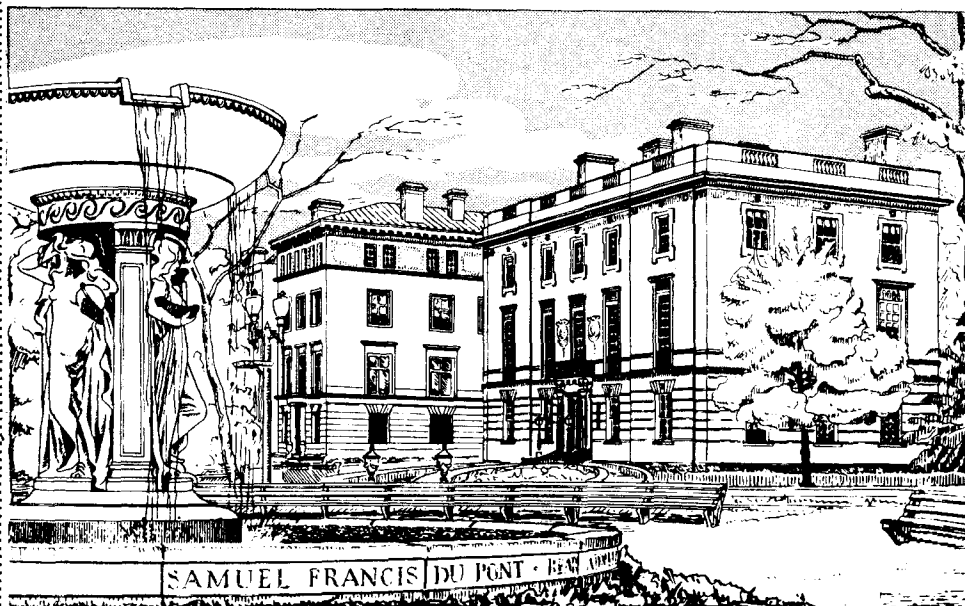




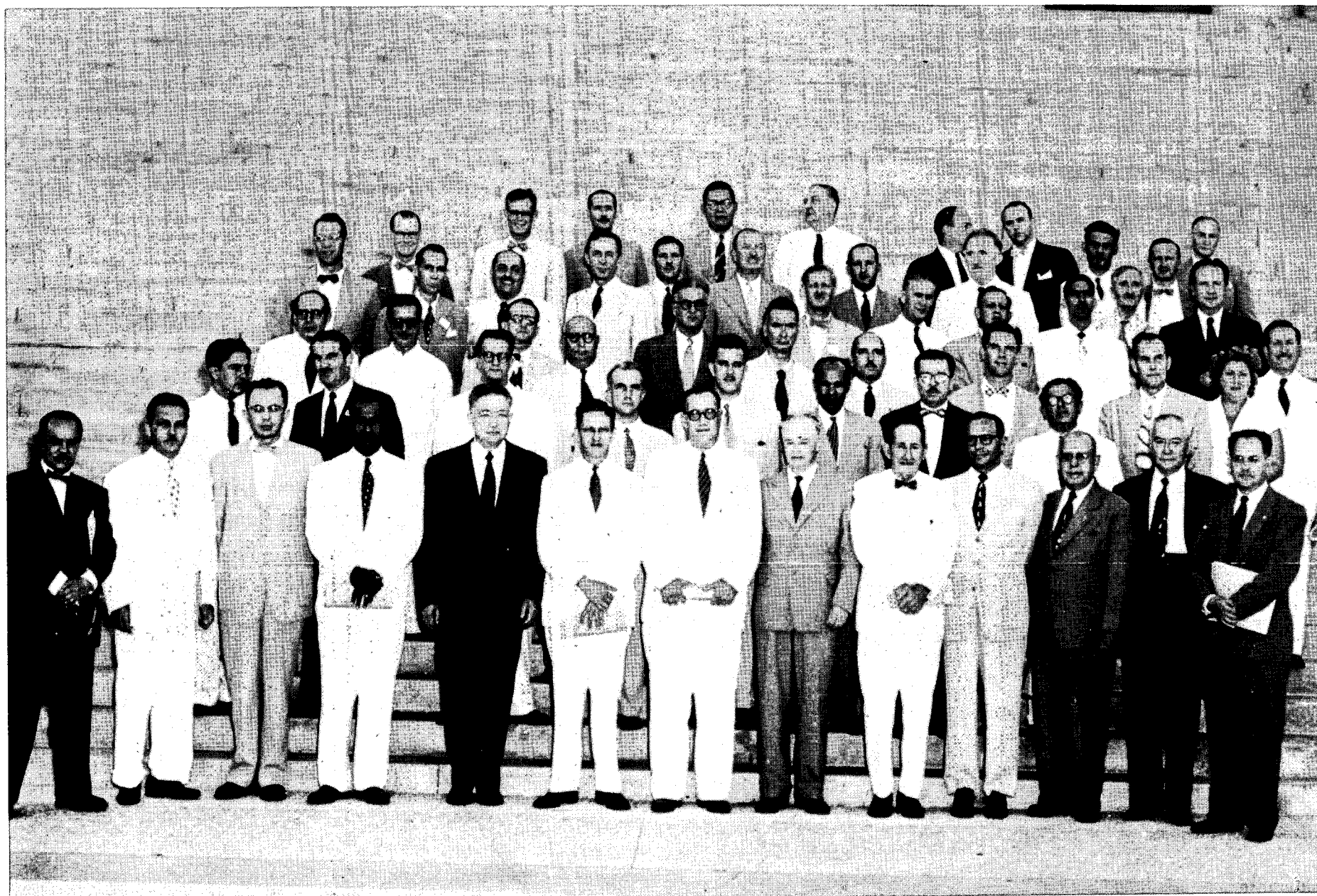
ANNUAL REPORT OF THE DIRECTOR

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



PAN AMERICAN SANITARY BUREAU BUILDINGS, DUPONT CIRCLE, WASHINGTON, D. C.

1952
WASHINGTON, D. C.



Representatives at VI Meeting of Directing Council of Pan American Sanitary Organization, Havana, Cuba,
15-24 September 1952

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ANNUAL REPORT OF THE DIRECTOR
of the
PAN AMERICAN SANITARY BUREAU
REGIONAL OFFICE FOR THE AMERICAS
of the
WORLD HEALTH ORGANIZATION
1952

1501 New Hampshire Ave., N. W.
Washington, D. C.

ABBREVIATIONS

AIDIS	Inter-American Association of Sanitary Engineering
CREFAL	Regional Center of Fundamental Education for Latin America
FAO	Food and Agriculture Organization
IIAA	Institute of Inter-American Affairs
ILO	International Labour Organisation
INCAP	Institute of Nutrition of Central America and Panama
ITC	International Tuberculosis Campaign
LEA	Liga Ecuatoriana Antituberculosa
OAS	Organization of American States
PASB	Pan American Sanitary Bureau
PASO	Pan American Sanitary Organization
SESP	Serviço Especial de Saúde Pública (Brazil)
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

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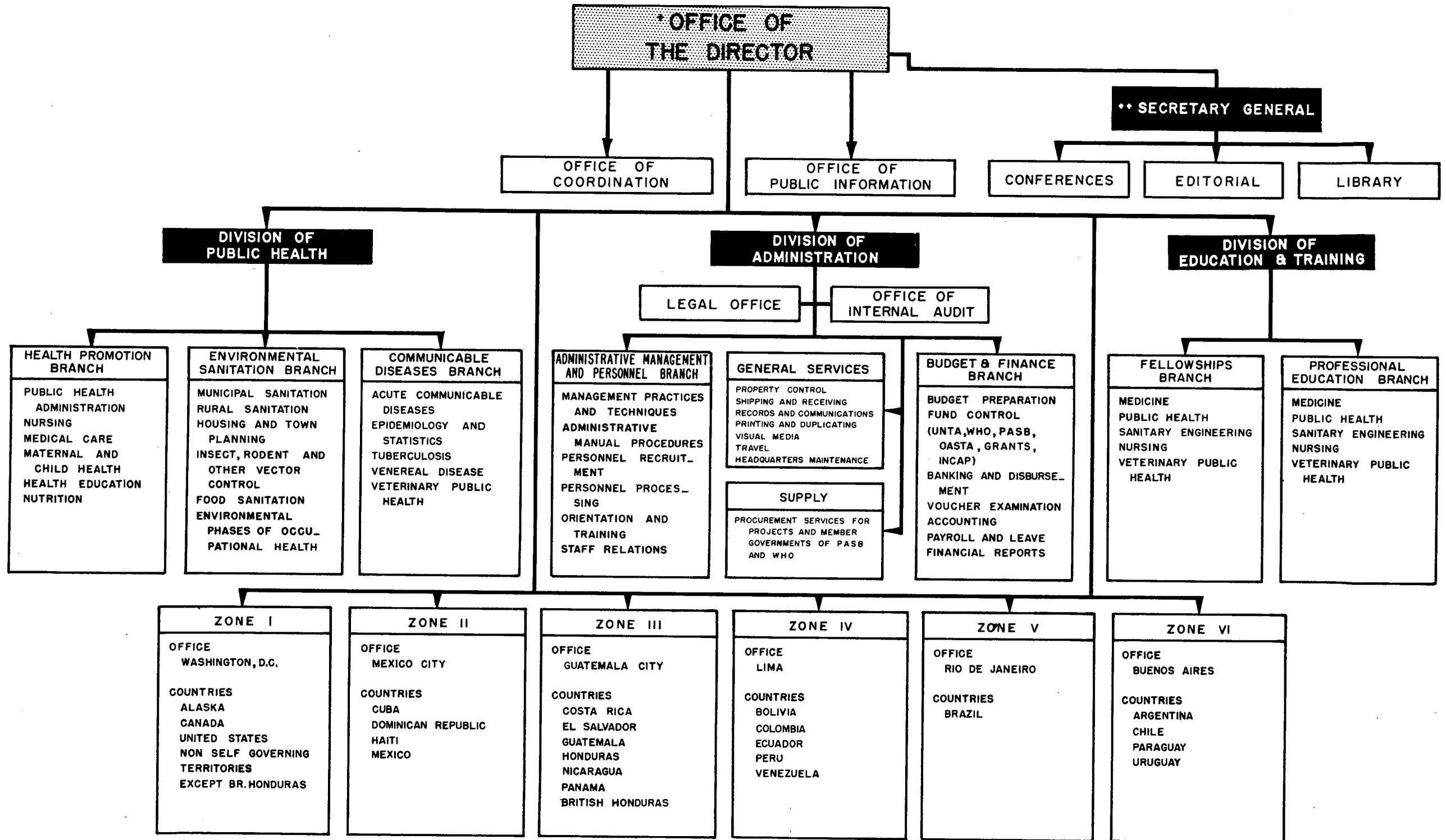
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PAN AMERICAN SANITARY BUREAU REGIONAL OFFICE OF THE WORLD HEALTH ORGANIZATION ORGANIZATION CHART



+ 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 DIRECTOR

2 SEPTEMBER, 1952

To the Member States of the Pan American
Sanitary Organization

I have the honor to transmit herewith a general review of activities of the Pan American Sanitary Bureau, Regional Office for the Americas of the World Health Organization, for 1952, together with reports of (1) organizational units of the Washington Office and (2) Zone Offices. The financial statement for the year is submitted as a separate document (CD7/7 and Annexes).

Respectfully yours,

Fred L. Soper
Director

**DIRECTOR'S
GENERAL REVIEW
For 1952**

GENERAL REVIEW

Introduction

The Director's review of the activities of the Pan American Sanitary Bureau for a given period should begin with a clear statement of the objectives of the Organization followed by a description of the activities of the Bureau in attempting to reach these objectives, an outline of the difficulties encountered, and an evaluation of the progress made. The Report for 1952 falls unavoidably short of this ideal.

The general objectives of the Pan American Sanitary Organization are to "promote and coordinate efforts in the Americas to combat disease and lengthen life and to promote the physical and mental health of the people." The Pan American Sanitary Bureau, the executive organ of the Organization, which serves also as the Regional Office of the World Health Organization for the Americas, works in a consultant capacity with, and through, the Ministries and Departments of Health of Member States for the development and improvement of official health services.

A proper report of the work of the Bureau, then, could be made only against the background of the health conditions, the stage of development of the national health program and, in some cases, the political conditions within Member States. It is obvious that the Bureau cannot, as a "service" organization serving national health authorities in the solution of their problems, report on the difficulties encountered in the individual country, nor may it take unto itself credit for any progress made by the national health services.

In the long run, the work of the Bureau must be judged by the extent to which it may have aided national health authorities in demonstrating the value of modern health departments and in stimulating the organization of adequate national health services staffed with well trained, adequately remunerated, full time, personnel not subject to political removal.

Special Events of 1952

1952 was the 50th year of the Pan American Sanitary Bureau, the 28th of the Pan American Sanitary Code, the 5th of the Pan American Sanitary Organization, and the 4th in which the Bureau served also as the Regional Office for the Americas of the World Health Organization. 1952 was also the first year in which available funds of the Bureau permitted allocations at the budgeted level.

The completion of the first half-century of the Bureau was celebrated by the First Inter-American Congress of Public Health, held at Havana, at which special emphasis was placed on the contribution of Carlos Finlay to the understanding and solution of the problem of yellow fever and on the continental program for the eradication of the Aedes aegypti mosquito, the urban vector of yellow fever.

At Havana, also, the Protocol abrogating certain technical articles of the Pan American Sanitary Code in favor of the Second International Sanitary Regulations approved by the World Health Assembly in 1951, was signed by the Representatives of 17 of the Member States. This action permitted, for the first time, technical uniformity of Sanitary Regulations throughout the World, beginning October 1, 1952 when the WHO regulations became effective.

Relationships

The Pan American Sanitary Bureau, which operates under the Pan American Sanitary Code (Havana 1924), has official relations established by formal agreements with the Organization of American States and with the World Health Organization.

Through these two agreements it has been possible to unify international health activities in the Americas under a single administration. The Bureau, while developing its own health activities, has handled those of the regular program of WHO, and of the United Nations Technical Assistance program (WHO). The Bureau has also discharged the technical responsibilities of WHO to programs receiving assistance from UNICEF and has handled the Aftosa project for the OAS under its Technical Assistance Program, and the Institute of Nutrition of Central America and Panama for the interested Member States.

For the solution of regional health problems, it is essential that the united front of the PASO/WHO combination which permits working relationships with all political units in the Region, be maintained. Any threat to the continuation of the present relationship should be viewed with alarm by the health workers of the Americas. It is important for the future development of international health work in the Americas that the present position of the PASB and the WHO be maintained and that their activities should not be dependent on the political organizations receiving funds from the same member governments which support the PASB and the WHO.

The question of the structure of international organization is an old one: should there be a single political organization with technical sections and having a single combined budget, or should the international technical fields be served by independent organizations governed by the technical representatives of participating Governments. The Pan American Sanitary Bureau (1902) and the Office International d'Hygiene Publique (1907) were always independent technical agencies. However, the Health Section of the League of Nations (1922) was a technical section of the political organization. In 1945, the U. N. Conference (San Francisco) determined that the WHO should be an independent specialized technical agency with its own governing bodies.

That the question was not even temporarily settled, however, is evident from the creation in 1946 of UNICEF, and later in 1949 of the Technical Assistance Council of the United Nations, and the TA Council of the OAS, as integral parts of the corresponding political organizations.

The programs and projects financed with funds raised from Member States with which the Bureau was associated in 1952 were approved and authorized in various ways; (1) by the PASO/WHO governing bodies, (2) by the Executive Board of UNICEF, (3) by the Executive Chairman of the UN/TAB, or (4) by the Coordinating Committee on Technical Assistance of the Organization of American States.

During 1952, changes were made in the organization of the Technical Assistance Board of the United Nations by which the Executive Chairman of the Board and his agents, the Resident Technical Assistance Representatives, were given much greater control over the development of program plans and the approval of projects in the various technical fields, and the coordination within individual countries of the activities of all specialized United Nations agencies, including the WHO, operating with Technical Assistance Funds. This has tended to create a confused situation, since the Bureau has direct relationships with the sanitary authorities of Member States established by the Pan American Sanitary Code, which the authorities of Member States do not wish to see interrupted, even in the discussion of WHO Technical Assistance projects.

In the solution of this relationship in the Southeast Asia region, the WHO has placed in each Member State a so-called "Area Representative" whose only function is to "Act as a link with the National administrations, other United Nations agencies and bilateral agencies in planning programs and adjusting them to local needs."

In other words, the WHO has established its own Resident Technical Assistance Representatives to deal with representatives of other agencies in individual countries. Aside from the expense involved, the Director of the Bureau feels that such a system in the Americas would be in effect an usurpation of the natural functions of coordination of health activities of the National Health Ministries.

Financing of International Health Work

The governmental financing of international health activities in the Americas in 1952 was based on quotas to the budgets of the PASB and the WHO* and voluntary contributions to UNICEF, Technical Assistance of the United Nations and Technical Assistance of the Organization of American States. In practice, the multiplicity of bureaucracies controlling funds devoted to international health work, all originating in the treasuries of the same governments,

*During 1952, the PASB budget was supported by contributions from the 21 American Republics, France and the Netherlands; the WHO budget by contributions from Canada, all of the American Republics except Columbia, France, the Netherlands and the United Kingdom.



Signing of Additional Protocol to Pan American Sanitary Code, 24 September 1952, Havana, Cuba



Committee on Administration, Finance and Legal Matters, VI Meeting of Directing Council of the Pan American Sanitary Organization, Havana, Cuba

has proven cumbersome and expensive. Truly can it be said that "Bureaucracy breeds bureaucracy".

A study of the budgets of the Bureau for 1952 and for 1953, indicates that the technical organizations in the international health field and their governing bodies have failed to recognize the full emotional and economic appeal of health programs and have not successfully sold their programs to governments. The non-technical agencies (UNICEF, UN/TA, and OAS/TA) have been more successful, with the result that the funds made available by these same governments for health work through voluntary contributions in 1952 were considerably greater than those made available to the PASB and WHO through regular quota payments.

The Bureau and the WHO find it difficult to develop a well rounded program in the international health field, since much of their scanty funds go to maintain the administrative machinery for handling projects financed by funds raised by special appeals to benefit the defenseless child on the one hand and to improve the economy of the world through improved health on the other, without due consideration of how these objectives could best be obtained through the integrated development of general health programs.

Accumulated public health experience proves that the health of the child can be best protected by general health services which cover the needs of the family and of the community in which the child lives; and that while certain diseases constitute such great economic handicaps that considerable economic gain can be gotten through special intensive campaigns (one could mention especially yellow fever, hookworm disease, malaria, typhoid), the long-term economic control of such diseases is properly a function of the general health program. On the other hand, it is difficult to name any public health program which does not, in the long run, affect the economic life of the community. Furthermore, the consideration of health primarily from its impact on the economy of a country cannot be justified from the humanistic viewpoint. As the slogan of the Health League of Canada puts it "Health is the 'first wealth'".

The uncertainty of the continued supply of funds through voluntary contributions makes it doubly difficult for the Bureau and WHO to make long-term plans. During 1952, the Director-General of WHO had occasion to appeal directly to Member States of WHO for payment of contributions to UNICEF and to Technical Assistance, to avoid interruption of health programs in which WHO was participating.

