzo 1951

" " 259 - Comité de Expertos en Enfermería - Serie de Informes Técnicos No. 24 - Octubre 1951

Other Publications

No. 1 - Vaccination Chart (Smallpox)

No. 2 - VIII Curso Internacional de Malaria y Otras Enfermedades Metaxénicas

## ORIGINAL ARTICLES PUBLISHED IN THE BOLETÍN JANUARY-DECEMBER 1951

| Subject | Number |
|---|---|
| Amebiasis | 1 |
| Blood Donors | 1 |
| Blood Groups | 2 |
| Brucellosis | 4 |
| Coccidiodin | 1 |
| Demography | 1 |
| Eye Diseases | 2 |
| Foot-and-Mouth Disease | 2 |
| Health Education | 3 |
| Health Units | 8 |
| Hospital Statistics | 1 |
| Insects | 1 |
| Insecticides | 2 |
| Leishmaniasis | 1 |
| Leprosy | 1 |
| Nursing | 21 |
| Nutrition | 1 |
| Plague | 1 |
| Sanitary Engineering | 1 |
| Statistics | 1 |
| Tuberculosis | 5 |
| Typhoid Fever | 1 |
| Venereal Diseases | 8 |
| Whooping Cough (Pertussis) | 1 |
| Yaws | 1 |
| Yellow Fever | 5 |

## BOLETÍN SUMMARIES OF MEDICAL AND SCIENTIFIC LITERATURE JANUARY-DECEMBER 1951

One summary was published during the year, on each of the following subjects:

Allergy Affections
Anti-Venereal Campaign
Bartonellosis
Brucellosis
Cancer
Cardiopathies
Dysentery
Encephalitis
Gonorrhea
Granuloma Inguinales
Helminthiasis
Leishmaniasis
Lymphogranulomatosis
Malaria
Meningitis
Mosquitoes
Poliomyelitis
Protozoasis
Puericulture
Rabies
Respiratory Affections
Rheumatism
Syphilis
Trypanosomiasis
Tuberculosis
Typhoid Fever
Whooping Cough (Pertussis)
Yaws
Yellow Fever

## MONTHLY DISTRIBUTION OF THE BOLETÍN JANUARY-DECEMBER 1951

| Country | Number |
|---|---|
| Argentina | 625 |
| Bolivia | 144 |
| Brazil | 837 |
| Chile | 337 |
| Colombia | 671 |
| Costa Rica | 261 |
| Cuba | 367 |
| Dominican Republic | 153 |
| Ecuador | 318 |
| El Salvador | 121 |
| Guatemala | 173 |
| Haiti | 39 |
| Honduras | 78 |
| Mexico | 493 |
| Nicaragua | 66 |
| Panama | 166 |
| Paraguay | 96 |
| Peru | 287 |
| Puerto Rico | 62 |
| United States | 743 |
| Uruguay | 159 |
| Venezuela | 636 |
| Other countries | 283 |

### 2. LIBRARY

The Library of the Bureau contains a highly specialized and very valuable collection of more than 30,000 medical, technical, and scientific books and pamphlets, as well as periodicals and documents relating to the work of the Bureau.

During the year, additional items were given to the Library by Member Governments, by their Health Departments, and by medical and other institutions in the American republics. There were also numerous acquisitions by purchase and exchange.

With the establishment of the Zone Offices in October, plans were made under which the Library would set up and maintain, in each Zone Office, a small collection, comprising basic medical books, periodicals, pamphlets, and other educational material.

The Library indexed, and gave internal distribution to, the documents issued by WHO and several other international organizations.

Each week a list of acquisitions was distributed within the Bureau, and also to the Zone Offices and to WHO in Geneva.

The Library continued its task of distributing all miscellaneous publications of the Bureau, other than the Boletín and the Epidemiological Reports.

A Biblioteca, listing new publications of interest to health workers, was prepared by the Library and published monthly in the Boletín.

Reference Services. Frequently, the Library was called upon to select materials to be sent out in response to requests for certain types of medical literature. Many requests are received by the Bureau from health administrations and institutions of Member Governments, and from physicians and public-health workers in the Americas. The Library is usually asked to supply reference material to the sections of the Bureau responsible for answering such requests. In addition, comprehensive bibliographies were frequently requested during the year on special subjects.

To give an idea of typical activities of the Library staff, in addition to routine duties, here is a summary for the month of October, 1951:

The Library furnished information on:

Texts of the International Conventions relating to the control of narcotics.
Number and size of blood banks in Latin America.
References to the latest material on treatment of venereal diseases.
Treatment of epilepsy at Johns Hopkins Hospital.
Population of the state of Goias, Brazil.
Length of life in America.
Standards for tolerances for copper in preparation of food with carbohydrate base in copper kettles.
Health conditions and problems in San José, Costa Rica.
List of films in Spanish on public health.
Tuberculosis, for preparation of a lecture.
Ticks, fleas, mosquitoes, insecticides, rodenticides, plague, and malaria.
Recent books on microbiology and biochemistry.
Biological warfare.
Hospital administration.
List of films describing the use of penicillin in VD treatment.

Arrangements were made for showing documentary films to the Directing Council, and films were collected to show to the delegates, on request.

Arrangements were made to borrow Communicable Disease Center films, for showing at the annual meeting of the Brazilian Association for the Advancement of Science, in Belo Horizonte.

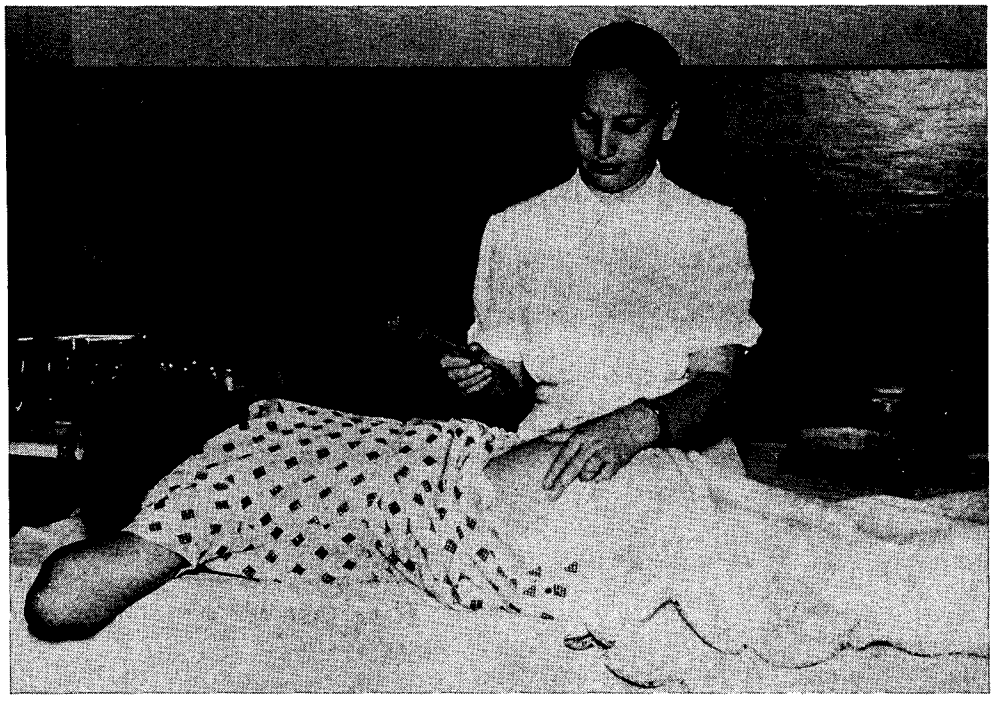
The Zone Offices were sent 192 catalog cards.

Photoprints and Microfilms. In 1951, $500.00 was allotted to buy microfilms and photoprints of articles required for study in the field. The demand for this service was so active that in the first two months of 1951, 31% of the amount had been spent.

A comparison of the workload statistics for the Library for the years 1950 and 1951 is as follows:

| Acquisitions: | 1950 | 1951 |
|---|---|---|
| Books, Pamphlets and Subscriptions Ordered and Requested | 960 | 1,472 |
| Books Received | 873 | 882 |
| Pamphlets Received | 1,627 | 2,067 |
| Periodicals: | | |
| Exchanges Established | 68 | 30 |
| Exchanges Offered | 87 | -- |
| Titles Received by Gift | 43 | 83 |
| Documents: | | |
| WHO | 7,018 | 6,225 |
| Other International Organizations | 324 | 144 |
| Processing: | | |
| Cataloguing: | | |
| Works Catalogued | 2,441 | 1,920 |
| Cards Prepared for Catalogs | 6,708 | 11,019 |
| Cards Prepared for Zone Offices and WHO Library | 2,832 | 3,676 |
| Periodicals: | | |
| Issues Filed | 7,057 | 5,865 |
| Duplicates and Discards | 1,770 | 7,313 |
| Volumes Bound | 353 | 537 |
| Indexing: | | |
| Documents and Articles | 1,783 | 1,470 |
| Services: | | |
| Inquiries, including Bibliographies | 2,743 | 2,132 |
| Photoprints | 2,701 p. | 905 p. |
| Microfilms | 311 p. | 512 p. |
| PASB Publications and Reprints Supplied | 8,648 | 12,040 |

| | 1950 | 1951 |
|---|---|---|
| Circulation: | | |
| Books and Pamphlets | 2,075 | 1,354 |
| Periodicals | 7,596 | 3,135 |
| Documents | 2,902 | 16,087 |
| Inter-Library Loans: | | |
| To Libraries | 170 | 167 |
| From Libraries | 260 | 409 |
| Films Borrowed for Review | 63 | 12 |

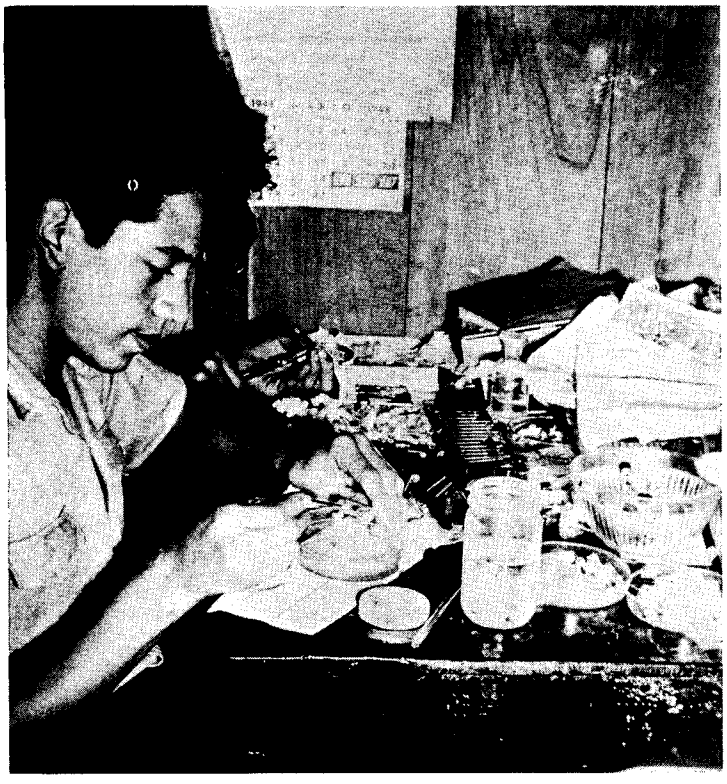


*Paraguay. Nurse administering penicillin during a program to control venereal disease.*

*Paraguay.--Enfermera inyectando penicilina durante un programa de control de enfermadades venéreas.*

*Paraguay. Preparing to make blood tests at the health center in Fernando de la Mora, during program to control venereal diseases.*

*Paraguay. Preparativos para pruebas de sangre en el centro de salud de Fernando de la Mora durante un programa de control de enfermedades venéreas.*



*Guatemala... Putting Simulium pupae into tubes for emergence of adult flies that are a vector of onchocersiasis.*

*Guatemala.--Colocando pupas de simulium en tubos para salida de moscas adultas que son vectores de la oncocercosis.*

*Guatemala.--Filaria nodules are removed from the scalp of an Indian child, a victim of onchocersiasis.*

*Guatemala.--Extirpación de nódulos de filaria del cuero cabelludo de un niño indio, víctima de la oncocercosis.*

## Chapter VIII

## TECHNICAL ASSISTANCE

Technical assistance originates both from the United Nations (through its Technical Assistance Committee and Technical Assistance Board, which channels a proportion of its funds through WHO), and from the Organization of American States (through its Co-ordinating Committee on Technical Assistance).

This double approach to the problem of rendering technical assistance has led to many complications, and has presented planning, executive, and fiscal problems not easy to solve. It has been difficult for some of the countries to plan their requests for technical assistance and to co-ordinate the projects approved.

Despite these complexities, the Bureau managed in many instances to surmount the administrative difficulties involved, and was able to place in operation a considerable number of technical-assistance projects during the year. Many of these are described in Chapter II, COMMUNICABLE DISEASES, and can be identified by the initials TA, which appear with the title of the project.