It became apparent before the end of 1952 that the Technical Assistance program of the United Nations was greatly over-extended and that agreements with governments made by the WHO and other agencies would have to be canceled and retractions made. And all this within a few months after great pressure was being placed on the Bureau to get more projects organized so available funds could be exhausted in order to justify urging contributing countries to make new financial commitments to TAED/UN. It was apparent at the end of 1952 that in order to salvage existing programs it would be necessary to use PASB and WHO Regular funds during 1953 and delay the development of budgeted programs for which definite commitments to Governments had not yet been made.

It is obvious that the present system of financing is unstable and cannot long continue. The voluntary contributions of today must be stabilized in some type of quota payment over a number of years, if effective work, based on adequate planning, is to be done. At the end of 1952, governments are facing the question of the long-term financing of international health.

The point at issue is whether their own technical health representatives sitting with the health authorities of other governments as the Directing Council of the PASO and as the Assembly of the World Health Organization should determine policies, approve programs, and vote budgets for international health activities, as established in the Pan American Sanitary Code and in the Constitution of WHO, or whether these functions should be discharged by the lay representatives of the same governments in the international political organizations.

A specific issue which must be faced is the future of the Technical Assistance Program of the OAS. Should the OAS continue to raise funds, with the appeal of health as an economic factor, and then allocate such funds to individual projects on the recommendation of the Coordinating Committee on Technical Assistance, thus in effect bypassing the technical governing bodies of the PASO? It is, of course, within the realm of OAS to recommend, for the consideration of the Pan American Sanitary Organization and of the Member States, such programs as it considers to have general or specific importance on economic or other

grounds but the responsibility for approving the programs and raising the necessary funds rests with the governing bodies of the Pan American Sanitary Organization.

Administration and Personnel

During 1952, the Bureau continued, as in 1950 and 1951, to expand the regular programs of the PASO and the WHO while at the same time working under pressure for the preparation of projects to be financed from Technical Assistance Funds or to be aided with materials and supplies furnished by UNICEF. Given the existing international organizational structure, pressure must unavoidably develop, at times, for the approval of programs without Bureau participation in planning, for the rapid preparation of projects for spending certain sums of money within a given period of time, and for projects which might not have been voluntarily included in its program by the Bureau, had funds been directly available to it. The regular pattern of preliminary survey, long-term planning, and gradual development has been disrupted through yielding to such pressure.

The necessity of rapidly developing projects in collaboration with other organizations, according to the terms of reference of such organizations, terms of reference which have not remained constant, has multiplied the administrative difficulties of the Bureau and markedly increased staff requirements at Headquarters and in Zone Offices.

During 1952, the Bureau completed the installation of zone offices with the inauguration of the offices in Mexico City and in Buenos Aires and for the first time has been able to set the same pattern for project development throughout the region. The decentralization of many responsibilities to zone offices has already greatly improved the Bureau's contact with government authorities, with representatives of other organizations and with its own field staff. Decentralization has led to modification of the Division of Public Health with a grouping of the multiple responsibilities of previously existing sections in the three branches of Health Promotion, Communicable Disease, and Environmental Sanitation.

The position of Chief of the Division of Education and Training was filled during the last half of 1952 and considerable progress made in developing contacts in this field and bringing this phase of the Bureau's operations in line with those of the Division of Public Health.

There was during 1952, considerable discussion during meetings of the governing bodies of the administrative costs of the Bureau, and a special committee was appointed to study the problem of decentralization and to determine how more funds could be made available for training and for field projects.

At the completion of half a century of life, the Bureau might be expected to be well out of the organizational stage of development, but only five years have passed since the Directing Council (Buenos Aires 1947) first authorized a budget in excess of a hundred and fifteen thousand dollars. Budgets approved by the Directing Council do not become operative until quota payments from Member Governments build up a cash reserve permitting full-scale activity. Expenditures of the Bureau first passed one million dollars in 1950, and 1952 was the first year during which, from the beginning of the year, the Director could, with security, authorize operation at close to the approved budget. At the end of 1952 the formative period of the Bureau was well advanced but still incomplete.

The proper staffing of the Bureau is a slow process and one which, because of the nature of the Bureau's relationship to governments, should never be complete. In the development of an international multi-lingual staff recruited from Member States, the Director has to choose between experienced public health workers, already in the employ of Member Governments, and relatively inexperienced, recently graduated young men, who may develop life careers in the field of international health. There are certain advantages and disadvantages of each group. It is difficult for the Bureau to give administrative field experience to young inexperienced workers since, in general, the function of the Bureau is essentially an advisory one and it is, at times, difficult to get acceptance of advice from young workers, no matter how apt such advice may be.

In choosing experienced workers from government health services, the Director has encountered protests from the health authorities of the governments concerned or from other public health workers, who feel that the international organization should be always contributing to and never receiving staff from Member States. Also, the appointment of government

officials to the Bureau staff is often on a temporary, or, at least, non-career basis, and acquired experience in the international field is lost to the Organization, after a few years. But an international health organization, such as the Bureau, has no international populations for which it is responsible and hence the staffing of the Bureau should be carried out in the manner best calculated to improve national health services while maintaining stability in the Bureau.

This leads to a staff composed of elements from both groups. A working organization of permanent employees of the Bureau who look forward to careers in international health is essential to long-range planning and efficient execution of regional policy but, on the other hand, there can be no doubt of the importance to government of having officers gain experience in the wider field of activity offered by the Bureau, nor of the value to the Bureau of having outstanding health workers from national services come into the Bureau from time to time. There is, of course, also an advantage to the government and to the Bureau in their mutual relationships in having individuals who have worked with the Bureau return to occupy important positions in their own countries.

The Bureau cannot best develop through the creation of a closed staff with appointments to the positions of higher grades open only to those who may already be in the Bureau. Rather should the Bureau maintain the possibility of outstanding health workers from Member States coming to the Bureau for work at levels corresponding to their ability and capacity. Such individuals should contribute to the work of the Bureau and should, at the same time, broaden their vision and be better able to return to their own countries to collaborate with the Bureau in the improvement of the health program of the Continent.

By the end of 1952 considerable progress had been made in the development of the Bureau's own long-term professional staff and, at the same time, a number of responsible positions in the public health and public health educational fields, in the Americas, were held by individuals who had had staff experience with the Bureau.

Government Investigation of International Civil Servants

In addition to the regular administrative staff responsible for organization, policy development, relationship with governments, and long-range planning, the Bureau often requires, on short notice, short-term consultants, advisers, and even administrators for special problems. These short-term consultants are often professors, teachers, public health workers and others who would not be interested in leaving their permanent posts but who can become available for short-term assignments.

The difficulties in the use of United States citizens for short-term consultant work due to the insistence by the Government of the United States on a preliminary loyalty investigation of United States citizens, previous to employment by the Bureau, may force it to seek properly prepared professional workers elsewhere, who can be hired on short notice without awaiting time consuming loyalty investigations requiring several months. This may well result in more, rather than less, drafting of personnel from the Latin American countries as time goes on.

The threat* to the use of United States nationals, who represent actually far in excess of fifty percent of the available technically trained health workers in the Americas, became apparent during the latter part of 1952 when the United States Government announced its program of investigation of the loyalty of all United States citizens employed, or to be employed, first, by the United Nations and, eventually, by all international agencies.

On January 9, 1953, the President of the United States issued Executive Order No. 10422 which was amended by Executive Order No. 10459 of June 2, 1953.

On March 18, 1953 the Department of State officially demanded that the Director of the Pan American Sanitary Bureau should,

1. Accept the responsibility to take such official action as may be required to insure that all United States citizens presently employed, and expected to be employed, complete required detailed personal history forms to be used as the basis for investigation.

*Although strictly not a part of the 1952 report, it seems expedient to report here on the development of this threat during early 1953 rather than in a separate document.

2. Agree not to employ any additional United States citizens until the results of the investigation of such individuals are given to the Director by the U. S. Government.

3. Agree that after the results of the investigative process are made available to him, he will not employ, or continue to employ, any United States citizens who are demonstrated to be, or likely to be, engaged in subversive activities against the Government of the United States.

The statement was made that a failure to comply might result in the withdrawal of the financial support to the Bureau by the United States. In facing these demands the Director of the Bureau was influenced by the following considerations:

1. The right of the Bureau to employ experts is established in the Pan American Sanitary Code (Havana 1924), a treaty ratified by all of the American Republics.

2. The Constitution establishes employment as a function of the Director and provides that the Director shall not take instructions from any government but shall make appointments in accord with the Rules and Regulations adopted by the Council.

3. The Bureau cannot give special consideration to the U. S. A. with regard to its citizens for if the U. S. A. is to set up the conditions under which the Bureau may employ U. S. citizens, the Bureau must be ready to permit each of the other Member States to establish the conditions under which the Bureau may employ its nationals. (These conditions need not be the same as those proposed by the United States since the United States Government has acted independently of the Governments of other Member States.)

4. The delay inherent in carrying out the pre-employment investigation of individual experts, even if acceptable philosophically, would invalidate and penalize much of the program of the Bureau and reduce its efficiency to such a point that it might be difficult for the Director to recommend its financial support by Member States.

After considerable correspondence and prolonged discussions with representatives of the Secretary of State, the Director of the Bureau agreed,

1. To submit names and addresses of U. S. citizens who are Bureau employees, together with fingerprints, to the U. S. Department of State.

2. To distribute U. S. loyalty investigation forms to U. S. citizens in the Bureau.

3. To receive for due consideration by the Director such information as the U. S. Government may submit regarding the suitability of individual U. S. citizens for continued employment by the Bureau.

4. To submit to the State Department the names and addresses of U. S. citizens who are being offered positions in the Bureau, and to forward to each such individual the loyalty investigation form.

5. To receive for due consideration such information as the U. S. Government may submit regarding the suitability of new appointees at any time, either previous to entry on duty or during a Probationary Period of one year, before a definitive long-term appointment has been made.

The State Department has accepted proposals 1 to 4 but is insisting that no U. S. citizen be employed prior to investigation by the U. S. Government.

Independently of any agreement, the Director has temporarily suspended the employment of U. S. citizens since February 1953, hoping for a satisfactory consideration of item five above by the State Department.

Headquarters Building

The year 1952 was the first full year of occupancy by the Bureau of its buildings at 1501 and 1515 New Hampshire Avenue. Although the total space available in the present headquarters has been found inadequate for the proper expansion of certain activities, the location of these buildings is ideal for the work of the Bureau in Washington. A study was made during 1952 by the Permanent Subcommittee on Buildings and Installations and recommendations made for planning on a ten-year period of occupancy. On the basis of such a period, recommendations were made for improvements including air-conditioning, an oil burning furnace, and an elevator to the fourth floor of 1501. These improvements were initiated in 1952 and the air-conditioning unit is promised before the beginning of the summer, next year.

Program Activities

Considerable information regarding the program activities of the Bureau will be found under the sections of this report devoted to the Divisions of Public Health and of Education and Training, and under the reports of the Zone Offices. During 1952 an increasing emphasis was placed on the development of continental, regional, and inter-country programs.

The following general comments are made with regard to some of the more important activities carried out by the Bureau in 1952:

An important achievement was the establishment of the Inter-American Center of Biostatistics in Santiago, sponsored by PASB, WHO, United Nations and the Chilean Government. The aim of this long-range educational program is to improve vital and health statistics in the American countries in order to obtain a better knowledge of their health needs as a basis for the adequate planning of health programs.

Yellow fever continued to be one of the major concerns of PASB in 1952. The continued extension southward and eastward of the epizootic wave in Southern Brazil and the north-western extension of the virus in the epizootic areas of Costa Rica and Nicaragua, resulted in an appreciable number of cases during the year, causing alarm and arousing greater interest in the problem. Fortunately, no cases of yellow fever attributed to transmission by the Aedes aegypti mosquito were reported in the Americas, which shows that the campaign for the continental eradication of this insect from the Americas is paying gratifying results. The Bureau continued to collaborate with the Government of Brazil and Columbia in the preparation and distribution of yellow fever vaccine as well as in the provision of laboratory diagnosis service to the American countries.

Regarding influenza, the Bureau was made responsible for developing the network of Influenza Centers in the Western Hemisphere and for improving the efficiency of the program in all of its aspects.

In the field of the treponematoses, the yaws eradication campaign in Haiti deserves special mention for its successful results. Up to December 31, 1952 a total number of 1,603,313 persons have been treated. The project operated for its first full year under the method of house-to-house treatment. It has been shown that treatment of contacts is essential if the continued production of new cases is to be prevented. Evidence continued to accumulate indicating that the 600,000 units of penicillin dosage adopted as routine in Haiti is adequate.

In 1952 its second year of existence, the Pan American Foot-and-Mouth Disease Center became a functioning virus research laboratory and prepared to become a training center, although it is ready to undertake, in 1953, formal training courses, special concentrated training, diagnostic services and field consultation for national control programs. In 1952, important research was accomplished in the use of suckling mice as experimental animals. Studies were begun on the adaptation of the aftosa virus to adult mice, which when fully completed should greatly improve diagnostic services and reduce the cost of vaccine production.

One of the most important developments that took place in 1952 was the increasing amount of advisory services and technical assistance given to health departments on general public health services, upon request of the national health authorities. This has made it possible for the Bureau to stimulate the establishment of a much better balanced health program and comply with the recommendations of the Executive Committee of PASO and of the governing bodies of WHO to the effect that priority be given to strengthen the existing health services of the various countries.

The activities in the field of maternal and child health have been, as far as possible, integrated into the general public health program. General public health projects have been stimulated in accordance with the principle that the health of mothers and children is affected by the health status of the other groups in the community, and that in this particular field the influence of the sanitary conditions on the environment is especially marked.

Separate activities in the field of health education were not stimulated in 1952. Efforts have been made to integrate specialized projects carried on from 1951 into activities in the general field of public health and to put across the advantages of considering health education as an indispensable component of each of the other activities of the health services.

Public health nursing activities can be found throughout the program of the Bureau in 1952 as an integral part of a variety of projects dealing with generalized public health or

specialized projects. An increasing amount of in-service training for nurses and auxiliary personnel for the public health nursing services was provided, in addition to the emphasis put on the professional training carried out as part of the education program.

Lack of adequate information concerning the composition of local food, nutrition needs and customary local diets in Latin America has represented major difficulties in developing a sound and effective program in nutrition in these countries. The contribution of the Organization in this field was represented in 1952 mainly by the assistance given to the National Institute of Nutrition of Ecuador and the Institute of Nutrition of Central America and Panama, which, under the Protocol of Tegucigalpa, is administered by the Bureau.

Plans were made in 1952 for starting early in 1953, studies of the various culture areas in the Americas, with special regard to their influence on the health conditions of rural communities. This step was taken with the purpose of making available to the public health administrators basic information on local culture, as well as methods and techniques that could best be used in the various culture areas for introducing and carrying out public health activities.

Principal emphasis in the field of environmental sanitation was given to insect control and to the training of sanitary engineers and other sanitation personnel. Eradication of Aedes aegypti from this hemisphere continues to be a major objective of the Bureau and vigorous efforts in this connection are included as an integral part of country programs of insect control which are assisted by the Organization. These are planned to include an attack on vectors of malaria where this disease is still present.

The Organization is interested in the establishment in every country of an informed and professionally-minded group of sanitary engineers and other sanitation personnel. To this end a beginning was made in a program of assistance to several schools of public health in the training of sanitary engineers and other sanitation personnel. This was in addition to the assistance along this line under the program of fellowships for public health personnel to study abroad.

Preparation of professional and auxiliary personnel in public health and its related fields is fundamental to the basic concept of the work of the Bureau. These activities have gained impetus during the year and are gradually becoming the core of the programs of the Organization. Training personnel in the traditional fields of sanitation and public health nursing and administration has received increasingly more attention as it becomes better integrated with every project of assistance to Governments. New emphasis has been given to the strengthening of the organized schools of public health, medicine and related professions, aiming to achieve a deeper and long-lasting effect on the health of the Americas. Through seminars and training courses as well as through expert consultant services and fellowships for field workers and senior members of faculties, interest has been stimulated and knowledge widely disseminated for the better training of medical and public health personnel.



A session of the First Inter-American Congress of Public Health, Havana, Cuba



Round Table on Malaria, First Inter-American Congress of Public Health, Havana, Cuba

DIRECTOR'S OFFICE

DIRECTOR'S OFFICE

The work load of the Office of the Director, which is responsible for relationships with Member Governments, with the World Health Organization and other International Agencies and for the overall supervision of the work of the Bureau, was lightened appreciably by the appointment of a Chief of the Division of Education and Training and the transformation of the Office of Planning and Coordination of the Division of Public Health into the Unit of Coordination of the Director's Office. The failure to fill the post of the Chief of the Division of Public Health, however, left the Director's Office with a heavy administrative load and inadequate time for study and for forward planning.

During 1952, the Director was away from Washington almost half of the year, thus throwing much of the administrative burden on the Assistant Director. The Director attended the meeting of the Executive Board of the World Health Organization in Geneva in January and the World Health Assembly in May and visited Colombia, Ecuador, Peru, Brazil, Uruguay, Argentina, and Chile in the company of the Deputy Director General of the World Health Organization. Other visits during the year were made to Mexico, Guatemala, El Salvador, Nicaragua, Costa Rica, Panama, Paraguay, Brazil, Peru, Colombia, Argentina, and Uruguay. Several weeks were spent in Havana, Cuba, at the time of the meeting of the Directing Council and the First Inter-American Congress of Public Health celebrating the fiftieth anniversary of the Bureau.

During 1952 the decentralization of activities to the Zone Offices was very largely completed and a statement of policy on lines of authority, division of responsibility, and working procedures prepared. Considerable attention had to be given to the matter of budget preparation since not only was it necessary to maintain a current review of the 1952 operations but coordinated plans had to be made for the program of the PASB and Technical Assistance of the Organization of American States for 1953, while budgets for 1954 of the World Health Organization and of Technical Assistance from the United Nations were being prepared and coordinated with a proposed tentative budget for the Pan American Sanitary Bureau for 1954. Tentative plans had also to be made for the utilization during 1953 and 1954 of funds from other sources, including the United Nations Children's Emergency Fund which is unable to make tentative plans for the future. Quarterly reviews were carried out during the year for the 1952 operations in an attempt to analyze commitments, determine savings, and plan additional programs with available funds. (In spite of this activity a considerable amount of World Health Organization funds remained unspent at the end of the year.)

Special consideration was given to the development of procedures for joint programs with the United Nations Technical Assistance Administration, UNESCO, ILO, FAO, UNICEF, and other international organizations.

The Office of the Director participated in meetings of the Committee on Constitution and of the Building Committee and on numerous meetings of internal Bureau committees, such as the Contract Review Committee, Exhibit Committee, Library Committee, Program and Budget Committee, Reports Committee, and Selection Committee.

A number of meetings and conferences away from headquarters were attended by the Director and Assistant Director during the year.

Unit of Coordination

On January 1, 1952 the Office of Planning and Coordination became the Unit of Coordination and was transferred from the Division of Public Health to the Office of the Director. The Unit serves all Divisions, Zone Offices, WHO Headquarters in Geneva and the Liaison Office with the United Nations in New York. Its activities include the receipt and review of proposed projects related to country and inter-country programs of the World Health Organization, the Pan American Sanitary Bureau, Technical Assistance of the United Nations, Technical Assistance of the Organization of the American States, UNICEF, and programs financed by grants from other agencies. In September and October 1952 the Unit coordinated the preparation of project summary sheets for the Technical Assistance program for 1953 required by the Technical Assistance Board of the United Nations preliminary to a critical

review of all projects made by a lay committee for the Executive Secretary, under the new administrative organization of the TAB of the United Nations.

The Unit is responsible for routine procedures in the development of projects such as reporting requests of governments to the Technical Assistance Board, preparing requests for allotment of funds, checking draft agreements for form, reporting requests for exemptions of the payment of local costs, and advising Zone and other offices of all pertinent decisions.

Project files showing the status of projects are maintained and current reports prepared on individual projects and on entire programs as appropriate.

The files contain detailed information on the development of each project, the time of its authorization, the legal agreements relating to it, the operational and personnel situation and progress reports.

These project files constitute the central files on all projects and are used by the Divisions of Public Health, Education and Training, and Administration, which maintain no separate project files.

The work load of maintaining project files and distributing correspondence is directly related to the number of projects as shown below:

TABLE 1

Projects Filed During 1952

STATUS	Responsible Organization					
	WHO/Reg.	UN/TA	PASB/Reg.	OAS/TA	Unclassified	Total
Actively in Planning or Operation	38	77	24	1	-	140
Completed Inactive or Withdrawn	32	33	14	4	-	83
Projects of other Agencies in which WHO declared interest	-	45	-	-	-	45
Prospective projects not yet numbered	-	-	-	-	90	90
Totals	70	155	38	5	90	358

Unit of Public Information

In addition to the Unit of Coordination, the Director's Office is responsible for the direct supervision of the Unit of Public Information which sought during 1952 to extend the understanding of the work of the official international health organizations in the Americas throughout the Member States by means of press releases, radio broadcasts, circulation of films, display of visual exhibits at conferences, the use of speakers and through direct mailing of publications and information in reply to queries.

Throughout the year increasing use was made of governmental and non-governmental public health and civic organizations for the bulk distribution of PASB/WHO informational materials.

CRONOLOGIA DE LA OFICINA SANITARIA PANAMERICANA



1952 CINCUENTA AÑOS DE COOPERACION PANAMERICANA PRO SALUD PUBLICA

Principal dates in the Chronology of the Pan American Sanitary Bureau; part of the exhibit presented during the Congress of Public Health



Exhibit of Pan American Sanitary Bureau, Regional Office of the World Health Organization, at meetings in Havana, Cuba, September-October 1952

Various publications of the World Health Organization were distributed to health centers, doctors, and teachers and to periodicals for review. "The Lamp is Lit" was translated into Spanish and 8,300 copies distributed chiefly through the Zone Offices.

An article, "WHO and PASB in the Americas" was prepared for the Journal of the American Medical Women's Association and 5,000 reprints were distributed. Other special articles were prepared for publication by request of various organizations.

The WHO Newsletter was, as usually, reprinted in English and was translated and published in Spanish and Portuguese. The December 1952 number was devoted to Public Health work in the Americas in commemoration of the Fiftieth Anniversary of the Pan American Sanitary Bureau, using material prepared in this office.

The 1952 distribution of the Newsletter in the Americas was:

English	280,200
Spanish	50,300
Portuguese	11,000
French	3,000

Weekly tape recordings were prepared in Spanish for United Nations shortwave broadcasts. These broadcasts were reissued in some countries through national stations.

The two WHO documentary films, "The Ancient Curse" and "Somewhere in India" were constantly circulated during the year.

The 1952 exhibits included:

Jan. 27-31 New York, N. Y. - Third U. S. National Commission for UNESCO

April 7-9 Washington, D. C. - National Conference on International Economic and Social Development

June 23-26 Atlantic City, N. J. - American Veterinary Medical Association Meeting

Sept. 15-Oct. 2 Havana, Cuba - PASO Executive Committee and Directing Council Meetings
First Inter-American Congress of Public Health.

Sept. 17-20 Washington, D. C. - Seventh National Conference on Citizenship, Statler Hotel

Oct. 20-24 Cleveland, Ohio - Eightieth American Public Health Association Meeting

Oct. 27-31 New Haven, Conn. - Medical Center of Yale University

Dec. 1-31 New York, N. Y. - WHO Office in the United Nations

The Unit cooperated with United States Government agencies in planning special radio programs, including a nationwide broadcast and other publicity for World Health Day (April 7). The distribution of World Health Day kits reached 3,612.

Daily reports on meetings of the Executive Committee and the Directing Council were supplied to news agencies.

Secretary General

The Secretary General, officially a component of the Director's Office, was during 1952 more directly responsible for:

1. Internal and external relations with the governing bodies of the Pan American Sanitary Organization and with Member States.
2. Relations with health authorities and with governmental and non-governmental organizations on matters not connected with specific programs.
3. Reference and dissemination of technical and scientific information.
4. The direct supervision of the Conferences, Editorial, and Library Sections.
5. The compilation of monthly and quarterly summary reports and the preparation of the annual report.

SECRETARY GENERAL

Conferences and Translating

Editorial

Library

SECRETARY GENERAL

The activities of the Secretary General included the preparation and follow-up of organizational meetings, staff and joint staff meetings; the technical correspondence on the above activities; and the safe keeping of permanent documents of the Pan American Sanitary Organization.

Officials from government health and welfare services or from other departments dealing with international health problems requested information on matters such as the organization and functions of PASB and WHO; types of appointments of representatives to meetings; organization of meetings, studies of specific diseases, health regulations, literature available on all kinds of health and medical questions. These were answered by the Secretary General, reporting when necessary to the Director and Assistant Director, or channelled to the appropriate divisions of the Bureau.

The governments received reprints of articles or pamphlets with general technical information. One activity was related to radioactive materials and information from the Atomic Energy Commission, the request for periodic reports from users, and the preparation of translations and information for physicians, as per regulations of AEC. Information to governments, publications, and data to specialists designated in each country were furnished.

Technical assistance was also given by acting as liaison center for scientists working in different countries and helping them to establish contact with others working on similar subjects. Zone Offices were informed and requested to assist. Officials of national health departments were frequently briefed on the organization of the Pan American Sanitary Bureau and the World Health Organization.

Governments were served in technical health problems upon receipt of calls for information from Embassies in Washington, which calls were then followed up with the national health authorities in each country.

Since the Secretary General is in charge of the documentation for meetings sponsored or called by the Bureau, the list of conferences and meetings in Table 4 is indicative of the activities during the year.

The Secretary General attended and served as Secretary at the 16th Meeting of the Executive Committee, Washington, and at the 17th and 18th Meetings of the Executive Committee and the VI Meeting of the Directing Council in Havana; attended the 10th Annual Meeting of the United States-Mexico Border Public Health Association held in Monterrey, Nuevo Leon, Mexico, in March; represented WHO/PASB at the Annual Meeting of the American Psychiatric Association in May in Atlantic City, New Jersey; took part, with the Assistant Director, in the meeting in August to sign the agreement with the Mexican Government for the establishment of Zone II headquarters in Mexico City.

The Bureau was in charge of services for the 17th and 18th Meetings of the Executive Committee and the VI Meeting of the Directing Council held in Havana, Cuba, in September. The Secretary General handled the correspondence and communications with representatives of non-governmental organizations invited by WHO to the Directing Council Meeting and provided them with documentation and information.

From 26 September to 1 October, the First Inter-American Congress to commemorate the 50th Anniversary of the Pan American Sanitary Bureau was held in Havana, Cuba. With Dr. Francisco Barrera, Secretary designated by Cuba for the First Inter-American Congress of Public Health, the Secretary General served as Secretary of the Congress. Communications were sent to associations, schools and individuals relative to their attendance and participation in the Congress. This was done to facilitate consultations with scientists invited jointly by the Government of Cuba and the Pan American Sanitary Bureau. After the Congress letters of thanks were sent, answers given to requests for copies of papers, and correspondence with those in charge of the publication of the Proceedings of the Congress was initiated.

The United States-Mexico Border Public Health Association, very closely related to the Bureau's program of international cooperation in public health problems of the two nations, held its Annual Meeting in Monterrey, Nuevo Leon, in March. The Bureau was represented by the Director, the Secretary General and the Chief of the El Paso Office. The Health Officers of Arizona, California, New Mexico and Texas and of Coahuila, Chihuahua,

Nuevo Leon, Sonora and Tamaulipas were present, as well as the federal representatives of the health services of Mexico and of the United States.

Assistance was given to the Annual Meeting of the Council of INCAP in Panama through the staff of the Conference Section.

Invitations were sent, at the request of the host country, to the American Republics for several Pan American Congresses and Conferences.

The supervision of the Editorial Section required the preparation or revision of editorials, the planning of contents, schedules for publications, and management of allotments.

An article in Spanish, written under the title: "Los Primeros Cincuenta Años de la Oficina Sanitaria Panamericana," was published in the December Bulletin of the PASB, an issue commemorating the 50th Anniversary of the Pan American Sanitary Bureau.

The increase in number of technical publications in Spanish and some in Portuguese, issued during the year, reflects the progress in general of the Bureau and of the World Health Organization.

Arrangements were made between the Publication and Reference Services in Geneva and the Editorial and Library Services of the Bureau for the simultaneous publication of articles in English and French in the Bulletin of the World Health Organization and in Spanish in the Bulletin of the Pan American Sanitary Bureau, either in their entirety or as abstracts.

Exchange of information was regular as well as distribution of WHO publications in the Americas and of some PASB or PASB/WHO Spanish editions in Europe and Asia. This coordinated action is now part of routine procedures in Geneva and Washington.

The Library Service of PASB has procured bulletins, reprints and photostatic copies of information requested by the health authorities in Member States.

Conferences

On the basis of experience, a definite organizational structure was developed in 1952 for the Secretariat services of the meetings of the Executive Committee and the Directing Council when held in Washington and abroad. The Secretariat services include Documents Services (registration, reproduction, and distribution of all official documents issued during the meeting), Language services (translating, simultaneous interpreting, drafting the minutes, and editorial services required in preparing the Final Report of the Meeting for the approval of the General Committee), and General Services (communications and transportation, accommodations for delegates, etc.).

A manual incorporating instructions and procedures evolved in 1952 has been projected for 1953.

The 16th Meeting of the Executive Committee was held in Washington, D. C., in April. This meeting was attended by representatives of Chile, the Dominican Republic, Ecuador, El Salvador, Mexico, Peru and the United States of America. Observers from Argentina, Colombia, France, Guatemala, Netherlands, Nicaragua, the OAS and WHO were also present. Thirteen plenary sessions were held. As a result of its deliberations, the Committee approved and signed a Final Report (Document CE16/54) containing 18 resolutions on administrative and technical matters.

The 17th Meeting of the Executive Committee met at Havana, Cuba, in September, before the VI Meeting of the Directing Council. Members present were Chile, Dominican Republic, Ecuador, El Salvador, Mexico, Peru and the United States of America. Brazil, Colombia, Cuba and the Netherlands were represented by Observers. Five plenary sessions were held. The Committee adopted 13 Resolutions which appear in the Final Report (Document CE17/35).

The Directing Council of the Pan American Sanitary Organization held its VI Meeting (IV Meeting of the Regional Committee) at the Capitolio Nacional in Havana, in September, following that of the 17th Meeting of the Executive Committee. The meeting was attended by all but two of the Countries entitled to representation in the Regional Committee; Canada sent an observer; only Argentina and Bolivia were absent. The World Health Organization was represented by the Director-General, the Organization of American States by the Assistant-Secretary General. Other inter-governmental organizations represented by

observers were: the International Labor Organization, the United Nations, the United Nations Educational, Scientific and Cultural Organization, and the United Nations International Children's Emergency Fund.

Observers from the following non-governmental organizations were present at the meeting: American College of Chest Physicians, International Council of Nurses, International Pediatrics Association, International Society for the Welfare of Cripples, International Union Against Cancer, International Union Against Tuberculosis, League of Red Cross Societies, and Pan American Medical Confederation.

The 18th Meeting of the Executive Committee held a single plenary session on 25 September. Representatives from all Member Countries were present: Brazil, Chile, Dominican Republic, Ecuador, Haiti, Mexico and Panama, with observers from Costa Rica, France and the Netherlands.

The First Inter-American Congress of Public Health was convoked for 26 September to 1 October, by the Director, pursuant to a Resolution of the XIII Pan American Sanitary Conference, in commemoration of the 50th Anniversary of the Pan American Sanitary Bureau and as a tribute to Carlos J. Finlay. The official topics for the Congress had been selected by the Directing Council of the Pan American Sanitary Organization at its V Meeting in Washington in 1951. The Congress, attended by approximately 250 public health specialists, was organized by the Government of Cuba with the cooperation of the Pan American Sanitary Bureau.

The Council of INCAP held its III Meeting in December, in Panama, Republic of Panama. The Governments of Costa Rica, El Salvador, Guatemala, Honduras and Panama, the Pan American Sanitary Bureau and the W. K. Kellogg Foundation were represented as members of the Council. An observer from the Government of Nicaragua and the Chairman of the Consultative Board of Experts in Nutrition and Related Sciences attended the meeting. A committee was appointed to prepare a draft statute, designed to ensure the future of INCAP, for presentation to the Council in 1953.

The following table shows the number of documents processed for the above meetings:

TABLE 2

Conference Section Work Load Statistics for 1952

Meetings	Number of Documents in English and Spanish	Number of Pages in English and Spanish
16th Meeting of the Executive Committee	162	1497
17th Meeting of the Executive Committee	98	1144
18th Meeting of the Executive Committee	12	111
VI Meeting of the Directing Council	269	3131
First Inter-American Congress of Public Health	242	1443
III Meeting of the Council of the Institute of Nutrition of Central America and Panama	46	601
Total:	829	7927

The first issue of the Monthly Calendar of Selected International Meetings (one page) in English appeared in January and was intended for distribution within the Bureau. Pursuant to a decision of the 16th Meeting of the Executive Committee a Spanish edition was published beginning with the May issue.

Translating Unit

The Translating Unit was reorganized during 1952.

The Translating Unit provided 7,756 pages of translations requested by the various offices of the Bureau. This material included reports, articles for the Bulletin, press releases, the Newsletter of WHO, working documents for meetings, and Bureau correspondence. A breakdown of the work performed by languages during each month is shown in the table below. In addition, the Unit had charge of the interpreting, translating and précis writing services at the 16th, 17th and 18th Meetings of the Executive Committee, the VI Meeting of the Directing Council, and the First Inter-American Congress of Public Health.

TABLE 3

Translating Unit Work Load Statistics for 1952 (pages)

Month	Spanish	English	Portuguese	French	TOTAL
January	361	119	45	7	532
February	407	183	93	10	693
March	384	247	111	10	752
April	256	148	42	11	457
May	332	210	106	24	672
June	183	138	110	43	474
July	228	194	109	23	554
August	493	418	157	7	1075
September	131	241	99	16	487
October	415	195	130	8	748
November	345	167	60	14	586
December	<u>471</u>	<u>126</u>	<u>120</u>	<u>9</u>	<u>726</u>
Totals	4006	2386	1182	182	7756

TABLE 4

International Conferences and Meetings

<u>Date</u>	<u>Place</u>	<u>Meeting</u>
21 January- 4 February	Geneva, Switzerland	WHO-Executive Board, Ninth Session
27-31 January	New York, N. Y.	UNESCO-Third National Conference of the U. S. National Commission for
28-29 January	New York, N. Y.	CCTA-14th Meeting
7-8 February	Santiago, Chile	ILO-MIGRATION IN LATIN AMERICA, First Session of the Inter-Agency Regional Coordination Committee on
10 February	Santiago, Chile	ECLA-Committee of the Whole
4-10 March	Buenos Aires, Argentina	ODONTOLOGY, First Pan American University Congress on
5-15 March	La Paz, Bolivia	BORDER SANITARY CONVENTION, Third Meeting of the Committee of Control created by the Tripartite

TABLE 4 (Continued)

<u>Date</u>	<u>Place</u>	<u>Meeting</u>
24-27 March	Monterrey, N. L., Mexico	BORDER PUBLIC HEALTH ASSOCIATION, Tenth Annual Meeting of the U. S.-Mexico
24 March- 8 April	Mexico, D. F., Mexico	SOCIAL SECURITY, Fourth Session of the Inter-American Conference on
17-30 April	Petropolis, Brazil	INTERNATIONAL LABOR ORGANIZATION, Fifth Regional Conference of the American States Members of the
5-24 May	Geneva, Switzerland	WHO-Fifth World Health Assembly
29 May- 7 June	Geneva, Switzerland	WHO-Executive Board, Tenth Session
12-15 June	San Jose, Costa Rica	VENERELOGY, IV Central American Congress on
26-27 June	Sao Paulo, Brazil	ILO-MIGRATION IN LATIN AMERICA, Second Session of the Inter-Agency Regional Coordination Committee on
30 June- 2 July	Washington, D. C.	CCTA-15th Meeting
30 June- 5 July	Port of Spain, Trinidad	FAO/CARIBBEAN COMMISSION, Joint Conference on Home Economics and Educa- tion in Nutrition
23 July- 9 August	Toronto, Canada	RED CROSS, XVIIIth International Conference
29-30 July	Tuxtla Gutierrez, Chiapas, Mexico	ONCHOCERCIASIS, Second Seminar on
11-18 August	Washington, D. C.	CCTA-16th Meeting
24-30 August	Rio de Janeiro, Brazil	TUBERCULOSIS, XII Conference of the In- ternational Union against
3-7 November	Denver, Colorado	PREVENTIVE MEDICINE IN MEDICAL SCHOOLS, Conference of Professors (Canada - U. S.)
13 November	New York, N. Y.	SOCIAL HYGIENE ASSOCIATION, American Meeting of International Advisory Committee
19 November	Washington, D. C.	CCTA-17th Meeting
19-26 November	Buenos Aires, Argentina	SANITARY ENGINEERING, Third Inter- American Congress of
21-24 November	Santiago, Chile	HYDATIDOSIS - IV International Congress on

TABLE 4 (Continued)

<u>Date</u>	<u>Place</u>	<u>Meeting</u>
27-28 November	Lima, Peru	ILO - MIGRATION IN LATIN AMERICA, Third Session of the Inter-Agency Regional Coordination Committee on
1-13 December	Lima, Peru	ILO - Latin American Manpower Technical Conference on
3-9 December	Nancy, France	WHO - Expert Committee on Professional and Technical Education, Second Session
5-8 December	San Jose, Costa Rica	PEDIATRICS, I Central American Congress on
8 December	Bauru, Brazil	FAO - Livestock Production, Second Inter-American Meeting of
10-14 December	Panama, Panama	INCAP-III Meeting of the Council of

EDITORIAL SECTION

The Editorial Section is responsible for two principal groups of publications.

Periodical Publications. The Bulletin of the Pan American Sanitary Bureau, which appears monthly. Detailed information is given in the accompanying tables (Nos. 5,6,7,8, 9,11). A special number was issued in December to commemorate the Fiftieth Anniversary of the Pan American Sanitary Bureau.

The Chronicle of the World Health Organization, Spanish edition, which was entrusted to the Bureau in 1951. The numbers issued appear in Table 5.

Special Publications. This group comprises the non-periodical publications such as proceedings and final acts of the meetings of the Organization, of other international organizations in which the Bureau participates and those sponsored by the Bureau; books, pamphlets and booklets (originals or translations), WHO technical reports and monographs, and others. Those issued during 1952, by titles, number of pages and copies printed appear in Table 10.