The status of TA projects administered by the Bureau as Regional Office of the World Health Organization, as of 31 December 1951, is as follows:

| Country | Program | Status |
|---|---|---|
| Bolivia | Construction of Children's Hospital | In operation. Selection of Fellows under consideration. |
| Brazil | Venereal-Disease Control | Lapsed for 1951. |
| Brazil | Microbiology | Approved. Transference from UNESCO. |
| Chile | Health-Demonstration Area | Approved. Preliminary survey completed. |
| Chile | Communicable-Disease Control | Approved. Draft agreement in consultation with Headquarters. |
| Chile | Pilot Penicillin Plant | Held in abeyance. |
| Chile | Training in BCG Production and Laboratory Diagnosis | Under consideration. |
| Colombia | Public-Health Administrator | Approved. Selection of personnel temporarily held in abeyance. |
| Colombia | Health-Demonstration Area | Under consideration. No action so far. |

| Country | Program | Status |
|---|---|---|
| Colombia | Maternal and Child Health | In operation. 2 experts in field. Course to start 11/2/52. |
| Colombia | Fellowship in Public Health | Approved. Trainee at Columbia University. |
| Colombia | Insect Control | Initial Stage. |
| Colombia | Training of Public-Health Personnel | Under consideration. |
| Colombia | VD Advisory Services | Under negotiation. |
| Costa Rica | School of Nursing | Approved. 3 experts in field. 5 fellowships awarded. Project in full operation. |
| Costa Rica | Medical Education | Approved. Recommendation being considered. |
| Cuba | Insect Control | Under consideration. Plan of operations being prepared. |
| Dominican Republic | Insect Control | Approved. Agreement awaiting signature of government. |
| Ecuador | Tuberculosis Training Center | Approved. 4 experts appointed (2 on assignment and 1 in field). Agreement signed October 19, 1951. |
| Ecuador | Health-Demonstration Area | Negotiations in progress for modifying original request. |
| Ecuador | Yellow Fever | Approved. Agreement signed 16 October, 1951. Initial stage. |
| Ecuador | Venereal-Disease Control | Approved. Personnel being recruited. Agreement signed 16 October, 1951. |
| Ecuador | Veterinary Medicine-Loja University | Government being consulted. |

| Country | Program | Status |
|---|---|---|
| Ecuador | Botanist (National Institute of Nutrition) | Agreement awaiting signature |
| Ecuador | Expert in School Health and Health Education | Approved. |
| Ecuador | Assistance to National Institute of Health | In negotiation. Agreement drafted. |
| El Salvador | Health-Demonstration Area | Approved. In operation. 4 experts appointed and on assignment. Chief Medical Adviser, Sanitary Engineer and Nurse in field. |
| Guatemala | Multiple Request (Insect Control, School of Nursing, Health Unit, Public-Health Training) | In negotiation. Part of request under negotiation with government. |
| Guatemala | Nutrition | Approved. Personnel under consideration. |
| Guatemala | Venereal-Disease Control | In negotiation. Agreement in negotiation for renewal. |
| Haiti | Health-Demonstration Area | Approved. Preliminary survey completed. |
| Haiti | Fundamental Education | Approved. 2 Fellowships awarded trainees on study. Medical supplies being furnished by WHO. |
| Haiti | Maternal and child health | Held in abeyance. |
| Haiti | Venereal-Disease Control | Approved. Dr. Hume completed survey. Report completed. |
| Honduras | Water-Workers Seminar | Approved. Plans under negotiation with government. |
| Honduras | Health Education | Approved. Agreement signed 30 November, 1951. UNICEF will provide materials. Personnel being recruited. |

| Country | Program | Status |
|---|---|---|
| Jamaica | Insect Control (Fellowship) | 1 Fellow in training. |
| Jamaica | BCG and Tuberculosis Demonstration | Approved. Personnel being recruited. |
| Mexico | Rabies Control | In negotiation. Agreement awaiting signature of government. |
| Mexico | Fundamental Health Education | In operation. Fellowships under consideration 1 expert in field. |
| Mexico | Nursing Education | Approved. 1 expert in field. Agreement signed 17 December, 1951. |
| Nicaragua | Health Education | Approved. 1 expert appointed. (UNICEF to supply materials for this project). |
| Nicaragua | Insect Control and Yellow-Fever Control | Under consideration. |
| Paraguay | Maternal and Child Health | In operation. 2 experts in field. |
| Paraguay | Hookworm-Disease Control | Approved. 2 experts appointed (1 on assignment). Recruitment continuing. |
| Paraguay | Venereal-Disease Control | Approved. 2 experts appointed (1 on assignment). Personnel being recruited. |
| Paraguay | Tuberculosis Control | Approved. Agreement signed 29 August, 1951. Personnel being selected. |
| Paraguay | Insect Control | Under consideration. Draft agreement in preparation. |
| Peru | Health-Demonstration Area | Approved. Survey completed. |
| Peru | Training of Health Personnel | In negotiation. Preliminary survey. |
| Peru | Insect Control | Under consideration. |
| Peru | Venereal-Disease Control | Under consideration. |

| Country | Program | Status |
|---|---|---|
| Peru | Medical-Records Librarian | In operation. 1 expert in field. |
| Peru | DDT Plant | Under consideration. |
| Peru | Veterinary Public Health | Under consideration. |
| Peru | Plague Control | Under consideration. |
| Peru | Anthropologist-Ica Health Center | Under consideration. |
| Uruguay | Mental Health | Under negotiation. |
| Venezuela | Health-Demonstration Area | In negotiation. Survey being arranged. |
| Regional | Insect Control (Fellowships) | Course indefinitely postponed. |
| Regional | Training of Environmental-Sanitation Personnel (Brazil, Chile, and Mexico) | Under consideration. |

OAS Technical Assistance. In addition to the WHO programs listed above, two programs were in operation with TA funds from the Organization of American States. These were for a nursing workshop in Guatemala (see Chapter I, Section 3), and the program for the Pan American Foot-and-Mouth Disease Center in Brazil (see Chapter II, Section 15).

An additional OAS/TA program was approved during the year for training in environmental sanitation.

## Chapter IX

## INFORMATION OF THE PUBLIC

The duty of the Office of Public Information is to make the work and objectives of the Pan American Sanitary Bureau and the World Health Organization widely known and understood by the populations of all Member Governments. The Office operates for both PASB and WHO as a single unit. Use is made of all available media, including press, radio, films, visual displays, and direct mailing of informational material.

Press. During the year, 93 press releases were issued, and a total of 91,196 copies of them were circulated to approximately 1,000 outlets in the American republics.

A series of seven articles on PASB/WHO programs appeared in the Sunday edition of the New York Times. The author of the series visited the Washington Office to gather information for the articles, which were syndicated by the Times, and appeared in many other newspapers.

A circular letter was sent to the English and Spanish press-release mailing lists, and at the end of September the lists were revised in accordance with the replies received.

Because of budgetary limitations, the press-clipping service, covering the American newspapers, was discontinued on July 20.

Films. With the assistance of PASB/WHO, films were prepared by the United Nations Film Division on the rabies-control program along the United States-Mexico Border, and also on the Institute of Nutrition of Central America and Panama (INCAP). (See Chapter I, Section 4.)

Radio. The Office made 28 tape recordings for broadcast by the UN radio, by the "Voice of America", and by local Washington stations. Beginning in June, a weekly tape recording in Spanish was sent to the WHO Liaison Officer in New York, for the UN radio program entitled "Por la Salud de los Pueblos". For the UN radio, tape recordings were also made of speeches at the meeting of the American Public Health Association, held in San Francisco, 29 October - 3 November.

Exhibits. This form of publicity has proved very valuable and informative, and a number of exhibits were displayed during the year at medical congresses and scientific meetings. These exhibits are prepared by the Cartographic and Drafting Unit, and arrangements for their display are made by the Office of Public Information.

At the meeting of the District of Columbia Medical Society in Washington, "WHO Night" was held on 2 October. During the three days of the meeting, a 40-foot exhibit illustrating WHO/PASB activities was displayed on the mezzanine floor of the Statler Hotel. This exhibit was advertised in all the street cars and buses of the District for a week prior to and during the meeting, where it was viewed by several thousand people.

The same exhibit, with additions, was on view at the Meeting of the American Public Health Association in San Francisco, California. It included the material previously displayed, plus a large lighted panel illustrating the six WHO Regions. Photographic panels, sent by WHO from Geneva, were

included in the exhibit.

At the end of September, three traveling exhibits arrived at the Washington Office from Geneva. Requests were received from UN associations in Cuba and Argentina, through Geneva, for the use of these exhibits in those countries.

WHO Folder. In March, the WHO Folder was translated into Spanish and Portuguese, and 40,000 copies were printed in Spanish and 10,000 in Portuguese.

World Health Day (7 April). To celebrate this event, 2,858 special information kits, containing a collection of articles and pamphlets on WHO, were prepared and distributed. Material was also supplied to the U. S. Public Health Service for 4,000 World Health Day kits that were distributed in the United States by that agency. Statements by the Surgeon-General of the United States, the WHO Director-General, and the Director and Secretary General of PASB were broadcast by short-wave to Latin America and also on a nation-wide hook-up in the United States. Special programs, contests, and ceremonies were held in many American capitals and other cities. Officials of several governments reported that elaborate celebrations were held.

United Nations Day (24 October). In observance of this event, the Office of Public Information prepared and distributed the following material:

4,000 Facts in Brief on WHO
4,000 A WHO Malaria-Control Team in India
1,000 Fliers on A Lamp is Lit
214 Information Kits
2,008 WHO Folders
200 Posters

Posters. At the end of September, a supply of posters about WHO arrived from Geneva. There were 5,000 in English, 4,000 in Spanish, 1,000 in Portuguese, and 250 in French.

In preparation for World Health Day in 1952, sample posters in each language were sent to the Bureau's Zone and Field Offices in Lima, Guatemala, El Paso, Rio de Janeiro, and Jamaica, with a request that they tell us how many posters they would need for display in schools, libraries, post-offices, and other public buildings, to celebrate the anniversary. By the end of the year, the number of requests for posters had reached 3,064.

WHO Newsletter. Each month a quantity of the WHO Newsletter in Spanish, Portuguese, French, and English was distributed throughout the 21 republics. The total distribution for the year was 154,770 copies.

Information Requests. During the year, a large number of requests for information were received and answered by the Office. After the middle of the year, an exact count of such requests was not maintained; but from 1 January through 30 June, 1,200 requests had been complied with, involving a distribution of 11,749 items of information material, other than the regular distribution of the Newsletter and the press releases.

# Chapter X

## GENERAL ADMINISTRATION

Responsibility for the over-all policy and management of the Pan American Sanitary Bureau is vested in the Director, Assistant Director, and Secretary General; but the continuing responsibility for the administrative and financial activities of the organization is charged to the Division of Administration, one of the three major departments of the Bureau. Included in the functions assigned to this Division are those related to the recruitment, placement, and training of personnel; the procurement of material, supplies, and equipment; the maintenance of buildings and other real property; the preparation and control of the organization's budget; the establishment and maintenance of all fiscal accounts; and the development of management practices and techniques directed toward the most effective and economical operation of PASB.

Among the most significant problems with which the Division was concerned during 1951 were those arising from the growth of the Technical Assistance and other programs in the Region of the Americas. A very rapid expansion of staff and activity necessitated plans for changes in the organizational structure, procedures, and practices of the Division, to meet the demands of the enlarged program. The establishment of Zone Offices made necessary the delimiting of relative areas of responsibility, and the development of working relations between headquarters and the field. These new elements, added to the burden of regular activities, made it even more imperative to concentrate on the development of machinery in the Division of Administration to handle effectively this new responsibility.

To cope with the enlarged responsibilities of the Division, two branches were created: the Administrative Management and Personnel Branch, and the Budget and Finance Branch. In addition, the Legal Office was placed under the jurisdiction of the Chief of the Division, and the Cartographic and Drafting Unit was transferred from the Division of Education and Training and made a unit of the General Services Section of the Division of Administration.

As approved by the Policy Board on 19 December 1951, the Division consisted of the following subordinate units:

Administrative Management and Personnel Branch
Budget and Finance Branch
Legal Office
General Services Office
Supply Section (See Chapter VI)

### 1. -- PERSONNEL

Chief Executives. The Director of the Pan American Sanitary Bureau, Dr. Fred L. Soper, was re-elected by the XIII Pan American Sanitary Conference for the four-year period beginning 1 February 1951. The Executive Board of WHO, at its VII Session in Geneva in January 1951, appointed Dr. Soper as Regional Director for the Americas for the same period.

After nearly 15 years of service with the Bureau, Dr. John R. Murdock, Assistant Director, resigned as of 30 June, to return to duty with the United States Public Health Service, from which he had been detailed to the Bureau in 1936. In recognition of his long and distinguished services to the

cause of public health in the Americas, the Directing Council, at its V Meeting, resolved "to express its deep regret at the resignation of Dr. John R. Murdock, and to place on record the gratitude of the governments represented on the Council for the valuable services he has rendered."

Dr. Paulo C. A. Antunes (Brazil), who had been Chief of the Division of Public Health since 1949, was designated Assistant Director, effective 1 July. He served until his resignation, effective 26 December, when he returned to Brazil as Dean of the School of Hygiene and Public Health of the University of São Paulo.

Dr. M. G. Candau (Brazil), who had resigned as Assistant Director-General of WHO in Geneva, was named as Assistant Director of PASB, subject to confirmation by the Executive Committee, and was scheduled to arrive in Washington in March 1952.

Dr. Miguel E. Bustamante (Mexico), Secretary General since 1947, continued in that post.

General Personnel Activities. The principal activity of the Personnel Section centered around the process of recruiting the staff. Applications were reviewed, coded, and classified, interviews were conducted, vacancies were posted, tests were given, the necessary communications prepared and released, and the required personnel actions were formulated and processed.

Other activities of the Section included the initiation of a post control, the establishment of a selection-board system for the recruitment of field-team personnel assigned to country programs, and the preparation of monthly reports of recruitment and staff nationality analysis. A system of form letters was put into effect to answer applications for employment and related correspondence.

NATIONALITY ANALYSIS
As of 1 January 1952



| COUNTRY | Total | Wash. Total | Divisions Office Dir. | Public Health | Education | Admin. | Field Total | Field Zone I | Zone II | Zone III | Zone IV | Zone V | Zone VI |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Argentina | 6 | 5 | | 2 | 1 | 2 | 1 | | | | 1 | | |
| Australia | 1 | 1 | | | 1 | | | | | | | | |
| Bolivia | 2 | 2 | | 1 | 1 | | | | | | | | |
| Brazil | 31 | 9 | | 7 | | 2 | 22 *1 | | 2 | 4 | 6 | 7 | 3 |
| Britain | 6 | 3 | 1 | | 1 | 1 | 3 | 2 | | 3 | | | |
| Canada | 5 | 3 | | | 2 | 1 | 2 | 1 | | 1 | | | |
| Chile | 12 | 5 | | 2 | 1 | 2 | 7 | | 1 | | 2 | | 4 |
| Colombia | 12 | 8 | | 1 | 2 | 5 | 4 | | 1 | 2 | | | 1 |
| Costa Rica | 7 | 2 | | | | 2 | 5 | | | 5 *3 | | | |
| Cuba | 17 | 16 | 1 | 1 | 7 | 7 | 1 | | | | 1 | | |
| Dom. Rep. | 1 | 1 | | | 1 | | | | | | | | |
| Ecuador | 2 | 2 | | 1 | | 1 | | | | | | | |
| El Salvador | 7 | 1 | | | | 1 | 6 | | | 6 *3 | | | |
| Guatemala | 59 | 4 | 1 | | 1 | 2 | 55 | | 1 | 54 *2 *3 | | | |
| Haiti | 2 | 1 | | 1 | | | 1 | 1 | | | | | |

*1 Includes 11 Brazilians on loan for aëdes aegypti campaigns; 2 in Zone II, 3 in Zone III, 4 in Zone IV and 2 in Zone VI. Also includes 3 employees assigned to the Zone V Office.

*2 One Medical Officer on loan from the Guatemalan Government.

| COUNTRY | Total | Divisions | | | | | Field | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Wash. Total | Office Dir. | Public Health | Educa-tion | Admin. | Field Total | Zone I | Zone II | Zone III | Zone IV | Zone V | Zone VI |
| Honduras | 5 | 1 | | | | 1 | 4 | | | 4*3 | | | |
| Mexico | 19 | 13 | 2 | 1 | 4 | 6 | 6 | 1 | 1 | 3 | | 1 | |
| New Zealand | 1 | 1 | | | | 1 | | | | | | | |
| Nicaragua | 4 | 4 | | 2 | 1 | 1 | | | | | | | |
| Norway | 1 | 1 | | 1 | | | | | | | | | |
| Panama | 4 | 2 | | | | 2 | 2 | | | 2 | | | |
| Paraguay | | | | | | | | | | | | | |
| Peru | 12 | 6 | | 1 | 2 | 3 | 6 | | 1 | | 5 | | |
| Philippines | 1 | 1 | | | | 1 | | | | | | | |
| Portugal | 1 | | | | | | 1 | | | 1 | | | |
| Spain | 1 | 1 | | | 1 | | | | | | | | |
| Stateless | 1 | 1 | | | | 1 | | | | | | | |
| USA | 144 | 109 | 6 | 17 | 18 | 68 | 35 | 2 | 3 | 10 *4 | 12 | 7 *6 | 1 |
| Uruguay | 8 | | | | | | 8 | | | | | | 8 *5 |
| Venezuela | | | | | | | | | | | | | |

*3 3 Guatemalans, 3 Salvadoreans, 3 Honduraneans and 4 Costa Ricans; on assignment by their respective governments for work with the INCAP program.