Distribution of Publications. The Editorial Section has continued in charge of the distribution of the periodical publications. Since the policy of making available through purchase the special publications, like WHO, was established, the Editorial Section has been in charge of securing sales agents in the various countries of the Americas.

TABLE 5

PASB Bulletin 1952

	Number of	
	<u>Pages</u>	<u>Copies</u>
Vol. XXXII	600	42,900
Vol. XXXIII	722	43,000
<u>Total for the year</u>	<u>1,322</u>	<u>85,900</u>

TABLE 6

Summary of Periodical Publications

12 PASB Bulletins	1,322	85,900
7 Crónica de la OMS	263	4,800
Totals	1,585	90,700

TABLE 7

Topics of Original Articles Published in the Bulletin

Aedes aegypti, Reports	Nursing
Brucellosis	Nutrition
Cancer	Pinto
Chagas Disease	Plague
Civil Defense	Poliomyelitis
Cysticercosis	Public Health Anthropology
Health Education	Rodenticide
Health Statistics	Sanitary Engineering
Health Units	Smallpox
Histoplasmin, Coccidioidin and Tuberculin	Social Readaptation (hand talking chart)
House flies	Tuberculosis
Hospitals	Typhoid Fever
Infant Mortality	Venereal Diseases
Insecticides	Veterinary
International Health	World Health Day
International Pharmacopoeia	Yaws
Leprosy	Yellow Fever
Mucocutaneous Leishmaniasis	

TABLE 8

Original Articles Classified by Countries and Regions

Argentina	4	Paraguay	1
Brazil	2	Peru	3
Chile	1	Puerto Rico	1
Colombia	1	United States	26
Costa Rica	1	Uruguay	1
Cuba	1	Venezuela	2
Ecuador	1	Central America and Caribbean Area	5
El Salvador	1	Latin America	4
Guatemala	2	Continent	16
Haiti	1	Miscellaneous	8
Mexico	14	Other Continents	1
Nicaragua	1		
Panama	1		
		Total	99

TABLE 9

Monthly Distribution of the PASB Bulletin

<u>Country</u>	<u>Number</u>	<u>Country</u>	<u>Number</u>
Argentina	662	Panama	162
Bolivia	113	Paraguay	97
Brazil	717	Peru	263
Canada	34	Puerto Rico	62
Chile	160	United States	725
Colombia	603	Uruguay	162
Costa Rica	137	Venezuela	632
Cuba	358	Barbados, Bermuda, British	
Dominican Republic	125	Guiana, Jamaica, British Honduras,	
Ecuador	177	Leeward Islands, Nassau, Trinidad,	
El Salvador	120	Windward Islands	34
Guatemala	165	Guadeloupe, French Guiana, Martinique	8
Haiti	50	Curacao, Surinam	4
Honduras	68	Other Countries	234
Mexico	503		
Nicaragua	81		
		Total	6,457.

TABLE 10

Special Publications

<u>Number</u>		<u>Pages</u>	<u>Number of Copies</u>
1. 248 (Sec. Ed.)	El Control de las Enfermedades Transmisibles en el Hombre	200	5,000
2. 249	Manual de Reacciones Serológicas para Diagnosticar la Sífilis	157	1,000
3. 251	Profilaxia das Doenças Transmissíveis	163	5,000
4. 260	Nuevos Métodos de Protección contra la Tuberculosis	101	5,000
5. 261	XIII Conferencia Sanitaria Panamericana - Tomo I	196	500
	Tomo II (exceptuando Anexo B)	322	500
6. 262	La Educación Básica de la Enfermera Profesional	105	4,000
7. 263	Informe del Comité de Peritos en Saneamiento Ambiental	33	1,000
8. 264	El Primer Congreso de Enfermeras en Costa Rica y Segundo Congreso de Enfermeras en Perú	90	1,000
9. 265	Comité de Expertos en Servicios de Higiene Escolar	40	2,000
10. 266	Comité de Expertos en Educación Profesional y Técnica del Personal Médico y Auxiliar	35	2,000
11. 267	Comité de Expertos en Higiene Mental	50	4,000
12. 268	Conferencias del Tercer Instituto Internacional de Administración y Organización de Hospitales	831	4,000
13. 269	Informe Final de la V Reunión del Consejo Directivo	48	1,000
14. 270	Final Report - V Meeting of the Directing Council	46	1,000
15. 271	Seminarios de Trabajos en Enfermería	60	300
16. 271 (Sec. Edit.)	Seminarios de Trabajos en Enfermería	60	500
17. -	Third Inter-American Congress on Brucellosis	302	1,000
18. Pub. Varias	IX Curso Internacional de Malaria y otras Enfermedades		
No. 2	Metaxénicas	9	500
19. -	Vaccination Posters	1	10,000
19 Total		2,849	49,300

TABLE 11

General Summary — Periodical and Special Publications

	Number of	
	<u>Pages</u>	<u>Copies</u>
19 Periodical Publications	1,586	90,700
19 Special Publications	2,849	49,300
<u>Totals</u>	<u>4,435</u>	<u>140,000</u>

LIBRARY

In addition to the regular and general duties of a library to collect, process, store, and make readily available to users the material in its collection, this library has the additional duties of lending to other libraries in the area and of extending its services to the staff members, the public, the Zone Offices, and to persons in foreign countries who request materials and information.

Early in 1952 the library began to intensify its collaboration with the Zone Offices and the workers in the field. Requests for information were given first consideration; orders for books and periodicals were placed promptly; first priority was given to cataloging books and material for the field. The Zone Offices were supplied with publications, photoprints, and bibliographies as requested.

The library assisted in assembling a collection of books, pamphlets, and films used at the Seminar in Nursing held in Lima, and for the Nursing Course conducted in Mexico.

The library has continued to supply the library of INCAP with odd issues of journals obtained free through the Medical Library Association Exchange, and also with duplicates requested from our own collection.

The Weekly List of Acquisitions and a catalogue card of each book classified were sent regularly to the Headquarters Library in Geneva, as well as to the Zone Offices, in order to keep the staffs there informed of the work here.

During most of the year the library was the distribution agency for the printed publications of the Bureau, with a total of 15,162 copies distributed. In September this aspect of the work was transferred to the newly established Distribution Unit, and the Librarian aided this Unit for sometime after its establishment.

Of the 4321 different documents received during the year, 1156 were indexed, duplicate copies were filed for distribution, and a total of 9266 were circulated.

In order to acquaint staff members with new materials, the library prepared and issued weekly a mimeographed List of New Acquisitions, which is also sent to the Zone Offices and to Geneva. In addition, the library has compiled monthly a select list of these new acquisitions, which is printed as the section called Biblioteca in the "Boletín de la Oficina Sanitaria Panamericana".

Statistics which reflect the amount of work done in the library are: works catalogued, 1,756; cards made (including those sent to the Zone Offices and Geneva), 15,304; pamphlets filed, 2,486; periodicals circulated, 4,266; books and pamphlets circulated, 991; microfilm pages supplied, 641; binding, 425 volumes.

During 1952 the activities of the Library were handicapped by lack of:

1. Adequate housing for its collections in one central area, with sufficient shelving to accommodate current periodicals, with space for a quiet reading room for members of the staff, and
2. A small dark-room for showing films and slides.

DIVISION OF EDUCATION AND TRAINING

BRANCHES

PROFESSIONAL EDUCATION

FELLOWSHIPS

DIVISION OF EDUCATION AND TRAINING

Preparation of professional and auxiliary personnel in public health and its related fields is fundamental to the basic concept of the work of the Bureau and has, since its beginning, been recognized as such by the Bureau's directing bodies, having been written into the Pan American Sanitary Code and the Constitution of the Pan American Sanitary Organization. Consequently, while the Division of Education and Training did not come into being as a separate organizational entity until June 1952, training of public health personnel has long been an established function of the Bureau.

All public health activities in essence have their training aspects, and thus the Division operates in close collaboration and cooperation with the Division of Public Health. Assistance is given to countries in preparation of professional and auxiliary personnel through help to organized schools and courses and efforts to develop training potentialities of work experience.

At the beginning of the year, the Division consisted essentially of the Fellowships Branch with one medical officer in charge, one administrative assistant, and clerical personnel of four. At the end of the year, both the Office of the Chief and the Professional Education Branch had become active; the Division then included three medical officers, a nurse officer, an executive officer, an administrative assistant, and clerical personnel of eight. With a growing organization it has been difficult in 1952 to define future personnel needs. There is little question that the task, as outlined above, requires a larger professional staff for the advisory and consultant services of the Professional Education Branch and the planning functions of the Division. Given, however, a limited and, at present, uncertain budget, plus the need for development of sound methods of work, further growth plans have been delayed.

No unusual problems have presented themselves regarding budget, finance and management of the Division office and the Professional Education Branch. The fellowship operation is highly specialized and complicated and the arrangements in effect during the year were not entirely satisfactory. A special study of its entire operation was made by the Chief of the Management Section of the Geneva office. His proposed changes have been reviewed and a new manual of procedures was in preparation at the end of the year.

Cooperative effort with Zone Offices has improved during 1952 as the division of responsibility is more clearly understood.

The Geneva office has been most helpful in the inauguration of a functioning Division of Education. The Director of the Division in Geneva, Professor Grzegorzewski, and Dr. Vesely, Chief of their Fellowships Section, visited Washington and reviewed the program and mutual relationships.

In December, the Chief of the Division visited the office in Geneva and in addition to the educational program per se, reviewed cooperative projects in Mental Health, Health Education, and Occupational Health.

PROFESSIONAL EDUCATION BRANCH

The Chief of the Professional Education Branch participated in long-range integrated planning for the training of public health personnel in Peru and Colombia.

At the request of the respective Governments, nursing consultant service in the field of nursing education was given to Bolivia, Colombia, Costa Rica, the Dominican Republic, Haiti and Mexico. In Bolivia, Colombia and Peru, extensive surveys were made of the existing nursing situation and plans were drawn up for assistance in developing along modern lines at least one school of nursing in each country. The survey in Bolivia led to the request for a long-term project for bettering nursing education, the first phase of which is already under way.

The Chief of the Division visited Brazil, Chile, and Mexico to develop further the plans for advanced training in sanitary engineering. He also discussed problems of medical education, and preventive medicine, with governmental representatives in Chile, Argentina and Uruguay. The Chief of the Division has given consultation service on several occasions to the United States, notably to the Children's Bureau of the Federal Security Agency.

Effective liaison has been established with the Institute of Inter-American Affairs of the United States, through periodic joint review meetings on educational programs.

FELLOWSHIPS BRANCH

Operation of the Fellowships Branch is concerned with two broad problems, both involving direct service to governments: (1) selection and award of fellowships for the Americas, and (2) placement of students, both from the Americas and from other regions of the world, in training establishments in the Americas. (See Tables 12, 13, and 14.)

Future analyses will measure the success of the fellowship program in terms of progress in (a) long-range plans for preparation of health personnel in each country, (b) successful development of the particular projects in which the organization is interested. Such an analysis cannot be successfully undertaken at present.

Medical Education Information Center

Contacts with non-government agencies and institutions were too numerous to record individually. Most important was the plan to coordinate activities in the field of assistance to medical education.

So many government and non-government agencies and foundations are interested in the development of medical education in Latin America, that the need became evident for some means of keeping all the interested parties informed of developments in activities in this field by each of the agencies. The following agencies agreed to establish at the Bureau a Medical Education Information Center: the Rockefeller Foundation, W. K. Kellogg Foundation, the Institute of Inter-American Affairs, Unitarian Service Committee, Inc., Division of International Health of the United States Public Health Service, Association of American Medical Colleges, and the Council on Medical Education and Licensure of the American Medical Association. The Center is to facilitate interchange of information by receiving, collating and circulating data concerning status of schools, plans for aid, fellowships awarded, and other material of mutual interest. Operations are to begin in 1953.

The plans of the Division are based on further development in coordination of aid to medical education, in advising governments, in collaboration with the zone offices on long-range plans for training personnel for health services, and in developing cordial relations with pertinent non-governmental groups.

Repetition of assessment of nursing education in each country is contemplated for the near future, although methodology is still to be developed. Plans are under consideration for the reassessment of the activities of schools of nursing in Latin America.

Inter-Country Projects — AARO

AARO-1: Environmental Sanitation Training seeks to strengthen instruction in this field in the three schools of public health in Latin America receiving international students and to develop more or less coordinated curricula, respectively, for engineers and inspectors. The program involves joint conferences, international advisers, supplies for training areas, fellowships for teaching personnel and students. After the project was accepted by UN/TA, delays were encountered because of personnel problems both in the schools and in the Bureau and the first phase of the program did not get under way until December 1952. A successful conference, conducted by the Chief of the Environmental Sanitation Branch, was held at the University of Sao Paulo, and was attended by representatives of the University of Chile, the School of Public Health of Mexico, the Institute of Inter-American Affairs, the Rockefeller Foundation, and the Chief of the Division of Environmental Sanitation in Geneva. Teaching at Chile and Sao Paulo is to begin in 1953 and equipment lists are being reviewed for early submission.

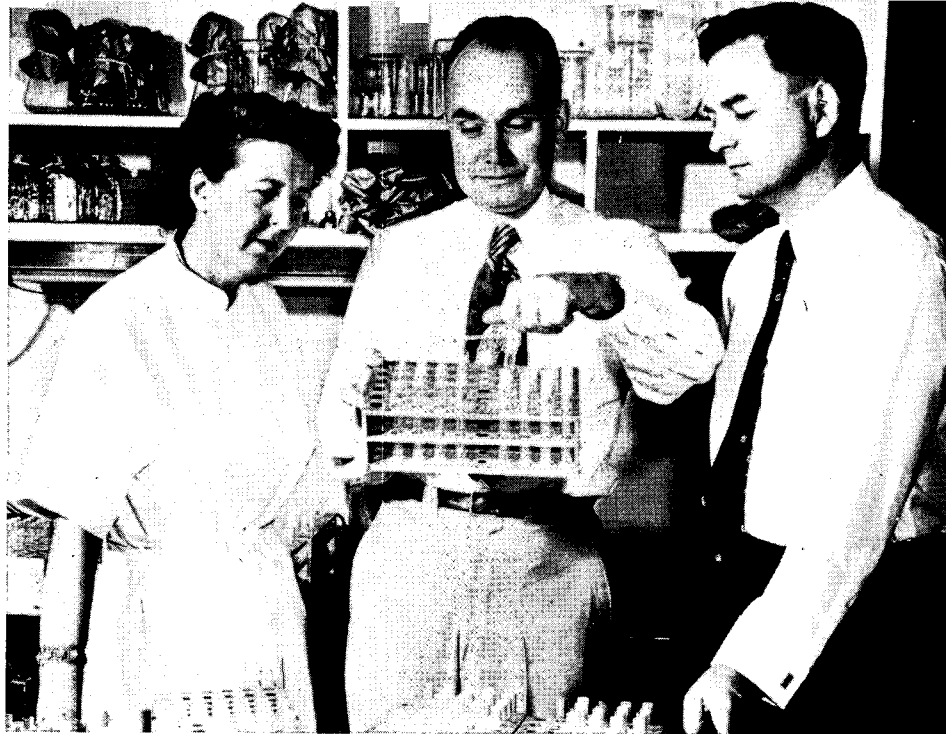
AARO-4: Training Course in Insect Control, organized by the Ministry of Health of Brazil using the facilities and large experience of the country. It is proposed to give this course an international character sending trainees from different Latin American countries

Brucellosis training course, Sanitago, Chile



Third Nursing Workshop, Lima, Peru

Explaining serology of rickettsial diseases at the Rocky Mountain Laboratory, Montana, U. S. A., to WHO fellows from Yugoslavia and Norway



WHO fellow from France studying techniques at Red Cross Regional Blood Center, Peoria, Illinois, U. S. A.

where insect control programs are being developed, particularly with the assistance of international agencies. The project has been approved by the Technical Assistance Board but no action is planned until 1953.

AARO-5: A proposal to hold a short refresher course for Post-Graduate Training in Tuberculosis in Guatemala, designed for the workers in Central America and northern South America, possibly to be held in 1953.

AARO-9: Seminar on Alcoholism, for five countries in southern South America, under preparation by the consultant from Geneva. The Government of Argentina has been most cooperative and the other countries have been visited by the consultant to advise on selection of participants.

AARO-10: The Inter-American Center of Biostatistics is an ambitious project looking to improvement in health and hospital statistics throughout the Americas. It is being developed in collaboration with the United Nations and the Government of Chile, and will count on the active support of the National Office of Vital Statistics of the United States Public Health Service. A coordinator has already been appointed and the development of the center itself is proceeding as scheduled. Temporary consultants will probably have to be used pending recruitment of long term international advisers. It is expected that the first group of students will be received in early 1953, the course to cover, with field experience, a total of nine months.

AARO-11: The third annual Nursing Workshop was held in Lima, Peru, from 30 June to 9 August to discuss principles of teaching and supervision as applied to the teaching of communicable disease nursing. The 23 participants were nurses with previous advanced education and in leadership positions; they represented the ten countries in South America. The consultant staff consisted of six nurses from the Americas and one health educator.

Discussions centered around three topics: specific preparation of both professional and non-professional personnel; application of the principles of integration to inclusion of a course in communicable disease nursing within the basic program of nursing studies; and development of a health education program in a health center. A full report was prepared in English and Spanish.

AARO-13: Seminar for Sanitary Engineers in the countries of Zone III, described more fully in that report.

AARO-14: Seminar for Diagnostic Methods in Brucellosis, held in Santiago, Chile, in December 1952. The course was attended by representatives of the South American countries and was highly successful, earning commendation from all. Dr. Boris Szyfres of Uruguay acted as special consultant.

AARO-17: Waterworks Training Course, a seminar for waterworks operators in Central America, scheduled to be held in 1953. Preliminary planning and recruitment of international consultants were carried out.

AARO-18: Assistance to Schools of Medicine and Public Health will be further expanded in 1953, providing travel grants to professors for visits to countries from which their students come and possibly inter-country conferences.

AARO-19: This project, requested by the Government of Peru, proposes a Latin American Seminar for Public Health Physiologists employed by social insurance organizations and was originally sent to the International Labor Organization. The Technical Assistance Board indicated serious doubt of the suitability of the project and it has not been followed further.

AARO-20: Plans have been made to hold in 1954 the fourth, in a series of Workshops on Nursing Problems, the first of which was held in 1950, in Mexico which has offered to serve as host country. Participants will be drawn from the Central American and Caribbean area.

AARO-21: This is the Venereal Disease Laboratory and Training Center described more fully in Zone III report.

AARO-22: This is a proposal to support the British West Indies Training Station for Public Health Nurses and Sanitary Inspectors in Jamaica through granting of fellowships to trainees. Formal request has not yet been received, although considerable local interest has been shown.

AARO-23: Plans are under way for the Third Regional Nursing Congress to be held in Rio in July 1953. Letters have gone out to the nursing associations and many individual

nursing leaders in the Americas requesting them to suggest topics for discussion. The agenda of the Congress will then be prepared around these topics and will be studied by all participants, first in small groups of fifteen to twenty nurses and finally in plenary sessions.

AARO-26: Repetition of the type of Brucellosis Seminar carried out in Santiago in 1952 is planned for the Caribbean Area in 1953.

AARO-27: Rabies Control Training Course, application of the seminar technic to develop plans for the control of rabies in South America, scheduled for 1953.

AARO-28: One of the major weaknesses in the basic course in nursing throughout Latin America is the teaching of communicable disease nursing. Two graduate nurses from Chile who are now in the United States on fellowships awarded by the Organization will return to their country to organize and teach a course for the preparation of Nursing Instructors. Nurses from other Latin American countries will be awarded fellowships to study in Chile as soon as the course is set up.

Future Plans

If funds were to become available to add projects to those already planned, more attention could be given to stimulating interest in training of auxiliary personnel through development of country projects for pre-service and in-service training and inter-country conferences on curriculum for such training. Conferences of professors of preventive medicine and deans of medical schools are needed to strengthen this part of medical education.

The temptation to spread its activities too widely has been very great during 1952 in the face of so many demands for trained personnel in all health fields. The decision has been taken to encourage and assist the Zone Offices in some basic long-range planning and fixing of priorities, before taking on new projects, and activating those which have been postponed.

TABLE 12
Awards of Fellowships in the Americas, 1952

<u>Home Region</u>	<u>Total</u>	<u>Long Term i.e. 6 mos. or more, of which great majority are academic placements</u>	<u>Short Term i.e. less than 6 mos. Individual</u>	<u>Short Term (e.g. Seminars)</u>
<u>Total</u>	<u>194</u>	<u>78</u>	<u>56</u>	<u>60</u>
Argentina	9	4	3	2
Bolivia	9	7	--	2
Brazil	14	4	6	4
Canada	1	--	1	--
Chile	19	7	9	3
Colombia	9	--	5	4
Costa Rica	12	10	--	2
Cuba	1	--	1	--
Dominican Republic	3	3	--	--
Ecuador	14	7	3	4
El Salvador	6	--	4	2
Guatemala	5	2	1	2
Haiti	6	4	2	--
Honduras	3	--	1	2
Mexico	11	9	2	--
Nicaragua	1	1	--	--
Panama	6	3	1	2
Paraguay	8	4	--	4
Peru	12	6	--	6
United States	13	--	13	--

TABLE 12 (Continued).

<u>Home Region</u>	<u>Total</u>	<u>Long Term i.e. 6 mos. or more, of which great majority are academic placements</u>	<u>Short Term i.e. less than 6 mos. Individual</u>	<u>Short Term (e.g. Semi- nars)</u>
Uruguay	10	3	3	4
Venezuela,	8	3	1	4
British Guiana	1	1	--	--
British Honduras	1	--	--	1
Jamaica	2	--	--	2
Netherlands Antilles	3	--	--	3
St. Lucia	3	--	--	3
Windward Islands	4	--	--	4

TABLE 13

Fellowships (WHO, TA, PASB) Administered, 1952

<u>Home Region</u>	<u>Total</u>	<u>Long Term i.e. 6 mos. or more, of which great majority are academic placements</u>	<u>Short Term i.e. less than 6 mos. Individual</u>	<u>Short Term Groups (e.g. Semi- nars)</u>
<u>Total</u>	<u>320</u>	<u>155</u>	<u>105</u>	<u>60</u>
Americas	194	78	56	60
Europe	65	30	35	--
South East Asia	18	14	4	--
Eastern Mediterranean	18	14	4	--
Western Pacific	20	15	5	--
Africa	5	4	1	--

TABLE 14

Fellowships, by Field of Study, 1952

<u>Field of Study</u>	<u>Total</u>	<u>Award in the Americas</u>	<u>Awarded by Other Regions Studying in the Americas</u>
<u>Total</u>	<u>320</u>	<u>194</u>	<u>126</u>
Communicable Diseases ¹	67 ¹	48 ¹	19
Nursing ²	63 ²	50 ²	13
Public Health Administration	45	35	10
Environmental Sanitation ³	31 ³	16 ³	15
Maternal and Child Health	22	7	15
Clinical Medicine	19	2	17
Basic Medical Sciences and Educ.	15	4	11
Nutrition	12	9	3
Health Education	9	6	3
Hospital Administration	8	3	5
Mental Health	6	4	2
Alcoholism	5	4	1
Veterinary Public Health	4	3	1
Statistics	4	-	4
Public Health Dentistry	3	1	2
Food and Drug	3	1	2
Rehabilitation	2	-	2
Occupational Health	1	-	1
Medical Records	1	1	-

¹Includes group training: 12 Insect Control, 14 Brucellosis

²Includes group training: 23 Communicable Disease Nursing

³Includes group training: 11 Sanitary Engineering

DIVISION OF PUBLIC HEALTH

BRANCHES

COMMUNICABLE DISEASES

ENVIRONMENTAL SANITATION

HEALTH PROMOTION

DIVISION OF PUBLIC HEALTH

There was a major reorganization of the Division of Public Health during 1952 bringing into effect the organizational pattern approved in 1951. The reorganization was closely related to the decentralization operation.

Until May 1952 the Division consisted of an Office of the Chief and 12 sections as follows: Acute Communicable Diseases; Venereal Diseases; Tuberculosis; Parasitic Diseases; Epidemiology and Statistics; Insect Control; Engineering; Veterinary Public Health; Public Health Administration; Nursing; Maternal and Child Health; and Health Promotion. The 12 sections were then distributed among three branches established within the Division: Communicable Diseases Branch; Environmental Sanitation Branch; and Health Promotion Branch.

Other changes during the year were the transfer of the Office of Coordination to the Office of the Director and the incorporation of Epidemiology and Statistics Section in the Communicable Diseases Branch of the Division.

There was no appointment of a Chief of the Division of Public Health in 1952, and the duties of this post were assumed by the Assistant Director. A number of other vital posts were also vacant for varying periods as technical staff members were transferred to the Zone Offices and field projects.

The Division was responsible for providing advisory services to the Organization on all technical matters related to public health including those connected with planning and operation of field programs. After May, 1952, however, it was no longer responsible for direct supervision of Zone Office activities.

COMMUNICABLE DISEASE BRANCH

The Communicable Disease Branch, organized in May 1952, was made responsible for headquarter's activities in the fields of epidemiology, statistics, acute communicable diseases, tuberculosis, treponematoses, parasitic diseases and veterinary public health.

It rendered technical advisory services to the Director, through the Chief of the Division and cooperated with the other Branches of the Division in common problems.

Epidemiology and Statistics Unit

The Pan American Sanitary Code established the PASB as the central coordinating sanitary agency of the various Member Governments and as the general collection and distribution center of sanitary information to and from the Member Governments. PASB specific functions are to supply, through its publications, or by direct communication to the public health authorities of the Member Governments all available information relative to the actual status of communicable diseases, new invasion of such diseases, preventive measures applied, progress effected and other pertinent information relative to the status of public health in the Americas.

These functions have been carried out since the creation of the PASB, and in 1943 the Section of Epidemiology and Statistics was created and has since assumed these responsibilities. In May 1952 this Section was included in the Branch of Communicable Diseases and had its name changed to Unit of Epidemiology and Statistics.

Epidemiological messages, reports and statistical bulletins are abstracted, revised and distributed by the PASB to the national health administrations and quarantine officials of all Member Governments through the "Weekly Epidemiological Report". This publication contains information on the incidence of quarantinable diseases, on preventive measures, vaccination of travellers, arrangements within countries for securing such vaccinations, brief reports on epidemics of communicable diseases and other information of value in international traffic.

Additional information on major epidemics was sent by cable or air mail to all countries concerned.

Weekly cable interchanges of epidemiological information were maintained with the Headquarters of the WHO in Geneva and with the Epidemiological Station in Singapore.

During the epidemic seasons of poliomyelitis and influenza, more frequent information was distributed to Member Governments, Zone Offices, and exchanged with Headquarters in Geneva by cable or air mail. In response to many requests for information on influenza, cables and correspondence were prepared to supplement the "Weekly Epidemiological Report" on the progress of the epidemic.

Some slight improvement was made during the year in the regularity and completeness of reports by the American countries, attributed partly to the Zone Offices. The Zone Offices provided an opportunity for more effective collaboration in the collection and distribution of epidemiological and statistical information.

International Sanitary Regulations

Entry into force in October 1952 of the International Sanitary Regulations was an important step in the field of international quarantine. The new regulations replaced the previous existing sanitary conventions and agreements, with the exception of part of the Pan American Sanitary Code and part of the International Sanitary Convention for Aerial Navigation which remained in force.

The additional protocol to the Pan American Sanitary Code amending the Code to adapt some of its old provisions on international quarantine to the new regulations, was signed in October 1952 by 17 American countries.

Assistance was given to Member Governments in the interpretation and application of the new regulations. A provisional Spanish version of the regulations was distributed during the early part of the year and was subsequently carefully revised for publication.

During 1952 several questions and disputes were dealt with and settled. By explanation, mediation or technical advice, the Organization enabled the countries concerned to reach a satisfactory conclusion in each case.

Collection, Analysis, Processing and Publication of Health Statistics

A new quarterly publication, "Health Statistics", replacing the former "Monthly Epidemiological Report" was initiated. Tabulations of monthly data on reported cases of and deaths from selected communicable diseases were continued, but these tables were supplemented by additional material. Vital statistics, epidemiological data, statistics on hospitals and other institutions, and public health programs continued to be collected and recorded by the Unit. Compilations of the data were published in "Health Statistics".

The Unit was able to supply information in answer to a great many queries dealing with morbidity and mortality statistics and other types of information regarding the public health status of the American countries, submitted to it by governments, semi-official agencies, non-official institutions and responsible individuals. When information was not available in the files, attempts were made to obtain it from countries concerned through the Zone Offices, other organizations or through research.

Summaries of the publications of the vital and health statistical agencies of the American countries were prepared for publication in the "Demografia" section of the "Boletín de la Oficina Sanitaria Panamericana". Tables summarizing the monthly reports on the progress of the Aedes aegypti eradication campaign were also prepared for publication in the "Boletín".

The Venereal Disease Contact Notification Service was continued, transmitting reports received from the U. S. Public Health Service and Navy Department. An analysis was made of 2,432 reports received with the following conclusions: 25.4% of reports had such grossly insufficient information that they were not forwarded to the field; 31.5% of those sent were investigated; contact was located in 5% investigated; 3.3% found infected and 3% placed under treatment. The Zone Offices were requested to ascertain whether countries not returning investigated reports would be able to conduct such investigations or improve the work.



Children waiting to receive BCG vaccination in Costa Rica



Technician searching for *Haemagogus* larvae in tree trunk in Costa Rica



Insect control, Costa Rica. Searching for *Aedes aegypti* in water container

Improvement and Standardization of Health Statistics

The Unit has not been in a position, financially or technically, to actually assist Member Governments in the development of their statistical programs.

One great achievement was the organization of the Inter-American Center of Biostatistics sponsored by the WHO, United Nations and several Agencies of the Chilean Government for the training of Latin American workers. The activities of the Center, which began in the last quarter of 1952, comprised several aspects of statistics, among which health and hospital statistics are the particular responsibility of the WHO (Regional Office for the Americas). The Organization provided the services of two experts, one assistant coordinator and two technicians, locally recruited. Provisions were also made for short-term consultants (in 1953) and fellowships (in 1953) for Latin American students, as well as for supplies and equipment for demonstration at the Chilean agencies.

The Chilean Government provided the professional, technical and secretarial personnel, and the necessary facilities.

Acute Communicable Diseases

Yellow Fever

In 1952 the problem of yellow fever continued to be one of the major concerns of the Pan American Sanitary Bureau. Cases of jungle yellow fever were reported on the basis of laboratory confirmation from seven Pan American countries during 1952, namely, Brazil, Peru, Colombia, Venezuela, Panama, Costa Rica and Nicaragua. Considering the known distribution of the infection in Brazil, Paraguay undoubtedly had undiagnosed cases during the year. No cases of yellow fever attributed to transmission by the Aedes aegypti mosquito were reported in the Americas.

Table 15
Jungle Yellow Fever in 1952
Distribution of deaths confirmed by laboratory

<u>Countries</u>	Jan.	Feb.	Mar.	Apr.	May	June	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Brazil	11	23	64	70	13	0	0	0	0	0	0	35	216
Colombia	2	0	0	0	0	2	2	0	1	2	4	3	16
Costa Rica	1	0	1	0	0	2	0	3	6	0	0	0	13
Panama	0	1	0	0	0	0	0	0	0	0	0	0	1
Peru	1	0	0	0	0	0	0	0	0	0	0	0	1
Nicaragua	0	0	0	0	0	0	2	3	1	0	0	0	6
Venezuela	0	0	0	0	0	0	0	0	0	1	0	0	1
	15	24	65	70	13	4	4	6	8	3	4	38	254

There is no doubt that the actual number of cases was much larger than the number confirmed in the laboratory, owing to the impossibility of discovering the majority of the cases occurring in rural areas which are not easily accessible, and the difficulty of establishing a clinical diagnosis of the disease because of the varied forms in which it may appear.

The efforts undertaken by the Pan American Sanitary Bureau for the control of yellow fever — promoting the intensification of the Aedes aegypti campaign, facilitating the acquisition of immunizing vaccine, and furthering epidemiological surveys — have continued to make themselves felt in all phases of the problem.

Aedes aegypti Eradication. The campaign for the continental eradication of Aedes aegypti continued to receive the support of the Bureau but activities were somewhat reduced due to the pressure of administrative changes consequent on the completion of decentralization to the Zone Offices. Plans have been made to decentralize the supervision of aegypti eradication activities in the immediate future.

Yellow Fever Vaccine. The encouragement of the production of yellow fever vaccine by the Bogotá and Rio de Janeiro laboratories has resulted in an increase of their production in order to meet the demands of the countries that must protect their threatened populations. During 1952 the Carlos Finlay Laboratory (Bogotá) produced 2,291,560 doses of which 1,209,616 were distributed to Aruba, Brazil, Costa Rica, Chile, Colombia, Cuba, Curaçao, Ecuador, El Salvador, British Guiana, Guatemala, Honduras, British Honduras, Jamaica, Mexico, Nicaragua, Venezuela.

The Oswaldo Cruz Institute Laboratory (Rio de Janeiro) produced 11,652,000 doses of which 10,104,000 were distributed to Bolivia, Brazil, Chile, Guatemala, Iceland, Nicaragua, Panama, Perú, Portugal.

An analysis of the difficulties occurring with yellow fever vaccination in Costa Rica in 1951 led to the conclusion in 1952 that these difficulties had been due to the field application of neurotropic vaccine virus which, as a result of prolonged exposure to unfavorable conditions after leaving the laboratory, had suffered a great reduction in virus-content. Such lowered virus-content was blamed for failures to immunize, followed by fatal field infection, in some cases, and with the production of cases of yellow fever-encephalitis in others. During 1952 the Bureau continued to recommend the use of vaccine prepared with the non-neurotropic virus 17D, originally developed by the Rockefeller Foundation.

Epidemiological investigations. The Branch cooperated with Zone III in planning special studies in jungle yellow fever which were carried out in Central America during the year. These studies led to plans for a more extensive program for the two coming years.

Influenza

There has been no widespread influenza epidemic in 1952 comparable to that of 1950 and 1951, but there were several widely scattered outbreaks.

The Branch collected and distributed information on the prevalence and trends of the disease. It also advised Zone Offices and national health administrations on quarantine questions and on matters relating to the control of the disease.

According to the new organization of the WHO Influenza Program, the Regional Office for the Americas was made responsible for developing the network of influenza centers in the Western Hemisphere.

Plans were made for the expansion of the program in Latin America and to enlist the cooperation of laboratories in this part of the continent in order to provide information and a source of strains for the area.

The Regional Office received full cooperation from the U. S. Advisory Committee, Influenza Study Program, in the effort to establish a properly functioning influenza program for the Americas. Members of the Branch were invited to participate in the meetings of the Advisory Committee.

Smallpox

Plans were developed for a smallpox eradication campaign in the Americas to be initiated in 1953. A member of the Branch made a trip to Central America to study the situation regarding control of the disease and to study the possibility of producing dry vaccine in local laboratories in this area in order to serve as basis for the campaign. Attention was given to the dry vaccine production project for Peru and Ecuador.

Tuberculosis

Technical advisory services were provided in the planning of tuberculosis and BCG programs and in the operation of projects already started. Lists of supplies for various programs were reviewed.

A manual to be used in mass BCG campaigns was prepared and entitled "Requirements for BCG Campaigns". It gives complete details as to material, dosage, title of solutions, etc., as well as methods employed by the Organization.



JUNGLE YELLOW FEVER IN THE AMERICAS

Places where confirmed human cases of JUNGLE YELLOW FEVER occurred in 1952



SMALLPOX IN THE AMERICAS

States, Departments and Provinces of American Countries reporting cases during 1952

Arrangements were made with a drug firm to obtain without cost to the Organization a supply of isonicotinic acid hydrazide and streptomycin to treat a group of 100 tuberculosis patients for six months with the first mentioned drug, and 50 patients with streptomycin applied simultaneously during the same period in five American countries. Instructions were prepared to guide the investigators who would take part in this experiment. The instructions established clearly the type of patients to be treated, the dosages and other necessary data, so that similar observations might be carried out on all patients.

Revision was made of the Spanish text of the plan "Vacunación con BCG" provided by the U. S. Public Health Service.

Assistance was given to Zone VI in the recruitment of personnel for the tuberculosis program in Paraguay.

Close contact was maintained with the BCG statistician and BCG inter-country project advisers.

Treponematoses

Field projects, especially the yaws program in Haiti and the venereal disease projects in Ecuador and Paraguay, were kept under review. Supply problems in connection with the various programs were attended to. Assistance was given in the recruitment of personnel for the programs of Ecuador and Paraguay.

Discussions were held with representatives of the USPHS - Venereal Disease Division, regarding development of a lay investigators training course for Latin Americans.

Technical material on venereal diseases was sent to the Zone Offices.

Typhus Fever

The typhus programs in Bolivia and Peru were closely reviewed. The Branch made the arrangements for our consultant to those programs to visit several scientific centers in order to review the most recent development in typhus vaccine preparation.

Preliminary arrangements were made with the Zone IV for testing a strain of rickettsia which may be able to produce a high degree of immunity against louse-borne typhus.

Parasitic Diseases

The onchocerciasis project in Guatemala was kept under review. Assistance was given in recruitment of a short-term consultant to conduct a preliminary survey on the schistosomiasis problem in the Dominican Republic. Plans were developed for a schistosomiasis control program to be carried out in the Dominican Republic, based on the report prepared by the special consultant. Assistance was given for the recruitment of technical personnel for this program.

Arrangements were made by the Branch for the recruitment of an expert in the biology of snails for the schistosomiasis program in Brazil. This project was kept under review.

Veterinary Public Health

The majority of the activities in the field of Veterinary Public Health have been devoted to work in zoonoses control. In addition, considerable time was devoted to collaboration with environmental sanitation, health promotion and fellowship branches regarding phases of the work wherein veterinary public health made a contribution.

Activities are summarized as follows: servicing the needs of the Zone Offices; provision of technical consultation; the preparation of both authoritative and popular technical pamphlets, papers, etc.; and supervision of certain projects which were inter-zonal in scope.

Throughout the year, a multitude of duties of a general nature in the field were attended to, including the attendance at meetings, seminars, and discussions, during some of which papers were presented.

A seminar on brucellosis was organized for training in making and standardizing brucellosis antigens. The seminar held in Santiago, Chile, was attended by candidates from ten countries of South America.

Negotiations were held with the U. S. Department of Agriculture which culminated in a Grant to the Pan American Foot-and-Mouth Disease Center of \$49,000.00 to finance research on the mouse adaptation of the foot-and-mouth disease virus.