*4 2 Scientists assigned to onchocerciasis project.

*5 8 Inspectors assigned to Aedes aegypti campaign, Uruguay; supplemental salary paid by Bureau; Uruguayan Government pays base salary.

*6 1 Scientist on loan for schistosomiasis project.

# PASB-WHO STAFFING REPORT
As of 1 January 1952

| ORGANIZATIONAL UNIT | TOTAL | INT'L | LOCAL | CATEGORIES | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | PASB | PASB GRANTS | OAS TA | INCAP | WHO | WHO TA |
| Headquarters | | | | | | | | | |
| Office of Director | 5 | 2 | 3 | 5 | | | | | |
| Secretary General | 6 | 2 | 4 | 6 | | | | | |
| Public Health | 43 | 24 | 19 | 31 | | 1 | | 11 | |
| Educ.& Training | 44 | 22 | 22 | 36 | | 1 | | 7 | |
| Administration | 93 | 22 | 71 | 58 | | 3 | | 23 | 9 |
| Consultants | | | | | | | | | |
| Sub-Total | 191 | 72 | 119 | 136 | | 5 | | 41 | 9 |
| Zone Offices | | | | | | | | | |
| El Paso | 4 | 1 | 3 | 4 | | | | | |
| Guatemala | 13 | 7 | 6 | 11 *2 | | | | 1 | 1 |
| Lima | 13 | 7 | 6 | 11 | | | | | 2 |
| Mexico | 3 | 3 | | 3 | | | | | |
| Rio de Janeiro | 7 | 4 | 3 | 7 *1 | | | | | |
| Buenos Aires | 1 | 1 | | 1 | | | | | |
| Consultants | 1 | 1 | | 1 | | | | | |
| Sub-Total | 42 | 24 | 18 | 38 | | | | 1 | 3 |
| Projects | | | | | | | | | |
| Caribbean | 7 | 5 | 2 | 3 | | | | 4 | |
| Guatemala | 91 | 39 | 52 | 9 *1*2 | 20 *4 | | 49 *3 | 4 | 9 |
| Lima | 15 | 11 | 4 | 6 *1 | | | | 1 | 8 |
| Mexico | 5 | 5 | | 3 *1 | | | | | 2 |
| Rio de Janeiro | 8 | 7 | 1 | 1 | 1 *6 | 6 | | | |
| Buenos Aires | 17 | 17 | | 10 *1*5 | | | | | 7 |
| Consultants | | | | | | | | | |
| Sub-Total | 143 | 84 | 59 | 32 | 21 | 6 | 49 | 9 | 26 |
| GRAND TOTAL | 376 | 180 | 196 | 206 | 21 | 11 | 49 | 51 | 38 |

M.O. = Medical Officer

*1 On loan from the Brazilian Government, with Supplemental Salary paid by the PASB: Aëdes aegypti - - Mexico: 1 M.O., 1 Inspector; Zone III: 1 M.O., 2 Inspectors; Zone IV: 1 M.O., 3 Inspectors; Zone VI: 2 Inspectors; Zone V (Office): 2 M.O.'s, 1 Clerk.

*2 One M.O. on loan from Guatemalan Government, with supplemental salary from PASB.

*3 Includes 3 Guatemalan, 3 Salvadorean, 3 Honduranean, and 4 Costa Rican governmental medical and technical personnel working with INCAP field programs.

*4 Includes 2 USPHS scientists assigned to onchocerciasis project, Guatemala.

*5 Includes 8 Uruguayan inspectors assigned to Aëdes aegypti campaign, Uruguay, and receiving supplemental salary from PASB.

*6 Includes 1 USPHS scientist on loan for schistosomiasis project, Brazil.

## PERSONNEL UNDER THE DIRECTION OF PASB BY OCCUPATION AS OF 1 JANUARY 1952

| | Total | Personnel paid from PASB Budgeted Funds | Personnel paid from PASB Adminis.* Funds | Personnel paid by WHO |
|---|---|---|---|---|
| Medical Officers | 66 | 32 | 7 | 17 |
| Veterinarians | 4 | 3 | | 1 |
| Sanitary Engineers | 3 | 1 | | 2 |
| Nurses | 20 | 6 | 2 | 12 |
| Scientists | 20 | 5 | 9 | 6 |
| Technicians and other Non-Professional Field Personnel | 44 | 27 | 16 | 1 |

* INCAP, Grant Funds

2. LEGAL OFFICE.

This Office prepares agreements and other documents regarding international health projects, to insure that all commitments are on a sound legal basis. It also provides legal advisory services for the Director's Office and for the chiefs of operating Divisions and Offices.

The Legal Office also analyzes and reports on current legislation, statutes, treaties, etc., that may affect the jurisdiction, powers, or programs of the Bureau.

The resolutions and documents of the various organs of PASB and WHO, and also those of other international organizations in the public-health field, are given continuous analysis, to help maintain consistent operating policies and directives.

During the year, in addition to its usual duties, the Office conducted special negotiations for bilateral PASB agreements on privileges and immunities with Member Governments of the Pan American Sanitary Organization.

Studies and reports were made on various constitutional problems relating to the project of the Permanent Committee on Revision of the Constitution. The Office continued to serve as Secretariat to the Procurement Contract Review Committee and to the Policy Advisory Board.

The Legal Office prepared 40 agreements with Member Governments, which were ratified during the year. These are listed below. The complete texts of the second group of 9 agreements (dated 13 April through 14 June) were printed in the provisional half-year Report of the Director, 1 January--30 June, 1951, Document CD5/18. The texts of all the other agreements listed below are on file in the Washington Office. A copy of any of these agreements will be sent to any Member Government, on request.

## L I S T  O F  A G R E E M E N T S

1 January - 31 December, 1951

| Country | Party | Date Signed | Subject |
|---|---|---|---|
| Nicaragua | WHO/UNICEF | Jan. 2 | Insect Control |
| Guatemala | WHO/UNICEF | Jan. 2 | Insect Control |
| El Salvador | WHO/UNICEF | Jan. 2 | Insect Control |
| Nicaragua | WHO | Jan. 26 | Basic Agreement |
| Bolivia | WHO/UNICEF | Feb. 7 | Typhus Control |
| British Honduras | WHO/UNICEF | Feb. 12 | Insect Control |
| Guatemala | PASB | Feb. 16 | VD Laboratory |
| Colombia | WHO/UNICEF | Feb. 21 | Diphtheria and Pertussis |

| Country | Party | Date Signed | Subject |
|---|---|---|---|
| Trinidad and Tobago | PASB | April 13 | Aëdes aegypti Eradication |
| Costa Rica | WHO/UNICEF | April 13 | Insect Control |
| Mexico | WHO/TA | April 30 | Fundamental Education and Training Center |
| Honduras | WHO | April 26 | Basic Agreement |
| El Salvador | WHO/TA | May 1 | Health Demonstration Area |
| Bolivia | WHO/TA/UNICEF | May 4 | Children's Hospital |
| Bolivia | WHO | May 4 | Basic Agreement |
| Paraguay | WHO/PASB/UNICEF | May 4 | Malaria |
| Costa Rica | WHO/TA | June 14 | School of Nursing |
| Paraguay | WHO | June 25 | VD Control Demonstration Project |
| Colombia | PASB | July 3 | Carlos Finlay Institute |
| Guatemala | PASB | July 19 | Workshop in Communicable Disease Nursing |
| Members of Institute of Nutrition of Central America and Panama | WHO/FAO | Aug. 2 | Nutrition |
| Peru | WHO | Aug. 2 | Medical Records Librarian |
| Paraguay | WHO | Aug. 7 | Maternal and Child Health |
| Paraguay | WHO | Aug. 10 | Hookworm Disease |
| Colombia | WHO | Aug. 10 | Maternal and Child Health |
| Argentina | PASB | Aug. 21 | Privileges and Immunities |
| Brazil | PASB | Aug. 27 | Privileges and Immunities |
| Brazil | PASB | Aug. 27 | Pan American Foot-and-Mouth-Disease Center |
| Nicaragua | WHO | Sep. 12 | Health Education |
| Paraguay | WHO | Sep. 29 | TB Control and Rural Demonstration Scheme |

| Country | Party | Date Signed | Subject |
|---|---|---|---|
| Ecuador | WHO | Oct. 16 | Syphilis Control |
| Ecuador | WHO | Oct. 19 | Yellow-Fever Control |
| Ecuador | WHO | Oct. 19 | Tuberculosis |
| Panama | WHO | Nov. 26 | Basic Agreement |
| Honduras | WHO | Nov. 31 | Health Education |
| Guatemala | WHO | Dec. 17 | Basic Agreement |
| Mexico | WHO | Dec. 17 | Nursing Education |
| Guatemala | PASB | Dec. 17 | Privileges and Immunities |
| Colombia | WHO | Dec. 29 | Insect Control |
| Guatemala | WHO | Dec. 29 | VD Laboratory and Training Center |

3. GENERAL SERVICES OFFICE.

This Section, formerly called Office Services, is in charge of housekeeping activities, such as records management; duplicating and printing services; travel and transportation; preparation of graphic material; maintenance of buildings and grounds; space allocation; administrative supplies and equipment; communications; and mail and messenger service. Organizational changes affecting this Section during 1951 were the addition, by transfer, of the Cartographic and Drafting Unit, and the establishment of an Equipment and Supply Unit. Important developments affecting the Section were as follows:

a. Move to New Headquarters. After using temporary rented quarters for some years, headquarters were acquired in two adjoining buildings at 1501 and 1515 New Hampshire Avenue, located at Dupont Circle, Washington, D. C., close to transportation service and near many of the embassies. The buildings are known as the Hitt House and the Blodgett House, originally built as large-scale provate homes, in what was, half-a-century ago, a fashionable residential area, but the streets of which are now occupied mainly by private clubs, embassies, chanceries, office buildings, and apartment houses.

The purchase was made possible by the action of the Kellogg Foundation and the Rockefeller Foundation, which advanced interest-free loans of $150,000 each. (During 1951, a repayment of $50,000 was made toward the liquidation of the loans). The purchase of the properties was negotiated by a subcommittee of the Executive Committee of PASO, composed of representatives of the Dominican Republic, Guatemala, and the United States. After redecorating had been completed, the Bureau moved into its new quarters at the end of May.

Both before and after the actual move, considerable repair and alteration work was necessary in both buildings. In all, 56 contracts were negotiated, covering all phases of building and grounds maintenance, from pipe-covering to asphalt paving. Involved in the move were such time-

consuming factors as space layout, telephone arrangement, and proper lighting, in addition to the preliminary and after-work details of the actual move.

An important problem was that of heating. After consulting experts, it was decided to retain the present hand-fired hard-coal heating plant in the Hitt House and to convert the equipment in the Blodgett House from coal to oil. If the Hitt House had likewise been converted to oil-fired equipment, the cost would have been from $15,000 to $20,000.

A survey was made, leading to the alteration of rooms, removal of unused closets, bathrooms, etc. These changes would provide an additional 1,000 square feet of floor space in 1952.

b. Office Maintenance. A cleaning contract was negotiated at the end of the year with a cleaning contractor, which improved the service and substantially reduced the costs.

c. Files Reorganization. A survey of filing procedures was completed in November. On the basis of this survey, plans were developed for effective centralized control of records.

d. Equipment and Office-Supplies Control. An equipment inventory was completed, so that all headquarters equipment now carries a serial number. A property card, numbered to correspond, gives all available pertinent detail as to cost, date of acquisition, location, etc. Inventory and supply controls were established as of 31 December. Similar controls, modified for requirements of the Zone and Field Offices, were to be developed.

e. Insurance Survey. A survey of insurance (other than staff coverage) disclosed variations in existing coverages. Final action on the survey, made in December, was pending at the end of the year.

f. Travel and Movement of Household Effects. A contract was negotiated providing for obtaining all travel procurement through one agency. At the end of the year, a contract was being negotiated providing for similar handling of the many complicated problems relating to movement of household effects.

While the above items represent constructive action, further improvements will be necessary. Among these are effective controls over property equipment and supplies, and the establishment of inventories, at the zone, area, and project-office level. Additional work will be required to establish proper management and disposal of records, and written instructions must be developed relating to many necessary and vital office activities.

4. ADMINISTRATIVE MANAGEMENT.

Early in 1951, a centralized administrative-management program did not exist. The management activities that were carried out had to be performed by personnel of the Division who had primary duties in other fields of administration.

The first step toward developing an orderly administrative-management program was to review all existing procedures that governed the administrative operations, both of PASB as such, and also as Regional Office of WHO. This review showed that detailed procedures were not available, on a major portion of the administrative functions.

The review demonstrated the need for the following actions, which were put into effect: 1) the establishment of a control point where all procedures were to be channeled for clearance and final approval; 2) the preparation of a procedural manual for regional use that would supplement the WHO Manual, and be a guide to administrative procedures and practices for both organizations. It was decided to prepare the PASB Procedural Manual on a section-by-section or topic-within-a-section basis. Under this plan, emphasis could be placed on the matters that needed immediate attention. Active preparation of manual items began in September, 1951.

Toward the end of the year, the Administrative Management and Personnel Branch was established, to permit more systematic activities to increase the efficiency of the administration of the work of PASB as such, and as Regional Office.

The activities of this Branch will be directed toward establishing new and improved management practices and procedures. Priority activities will include: establishing control of the issuance and distribution of administrative policy and procedural documents and releases; establishing the PASB Manual on a current basis, to include administrative procedures needed to supplement the WHO Manual; study and improvement of the Division's work and responsibilities; administrative controls; and continuous evaluation of the performance of the various units of the organization, in efficiency of operations.

5. BUDGET AND FINANCE

A general review of the financial position of the Pan American Sanitary Bureau as of the end of 1951 is included in a Financial Report of the Director, which is quoted below:

> "Entering the year 1951, the Bureau still faced the problem of developing an adequate Working Capital Fund. You will recall that this problem has plagued the Bureau since the early postwar period. At the time of the XII Conference, the Bureau was overspending its income by 50%, despite the fact that it was paying neither rent nor salaries of its professional staff. In 1947 the working capital funds were being rapidly depleted, and were completely exhausted early in 1948. The Bureau had to depend on borrowed funds for some months. This situation was relieved by voluntary supplementary contributions received from Chile, El Salvador, Mexico, and Venezuela during 1948, from Brazil in 1949, and from the Dominican Republic in 1950.
>
> "The problem of properly financing the work of the Bureau, and providing working capital for certain future-year expansion, took an excessive amount of time and energy of the Director and his staff during the period 1947 to 1950. It was realized that a substantial increase in the Working Capital Fund was a vital necessity for funding future programs. It was necessary that the fund be large enough to provide cash to cover operating expenses through the first 7 or 8 months of the calendar or program year.
>
> "With this in mind, the basic allotments issued early in 1951 were limited to a total of $1,578,000. As the cash position and quota payment record improved in the last half of the year,

the allotments were increased to a final total of approximately $1,749,000. The time requirements for implementing programs precluded the utilization of a more substantial portion of total receipts for 1951, after the approximate amount thereof became known. Planned decentralization of the program supervisory staff to the Zone Offices was substantially implemented in 1951. The necessary funds were allotted to Zone Offices to provide for the additional staff and Zone Office operations.