A meat hygiene consultant undertook a tour of many of the countries of the Americas to survey national problems in meat hygiene and make recommendations to each country.

ENVIRONMENTAL SANITATION BRANCH

The Environmental Sanitation Branch was established 1 May 1952, to carry out the responsibilities of the Division of Public Health pertaining to municipal sanitation, rural sanitation, housing and town planning, insect, rodent and other vector control, food sanitation, and environmental phases of occupational health. The integration of these activities was considered advisable due to their inter-relationship.

The Branch operates in close collaboration with other units of the organization, including (1) other branches of the Division of Public Health responsible for activities in connection with projects which include environmental sanitation, (2) the Division of Education and Training in connection with programs for the training of sanitation personnel, (3) the Personnel Section in recruiting and selection of environmental sanitation personnel, (4) the Supply, Finance and Budget Sections in connection with their activities which pertain to environmental sanitation, (5) the Editorial Section in connection with the publication by the Bureau of material in the field of environmental sanitation. The Branch receives assistance from the Library in the collection and dissemination of environmental sanitation information.

General advisory and technical service to governments was given by the Branch through the Zone Offices largely in connection with existing or proposed projects. This included (1) correspondence and consultation on matters concerned with water supply for the city of Asunción, Paraguay, (2) well-drilling equipment for use in the Health Demonstration Area in El Salvador, (3) possible increase in schistosomiasis resulting from recreational area development in Venezuela, (4) suggested sanitary control of shellfish in Mexico, (5) improving garbage disposal in Brazil, (6) arranging for seminar of sanitary engineers in Central America, (7) collection of information on waste water reclamation practice, (8) experience in Brazil on use of Parathion on cotton crops, (9) suggestions on the training of sanitation personnel, (10) recommended types of insecticide sprayers.

The Chief of the Branch visited the Zone Offices in Guatemala City, Lima, Rio de Janeiro, and Buenos Aires. In addition he also visited Managua, Nicaragua; Santiago, Chile; São Paulo, Brazil; and Asunción, Paraguay. During these visits, current problems and proposals in connection with programs were discussed with Zone Office staff and staff of official health agencies. As a part of the visit, trips were made to various installations and activities.

Liaison was maintained with non-governmental agencies and institutions including various manufacturers and consulting engineering firms. The Chief of the Branch served on the Committee on Constitution and By-law Revision of the American Public Health Association. The Inter-American Association of Sanitary Engineering received considerable attention during the year in connection with changes in the relationship between that Association and the Bureau.

The Chief of the Branch attended the Third Inter-American Congress on Sanitary Engineering held in Buenos Aires under sponsorship of the Argentine Section of the Inter-American Association of Sanitary Engineering. He also attended the First Inter-American Congress of Public Health and the meetings of the Directing Council of PASO in Havana. He was present at the seminar for sanitary engineers from Central America and Panama (AARO-13).

Liaison was maintained by the Branch with the U. S. National Research Council, Committee on Sanitary Engineering and Environment and with the persons who propose to organize an American Academy of Sanitary Engineering. Conferences and correspondence were carried on with the Export-Import Bank and with the International Bank concerning the financing of water supply developments, in particular, the proposed water supply improvement

in Asunción, Paraguay. Assistance was given to the ILO in connection with a proposed fellowship in industrial hygiene in this region.

Correspondence and conferences were carried on concerning publication of the journal of AIDIS (Inter-American Association of Sanitary Engineering).

Several papers and articles for publication by members of the staff were reviewed. Other articles were reviewed and recommended for translation or summary in the Bulletin.

Plans for 1953-54

Travel is planned to include visits to all of the Zone Offices and to a number of countries where there are existing or proposed projects of technical assistance in the field of environmental sanitation.

Liaison will be maintained with official and non-official agencies in the field of environmental sanitation, including sanitary engineering organizations.

Arrangements will be completed for transferring to AIDIS material still in the offices of the Bureau which belongs to that Association and for making available to the Association funds in the budget of the Bureau for assistance in publication of the Journal of AIDIS.

Additional contacts will be made and interviews carried out with prospective sanitation personnel and a system will be developed and put into effect for maintaining an up-to-date picture of the organization activities in the field of environmental sanitation.

Information will be collected on the existing sanitation services, on the extent of the sanitation needs of the countries and on plans and time schedules which countries have made for reorganizing or developing sanitation services.

Several new projects will be started during the years of 1953 and 1954 and assistance will be given to the Zones in initiating these projects. Other projects will terminate during the year and the Branch will assist the Personnel Section in making proper use of sanitation personnel who become available.

A tabulation of projects for which the Branch is responsible or which are of interest to the Environmental Sanitation Branch, is given below:

Completed in 1952	2
Operating before 1952 and continuing	3
Started in 1952	10
Planned for start in 1953	5
Planned for start in 1954	11
Postponed - no definite starting date	5
Discontinued during 1952	1
Removed from project list	1
Planned but not supported by UNICEF	<u>1</u>
Total	39

Two of the projects started in 1952, namely AARO-7 and AARO-8, each include a number of country programs.

Projects for which the Branch is responsible which were operating in 1952 were, without exception, insect control projects. Most of the projects on insect control were underway in 1952.

Two projects not insect control were approved for operation in 1953; one of these Guatemala-10, Garbage Disposal was approved to start in January 1953, the other Nicaragua-51 Rural Sanitation was approved to begin in July 1953.

Other projects planned during 1952 have been postponed until 1954.

The Branch was consulted in connection with the following projects which came under the responsibility of other Branches or Divisions:

AARO-13 Water Works Training Course which was carried on in 1952;

Panama-1 Rural Health Services started in 1952;

AARO-1 Training of Environmental Sanitation Personnel started in December 1952;

AARO-17 Training of Water Works Operators scheduled to start in June 1953;

Peru-10 MCH and Related Health Services (Lima-Pativilca-Huaraz);
Peru-13 PH Demonstration and Training Center, Callao.

HEALTH PROMOTION BRANCH

The Health Promotion Branch, organized in May 1952, was made responsible for headquarter's activities in the fields of public health administration, maternal and child health, public health and hospital nursing, health education, nutrition, mental health, hospital administration and rehabilitation.

As of December 31, the personnel of the Branch consisted of a Chief, two medical officers, one public health nurse, three secretaries, and one clerk-typist. The vacant position of a health educator could not be filled during 1952, although the services of such an adviser were needed considering the importance of health education activities. The staff worked under pressure, especially during the emergency phase of decentralization.

The Branch rendered technical advisory services to the Director through the Chief of the Division of Public Health. The Branch cooperated with the other Branches of the Division in common problems, receiving or rendering services as needed. It cooperated also with other units of the Organization, especially those concerned with budget preparation, recruitment of personnel, management, and with the Division of Education and Training in the development of education and training programs. Advisory services were provided to the Zone Offices either by correspondence through the Chief of the Division or personally during visits to the field.

General activities of the Branch included participation in meetings regarding documentation for the VI Meeting of the Directing Council; decentralization, management and personnel, selection of personnel, and budget. Conferences were held with UN personnel interested in community organization and rural development in Latin America and for the establishment of a school for crippled children in Brazil.

Conferences were held with UNESCO personnel with regard to fundamental education in Latin America.

Assistance was given in connection with the selection of countries for possible health surveys.

An anthropologist appointed to make special studies of the health program at Ica, Peru, was given orientation by members of the Branch.

Information requested by Argentina on dental health was secured and forwarded to the proper authorities.

Assistance was given to the United Nations in public health aspects of the Andean Indian Mission that studied the Indian population of Peru, Bolivia and Ecuador. A staff member of the Branch was assigned to the mission.

Public Health Administration

The Branch made the preliminary contacts for the recruitment of short-term consultants to conduct the preliminary surveys in areas in Chile, Peru, Haiti, and Venezuela for which the respective governments had requested assistance in organizing Health Demonstration Area projects. It was also made responsible for indoctrination of these consultants and for the study of their reports. Draft plans of operations were drawn up for the Health Demonstration Area projects in Chile, Haiti, and Peru. Technical advisory services were provided to the Zone Office of Guatemala regarding the operation of the Health Demonstration Area in El Salvador. (The general policy established in regard to requests for Health Demonstration Area projects calls for the implementation of one project of this nature in El Salvador.)

Assistance was given to the government of Mexico in conducting a brief study of the health services in Patzcuaro. A member of the staff of the Branch was assigned to this mission.

Assistance was given to the Zone Office in Guatemala in studying the organization of health services in Panama for the purpose of drawing up the plan of operations for the development of the Rural Health Project.

Maternal and Child Health

Technical advisory services were provided in the planning of programs in maternal and child health and in the operation of projects already started.

Assistance was given in the recruitment of personnel for the program in Colombia. Lists of supplies requested were reviewed and suggestions for modifications submitted to the Zone Offices for programs in Peru, Paraguay, and Bolivia. Two nurse-midwives were oriented for the midwifery training program in Colombia.

A member of the Branch represented the Bureau at the First Central American Pediatrics Congress in Costa Rica and a paper was presented at the First Inter-American Congress of Public Health in Havana.

Discussions were held with the Children's Bureau representative to the Inter-American Office for Protection of the Infant, as well as with UNICEF officials in connection with the implementation of joint projects.

Health Education

Health educators for projects in Honduras and Nicaragua were given a period of orientation in Washington. Recommendations were made with regard to modifications of subsequent health education activities in Nicaragua.

Assistance was given to the Chief of the Health Education of the Public Section, WHO (Geneva), in connection with her observational trip to Latin America. Preliminary steps were taken for the organization of a health education seminar to be held in Mexico City in 1953.

A trip to the Marbial Valley was made by a member of the Branch for the purpose of evaluating WHO participation in the fundamental education project there.

Education materials prepared by the Pan American Union were reviewed for technical accuracy on health and medical matters.

Nutrition

Assistance was given to the Director of INCAP in the recruitment of personnel.

Policy was suggested for the publication of articles on activities of the Institute of Nutrition of Ecuador.

Plans were developed for a WHO/FAO Conference on Nutrition to be held in 1953.

Arrangements were made to send an observer to represent WHO at the Conference on Home Economics and Education in Nutrition held in Trinidad under the joint sponsorship of FAO and the Caribbean Commission.

Nursing

Materials on educational and service programs in nursing were reviewed.

Personnel for nursing projects in Colombia, Paraguay and Peru were given extended orientation before going to the field. Conferences were held with returning personnel in an attempt to evaluate field and Branch nursing activities. Prospective candidates for positions in nursing were interviewed.

Technical materials to be sent to Zone nursing consultants were reviewed and selected.

Articles on nursing for publication in the Boletín were suggested.

Members of the Branch participated in a seminar on International Health for nurse students at Catholic University in Santiago, Chile.

Mental Health

Assistance was given to Dr. Jellineck, WHO Consultant on Alcoholism, in the arrangements for his trip to Latin America. Arrangements were made for participation by Latin American doctors in a special course on alcoholism at Yale University, and for candidates to attend a seminar on mental health at Chichester, England. Assistance was given in making

travel arrangements for a WHO special consultant in Mental Hygiene coming to the United States and Canada in 1953.

Hospital Administration

Information on the development of a hospital for tropical diseases in Surinam was secured at the request of WHO headquarters.

Information was supplied to the University Hospital of the College of the West Indies on centralization of its sterilizing services.

A consultant in Hospital Administration was given orientation prior to taking up his duties in the study of the reorganization of the Hospital San Juan de Dios in Bogota, Colombia.

Rehabilitation

Assistance was given to consultants making a preliminary survey for possible establishment of a rehabilitation center in a selected country in Latin America.

Guatemala's request for assistance in a program of rehabilitation for the blind was evaluated.

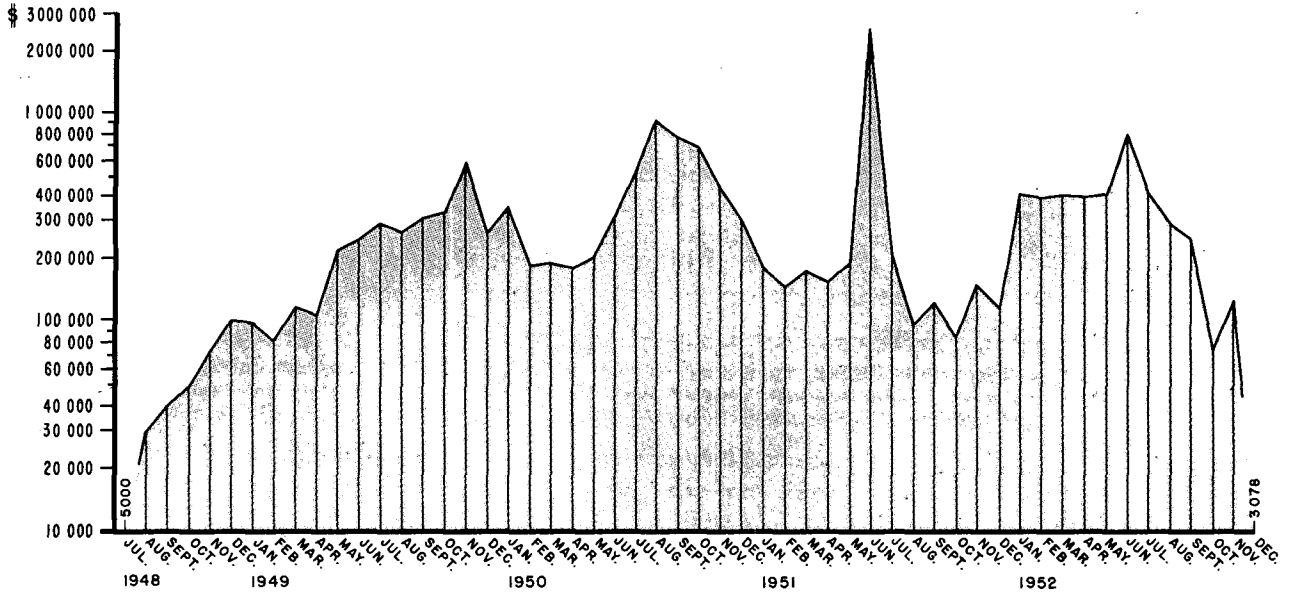


PLAGUE IN THE AMERICAS

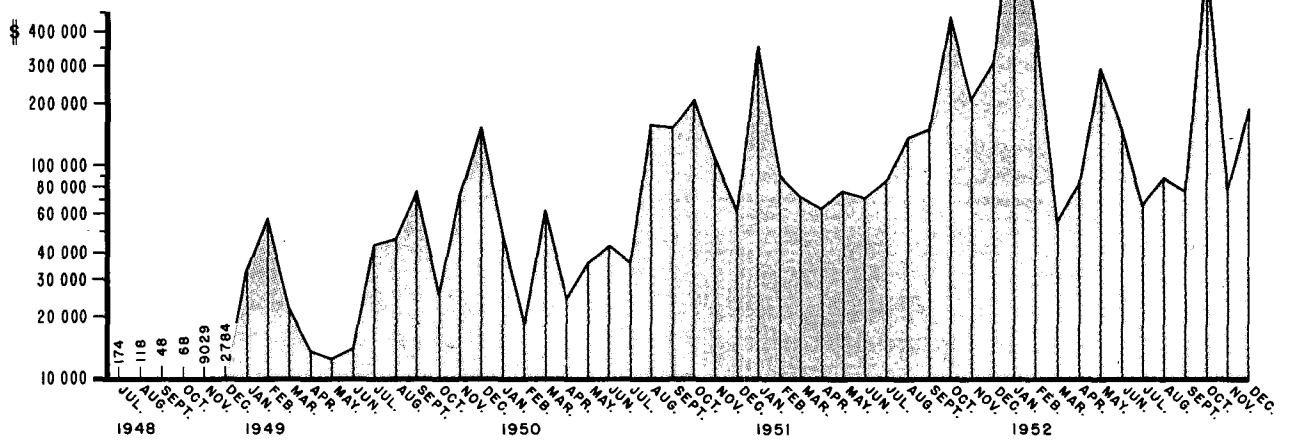
Localities in which human cases occurred during the year 1952

SUPPLY SERVICES

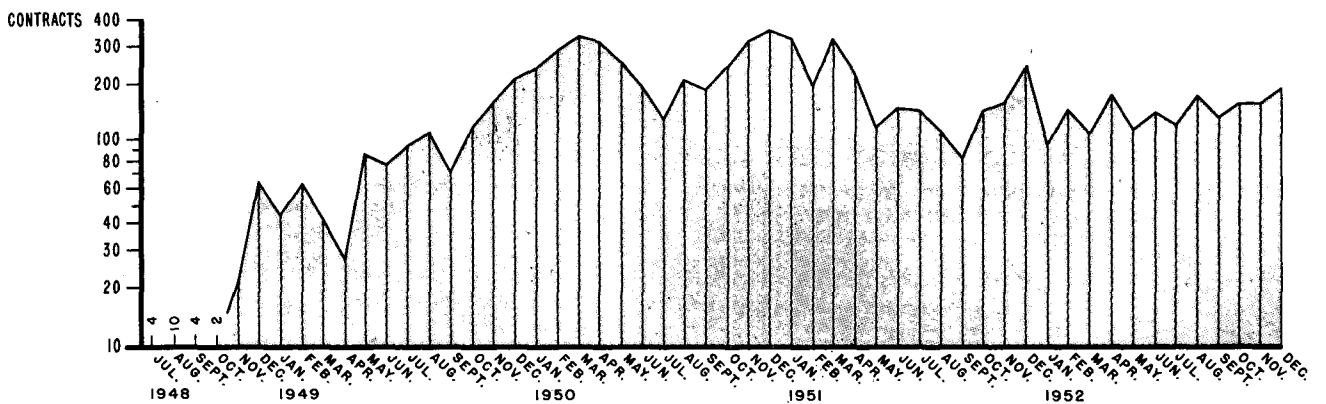
ESTIMATED QUOTATIONS PER MONTH



DOLLAR VOLUME PER MONTH



NUMBER OF CONTRACTS PER MONTH



DIVISION OF ADMINISTRATION

BRANCHES

ADMINISTRATIVE MANAGEMENT
AND PERSONNEL

BUDGET AND FINANCE

DIVISION OF ADMINISTRATION

The major objective in the work of the Division of Administration during 1952 centered around a concentrated drive to establish sound operating procedures and efficient practices in the Division. Among the developments of the year which resulted in movement toward the basic objective, were the creation and the staffing of the new branch structures in the Division and the implementation of new programs in several of the other organizational units of the Division. The objective was not completely realized by the end of 1952 but significant advances towards more effective and economical operations were made by that date.

As a result of the introduction of such methods, it was possible to eliminate 14 positions in the Division by January 1, 1953. With the continuation of this effort towards economy in the year 1953, it is proposed to decrease the staff of the Division by an additional 6 positions, making a total decrease of 20 positions before January 1, 1954. These decreases in personnel are to be attained in spite of a considerable increase of workload in every area of activity of the Division. Increases in workload are reflected in the reports of the several organizational units of the Division and also in the fact that total funds expended in the Americas increased from \$2,819,530 in 1951 to \$4,421,505 in 1952 and should attain an estimated \$5,827,116 in 1953.

It is also noteworthy that the administrative services during 1952 represented an expenditure of only 9.6% of total funds expended from all sources.