"In comparison with previous years, and due primarily to the active interest created by the cable sent in the name of the Executive Committee on 1 May 1951 and the monthly advices of Status of Quota Contributions, collections of both the current year's quotas and the quotas in arrears have substantially improved. Since this accounts for a considerable portion of the quotas in arrears, no such record may be expected in 1952 unless certain key collections are effected. The increase over 1950 was $418,010.99, as reflected in the following figures:

| | 1950 | 1951 |
|---|---|---|
| Current year | $1,378,971.51 | $1,748,627.50 |
| Arrears | 117,499.86 | 165,854.86 |
| | $1,496,471.37 | $1,914,482.36 |

In addition, our Miscellaneous Income has been much higher, due primarily to the 3% Procurement Service Charge and several non-recurring items.

"The favorable position of the Bureau appeared possible at the time of the V Meeting of the Directing Council, but actually developed in the last three months of the year, following the meeting. The final totals of the year's operations showed expenses of $1,697,000 and $7,000 for Emergency Procurement, against income of $2,008,000. This has increased our Working Capital Fund from $1,067,000. to $1,371,000.

"It was a source of great satisfaction to me to enter this year (1952) with full confidence that the planned program can be carried out with little fear of embarrassment, due to lack of working capital funds to cover current expenditure requirements.

"Since the Bureau must continue to depend on the Working Capital Fund for practically all of its operating requirements during the first eight months of a typical year, it is believed that the fund should be maintained at a minimum of 60% of the ensuing year's budget. The fund must provide for years in which quota collections may be abnormally delayed, due to unusual circumstances. For such contingencies, the fund should be built up to a level somewhat higher than 60%. This would also provide the facility for future operational expansion, should other conditions warrant such action. It is hoped that 1952 operations will provide a slight further increase in the Working Capital Fund. Present projections of operating levels for this year are made with such a result in mind.

"With the above desirable financial condition in mind, the 1952 financial plans have been developed, projecting program expenditures up to approximately $1,875,000, in implementation of the programs approved by the Directing Council last fall (1951).

"Significant non-program expenditures in 1951 included the expense of moving the Headquarters Office from the rented space at 2001 Connecticut Avenue to our new locations. Current expenses of the move were $5,104.95. Required improvements and related costs, which have been capitalized into the Buildings account, as reflected in Exhibit III, totaled $45,740. In addition, a payment of $50,000 was made against the amount loaned to the Bureau by the Kellogg and Rockefeller Foundations for the purchase of the buildings...."

Organizationally, the Budget and Finance Branch of the Division of Administration is divided into the Finance Office and the Budget Office.

Finance Office. During 1951, the development of the Technical Assistance programs, financed through the Organization of American States, and through the United Nations to the World Health Organization, substantially enlarged the volume of work of this Office, and greatly increased the complexity of its financial operations. New regulations, governing the administration of TA funds, involved changes in methods, and the use of several types of currency.

A considerable increase in banking and accounting activities resulted from the enlarged volume of procurement of drugs and equipment, performed by the Bureau on behalf of the Member Governments (see Chapter VI).

The Office was reorganized on a functional basis, with four Units: Banking and Payroll, Audit, Accounting, and Reports.

Budget Office. As in other years, this Office was required to prepare the budget for the Pan American Sanitary Bureau, the regional budget for the World Health Organization, and the budget for the Institute of Nutrition of Central America and Panama (INCAP). To accomplish these tasks, a vast amount of detailed information and financial statistics was assembled and verified. All policy decisions were weighed in relation to the budget, and controls were maintained to insure that funds were disbursed according to budgetary and financial policies and regulations.

The preparation of the PASB budget is an undertaking that requires at least three months of hard work by the entire staff. An idea of the accomplishments of the Budget Office during 1951 can be gained by the list of projects below, which are typical of the usual budget year. Each of these items represents a major project.

1. PASB Budget, 1952 (detailed);

2. PASB Budget, 1953 (major parts);

3. Report on expenditures and the effect on the Working Capital Fund;

4. ROA*/WHO Regular Budget, 1953;

*Region of the Americas

5. ROA/WHO Technical Assistance Budget, 1953;

6. Revisions to PASB Budget, 1953;

7. Revisions to ROA/WHO Technical Assistance Budget, 1953;

8. Report on Working Capital Fund Adequacy for the year ending 31 December 1952;

9. Budget for the Institute of Nutrition of Central America and Panama (INCAP);

10. Revised Allotments, 1950;

11. New Allotments, 1951.

Financial Tables and Exhibits. These inserts, shown on following pages, are largely self-explanatory. However, the following explanatory paragraphs are pertinent:

1. In Exhibit III, the sum of $137,960 is shown as an amount receivable from Member Governments. This amount includes claims outstanding from 1949 for $16,464 and from 1950 for $3,778.

2. Also in Exhibit III, under the heading "Special Funds," is shown a Purchase Service Account of $1,233,640. This account represents deposits from governments and institutions. The biggest shares in this deposit account are held by:

| | |
|---|---|
| Brazil | $1,061,995 |
| Argentina | 92,976 |
| Venezuela | 14,717 |
| Paraguay | 13,731 |
| TOTAL | $1,183,419 |

3. For the new headquarters, the Blodgett House was purchased for $125,000, and the Hitt House for $175,000, or a total of $300,000. In Exhibit III the value of the buildings is shown as $345,740, and the loans (from the Kellogg and Rockefeller Foundations) as $250,000, making a difference of $95,740. This difference, which also appears in Exhibit III under the heading "Equity of Buildings," is made up as follows:

| | |
|---|---|
| Improvements, etc., of the buildings | $45,740 |
| Repayment of $25,000 on each of the two loans of $150,000 | 50,000 |
| | $95,740 |

STATEMENT OF APPROPRIATIONS, OBLIGATIONS AND BALANCES
FOR THE YEAR 1951

Exhibit I

| Part | Purposes of Appropriation | Appropriations: Appropriated By the Directing Council | Appropriations: Amount Transferred between Parts (figures in brackets denote reductions) | Appropriations: Effective Appropriation | Obligations Incurred: Liquidated by Disbursements | Obligations Incurred: Unliquidated | Obligations Incurred: Total | Unobligated: Balance of Appropriations |
|---|---|---|---|---|---|---|---|---|
| I | Pan American Sanitary Organization | $ 75,854.00 | $ 7,735.38 | $ 83,589.38 | $ 71,227.88 | $ 12,361.50 | $ 83,589.38 | $ — |
| II | Activities - Pan American Sanitary Bureau | 1,550,102.00 | (152,489.25) | 1,397,612.75 | 1,047,733.94 | 78,460.32 | 1,126,194.26 | 271,418.49 |
| III | Administration - Pan American Sanitary Bureau | 342,725.00 | 144,753.87 | 487,478.87 | 426,223.43 | 61,255.44 | 487,478.87 | — |
| | T O T A L | $1,968,681.00 | | $1,968,681.00 | $1,545,185.25 | $ 152,077.26 | $1,697,262.51 | $271,418.49 |

For the Director,
Pan American Sanitary Bureau

Harry A. Anderson
Chief, Division of Administration

The above statement has been examined in accordance with my directions. I have obtained all the information and explanations that I have required, and I certify, as a result of the audit, that, in my opinion the above statement is correct, subject to the observations in my report.

Uno Brunskog
External Auditor.

STATEMENT OF INCOME, OBLIGATIONS
AND SURPLUS FOR THE YEAR 1 9 5 1

Exhibit II

| | | |
|---|---|---|
| **Income** | | |
| Contributions from Member States: | | |
| Amounts collected in respect of the 1951 Assessments (Schedule A) | | $1,748,627.50 |
| Amounts Collected in respect of arrears for previous years (Schedule A and Annex 1) | | 165,854.86 |
| Miscellaneous Income | | |
| 3% Procurement Charge | $43,039.71 | |
| WHO share of 1950 Common Services and two Conferences | 32,125.85 | |
| Interest Earned | 5,575.04 | |
| Contributions from non self-governing territories | 4,776.25 | |
| Sale of old Capital Assets | 3,200.00 | |
| Sale of Bulletin | 265.25 | |
| Unused budgetary provisions 1949 | 947.99 | |
| Sundries | 4,222.84 | |
| | | 94,152.93 |
| Total Income | | 2,008,635.29 |
| **Obligations** | | |
| Obligations Incurred (Exhibit I) | | 1,697,262.51 |
| **Surplus** | | |
| Excess of Income over Obligations (Carried to Working Capital Fund) | | $ 311,372.78 |

For the Director,
Pan American Sanitary Bureau

Harry A. Lindeen
Chief, Division of Administration

The above statement has been examined in accordance with my directiors. I have obtained all the information and explanations that I have required, and I certify, as a result of the audit, that, in my opinion the above statement is correct, subject to the observations in my report.

Uno Brunskog
External Auditor.

EXHIBIT III

# STATEMENT OF ASSETS AND LIABILITIES AS AT 31 DECEMBER 1951

## ASSETS

| | | |
|---|---|---|
| **GENERAL FUND** | | |
| Contributions Receivable from Member States (Schedule A) | $ 627,614.15 | |
| Less: Reserve for non-collected Contributions | 627,614.15 | -0- |
| Accounts Receivable: | | |
| Governments | $ 137,960.54 | |
| Sundry Debtors | 75,602.84 | $ 213,563.38 |
| Capital Assets: | | |
| Buildings in Washington | | 345,740.00 |
| | | $ 559,303.38 |
| **WORKING CAPITAL FUND** | | |
| Cash in Banks | | $ 739,278.96 |
| Investments (Schedule C) | | 616,693.33 |
| Interest accrued | | 41.67 |
| Advanced to General Funds | | 15,029.13 |
| | | $ 1,371,043.09 |
| **EMERGENCY PROCUREMENT REVOLVING FUND** | | |
| Cash in Bank | | $ 50,000.00 |
| **TRUST FUNDS** | | |
| Cash in Bank | | $ 57,592.21 |
| **SPECIAL FUNDS** | | |
| Cash in Bank | | $ 1,233,640.68 |
| | | $ 1,233,640.68 |
| **TECHNICAL ASSISTANCE - ORGANIZATION OF AMERICAN STATES** | | |
| Cash in Bank | | $ 71,512.91 |
| GRAND TOTAL | | $ 3,343,092.27 |

## LIABILITIES

| | | |
|---|---|---|
| **GENERAL FUND** | | |
| Contributions from Member States received in advance - Honduras | $ 21.39 | |
| Venezuela | 26,045.00 | $ 26,066.39 |
| Accounts Payable: | | |
| Unliquidated Obligations in respect of 1951 Budget Appropriations (Exhibit I) | $ 152,077.26 | |
| Unliquidated Obligations in respect of 1950 Budget Appropriations (Balance) | 15,160.10 | |
| Loan from Kellogg Foundation | 125,000.00 | |
| Loan from Rockefeller Foundation | 125,000.00 | |
| Sundry Creditors | 5,230.50 | 422,467.86 |
| Advanced from Working Capital Fund | | 15,029.13 |
| Equity in Buildings | | 95,740.00 |
| | | $ 559,303.38 |
| **WORKING CAPITAL FUND** (Schedule B) | | $ 1,371,043.09 |
| | | $ 1,371,043.09 |
| **EMERGENCY PROCUREMENT REVOLVING FUND** (Schedule D) | | $ 50,000.00 |
| **TRUST FUNDS** (Schedule E) | | $ 57,592.21 |
| **SPECIAL FUNDS** | | |
| Purchase Service Accounts - Governments | | $ 1,227,615.71 |
| - Institutions and Individuals | | 6,024.97 |
| | | $ 1,233,640.68 |
| **TECHNICAL ASSISTANCE - ORGANIZATION OF AMERICAN STATES** (Schedule F) | | $ 71,512.91 |
| GRAND TOTAL | | $ 3,343,092.27 |

For the Director,
Pan American Sanitary Bureau

Harry A. Sinderen
Chief, Division of Administration

The above statement has been examined in accordance with my directions. I have obtained all the information and explanations that I have required, and I certify, that, in my opinion the above statement is correct, subject to the observations in my report.

Uno Brunskog
External Auditor.

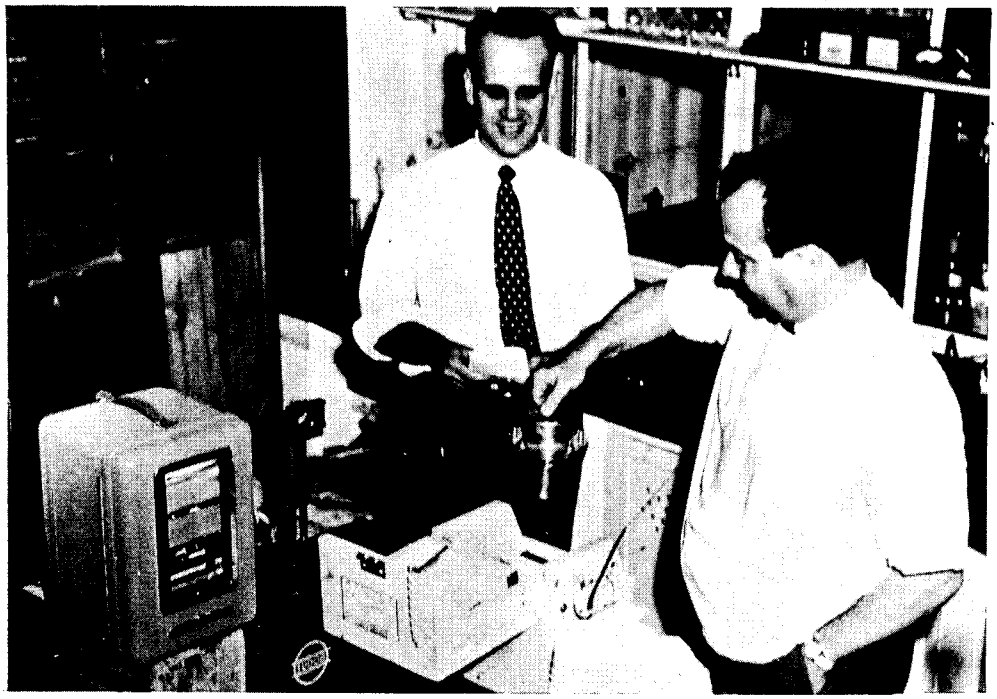
## STATEMENT OF CONTRIBUTIONS OF MEMBER STATES

| States | Contributions in respect of the year 1951 | | | In respect of years prior to 1951 (see Annex 1) Balance due on 31 December 1951 | Total Balance due on 31 Dec. 1951 |
|---|---|---|---|---|---|
| | Assessments | Collections | Bal. Due | | |
| Argentina | $ 120,703.00 | - | $ 120,703.00 | $ 159,936.42 | $ 280,639.42 |
| Bolivia | 10,690.00 | - | 10,690.00 | 26,141.82 | 36,831.82 |
| Brazil | 176,292.00 | $ 154,335.60 | 21,956.40 | 203,961.78 | 225,918.18 |
| Chile | 32,265.00 | 32,265.00 | - | - | - |
| Colombia | 36,930.00 | 27,305.89 | 9,624.11 | - | 9,624.11 |
| Costa Rica | 3,304.00 | 2,800.00 | 504.00 | 14.99 | 518.99 |
| Cuba | 23,519.00 | 23,519.00 | - | 8,347.57 | 8,347.57 |
| Dominican Republic | 6,220.00 | 6,220.00 | - | - | - |
| Ecuador | 8,358.00 | - | 8,358.00 | 9,619.13 | 17,977.13 |
| El Salvador | 6,220.00 | 6,220.00 | - | - | - |
| Guatemala | 8,941.00 | - | 8,941.00 | - | 8,941.00 |
| Haiti | 8,163.00 | 8,163.00 | - | - | - |
| Honduras | 4,276.00 | 4,276.00 | - | - | - |
| Mexico | 72,499.00 | 72,499.00 | - | - | - |
| Nicaragua | 4,082.00 | - | 4,082.00 | 3,430.43 | 7,512.43 |
| Panama | 3,693.00 | 3,683.00 | - | - | - |
| | | (1) 10.00 | | | |
| Paraguay | 4,082.00 | - | 4,082.00 | - | 4,082.00 |
| Peru | 23,907.00 | 22,412.81 | 1,494.19 | 21,108.51 | 22,602.70 |
| United States | 1,355,328.00 | 1,355,328.00 | - | - | - |
| Uruguay | 13,023.00 | 8,404.20 | 4,618.80 | - | 4,618.80 |
| Venezuela | 21,186.00 | 21,186.00 | - | - | - |
| | $1,943,681.00 | $1,748,627.50 | $ 195,053.50 | $ 432,560.65 | $ 627,614.15 |

Note: (1) Difference due to erronous notice of Contribution absorbed in operations.

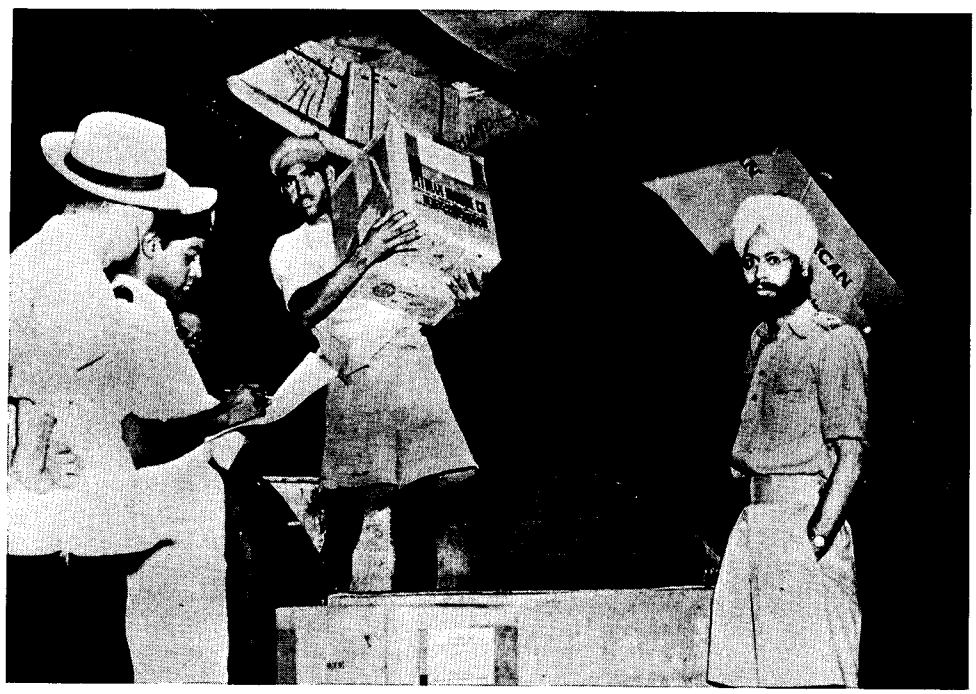
TECHNICAL ASSISTANCE
ORGANIZATION OF AMERICAN STATES

| | Amounts Received during 1951 | Payments made during 1951 | Cash Balance 31 December 1951 | Unliquidated Obligations 31 December | Unobligated Balance 31 December |
|---|---|---|---|---|---|
| Aftosa Center - Brazil | $165,341.87 | $ 95,552.01 | $ 69,789.86 | $ 61,653.65 | $ 8,136.21 |
| Nursing Workshop | 17,812.00 | 12,374.38 | 5,437.62 | 700.00 | 4,737.62 |
| Administration | 5,000.00 | 8,714.57 | (3,714.57) | 650.00 | (4,364.57) |
| | $188,153.87 | $116,640.96 | $ 71,512.91 | $ 63,003.65 | $ 8,509.26 |



*Brazil.--A cancer and atomic specialist of the University of Brazil lifts a radio-isotope container from its packing. PASB arranged the purchase and shipment from the Oak Ridge Laboratory in Tennessee, U. S. A.*

*Brasil.--Un especialista en cáncer y tratamiento atómico de la Universidad del Brasil desembala un recipiente con radio-isotopos. La OSP se ocupó de la compra de esta remesa en el Laboratorio de Oak Ridge, Tennessee, E. U. A.*

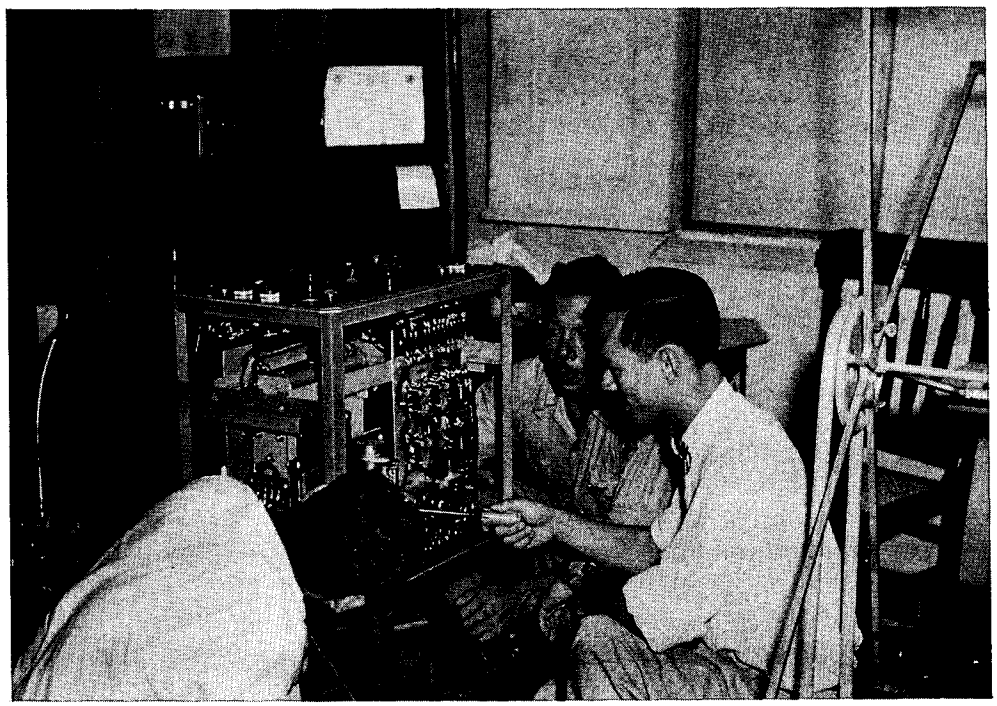


*Delhi, India.--Typhus vaccine shipped by the Regional Office in Washington, D.C., for use in typhus outbreak in Afghanistan, is unloaded at Palam Airport under supervision of WHO officials.*

*Delhi, India.--Vacuna antitífica enviada por la Oficina Regional de Washington, D.C., con destino al brote de tifo en Afganistán, al ser descargada en el aeropuerto de Palam bajo la supervisión de funcionarios de la OMS.*

*Guatemala. Worker employed under the PASB/WHO/UNICEF Insect Control Program is numbering a house and stencilling the letters "DDT" on the door.*

*Guatemala.-- Un trabajador del programa de control de insectos auspiciado por OSP/OMS/ UNICEF numera una casa y estampa las letras "DDT" en la puerta.*



*El Salvador.--The WHO technical adviser for the tuberculosis project teaches local technicians about the maintenance of X-ray equipment.*

*El Salvador. El asesor técnico de la OMS para el proyecto contra la tuberculosis enseña a los técnicos locales la conservación del equipo de radiología.*

# Chapter XI

## ZONE AND FIELD OFFICES

Experience in international health activities has demonstrated that for a program to be successful, those who plan and develop it must be in close contact with the geographic, economic, and social conditions of the area concerned.

One of the most important events of 1951 was the establishment of Zone Offices, by means of which the activities of the Bureau could be decentralized, close touch could be maintained with Member Governments, and the needs of each area could be accurately appraised.

In accordance with various resolutions and recommendations adopted by the Pan American Sanitary Conference, by the Directing Council, and by the Executive Committee, the continent was divided into six zones, and in October the Zone Offices were designated as follows:

| Zone | | Area |
|---|---|---|
| I. | Washington, D. C. | Alaska, Canada, U.S.A., Non-Self-Governing Territories (except British Honduras) |
| II. | Mexico City* | Cuba, Dominican Republic, Haiti, Mexico |
| III. | Guatemala City | Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama, British Honduras |
| IV. | Lima | Bolivia, Colombia, Ecuador, Peru, Venezuela |
| V. | Rio de Janeiro | Brazil |
| VI. | Buenos Aires | Argentina, Chile, Paraguay, Uruguay |

From an operational standpoint, the new arrangement meant that henceforth direct responsibility for the planning and implementation of field programs would be placed upon the Zone Representatives. The Washington Office would appraise the projects for conformity with general policy and budgetary limitations, and would give advice and co-operation to the Zone Offices; but after approval from Washington, the working out of details with the Member Governments concerned, and the execution of the programs, would be the responsibility of the Zone Representatives. Each Zone Representative would make many decisions on details that formerly were made in Washington. He would also propose the program and budget for his zone, including the list of projects, and would recommend candidates for fellowships.

Accordingly, it was determined to have the best obtainable personnel in the field, so that public-health work could be done most effectively, and in

* Zone II was to be under supervision of the Washington Office until the Mexico City Office was established.

the most intimate relationship with the countries and their public officials.

Ordinarily, the staff of a Zone Office would include a public-health officer as Zone Representative; one or two medical officers; a sanitary engineer; a public-health nurse; and personnel for general office activities.

Field Offices. The Field Offices of the Bureau were continued at El Paso, Texas and at Jamaica, British West Indies.

The status of field programs, as of 15 December, is as follows:

CO-OPERATIVE FIELD PROGRAMS
of the
PAN AMERICAN SANITARY BUREAU
(Regional Office of the
World Health Organization)

December 15, 1951

In Operation

| | PASB Section | Full Operation | Initial Stage | Under Negotiation | Under Consideration |
|---|---|---|---|---|---|
| **ARGENTINA** | | | | | |
| FAO/WHO Brucellosis Center..... | VPH | WHO/FAO | | | |
| **BOLIVIA** | | | | | |
| Typhus Control..... | ACD | WHO/UNICEF | | | |
| Children's Hospital..... | H | WHO/UNICEF/TA | | | |
| Fundamental Education... | HE | ..... | | TA/WHO/UNESCO | |
| Insect Control..... | IC | ..... | | | (TA/WHO/SNFA/UNICEF |
| **BRAZIL** | | | | | |
| Maternal and Child Health | MCH | WHO/UNICEF | | | |
| Yellow Fever (Oswaldo Cruz Institute)..... | IC | PASB | | | |
| Serology Training, São Paulo..... | VD | PASB | | | |
| Schistosomiasis..... | ACD | PASB/USPHS | | | |
| Pan American Foot-and-Mouth Disease Center... | VPH | TA/OAS | | | |
| Training of Environmental Sanitation Personnel... | EN | ..... | | | TA/WHO |
| Microbiologist 'Nat'l Faculty of Pharmacy).... | ACD | ..... | | TA/WHO | |

## In Operation

| | PASB Section | Full Operation | Initial Stage | Under Negotiation | Under Consideration |
|---|---|---|---|---|---|
| **CHILE** | | | | | |
| Diphtheria-Pertussis Vaccination | ACD | WHO/UNICEF | | | |
| Maternal-Child Health | MCH | WHO/UNICEF | | | |
| Health Demonstration Area | PHA | | | TA/WHO | |
| Communicable Disease Control | ACD | | | TA/WHO | |
| Training of Environmental Sanitation Personnel | EN | | | | TA/WHO |
| **COLOMBIA** | | | | | |
| *A. Aegypti* Eradication | IC | PASB/SNFA | | | |
| Diphtheria-Pertussis Vaccination | ACD | WHO/UNICEF | | | |
| Maternal and Child Health | MCH | | TA/WHO/UNICEF | | |
| Health Demonstration Area | PHA | | | | TA/WHO |
| Yellow Fever (Carlos Finlay Institute) | IC | PASB | | | |
| Children's Hospital | H | | | | PASB |
| Insect Control | IC | | | TA/WHO/UNICEF/ SNFA | |
| Consultant in PH Administration | PHA | | TA/WHO | | |
| Advisory Services in VD | VD | | | | TA/WHO |
| **COSTA RICA** | | | | | |
| Nutrition (INCAP) | PHA | INCAP | | | |
| Insect Control | IC | WHO/UNICEF/SNFA | | | *TA/WHO |
| Advisory Services in PH Nursing | N | PASB | | | |

* For future

| | PASB Section | In Operation: Full Operation | In Operation: Initial Stage | Under Negotiation | Under Consideration |
|---|---|---|---|---|---|
| COSTA RICA (Cont.) | | | | | |
| Nursing Education..... | N | TA/WHO | | | |
| BCG Vaccination..... | TB | ..... | WHO/UNICEF | | |
| Fundamental Health Educ. | HE | ..... | | TA/WHO/UNESCO | |
| Yellow Fever Control.... | IC | PASB/SNFA/IIAA/ CZPHS | ..... | ..... | *TA/WHO |
| San Juan de Dios Hospital ..... | H | ..... | | TA/WHO | |
| Planning of National Hospital..... | H | ..... | | | PASB |
| CUBA | | | | | |
| Insect Control..... | IC | ..... | | TA/WHO/UNICEF/ SNFA | |
| DOMINICAN REPUBLIC | | | | | |
| Insect Control..... | IC | ..... | | WHO/UNICEF/ SNFA | |
| Schistosomiasis Consultant..... | ACD | ..... | | | PASB |
| ECUADOR | | | | | |
| A. Aegypti Eradication.. | IC | PASB/SNFA | | | |
| BCG Vaccination..... | TB | WHO/UNICEF | | | |
| Smallpox Vaccination.... | ACD | ..... | | | PASB |
| Plague Control..... | ACD | PASB | | | |
| National Institute of Nutrition..... | PHA | PASB/KF | | | |
| National Institute of Nutrition (Botanist)... | PHA | ..... | | TA/WHO | |