ADMINISTRATIVE MANAGEMENT AND PERSONNEL BRANCH

The Administrative Management and Personnel Branch was formally established in July 1952, with the assignment of the Chief of Branch and the incorporation of the Management and Personnel Sections into the Branch. Concurrent with the entrance on duty of the new Chief, there arrived in Washington representatives of the Administrative Management and Personnel Division of the Geneva Headquarters of WHO. For the next few months, the Management staff underwent a period of orientation in the practices and processes of the World Health Organization, adapting these techniques to the requirements of the PASB.

In the Management area of the operations of the Branch, the basic objectives for the year were the development of a Procedures Manual and the undertaking of special surveys. The first project was the recording of practices of the Personnel Section and the development of procedure for personnel activities. Similar recordings of practice and procedure for the remaining units of the Organization will be included in 1953.

Working with the personnel of the Geneva Office, the Management staff made surveys of the organization, staffing, functions, responsibilities, work-flow and practices of (1) the Fellowships Branch, (2) Editorial Section, (3) Distribution activities, (4) the Conference Section and (5) the Library, completing the first three.

The Personnel operation was affected by the expansion of program activities. A net increase of 49 regularly employed persons from 378 to 427 from 31 December 1951 to 31 December 1952, reflected only a small portion of the total appointment operations. Assignments of temporary personnel and turnover in regular personnel resulted in 230 appointments to the staff during the year.

There was an ever increasing shortness of supply in critical recruitment areas during the year making it more difficult to find competent candidates in technical fields. Other major developments in the personnel operation included (a), participation in drafting procedures, adapting WHO personnel procedures to the requirements of the Region; (b) establishment of critical controls on recruitment, appointment, personnel and posts; (c) preparation for further work in the fields of orientation, classification and training.

BUDGET AND FINANCE BRANCH

A general review of the financial position of the Pan American Sanitary Bureau as at the end of 1952 is included in the Financial Report of the Director. (CE 19/10)

During 1952, collection of current year quota contributions was 84% as compared with 90% for 1951 and 79% for 1950. Collection of quotas in arrears increased to 43% as compared with 33% in 1950 and 1951.

The Financial Statement shows that on December 31, 1952, six nations owed quota contributions for 1951 and earlier years in the total amount of \$354,893.

Expenditures of the PASB/WHO in 1952 totalled \$4,421,505, of which PASB expenditures were \$1,749,738 as compared with \$1,697,000 in 1951. Total income for 1952 was \$2,028,991 as compared with \$2,008,000 in 1951. Of this amount, \$1,901,451 represented quota contributions and the balance, miscellaneous income.

The excess of income over expenditures in 1952 amounted to \$279,253 and the External Auditor has recommended that \$108,525 be used to replenish the Working Capital Fund and \$170,728 be placed at the disposal of the Directing Council.

Miscellaneous income for 1952 amounted to \$127,540 which includes \$80,055 procurement service charges for the latter part of 1951 and 1952 and \$25,346 interest on investments.

It will be noted, from the statement of Assets and Liabilities, that approximately \$34,000 was due from Governments, Institutions and individuals on account of procurement. Eight accounts dating back to 1947 are outstanding against Governments and repeated efforts to clear these have been fruitless.

During 1952, the loans from the Kellogg and Rockefeller Foundations were amortized by \$50,000 in accordance with the repayment schedule.

To comply with a Resolution of the VI Meeting of the Directing Council, the sum of \$306,000 was removed from the Working Capital Fund and corresponding Reserves established for the purposes stipulated.

Negotiation with the World Health Organization resulted in establishing the share of that Organization of the Common Services expenses for WHO and TA at 33-1/2%. The following shows some of the activities of the Branch.

During the year 1952, there was a tremendous acceleration of accounting movement. The principal causes were:

- a) Increase in volume of WHO and Technical Assistance obligations, being \$1,874,000 in 1952 as compared with \$943,000 in 1951;
- b) Procurement for Governments and Institutions which amounted to \$3,072,000 in 1952 as compared with \$1,840,000 in 1951.

The total disbursed by the Finance Office in 1952 exceeded 6.5 million dollars, not including disbursements on behalf of other WHO Regions. This represents an increase of 65% over 1951.

A complete analysis of the accounting operation was begun near the end of 1952 and the benefits are already beginning to show. For example, an electric book-keeping machine was installed which resulted in a reduction of 2 staff members and a speeding up of the issuance of the payroll, the writing of checks and the recording of earnings and deductions.

This machine will absorb further operations in 1953 and it is hoped that additional positions can be eliminated.

The analysis also resulted in the development of a procedure whereby Travelers' Letters of Credit are issued to Fellows studying in the USA and Canada. This procedure has eliminated delays in getting monthly stipend payments to Fellows moving from place to place.

During 1952 the form and content of the Budget of the PASB was changed. The document was enlarged to show not only information concerning PASB, but all activities carried on within the Region, regardless of the source of funds. This change permitted WHO to include in its budget, all of the activities proposed from funds available to PASB, for the first time giving a complete picture of the combined operations in the Americas.

Legal Office

Legal advice was given in connection with a wide range of matters, such as the procurement procedures on behalf of Governments; applicability of cost-of-living adjustment to PASB staff; Government's obligation to contribute to the "local costs" of the Technical Assistance projects; copyright situation concerning the publication of articles in the PASB

Bulletin; revision of proposed leases for two Zone Offices; status of territories and departments in the Americas; a policy on re-imburement for local income taxes paid by Zone Office staff; operation of the "Fair Trade" Act; and study of the revision of the Telecommunication Convention.

The permanent Committee on Revision of the PASB Constitution had ten meetings in 1952 and substantial technical assistance was given to this Committee.

The officers of the Legal Office served as members of the Legal Working Party of the Permanent Committee and were in charge of preparing the Preliminary Draft of the Constitution as a basis for the discussion of the Sub-Committee. It also prepared the final document for submission to the Permanent Committee.

One of the major accomplishments during the year was attained through the assistance rendered in connection with the Protocol to the Pan American Sanitary Code which was signed in Havana at the VI Meeting of the Directing Council. The Legal Office prepared the position papers which served as the basis for the decisions taken by the Directing Council.

During the year, PASB Privileges and Immunities Agreements were negotiated and signed by PASB and the Governments of Mexico, Costa Rica, Nicaragua and Panama. The most important of these was the one with Mexico, which is also a Host Agreement for the PASB Zone Office.

Substantial progress was made in completing the negotiation of WHO Basic Agreements with the Member Governments. Basic Agreements were signed with the Governments of Uruguay, Panama, Costa Rica, the Dominican Republic and Chile during 1952. A list of WHO Project Agreements concluded in 1952 is shown on Table 16.

SUPPLY OFFICE

Purchases for the year totalled \$4,172,600, an increase of 75% over the dollar volume for 1951. Prices during the year were generally stable though there were a few increases. Deliveries in some lines were reasonably prompt but long delays were experienced in others. Some items were difficult to obtain throughout the entire period because of limited supplies. A notable exception to general price trends was that on antibiotics and insecticides. Production beyond present needs in both these fields was largely responsible for price declines during the year.

In July, a complete re-organization and stream-lining of the Supply Section was commenced, which was based on a three months' detailed study of all activities of the Section. Ten principal operating procedures were prepared during the study, detailing necessary controls and methods for operations.

A report giving status of all requisitions received during the period 12 August to 30 November was issued in December. This report was divided into sections so that appropriate parts could be sent to Zone Offices, Regional Offices, the Washington Office and the Geneva Office. This monthly report has now become regular routine.

Much of the work of the Section is that of supplying the various Governments with pro-forma quotations, in detail, for equipment and supplies on which estimated costs are desired. These estimates involve almost as much work as does actual buying.

GENERAL SERVICES SECTION

The General Services Office provides services and facilities to Headquarters, Zone and Project activities. A workload survey of all units was conducted and analysis of operations made during 1952.

This resulted in improved methods of operation making it possible to reduce the staff by 4 for 1953. Two other staff members and the shipping function have been transferred to the Supply Office. This resulted in a reduction from 50 posts in 1952, to 44 posts in 1953.

Under building alterations, the most important item during 1952 was the replacement of the old steam hot-air coal-fired heating plant in 1501 New Hampshire Avenue with a hot-water fuel-oil installation. This replacement permitted the conversion of the previously

useless basement space into office space, and resulted in a gain of 1600 square feet. Other alterations - removal of surplus closets, bathrooms, conversion of porches, etc., mostly in 1515 New Hampshire Avenue, added another 900 square feet of usable floor space. A new cleaning contract was effected as of 1 November for cleaning-guard janitor service, at a saving of \$2,700 annually over the previous contract.

A complete survey of all Headquarters non-staff insurance was made and new policies written for proper and adequate coverages as necessary. All insurance policies are now handled by one broker.

Approximately 60% of the total working time of the Cartographic and Drafting Unit was spent on the preparation of exhibits (86 panels) shown at 10 places during the year. (See Public Information)

Seven sets of plans of the Hospital de Niños, Regla Socarras, Havana, Cuba, were sent to the Ministry of Health in Cuba.

In the area of Travel service, the Bureau negotiated an agreement with the American Express Company in New York to handle all shipments of staff members' household effects. A Travel Manual covering the internal functions of the Travel Unit was prepared during the year.

Progress was also made in Records Management. During 1952, 45 file drawers of correspondence and documents which had been maintained in the Division of Public Health were transferred to the Records Unit.

After a survey, a reorganization of the staff responsible for building management, equipment, office supplies, switchboard and miscellaneous services was accomplished. This resulted in staff consolidation, clear-cut job responsibilities, and in generally improved service.

In March, 1952, the installation of a mechanical PBX system was completed and placed in operation resulting in improved service.

Developments in the control of property included the compilation of an inventory as of 31 December 1952. It listed some 3,000 items of equipment at the Project, Zone and Regional Offices and is estimated to be about 80% complete.

For the Reproduction Unit there was, during the year, an approximate 25% increase in work processed internally and a 100% increase in procurement of outside printing. Responsibility was assumed for all printing procurement and this entailed the developing and writing of specifications in cooperation with the Editorial and Public Information Offices.

As an additional aid to reproduction work, an Ozalid process machine was installed early in 1952. This provided for quick, exact processing of original papers and has resulted in the saving of countless hours of typing for all Headquarters offices.

TABLE 16
List of Project Agreements Concluded in 1952

Argentina	FAO/WHO	Brucellosis Center
Bolivia	WHO/TA	Nursing Education
Bolivia	WHO/TA	Study of Water Supply, La Paz
Brazil	WHO/TA	Nutrition Expert
Brazil	WHO/TA	Expert in Immuno-Chemistry
Chile	WHO	Whooping Cough and Diphtheria
Chile	WHO/TA	Penicillin Plant
Chile	WHO/TA/UN	Inter-American Center of Biostatistics
Chile	WHO/TA	Training of Environmental Sanitation Personnel
Colombia	WHO/TA	Expert in Public Health Administration
Colombia	WHO/TA	Clarification Insect Control Agreement
Colombia	WHO/TA	Extension Insect Control Agreement
Colombia	WHO/TA	Addendum to Maternal and Child Health Project
Colombia	WHO	Expert in Hospital Administration
Colombia	WHO	Extension Whooping Cough and Diphtheria Agreement
Costa Rica	WHO/TA	Addendum to School of Nursing
Costa Rica	WHO/TA	Engineer for Construction of Slaughterhouses
Costa Rica	WHO/TA	Extension of Nursing Education and Nursing Auxiliary Course Agreement
Dominican Republic	WHO/TA	Insect Control
Ecuador	WHO/TA	Nutrition Botanist
Ecuador	WHO/TA	National Institute of Hygiene
Ecuador	WHO/TA	BCG Laboratory
Ecuador	WHO/TA	Extension VD Control (Manta) Agreement
Ecuador	WHO/TA	Letters of Agreement re subsistence allowance arrangements
El Salvador	WHO/TA	Extension Health Demonstration Area Agreement
El Salvador	WHO/TA	Extension TB Agreement
Grenada	WHO/TA	Insect Control
Guatemala	WHO/TA	Insect Control
Guatemala	WHO/TA	Garbage Disposal
Haiti	WHO/PASB	Extension of Yaws Eradication and Rural Syphilis Control Project
Haiti	WHO/TA	Marbial Valley Fundamental Education
Haiti	WHO/TA	Insect Control
Honduras	WHO/TA	Insect Control
Honduras	WHO/TA	Waterworks Operators Training Course
Jamaica	WHO/TA	Tuberculosis Control
Jamaica	WHO/TA	Insect Control
Mexico	WHO/TA	Rabies Control
Mexico	FAO/WHO	Memo of Agreement re FAO/WHO Brucellosis Center
Netherlands- Antilles	WHO/TA	Insect Control

TABLE 16 (Continued)

Nicaragua	WHO/TA	Insect Control
Nicaragua	WHO	Seminar in Sanitary Engineering
Nicaragua	WHO/TA	Modification Health Education Project
Panama	WHO/TA	Rural Public Health Services
Panama	WHO/TA	Insect Control
Paraguay	WHO/TA	Insect Control
Paraguay	WHO/TA	Assistance to the School of Medicine in Asunción
Paraguay	WHO/TA	Extension Maternal and Child Health Project
Paraguay	WHO/TA	Extension VD Control
Paraguay	WHO/TA	Extension Hookworm and Smallpox Control Agreement
Paraguay	WHO/TA	Addendum to the Hookworm and Smallpox Control Agreement
Peru	WHO	Extension of Typhus Control Agreement
Peru	WHO/TA	Social Anthropologist
Peru	WHO/TA	TB Laboratory Diagnosis
Peru	WHO/TA	Insect Control
Peru	WHO/TA	Maternal and Child Health Program (Lima-Pativilca)
Peru	WHO/TA	Public Health Training and Demon- stration (Callao)
U.S.A. (Univ. of Minnesota)	FAO/WHO	Memo of Agreement re FAO/WHO Brucellosis Center
Brazil	PASB	Extension of Aftosa Center Agreement
Brazil	PASB	University of São Paulo Serology Project
Brazil	PASB	Extension of University of São Paulo Serology Project
Colombia	PASB	Modification "Carlos Finlay Insti- tute" Agreement
Ecuador	PASB	Plague Control (Extension)
U. S. Dept. of Agriculture	PASB	Grant-Aid to Aftosa Center
Venezuela	PASB	Extension of VD Laboratory and Training Center Agreement

ZONE I

**(Canada, Caribbean area,
United States of America)**

Under Supervision of Washington Office

**Chief of Field Office
for the Caribbean**

Dr. P. F. de Caires

**Pan American Sanitary Bureau
P.O. Box 118
KINGSTON, Jamaica, B. W. I.**

Field Office:

**Pan American Sanitary Bureau
314 U. S. Court House
El Paso, Texas, U. S. A.**

CARIBBEAN FIELD OFFICE

Organization and Administration of the Field Office

The Field Office for the Caribbean constitutes a part of Zone I, and was established to coordinate activities and to provide close assistance and supervision in planning and implementing projects in the Caribbean area. Its activities are under the supervision of the Washington Office and the Medical Officer in charge is responsible to the Director.

During 1952 the office was adequately housed in one of the main offices of the Medical Department Headquarters.

General Advisory and Technical Services

The work of this office is growing out of the exploratory phase of assessment and project stimulation and planning. Various governments are displaying an increasing desire to seek consultation on their overall public health programs in which individual projects play an important part, but are subordinate to the picture as a whole.

A close liaison is gradually being developed with the Caribbean Commission, a joint Dutch-French-U. K.-U. S. organization with Headquarters in Trinidad. The Commission has asked for technical advice in future health and training programs.

Very close liaison was established with the University College of the West Indies and lectures were given to medical students.

During 1952 the Medical Officer attended the following technical meetings.

Joint FAO/Caribbean Commission Conference on Home Economics and Education in Nutrition (July 1952 in Trinidad) as PASB/WHO representative.

Meeting with the Secretariat officials of the Caribbean Commission, (December 1952.)

A paper "The International Yellow Fever Problem in the Caribbean Islands" prepared by this Office was reprinted in the "Monthly Information Bulletin of the Caribbean Commission."

Plans for 1953-54

A visit by the Chief of the Division of Education and Training is scheduled for 1953, to see the University College of the West Indies and British West Indies Public Health Training Station, in Jamaica, with a view to possible assistance to these institutions.

It is proposed, for 1953-54 to stimulate overall planning in improved health departments and services, with diminishing emphasis on projects per se.

The Projects

To assist in an appreciation of the unusual situation in the Caribbean Islands two points should be clearly illustrated. Firstly, is that while an aggregation of the larger and smaller land-masses would not amount to any appreciable area; the distances between the territories are long and transportation facilities (by air and sea) particularly bad in the northeastern group of islands. Secondly, each individual territory has its own government -- frequently with little or no executive power -- which is obliged to obtain clearance from a higher authority.

Malaria and tuberculosis continued to be the immediate, major health problems of the area. This was reflected by the growing number of insect control, and tuberculosis control and BCG projects in operation, requested or under consideration. Increasing attention is being given to the treponemal diseases.

The declaration of "yellow fever receptive areas" stimulated interest in the Aedes aegypti situation particularly in the United Kingdom and the British territories.

Bahamas-1: An agreement for an insect control program as part of the regional program in the Caribbean Area was under negotiation at the end of the year.

Barbados-1: Assistance was requested for an insect control program as part of the regional program in the Caribbean Area. This project is scheduled to start in 1953.

Jamaica-2: The Aedes aegypti campaign continued under the technical guidance of PASB.

An insect control program, as part of the regional program in the Caribbean Area started with limited equipment. Larviciding was limited to a few areas and DDT residual house-spraying expanded to the limit of capacity. Two fellowships in insect control techniques were granted for study in Puerto Rico.

Jamaica-1, 3, 4: The BCG phase of the TB/BCG project was an unqualified success, due to excellent work by the BCG Organizer. The following is a summary of tuberculin testing and BCG vaccination:

	<u>During 1952</u>	<u>Totals at December 31</u>
No. tested	324,942	459,628
No. positive	106,628	171,728
No. negative, vaccinated	191,276	252,205
No. negative, not vaccinated	1,454*	1,625
No. not read	25,641	34,422
(*includes 1,244 in December)		
% of tests read	92%	93%
% of negatives vaccinated	92%	94%

The case finding and diagnostic laboratory phases of this project met with various delays and difficulties due to local problems of recruitment and maintenance of equipment. Training of local personnel was however being carried out with the assistance of the international adviser.

Leeward Islands: Plans were made for a BCG vaccination program (Leeward Islands - 1) and for an insect control program (Leeward Island - 2) to be part of the regional program for the Caribbean.

Netherlands Antilles-1: Three Insect Control fellowships were granted for study in Puerto Rico. The Aedes aegypti eradication program is being expanded to include all the four islands (Aruba, Curacao, Bonaire and St. Maarten) and measures will include residual house-spraying.

The situation at the end of 1952 was as follows:

<u>Island</u>	<u>Localities positive</u>	<u>Localities negative</u>
Aruba	5	1
Curacao	4	6
Bonaire	4	no work done

The international airports in Aruba and Curacao were aegypti free.

Surinam-1: The expanded insect control program was in the planning stage. Supplies and equipment were to come from UNICEF, WHO/TA to give technical advice. An outstanding feature of this project is the difficult terrain of the interior; the government will provide special boats for use on the river creeks.