* For future

| | PASB Section | In Operation: Full Operation | In Operation: Initial Stage | Under Negotiation | Under Consideration |
|---|---|---|---|---|---|
| ECUADOR (Cont.) | | | | | |
| TB Teaching Center | TB | ..... | TA/WHO/UNICEF | | |
| VD Eradication | VD | ..... | TA/WHO | | |
| Maternal and Child Health | MCH | ..... | | TA/WHO/UNICEF | |
| Health Demonstration Area | PHA | ..... | | | TA/WHO |
| Insect Control | IC | ..... | | | TA/WHO |
| Yellow Fever Control | IC | ..... | TA/WHO/SNFA | | |
| Assistance to National Institute of Health | ACD | ..... | | | TA/WHO |
| Veterinary Education (Loja University) | VPH | ..... | | | TA/WHO |
| EL SALVADOR | | | | | |
| Nutrition (INCAP) | PHA | INCAP | | | |
| Health Demonstration Area | PHA | TA/UN/WHO/ILO/UNESCO/FAO | | | |
| Tuberculosis Control Demonstration | TB | WHO | | | |
| Insect Control | IC | WHO/UNICEF/SNFA..... | | | *TA/WHO |
| Maternal Child Health | MCH | ..... | | TA/WHO/UNICEF | |
| BCG Vaccination | TB | WHO/UNICEF | | | |
| Yellow Fever Control | IC | PASB/SNFA..... | | | *TA/WHO |
| GUATEMALA | | | | | |
| Assistance to Nursing School | N | ..... | | | TA/WHO |
| Institute of Nutrition (INCAP) | PHA | (PASB/KF/Central (American Governments | | | |
| VD Laboratory and Training Center | VD | PASB | | | |

* For future

| | PASB Section | In Operation: Full Operation | In Operation: Initial Stage | Under Negotiation | Under Consideration |
|---|---|---|---|---|---|
| GUATEMALA (Cont.) | | | | | |
| Onchocerciasis..... | ACD | PASB/USPHS | | | |
| Insect Control..... | IC | PASB/WHO/UNICEF..... | | | *TA/WHO |
| Training of Public Health Personnel..... | PHA | ..... | | TA/WHO | |
| Nutrition Training..... | PHA | ..... | | TA/WHO/FAO/ INCAP | |
| BCG Vaccination..... | TB | ..... | | | WHO/UNICEF |
| Yellow Fever Control... | IC | PASB/SNFA..... | | | *TA/WHO |
| Model Health Unit..... | PHA | ..... | | | TA/WHO |
| HAITI | | | | | |
| Yaws Eradication and Rural Syphilis Control | VD | PASB/WHO/UNICEF | | | |
| BCG Vaccination..... | TB | ..... | | | WHO/UNICEF |
| Health Demonstration Area ..... | PHA | ..... | | TA/WHO | |
| Insect Control..... | IC | ..... | | PASB/TA/WHO/ UNICEF/SNFA | |
| Maternal and Child Health..... | MCH | ..... | | | TA/WHO |
| Rural Sanitation..... | EN | ..... | | | TA/WHO |
| Fundamental Education.. (Marbial Valley)..... | HE | TA/WHO/UNESCO | | | |
| HONDURAS | | | | | |
| Nutrition (INCAP)..... | PHA | INCAP | | | |
| Insect Control..... | IC | WHO/UNICEF/IIAA/ SNFA ..... | | | *TA/WHO |
| Health Education..... | HE | ..... | | TA/WHO | |
| Waterworks Training Course | EN | ..... | | TA/WHO | |

* For future

| | PASB Section | In Operation: Full Operation | In Operation: Initial Stage | Under Negotiation | Under Consideration |
|---|---|---|---|---|---|
| HONDURAS (Cont.) | | | | | |
| Yellow Fever Control.. | IC | PASB/SNFA | | | *TA/WHO |
| Poliomyelitis Consultants ..... | ACD | PASB | | | |
| **MEXICO** | | | | | |
| VD Prophylaxis (Tijuana)..... | VD | PASB | | | |
| Rabies..... | VPH | PASB | | | |
| Production of Chick-embryo Rabies Vaccine.. | VPH | | | PASB/TA/WHO | |
| Fundamental Educational Training Center (CREFAL). | HE | TA/WHO/UNESCO/OAS | | | |
| A. Aegypti Eradication | IC | PASB/SNFA | | | |
| Insect Control..... | IC | | | PASB/TA/WHO/ UNICEF/SNFA | |
| Training Environmental.. Sanitation Personnel... | EN | | | | TA/WHO |
| VD Border Control..... | VD | | | | TA/WHO |
| Nursing Education..... | N | | TA/WHO | | |
| FAO/WHO Brucellosis Center..... | VPH | WHO/FAO | | | |
| **NICARAGUA** | | | | | |
| Nutrition (INCAP)..... | PHA | INCAP | | | |
| Insect Control..... | IC | WHO/UNICEF/SNFA | | | *TA/WHO |
| Health Education..... | HE | | TA/WHO | | |
| Yellow Fever Control.... | IC | PASB/SNFA | | | *TA/WHO |
| **PANAMA** | | | | | |
| Nutrition (INCAP)..... | PHA | INCAP | | | |
| Hospital Survey..... | H | | | | PASB/WHO/ILO |
| Insect Control..... | IC | | | PASB/WHO/ UNICEF/SNFA | |

* For future

| | PASB Section | Full Operation | Initial Stage | Under Negotiation | Under Consideration |
|---|---|---|---|---|---|
| PANAMA (Cont.) | | | | | |
| Waterworks Laboratory Course..... | EN | ..... | | | TA/WHO |
| PARAGUAY | | | | | |
| Insect Control..... | IC | PASB/WHO/UNICEF/ SNFA..... | | | *TA/WHO |
| Maternal and Child Health..... | MCH | ..... | TA/WHO/UNICEF | | |
| Hookworm Control..... | ACD | ..... | TA/WHO | | |
| VD Control..... | VD | ..... | TA/WHO | | |
| TB Control..... | TB | ..... | TA/WHO | | |
| PERU | | | | | |
| Assistance Medical Records Libraries.... | H | TA/WHO | | | |
| Smallpox Vaccination.. | ACD | PASB | | | |
| A. Aegypti Eradication | IC | PASB/SNFA | | | |
| Typhus Control..... | ACD | WHO/UNICEF | | | |
| Assistance to Division of Communicable Diseases..... | ACD | PASB | | | |
| MCH and Related Health Services Lima-Pativilca-Huaraz..... | MCH | ..... | WHO/UNICEF | | |
| TB Survey and Vaccination Demonstration... | TB | ..... | | WHO/UNICEF | |
| Callao Health Center.. | PHA | ..... | | WHO/UNICEF | |
| Ica Health Center..... | PHA | ..... | | WHO/UNICEF/RF | |
| VD Program..... | VD | ..... | | TA/WHO | |
| Plague Control..... | ACD | ..... | | TA/WHO | |
| Insect Control..... | IC | ..... | | | WHO/TA |

* For future

| | PASB Section | In Operation: Full Operation | In Operation: Initial Stage | Under Negotiation | Under Consideration |
|---|---|---|---|---|---|
| PERU (Cont.) | | | | | |
| Health Demonstration Area.. | PHA | ..... | | TA/WHO | |
| Training of Health Personnel..... | PHA | ..... | | | TA/WHO |
| Training of Sanitary Inspectors..... | EN | ..... | | | TA/WHO |
| Nursing Education..... | N | ..... | | | TA/WHO |
| UNITED STATES | | | | | |
| Rabies (San Diego-Baja California)..... | VPH | ..... | | | WHO |
| International Treponematosis Center..... | VD | WHO | | | |
| FAO/WHO Brucellosis Center (Minnesota)..... | VPH | WHO/FAO | | | |
| URUGUAY | | | | | |
| *A. Aegypti* Eradication..... | IC | PASB/IIAA/SNFA | | | |
| BCG Laboratory, International Production Center..... | TB | ..... | | | WHO/UNICEF |
| Mental Health Training..... | HE | ..... | | TA/WHO | |
| VENEZUELA | | | | | |
| *A. Aegypti* Eradication..... | IC | PASB/SNFA | | | |
| VD Laboratory and Training Center..... | VD | PASB | | | |
| Health Demonstration Area.. | PHA | ..... | | | TA/WHO |

*For future

## NON-SELF GOVERNING TERRITORIES

| | PASB Section | Full Operation | Initial Stage | Under Negotiation | Under Consideration |
|---|---|---|---|---|---|
| **BAHAMAS** | | | | | |
| *A. Aegypti* Eradication .... | IC | ..... | | PASB | |
| Insect Control ..... | IC | ..... | | | TA/WHO/UNICEF |
| **BARBADOS** | | | | | |
| *A. Aegypti* Eradication..... | IC | ..... | | PASB | |
| Insect Control..... | IC | ..... | | | TA/WHO/UNICEF |
| **BERMUDA** | | | | | |
| *A. Aegypti* Eradication..... | IC | PASB | | | |
| **BRITISH HONDURAS** | | | | | |
| Insect Control..... | IC | PASB/WHO/UNICEF/ SNFA. | ..... | | *TA/WHO |
| **DUTCH GUIANA** | | | | | |
| Hospital (Surinam)..... | H | ..... | | | PASB |
| *A. Aegypti* Eradication .... | IC | PASB | | | |
| **DUTCH WEST INDIES** | | | | | |
| *A. Aegypti* Eradication..... | IC | ..... | PASB | | |
| **JAMAICA** | | | | | |
| TB Control and BCG..... | TB | WHO/UNICEF | | | |
| *A. aegypti* Eradication..... | IC | PASB | | | |
| Insect Control..... | IC | ..... | | TA/WHO/UNICEF | |

*For future

| | PASB Section | In Operation: Full Operation | In Operation: Initial Stage | Under Negotiation | Under Consideration |
|---|---|---|---|---|---|
| LEEWARD AND WINDWARD ISLANDS | | | | | |
| Insect Control..... | IC | ..... | | TA/WHO/UNICEF | |
| BCG Vaccination..... | TB | ..... | | ..... | WHO/UNICEF |
| PUERTO RICO | | | | | |
| A. Aegypti Eradication.. | IC | PASB | | | |
| TRINIDAD | | | | | |
| A. Aegypti Eradication.. | IC | PASB | | | |
| BCG Vaccination..... | TB | ..... | WHO/UNICEF | | |
| Hospital Improvement.... | H | ..... | | WHO/PASB | |

# Chapter XII

## ACTIVITIES BY INDIVIDUAL COUNTRIES

Most of the WHO/PASB public-health activities in individual countries are described, under country headings, in the sections of this Report devoted to the subject in question, such as Nursing, Tuberculosis, Insect Control, etc., so the descriptions are not repeated here. Instead, a cross index is given, referring the reader to the appropriate pages.

Information not given in other chapters is set forth below, by individual countries.

Under country headings, complete lists are given of Technical Assistance projects in Chapter VIII; of agreements signed, in Chapter X under "Legal Office"; and of all field projects, in Chapter XI.

### ARGENTINA

The FAO/WHO Brucellosis Center in Buenos Aires received a grant to help it carry on research activities.


Brucellosis Center, 18
Insect Control, 28
National Anti-Hydatidosis Commission, 20


### BOLIVIA

Technical advice was given regarding the children's hospital at La Paz for which UNICEF was furnishing equipment. Assistance was given to the architect in planning the mechanical units of the hospital, and a consultant gave recommendations on the personnel needed and the salary scale to be adopted.

Plans for a project in fundamental and health education (WHO/TA/UNESCO) were furthered by an expert from WHO and one from UNESCO, who visited Bolivia during the year.


Typhus, 11


### BRAZIL

In connection with development of a radio-isotope laboratory in Brazil, assistance was given to two specialists, who visited laboratories and hospitals in the United States to observe techniques of using the isotopes.


Insect Control, 29
Maternal and Child Health, 2
Schistosomiasis, 14
Training in Environmental Sanitation, 25
Treponematoses, 15
Pan American Foot-and-Mouth Disease Center, 19
Yellow Fever, 10


### BRITISH GUIANA

At Mon Repos, more than 100,000 pupae of *Aëdes aegypti* and *A. darlingi*

had been seeded in a localized area since January 1949 (last sprayed in December 1948), and tests indicated that neither species had re-established itself.

Insect Control, 29

BRITISH HONDURAS

Evidence that the insect-control programs begun in 1950 (PASB/WHO/UNICEF/SNFA) had some effect on the incidence of malaria is shown by the record of hospital admissions. (Except in the General Hospital in Belize, which has laboratory services, malaria is diagnosed clinically in the hospitals of British Honduras.)

Hospital Admissions

| Year | Malaria | Total Admissions |
|---|---|---|
| 1947 | 1,010 | 4,978 |
| 1948 | 954 | 6,015 |
| 1949 | 898 | 6,301 |
| 1950 | 806 | 6,910 |
| 1951 | 534 | 6,823 |

Insect Control, 28

BRITISH WEST INDIES

Insect Control, 27

CHILE

In July, arrangements were made for a field study of Vermiplex (an anthelminthic containing methylbenzene and diphenthane-70) to measure its effectiveness against canine echinococcosis in a campaign against hydatidosis. The studies were to be made in Santiago and near Valdivia.

In connection with the program (PASB) against hydatidosis, a survey was made of the Central Lakes region, with a view to developing a demonstration project on control of the disease. Many slaughter houses were inspected to determine the part they play in the high incidence of hydatidosis in that region.

Diphtheria and Pertussis, 10
Insect Control, 29
Maternal and Child Health, 2
National Anti-Hydatidosis Commission, 20
Training in Environmental Sanitation, 25
Treponematoses, 15

COLOMBIA

Diphtheria and Pertussis, 11
Insect Control, 29
Maternal and Child Health, 2
Treponematoses, 15
Yellow Fever and Carlos Finlay Institute, 10

COSTA RICA

WHO provided a consultant, who studied the possibility of organizing a school of medicine.

As a result of insect-control work on the incidence of malaria, about half as many cases were treated in San Juan de Dios Hospital at San Jose in 1951 as in 1950.

| | 1950 | 1951 | Reduction |
|---|---|---|---|
| Malaria cases | 756 | 384 | 49% |

Visits to the country were made by experts from WHO and UNESCO, to plan assistance in fundamental and health education. The program (WHO/TA/UNESCO) was to be implemented in 1952.

| | |
|---|---|
| INCAP, | 4 |
| Insect Control, | 28 |
| Nursing, | 4 |

CUBA

| | |
|---|---|
| Insect Control, | 26 |

DOMINICAN REPUBLIC

| | |
|---|---|
| Insect Control, | 27 |

ECUADOR

At the end of the year, WHO/TA was planning the establishment of a health-demonstration area in the province of Los Rios, an agricultural region, where the main health problems are malaria, intestinal parasitosis, and enteric infections.

| | |
|---|---|
| Insect Control, | 29 |
| Maternal and Child Health, | 2 |
| National Institute of Nutrition, | 6 |
| Nursing, | 4 |
| Plague, | 18 |
| Syphilis, | 15 |
| Tuberculosis, | 12 |

EL SALVADOR

When a severe earthquake occurred in May, PASB immediately offered emergency assistance. The Ministry of Health reported that antibiotics and water-purifying agents were urgently needed. By air, PASB sent 4,000 capsules of chloramphenicol and 4,000 capsules of aureomycin for treatment of victims. To purify the water and prevent epidemics that might break out in the wake of the disaster, 225 pounds of chlorinated lime were also forwarded. The team of medical and technical specialists, then in El Salvador for the tuberculosis demonstration area, immediately joined the emergency work, and helped treat the injured in the San Miguel hospital.

| | |
|---|---|
| Health Demonstration Area, | 1 |

| | |
|---|---|
| INCAP, | 4 |
| Insect Control, | 28 |
| Machines for Brick, | 25 |
| Maternal and Child Health, | 2 |
| Tuberculosis, | 12 |

GUATEMALA

In the Guatemalan highlands, louse-borne typhus has been historically one of the principal public-health problems. An intensive vaccination campaign was begun in 1945 by the Health Department, in co-operation with PASB. With the advent of DDT as 10% dusting powder, this insecticide was incorporated into the campaign, and in 1948 a Section of DDT and Aëdes aegypti Control was established in the Health Department. The striking decline of typhus since the beginning of the vaccination and insect-control work is shown by the following table:

NUMBER OF CASES, AND DEATHS FROM TYPHUS, BY YEARS

| Year | Cases | Deaths |
|---|---|---|
| 1943 | 1,338 | 213 |
| 1944 | 2,144 | 381 |
| Vaccination began: | | |
| 1945 | 2,834 | 323 |
| 1946 | 1,043 | 135 |
| 1947 | 251 | 37 |
| DDT used: | | |
| 1948 | 69 | 9 |
| 1949 | 26 | 2 |
| 1950 | 10 | 2 |
| 1951 | 8 | 0 |

DDT was only a partial success against malaria in Baja Verapaz, as shown by the gradual reduction in cases seen at the Health Unit in Salamá:

| 1947 | 1948 | 1949 | 1950 | 1951 |
|---|---|---|---|---|
| 785 | 648 | 558 | 553 | 308 |

| | |
|---|---|
| INCAP, | 4 |
| Insect Control, | 28 |
| Nursing Workshop, | 4 |
| Onchocersiasis, | 13 |
| Venereal Disease Laboratory and Training Center, | 15 |

HAITI

A survey of the sanitary services in Haiti was made by the regional adviser, who gave his recommendations to the national health administration for strengthening the program in environmental sanitation.

Regarding the mass penicillin treatment, field reports indicated that the

house-to-house method would bring 90% of the population under treatment, and that in the long run this method, though slow, would produce the best results in control of yaws and syphilis.

By request, reference material and suggestions on the use of lapinized hog-cholera vaccine were sent to the Haitian Department of Agriculture.

Health Education, 7
Insect Control, 27
Yaws and Syphilis, 15

HONDURAS

INCAP, 4
Insect Control, 28
Poliomyelitis, 17
Training for Water-Treatment Plant Operators, 25

JAMAICA

Insect Control, 27
Tuberculosis, 13

MEXICO

The FAO/WHO Brucellosis Center in Mexico City received a grant to help it carry on research activities.

Brucellosis Center, 18
Health Education, 7
Insect Control, 26
Nursing Education, 7
Onchocersiasis, 13
Rabies, 21
Training of Environmental Sanitation Personnel, 25
Yellow Fever, 10

NETHERLANDS WEST INDIES

Insect Control, 27

NICARAGUA

At the end of the year, a consultant was being recruited to give technical advice on a program of health education (WHO/TA/UNICEF).

During 1951, very few cases of malaria were reported to the clinics in Managua, and fewer anti-malarial drugs had to be imported. The amount sold was much smaller than before the DDT spraying was done.

Insect Control, 28

PANAMA

The Republic of Panama became a member of WHO on 20 February 1951.

The regional adviser on tuberculosis visited Panama, at the request of

the Director of Public Health, to study a co-operative program in tuberculosis control.

| | |
|---|---|
| INCAP, | 4 |
| Insect Control, | 26 |

PARAGUAY

| | |
|---|---|
| Hookworm, | 11 |
| Insect Control, | 29 |
| Malaria, | 13 |
| Maternal and Child Health, | 2 |
| Tuberculosis, | 13 |
| Venereal-Disease Control, | 16 |

PERU

Plans were made for assistance in an integrated program (WHO/TA/UNICEF) of general public-health services in the Lima-Pativilca-Huaraz area, to include maternal and child health, communicable diseases, health education, and nutrition. Work on the program against communicable diseases had been going on since September 1950.

| | |
|---|---|
| Insect Control, | 30 |
| Smallpox, | 17 |
| Tuberculosis, | 13 |
| Typhus, | 11 |

PUERTO RICO

| | |
|---|---|
| Insect Control, | 27 |

SURINAM

| | |
|---|---|
| Insect Control, | 30 |

TRINIDAD

WHO and PASB, at the request of the government, gave technical advice on a mental-health program, and helped prepare preliminary plans for proposed additions to the mental hospital in Port-of-Spain. The program was prepared and discussed with the local authorities.

| | |
|---|---|
| Insect Control, | 27 |
| Tuberculosis, | 13 |

UNITED STATES OF AMERICA

Research of international importance was carried on during the year at the FAO/WHO Brucellosis Center in Minneapolis, Minnesota.

Conferences were held with members of the Arctic Research Center, of Anchorage, Alaska, and with U. S. Public Health Service officials, regarding the control of hydatid disease in Alaska. Studies recently made had shown that foxes, as well as dogs, act as hosts of Echinococcosis granulosis, and that an important intermediate host is the vole, a small wild rodent. Bibliographic and public-education material on hydatidosis was supplied to the

Anchorage center. Casoni tests indicated that there was a high human infection rate. There was an increase in the number of cases treated.

In October, the Johns Hopkins School of Public Health and Hygiene signified its acceptance of the terms of the WHO agreement for continuation of the International Treponematosis Center at Baltimore, Maryland.

The Chief of the District Office in El Paso, Texas, was consultant to the Juarez and El Paso groups working on the problem of infant mortality. A successful campaign against diarrhea and enteritis in Juarez was completed in July.



URUGUAY

Arrangements were made in August to ship to Uruguay 99,000 copies of the comic book on hydatidosis, entitled Cachito en Peligro, which was prepared by the Bureau for use in the public-education campaign (PASB).



VENEZUELA

A consultant assisted the government in planning a survey to determine the nature and extent of bovine tuberculosis in the country, and also recommended measures to control a rabies epidemic in Caracas.

Two doctors from Paraguay were given training at the Venereal Disease Serology Laboratory and Training Center in Caracas, to prepare them for anti-venereal-disease projects in their own country.

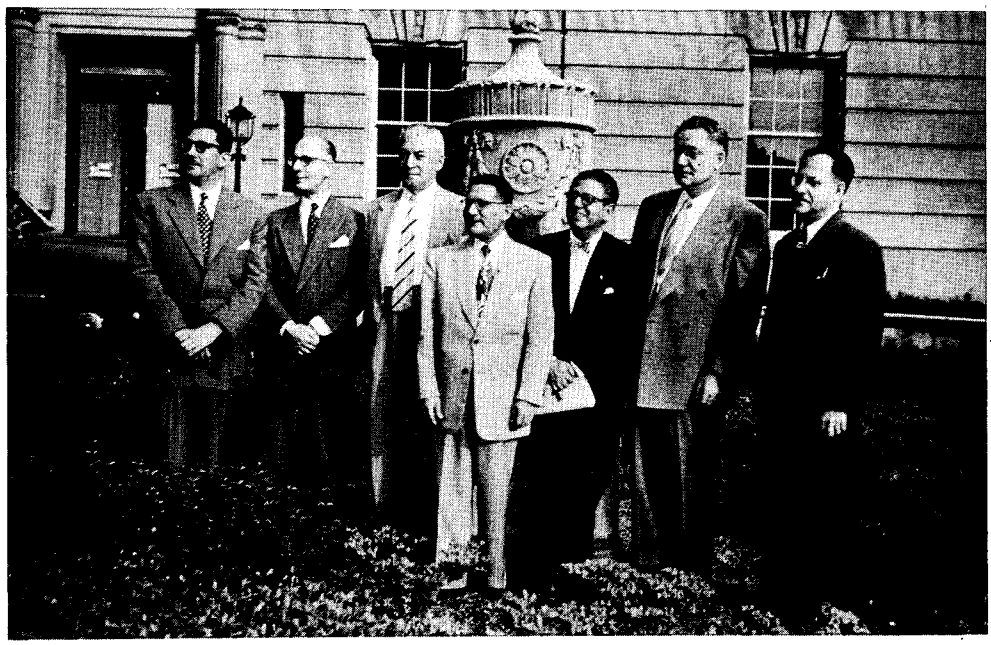
That Q-fever exists in Venezuela was proved by laboratory studies of human sera collected from meat handlers, milkers, and slaughter-house workers. Plans were under way to attempt to isolate C. burneti from cow's milk by guinea-pig inoculation. Clinicians in the Caracas area were alerted to report cases of "atypical pneumonia," in order that such suspicious cases might be studied as possible Q-fever. PASB provided the necessary antigen and the control serum for these studies.



VIRGIN ISLANDS

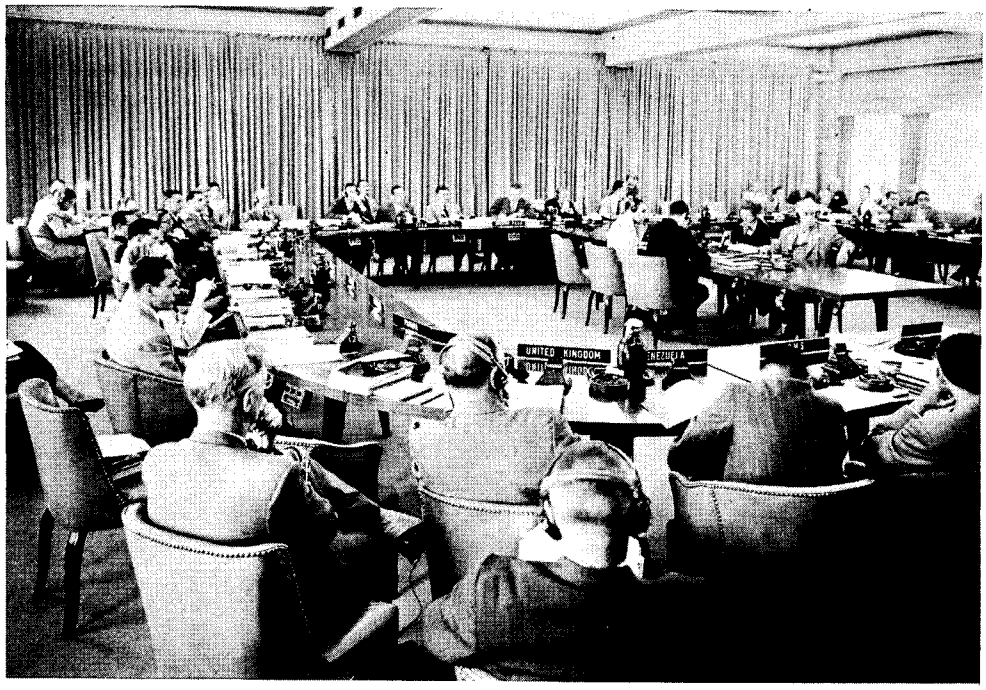

*Washington, D.C.--V Meeting of the Directing Council. In the foreground, Dr. Romero (Chile), with Dr. Soper on his right and Dr. Bustamante on his left.*

*Washington, D.C. V Reunión del Consejo Directivo. En primer término el Dr. Romero (Presidente, Chile) con el Dr. Soper a su derecha y el Dr. Bustamante a su izquierda.*



*Washington, D.C.--A group attending the 13th Meeting of the Executive Committee is shown in front of the PASB headquarters. From the left: Dr. Luis F. Galich, Guatemala; Dr. Gerardo Segura, Argentina; Dr. Nacianceno Romero, Chile; Dr. Jorge Estrella Ruiz, Peru; Dr. Félix Hurtado, Cuba; Dr. Fred L. Soper, Director, PASB: Dr. Miguel E. Bustamante, Secretary General, PASB.*

*Washington, D.C.--Un grupo de asistentes a la 13a Reunión del Comité Ejecutivo fotografiado frente a la sede de la OSP. De izquierda a derecha: Dr. Luis F. Galich (Guatemala); Dr. Gerardo Segura (Argentina); Dr. Nacianceno Romero (Chile); Dr. Jorge Estrella Ruiz (Peru); Dr. Félix Hurtado (Cuba); Dr. Fred L. Soper, Director de la OSP; Dr. Miguel E. Bustamante, Secretario General de la OSP.*




*Washington, D.C.--General view of the V Meeting of the Directing Council, Pan American Sanitary Organization, in the International Conference Suite of the U.S. Department of State.*

*Washington, D. C.--Vista general de la V Reunión del Consejo Directivo de la Organización Sanitaria Panamericana en el Gran Salón de Conferencias Internacionales del Departamento de Estado de los Estados Unidos.*

*Washington, D. C.--Representatives of the Directing Council meet the President of the United States (right foreground) at the White House, October 1951.*

*Washington, D. C.--Representantes del Consejo Directivo recibidos por el Presidente de los Estados Unidos (primer término, derecha) en la Casa Blanca, octubre de 1951.*

# Chapter XIII

## CONFERENCES AND MEETINGS

The IV World Health Assembly convened in Geneva, 7-25 May, 1951. Three meetings of the Executive Committee of the Pan American Sanitary Conference, and one meeting of the Directing Council, were held during the year.

### 1. - IV WORLD HEALTH ASSEMBLY

The Director, the Secretary General, and the Chief of the Section of Epidemiology and Statistics attended this Assembly, at which the new International Sanitary Regulations were adopted. A note was presented to the Special Committee, regarding the problem of reconciling the Pan American Sanitary Code of 1924 with the new Regulations of 1951. (At its V Meeting in October, the Directing Council, in view of the new International Sanitary Regulations, recommended an additional protocol.)

As Brazil terminated the period during which it was entitled to designate a member of the Executive Board of the World Health Organization, Cuba was elected to make that designation.

### 2. - 13TH MEETING OF THE EXECUTIVE COMMITTEE

This meeting was held in Washington, 23-30 April. Representatives were present from Argentina, Chile, the Dominican Republic, El Salvador, Guatemala, Peru, and the United States. Observers attended from Cuba, France, the Netherlands, Uruguay, and the Organization of American States.

Ten plenary sessions were held, at which twenty resolutions of a technical and administrative nature were adopted. Among these were resolutions pertaining to revision of the PASO constitution, and to relations with non-governmental organizations engaged in international public-health activities.

### 3. - 14TH MEETING OF THE EXECUTIVE COMMITTEE

For this meeting, held in Washington 20-22 September, the U. S. Department of State permitted the use of its International Conference Suite. The Member Governments represented were Argentina, Chile, the Dominican Republic, El Salvador, Guatemala, and the United States. Observers were present from Brazil, Colombia, Cuba, France, the Netherlands, Nicaragua, the United Kingdom, and the Organization of American States.

Six plenary sessions were held, and fifteen resolutions were adopted of a technical and administrative character.

### 4. - V MEETING OF THE DIRECTING COUNCIL
### III MEETING OF THE WHO REGIONAL COMMITTEE FOR THE AMERICAS

This meeting was held in Washington 24 September--3 October, and made use of the same facilities provided by the Department of State for the 14th Meeting of the Executive Committee. All of the 21 Member Governments were represented, as well as France, the Netherlands, the Netherlands West Indies, Surinam, and the United Kingdom. An observer was present from Canada. The following organizations also sent observers:

Inter-Governmental Organizations:

Organization of American States
United Nations
United Nations International Children's Emergency Fund

Non-Governmental Organizations:

American College of Chest Physicians
Biometric Society
International Council of Nurses
International Union Against Cancer
International Union Against Tuberculosis
International Union Against Venereal Diseases
League of Red Cross Societies
Pan American Medical Confederation
World Federation of United Nations Associations
World Medical Association

Forty-five administrative and technical resolutions were adopted.

A permanent committee was established to study revision of the PASO constitution.

Regarding the participation in meetings of the Directing Council, by member states of WHO that do not have seats of government within the Western Hemisphere (such as France, the Netherlands, and the United Kingdom), but which have states or territories in this hemisphere, the Council resolved that they could vote on budgetary matters, provided they made an equitable contribution to the PASO budget.

The Pan American Medical Confederation was given official recognition.

Since Argentina and Guatemala had terminated their periods of office on the Executive Committee, Ecuador and Mexico were elected to fill the two vacancies.

(The Final Report of this meeting, giving the complete texts of the 45 resolutions adopted, has been printed by PASB as Publication No. 270.)

5. - 15TH MEETING OF THE EXECUTIVE COMMITTEE

This meeting was held in Washington 3 October, immediately following that of the Directing Council. There was one plenary session, at which representatives were present from Chile, the Dominican Republic, Ecuador, El Salvador, Mexico, Peru, and the United States. Observers attended from Bolivia, Cuba, France, Panama, the United Kingdom, Venezuela, and the World Health Organization.

Five resolutions were adopted. Regarding the action of the Directing Council establishing a permanent committee to study the revision of the PASO constitution, the Executive Committee appointed the representatives of Chile, the Dominican Republic, and the United States to prepare a report and a draft revision, to be submitted to the Directing Council at its VI Meeting.

6. - OTHER MEETINGS

In addition to the five organizational meetings listed above, representatives of WHO/PASB attended 41 conferences, congresses, and other meetings during 1951. Five of these were held in Geneva. The complete list, with the names of our representatives, is as follows:

## CONFERENCES AND MEETINGS ATTENDED BY WHO/PASB REPRESENTATIVES DURING 1951

| Date | Place | Meeting | PASB/WHO Representation |
|---|---|---|---|
| January 7-13 | Port-of-Spain, Trinidad | British Medical Association, Caribbean Conference | Dr. P. F. de Caires, Aëdes aegypti Program, Kingston, Jamaica, B.W.I. |
| January 15-25 | San José, Costa Rica | ILO-Social Security, Seminar on | Dr. Juan A. Montoya, Chief, Central American Sector Office; and Dr. Milton I. Roemer, WHO Consultant |
| January 22-February 5 | Geneva, Switzerland | WHO-Executive Board, Seventh Session | Dr. Fred L. Soper, Director; and Dr. Paulo C. A. Antunes, Chief, Public Health Division |
| February 8-16 | Santiago, Chile | ECLA-Economic Development and Immigration Working Committee | Dr. Marcos Charnes, Departamento Cooperativo Interamericano de Obras de Salubridad, Santiago, Chile |
| February 11-13 | Chicago, Illinois, U.S.A. | Medical Education and Licensure, Congress on | Dr. R. A. Lambert, Fellowship Consultant |
| February 21 | Arica, Chile | Border Sanitary Convention, Second Official Meeting of the Committee of Control Created by the Tripartite | Dr. Abraham Horwitz, Acting Chief, Lima Zone Office |
| February 22-24 | Tapachula, Chiapas, Mexico | Onchocerciasis, Mexico-Guatemala Border Meeting on | Dr. Juan A. Montoya, Chief, Central American Sector Office; and Mr. Herbert Dalmat and Mr. Colvin L. Gibson, Onchocerciasis Program, Guatemala |
| March 11-16 | Caracas, Venezuela | Pan American Socio-Medical Congress, and | Mr. Ruperto Casanueva, Section of Environmental Sanitation |
| | | II Meeting of Dermatology, Venerology and Leprosy | Mr. Eugenio del Vecchio, Director, VD Laboratory and Training Center, Caracas, Venezuela |
| March 18-31 | Buenos Aires, Argentina | Social Security, Third Session of the Inter-American Conference on | Dr. Fred L. Soper, Director; and Dr. Emilio Budnik, Chief, Buenos Aires Zone Office |

| Date | Place | Meeting | PASB/WHO Representation |
|---|---|---|---|
| April 3 | Los Angeles, California, U.S.A. | Rabies Control Second Mexico-United States Round Table on | Dr. Aurelio Malaga, Coordinator, Rabies Program |
| April 4-6 | Los Angeles, California | United States-Mexico Border Public Health Association Ninth Annual Meeting of | Dr. Fred L. Soper, Director; Dr. Marion Haralson, Medical Officer, Fellowships Section; Dr. Aurelio Malaga, Coordinator, Rabies Program; and Dr. Guillermo Samamé, Medical Officer, Venereal Disease Section |
| April 9-10 | Montevideo, Uruguay | Tuberculosis, 4th Uruguayan Congress on | Dr. Irving M. Lourie, Regional Advisor in Tuberculosis |
| April 9-May 5 | Geneva, Switzerland | WHO International Sanitary Regulations, Special Committee to consider the Draft prepared by the Expert Committee on International Epidemiology and Quarantine | Dr. Norberto Bica, Chief, Epidemiology and Statistics Section |
| May 7-25 | Geneva, Switzerland | WHO Fourth World Health Assembly | Dr. Fred L. Soper, Director; Dr. Miguel E. Bustamante, Secretary General; and Dr. N. Bica, Chief, Epidemiology and Statistics Section |
| May 14-18 | Lima, Peru | Medical Education, First Pan American Congress of | Dr. Oswaldo José da Silva, Chief, Lima Zone Office; and Dr. Abraham Horwitz, Acting Chief, Lima Zone Office |
| May 14-26 | Porto Alegre, Brazil | Social Affairs, Third Regional Seminar on | Dr. Octavio Pinto Severo, Chief, Rio de Janeiro Office |
| June 1-9 | Geneva, Switzerland | WHO Executive Board, Eighth Session | Dr. Fred L. Soper, Director |

| Date | Place | Meeting | PASB/WHO Representation |
|---|---|---|---|
| June 2-8 | Washington, D. C. | National Statistics, First Session of the Committee on Improvement of | Mr. Rafael H. Martinez, Epidemiology and Statistics Section |
| June 11-15 | Washington, D. C. | Census of the Americas, IV Session of the Committee on the 1950 | Rafael H. Martinez, Epidemiology and Statistics Section |
| July 14-22 | Guayaquil, Ecuador | Tuberculosis, Tenth Pan American Congress on | Dr. Irving M. Lourie, Regional Advisor in Tuberculosis |
| August 4-11 | Managua, Nicaragua | Non-Governmental Organizations on United Nations Information, IV Regional Conference of (Organismos No-Gubernamentales, IV Conferencia Regional sobre informacion de las NU de) | Dr. Juan A. Montoya, Representative in Zone III |
| August 17-22 | Lima, Peru | Anthropologic Sciences, Conference on | Dr. Oswaldo J. da Silva, Representative in Zone IV |
| August 21-24 | Panama, Panama | Foot-and-Mouth Disease, Regional Consultative Conference | Dr. Ervin A. Eichhorn, Director, Pan American Foot-and-Mouth Disease Center |
| August 29 | Washington, D. C. | Fundamental Education Materials, Advisory Committee to the Latin American Bureau for the Production of | Dr. Miguel E. Bustamante, Secretary General, Dr. Héctor Abad Gómez, Chief, Maternal and Child Health Section |
| September 7-25 | Mexico, D. F. | Cultural Council, First Meeting of the Inter-American | Dr. Hernán Urzua, Chief, Acute Communicable Disease Section |
| September 24-30 | Mexico, D. F. | Hygiene Society, Annual Meeting of the Mexican | Dr. Hernán Urzua, Chief, Acute Communicable Disease Section |

| Date | Place | Meeting | PASB/WHO Representation |
|---|---|---|---|
| October 1-15 | Mexico, D. F. | Red Cross, IV Inter-American Conference of the | Dr. Ibêre Reis, Aëdes aegypti Program, Mexico |
| October 10 | Washington, D. C. | Fundamental Education Materials, Advisory Committee to the Latin American Bureau for the Production of | Dr. Miguel E. Bustamante, Secretary General, Dr. Héctor Abad Gómez, Chief, Maternal and Child Health Section |
| October 26-27 | San Diego, California, and Tijuana, D. C. Mexico | Border Health, United States-Mexico Meeting on | Dr. Fred L. Soper, Director; Dr. Miguel E. Bustamante, S.G.; Dr. Abraham Horwitz, Acting Chief, Division of Public Health; Dr. Jesse E. Ellington, Chief, El Paso District Office; Dr. Guillermo Samamé, M.O. V.D. Section |
| October 20-28 | Lima, Peru | Veterinary Medicine, 1st Pan American Congress of | Dr. Ervin A. Eichhorn, Director Pan American Foot-and-Mouth Disease Center; Dr. John D. Glismann, Public Health Administrator, Lima, Peru; and Dr. Benjamin Blood, Chief, Veterinary Public Health Section |
| November 4-11 | Porto Alegre | Hygiene, IX Brazilian Congress on | Dr. Oswaldo L. da Costa, Chief, Public Health Administration Section |
| November 21 | Buenos Aires | International Civil Aviation, Organization - Facilitating Division 3rd. Session | Dr. Emilio Budnik, Representative in Zone VI |
| November 26-29 | Washington, D. C. | Surgeon General of the United States Public Health Service, 50th Annual Conference | Dr. Héctor Abad Gómez, Chief, Coordinating Unit, Dr. Sidney B. Clark, Chief, Maternal and Child Health Section |

| Date | Place | Meeting | PASB/WHO Representation |
|---|---|---|---|
| December 1-8 | Lima, Peru | Pharmacy, Second Pan American Congress on | Dr. Oswaldo J. da Silva, Representative Zone IV |
| December 2-4 | Montevideo, Uruguay | Pediatrics, III South American Congress on | Dr. Emilio Budnik, Representative in Zone VI |
| December 2-8 | Geneva, Switzerland | Women's Alliance, Third Congress of the Pan American Medical, Inc. | Dr. Emilio Budnik, Representative in Zone VI |
| December 3-8 | Kingston, Jamaica, B.W.I. | British Medical Association Branches, First Caribbean Conference of the | Dr. P. F. de Caires, Aedes aegypti Program, Jamaica, B.W.I. |
| December 5-8 | Montevideo, Uruguay | Pediatrics, III Pan American Congress on | Dr. Emilio Budnik, Representative in Zone VI |
| December 6-8 | Gainesville, Florida | Caribbean, Second Annual Conference on the | Dr. Fred L. Soper, Director |
| December 9-15 | Buenos Aires, Argentina | Leprosy, III Pan American Conference on | Dr. Lauro de Sousa Lima. Departamento de Profilaxia |
| December 11-14 | San Salvador, El Salvador | INCAP, II Meeting of the Council of | Dr. Fred L. Soper, Director; Dr. Oswaldo da Costa, Chief, P.H. Administration Section, and Dr. Juan A. Montoya, Representative in Zone III |
| December 11-19 | Mexico, D. F. | Mental Health, 4th World Congress on | Dr. Miguel E. Bustamante, Secretary General, Dr. G. Hargreaves, Chief, Mental Health Section WHO |

Conference Section. This Section assists the Director, through the Secretary General, in the conduct of all meetings of the directing bodies of the Pan American Sanitary Organization. It prepares budgets for the meetings, sends out letters of convocation and copies of agendas; translates and distributes working documents; and organizes the secretariat for meetings, including arrangements for space, equipment, personnel, and simultaneous or consecutive interpreting. The Section also records and publishes the final acts or reports of meetings. It distributes a monthly calendar of international meetings of special interest to PASB.

The work of the Conference Section does not lend itself to statistical tabulation, except as to the number of meetings served and the volume of documents prepared. Statistics as to these, for 1951, are as follows:

| | Documents in English and Spanish | Pages Mimeographed in Two Languages |
|---|---|---|
| 13th Meeting of the Executive Committee | 48 | 1,383 |
| 14th Meeting of the Executive Committee | 46 | 418 |
| 15th Meeting of the Executive Committee | 6 | 30 |
| V Meeting of the Directing Council | 162 | 2,514 |
| II Meeting of the Council of the Institute of Nutrition of Central America and Panama (INCAP) | 68 | 432 |
| TOTALS: | 330 | 4,777 |

# MEMBERSHIP OF THE EXECUTIVE COMMITTEE

| COUNTRY | TERMS | | | | | |
|---|---|---|---|---|---|---|
| | From January 1947 October 1947 | From October 1947 September 1948 | From October 1948 September 1949 | From October 1949 September 1950 | From October 1950 September 1951 | From October 1951 September 1952 |
| Argentina | ■ | | ■ | ■ | ■ | |
| Bolivia | | | | | | |
| Brazil | ■ | ■ | ■ | | | |
| Colombia | | | | | | |
| Costa Rica | ■ | ■ | ■ | | | |
| Cuba | ■ | ■ | | | | |
| Chile | ■ | | | | ■ | ■ |
| Dom. Rep. | | | | | ■ | ■ |
| Ecuador | | | | | | ■ |
| El Salvador | | | | ■ | ■ | ■ |
| Guatemala | | | ■ | ■ | ■ | |
| Haiti | | | | | | |
| Honduras | | | | | | |
| Mexico | ■ | ■ | ■ | | | ■ |
| Nicaragua | | | | | | |
| Panama | | | | | | |
| Paraguay | | | | | | |
| Peru | | | | ■ | ■ | ■ |
| United States | ■ | ■ | | ■ | ■ | ■ |
| Uruguay | | ■ | ■ | ■ | | |
| Venezuela | | ■ | ■ | ■ | | |