Trinidad: The BCG project (Trinidad-1) made excellent progress. The training of the staff which began late in 1951 in Jamaica was completed. The campaign received good support. The following is a summary of tuberculin testing and BCG vaccination:

	<u>8-1/2 months during 1952</u>
No. tested	136,952
No. positive	42,469
No. negative, vaccinated	87,195
No. negative, not vaccinated	211
No. not read	7,078
% of tests read	95%
% of negatives vaccinated	99.8%

The Aedes aegypti campaign made slow progress in Port of Spain. The 8th cycle in the city yielded an index of 6.4%. Full scale operations could not be undertaken until the arrival of supplies.

Programs were in the planning stage for assistance in insect control (Trinidad-3) as part of the regional programme in the Caribbean and in establishing a laboratory for bacteriological diagnosis of tuberculosis (Trinidad-4).

Virgin Islands (British): Consultations were held with local authorities regarding possible Insect Control and BCG programs.

Windward Islands (Grenada): Two WHO/TA Sanitarians started work on the insect control program (Windward Islands-2) at the end of 1952. Four fellowships in insect control techniques were awarded for study in Puerto Rico. Island-wide Aedes aegypti survey and training of local personnel were under way.

Plans were made for assistance in a BCG project.

Windward Islands-2 (St. Lucia): Plans were made for assistance in an insect control program as part of the regional program in the Caribbean area.

Technical advice was given to the Aedes aegypti eradication campaigns in Bermuda, French Guiana, Puerto Rico and Surinam.

Independent PASB checks for Aedes aegypti were also being arranged for: Bermuda, Cayman Islands, Dominica, Leeward Islands, St. Vincent and US Virgin Islands.

Plans for 1953-1954

Plans for 1953-1954 will provide for increased activity against Aedes aegypti generally, with definite new projects in mind in Barbados, Dominica, the Leeward Islands and St. Vincent, as well as a stepping up of the projects in Jamaica and Trinidad in particular.

Tentative plans were made for possible assistance in the following programs:

School Dental Services in Jamaica

Venereal Diseases Control in Jamaica

BCG Vaccination in Barbados and the Leeward Islands



Medical supplies being transported on a river in Surinam

ZONE II

(Cuba, Dominican Republic, Haiti, Mexico)

Zone Representative

Dr. Guillermo Samamé

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ZONE II

Zone II comprises Cuba, Dominican Republic, Haiti and Mexico. On 26 August an Agreement leading to the opening of Zone headquarters in Mexico City was signed between the Government of Mexico and the Pan American Sanitary Bureau.

The variety of public health problems found in this Zone has resulted in a different type of activity for each country. In Cuba efforts were aimed at the creation of a nucleus of public health workers, by means of the fellowship program, while an opportunity was awaited for giving more direct advisory services. A request was successfully stimulated in the Dominican Republic for a preliminary survey on the health problems and resources leading to a reorganization of public health services as a whole. In Haiti efforts were aimed at advising on methodical development of health services while, in the meantime, the Yaws Eradication Project serves as an entering wedge for more generalized activities. In Mexico it has been necessary to use a different and mixed kind of approach, i.e., stimulating activities in the field, nursing education, health education, veterinary public health, and advisory services assuming different facets.

It appears that the over-all health conditions of Cuba, Dominican Republic, Haiti and Mexico, represent a most challenging situation. This Zone Office, however, is doing its share in responding to the mandate of the people of the Western Hemisphere. It is worthwhile to observe the added impetus which the Bureau's program has taken as a direct result of the setting up of a Zone Office in Mexico City.

Organization and Administration of the Zone Office

The Zone II Office has been handicapped very severely by the lack of an Administrative Officer and of sufficient clerical personnel. The latter need will be even more acute when the Administrative Officer, the Sanitary Engineer, and perhaps another medical officer, report for duty in 1953. A considerable amount of time of the international staff and especially of the Zone Representative has been devoted to matters which are the domain of the Administrative Officer.

Budgeting and Financing

For obvious reasons no budgeting and financing problems were present in 1952, since the Zone Office only functioned normally during four months of the year and the allotments were large enough to cover its needs.

Relations with the Washington Office

Requests for personnel have been met by the three technical branches of the Division of Public Health, thereby helping in the solution of these problems in Mexico, Haiti and the Dominican Republic. The same applies to the Division of Education and Professional Training, which has given special attention to fellowship recommendations during a most difficult time. The Communicable Disease Branch deserves special mention inasmuch as their supply of technical information, especially in the field of tuberculosis, venereal disease and other communicable diseases, has been of tremendous value in the unfolding of daily activities.

General Advisory and Technical Services

General Services and Technical Assistance to Governments

During 1952, it was possible to set the basis with the Member Governments of the Zone for the modus operandi by which this Office will give assistance such as the relaying of epidemiological information, the investigation of epidemic outbreaks, technical advice on organization of public health services, on the fellowship program, technical guidance on

nursing services, determination of medical supply needs and numerous other general technical services.

Liaison with Non-Government Agencies and Institutions

A satisfactory working relationship has been worked out with IIAA in Mexico and Haiti, consisting mainly of an exchange of information. The same applies to the Rockefeller Foundation in Mexico and to the Kellogg Foundation. Relations have also been maintained with a number of institutions such as the "Hospital Infantil," the School of Public Health of Mexico, and many others.

Publications

The Manual of Serological Tests for Syphilis was delivered by the printers and distribution was made in accordance with instructions received from the Washington Office.

The Projects

Cuba

Nutrition. As a result of conversations held with the Director General of Public Health, a request was presented for a preliminary survey in Havana, with special reference to bromatology.

Fellowships. Preliminary steps were taken to grant fellowships on rabies diagnosis to a group of veterinarians of Cuba. The same applies to one fellowship for the Aftosa Center in Brazil. Steps were taken for three fellowships on poliomyelitis rehabilitation for two physicians and one nurse.

Dominican Republic

Insect Control (2). The Insect Control activities began late in 1952. All the supplies and equipment were on hand and the training of personnel proceeded on schedule. The two international staff members arrived in 1952. Up to December, with the exception of two provinces, the rest of the country was being covered. It was possible to obtain sufficient local funds for the number of persons contemplated and it was also possible to have the Chief and Assistant Chief of the Campaign on a full time basis at a reasonable salary.

Yaws Eradication (52). Negotiations continued during the reporting period for the implementation of this activity. The Government of the Dominican Republic withdrew its request to WHO and to UNICEF, wanting only technical guidance from the PASB. Supplies and equipment were bought by the Government.

Organization of Health Units. Steps were taken in order to stimulate a request for a preliminary survey of the health problems and resources of the country, with an eventual view to the recommendation of whatever measures are necessary for a nation wide reorganization, beginning with a demonstration health center as a pilot unit.

Fellowships. Plans were made for the granting of fellowships in 1953 in the fields of syphilis serology, vital statistics, venereal diseases and public health administration. Two Dominican fellows completed their training courses in the School of Public Health of Mexico and one of them was appointed chief of the National Health Services.

Haiti

Yaws Eradication (1). The activities of the Yaws Eradication Project continued more than on schedule, due mainly to the new method of operations — that is, the house to house procedure. Up to 31 December 1952, penicillin therapy had been applied to 1,603,313

persons of which 846,909 were cases and 756,404 were contacts. Most of the country has already been covered. Field personnel was increased, and during this period the output of inspectors was of over 100 persons injected daily. The coverage of the areas treated on a percentage basis was above 96%. The Babinet study continued to yield excellent results and the number of treatment failures was in the neighborhood of but 1%. The surveys carried out to ascertain whether the coverage of the South was adequate were completed with satisfactory results.

Petit Goave (2). The correspondence agreement covering this activity was signed by the Minister of Public Health of Haiti during the latter part of December, 1952. The basis for this agreement was the plan of operations drafted in October.

Marbial Valley. In accord with the Minister of Health, the Zone Representative informed the Washington Office that this activity should be terminated as of 31 December 1952, in view of the evaluation carried out in the field in accordance with part 4 of the agreement between the Government and the Pan American Sanitary Bureau. All WHO commitments in the way of personnel, fellowships and supplies have been fulfilled.

Public Health Laboratory. Preliminary plans were made during 1952 for the implementation of this activity in 1953. The corresponding request, together with an advance plan of operations, was sent to Headquarters for comments and action.

Medical School. Preliminary conversations were held in which consideration was given to assistance for the Medical School of Haiti, and plans are going forward for a study of the school by the Chief of the Division of Education and Training of the Washington Office in 1953.

Mexico

Crefal (3). The health educator is doing everything possible to guide the teachers of fundamental education being trained at Crefal on general subjects of health, by means of theoretical instruction and field practice. An ever increasing number of teachers from all parts of Latin America are joining the Center and a definite contribution is being made by the Organization through an adequate instruction on health subjects. Our commitments have been fulfilled by the services of one technical person and a limited amount of supplies.

Rabies Control Program (4). Operation of this project has given impetus to the control of rabies in Mexico. The Agriculture Department has vaccinated over 300,000 head of cattle in the center of the enzootic zone of paralytic rabies and after more than 12 years, official vaccination and control of stray dogs has been re-initiated in Mexico City.

Expansion of the program has been made possible by the large scale production of avianized rabies vaccine. The laboratories of the Palo Alto Institute have produced 1,500,000 ml. of vaccine in addition to 35,000 doses for canine use. The main obstacle to the production of chicken embryo vaccine was the development of a suitable source of fertile eggs. This difficulty was overcome with the PASB grant of \$4,800, which, in addition, permitted the production of 250,000 ml. of vaccine.

Other control measures were directed against vampire bats, vectors of paralytic rabies in cattle and man. A human case of vampire bat rabies occurred in Ixlán del Rio, Nayarit, which increased to nine the known number of cases in the last two years. The biology of the vampire bat is being studied. So far it has been ascertained that two species live in Mexico: Desmodus rotundus and Diphylla acaudata. It has become evident that their habitat is only limited by lower temperatures and vampire bats have been captured as far north as parallel 27° in the Pacific Coast and 25° in the Gulf Coast area of Mexico.

FAO/WHO Brucellosis Center (6). The general activities of this project have been limited to research along the general lines of antibiotic and chemotherapy in Brucellosis and the development of antigens for diagnostic purposes.

Plans are under consideration to coordinate its activities with laboratory and field operations. It is felt that since this laboratory has been designated as an official Center for FAO/WHO, it should receive greater financial support.

Second Course for Nursing Instructors (11). Preliminary steps were taken in the planning of the Second Course for Nursing Instructors, which will be sponsored by WHO/TA and the Graduate School of the National University of Mexico. An announcement pamphlet and a poster were prepared by Zone II in collaboration with the Nurse Coordinator.

Nursing Education. Draft agreements for the projects in Basic Nursing Education, Second Course for Nursing Instructors and for a Workshop on Curricula for Nursing were prepared after consultation with the authorities participating in the development of the projects.

Venereal Disease Prophylaxis - Tijuana (51). Up to 31 December 1952, over two thousand persons had been registered, but most of the time from 300 to 500 persons were attending the clinic weekly. Steps were taken to initiate a study with Bicillin, a new preparation which, apparently, gives up to two weeks therapeutic blood levels. The Bureau has kept up its contribution of penicillin and the salary of a clerk.

United States - Mexico

Rabies Control in San Diego, Baja California (5). Although the project was limited to the wildlife phase of the rabies problem in San Diego County and Baja California, it was requested that the PASB should coordinate a complete rabies control program, including compulsory vaccination, registration, and elimination of stray dogs.

Two experts from the U. S. Fish and Wildlife Service conducted trapping schools and gave instructions on the methods for preparing and setting strychnin poison baits for vampire bats. The operations were conducted at seven different ranches located in the area between Tijuana, Tecate and Ensenada, and more than 15 ranchers and farmers attended the demonstrations.

The lack of appropriate regulations in San Diego County prevented the implementation of a joint program and it was considered that vaccination in the neighboring towns of Tijuana and Tecate would aid the educational program in San Diego County. Consequently, the vaccination campaign was initiated with the active cooperation of the Baja California officials. The support received accounted for the success of the vaccination program in Tijuana and Tecate, where in 5 days two vaccination teams inoculated over 5,000 dogs. The vaccine used was prepared at the Rabies Laboratory of Palo Alto, as provided in the Mexico-4 project.

Regional Projects

Training of Environmental Sanitation Personnel (AARO - 1). Negotiations for assistance to the School of Public Health by means of a consultant in Environmental Sanitation, fellowships and supplies for demonstration purposes, proceeded during the reporting year.

Seminar of Health Education (AARO - 15). Preliminary arrangements were conducted by means of a short term consultant who visited the four countries of the Zone.

Plans For 1953 - 1954

Cuba

Maternal and Child Health. The possibilities of cooperation with the Government of Cuba in their projected construction scheme of maternal and child health centers will be explored.

Fellowship Program. The fellowship program will be intensified during the next two years, with special relation to public health administration and the field of nursing.

Dominican Republic

Insect Control (2). No supply needs may be forecast for 1953, but if any DDT is necessary for the year 1954, appropriate steps will be taken with UNICEF for an additional allocation of funds during their fall meeting. In all probability, by the end of 1954 all the country will have been covered.

Yaws Eradication (52). It is planned that no later than 1 April 1953, the activities of the yaws eradication in the Dominican Republic will have started and this program should take no less than two years from its beginning. Since the number of cases is quite reduced, i.e., no more than 10,000 plus some 40,000 contacts, the problem would be to set up a

flexible system which will solve the situation. However, it is quite possible that by the end of 1954 yaws should disappear from the Dominican Republic.

Organization of Local Health Units. A preliminary survey exploring the health problems and resources in the Dominican Republic will be carried out during March and April 1953. It is hoped that technical assistance will be given to the Government of the Dominican Republic on their reorganization of Public Health Services and on the establishment of a pilot health center in Ciudad Trujillo or San Cristobal.

Venereal Disease. A nation wide syphilis project is planned which may lead to the eradication of the disease. This activity may be implemented during 1954 if sufficient funds are available.

Haiti

Yaws Eradication (1). If the operations continue at the current rhythm, it is within the realm of possibilities that the whole country will be covered by August 1953. At that time it is planned to go back to certain areas where groups of infectious yaws do exist, since these areas were treated with the former method of ambulatory clinics which did not cover all of the infectious reservoir. Most of the international personnel should leave Haiti by the end of 1954, but a medical officer should continue during 1955.

Insect Control (4). Upon appointment of the international personnel insect control operations will begin around June 1953 and will proceed during 1954.

Tuberculosis. This project shall be implemented only to the extent of tuberculosis control activities at the Petit Goave Center and technical advice at the national level.

Public Health Laboratory. It is hoped that the laboratory will be implemented during 1953 if funds are available. The establishment of a public health laboratory as a logical outgrowth of the syphilis serology laboratory is of paramount importance for the orderly development of public health services of Haiti.

Mexico

Crefal (3). Activities will proceed at the same tempo during 1953 with the services of the health educator plus one fellowship. At the end of 1953 an evaluation will be made of the work and recommendations will be forwarded to the Washington Office to see whether or not this project shall be continued in cooperation with UNESCO.

Rabies Control Program (4). Plans are already under way to implement in 1953 a National Rabies Control Program. The plans call for the vaccination of 3,000,000 head of cattle and swift mass vaccination of dogs in Mexico City and other large cities.

The plans for the year 1953-54 contemplate the expansion of the public health rabies control program. A request has been received to convert the existing facilities at the Anti-Rabic Center of Mexico City into a Model Unit for the training of personnel in rabies diagnosis and control.

FAO/WHO Brucellosis Center (6). Plans for the year 1953-54 contemplate the evaluation of diagnostic methods of brucellosis in animals and the participation of the Center in a serological survey in connection with a pilot project for the control of brucellosis.

Insect Control (53). During 1953, in accordance with the interest shown by the Ministry of Health, plans will be made for the beginning of operations on 1 January 1954. This new project will include Aedes aegypti eradication and malaria control.

United States - Mexico

Rabies Control in San Diego, Baja California (5). Limitations of time and funds prevented the continuation of certain phases of the program at a time when greater success could have been attained. The California State Public Health Department has expressed the desire that this program should be continued during 1953, and plans have been made accordingly.

Regional Projects

Pan American Foot-and-Mouth Disease Center (AARO - 77). Steps will be taken during 1953 for the screening and selection of candidates from Haiti, Cuba and Dominican Republic for the courses to be given by the Pan American Aftosa Center in Rio.

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Relations with the Member Governments indicate that the policy of decentralization has been an excellent move towards the analysis and solution of health problems on the spot, affecting international health cooperation. Although the work at the zone level has produced a tremendous improvement in the general advisory services, it is felt that nothing can replace the day to day contact with public health authorities.



Mother proudly shows her son to visiting public health nurse on daily visit in Guazapa region, El Salvador



Nurse mounting horse to start daily round of visits in Guazapa region, El Salvador



Making biopsy on blind victim of onchocerciasis near Yepocapa, Guatemala

ZONE III

**(British Honduras, Costa Rica, El Salvador,
Guatemala, Honduras, Nicaragua, Panama)**

Zone Representative

Dr. Stanford F. Farnsworth

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ZONE III

Organization and Administration of the Zone Office

Personnel

For the total of eight professional staff members working in Zone III Office, there is available a stenographic pool of four secretaries which constitutes, under normal circumstances, an adequate number of clerical personnel for the present needs of the Office.

The Administrative Section, under the supervision of one Administrative Officer, handles the fiscal and administrative problems of the Zone Office. In addition it handles customs clearances for supplies and materials consigned to Guatemala.

Quarters

Zone Office. The building formerly occupied by the Office proved to be inadequate for the normal operations of the Zone staff.

After previous consultation with Headquarters, the Zone Office moved to a more convenient and comfortable building. The Office obtained a 5-year contract for this building, which began on 1 December 1952.

INCAP. During the past year, the INCAP had been housed in a building donated by the Government of Guatemala in the Jardín Botánico, on the Avenida Reforma.

In 1951, arrangements were made with the Government to construct a new building for the INCAP. Construction continued during 1952, and assurances were given by the engineer in charge that the building will be finished during the calendar year 1953.

Fiscal and Other Administrative or Organizational Matters

Budget estimates are prepared by the Zone Office and transmitted to Headquarters with the necessary justification for personnel, travel, supply requirements, and grant contributions received from commercial organizations and foundations in the United States, particularly for research in the field of nutrition. Commercial companies and the Kellogg Foundation have been contributing grants regularly since 1947 for this purpose.

The general administration of the Nutrition Institute of Central America and Panama is also entrusted to the Zone Representative, following the provisions contained in the Tegucigalpa Protocol, signed with the member countries of INCAP.

Relations with Washington Office

The increasing activities of the field projects make it desirable that more authority be vested in the Representative, to eliminate as many details as possible concerning the overall administration of field activities.

General Advisory and Technical Services

General Services and Technical Assistance to Governments

Epidemiological information was furnished to the Governments on the situation of jungle yellow fever, poliomyelitis and other communicable diseases in Central America. Other activities consisted of: Interexchange of monthly epidemiological VD reports of Government campaigns through this Office; Testing and distribution of approved serological antigens at cost price to the Governments of this Zone; and Distribution to the countries of yellow fever vaccine produced by the Oswaldo Cruz Institute.

Advisory Assistance Given by the Zone Consultants

Guatemala

Insect Control and Yellow Fever. Advisory assistance was given for the reorganization of the "Oficina de la Campaña de Control de Insectos y Fiebre Amarilla", drawing a yellow fever immunization program. Vaccinators received technical advice in the performance of their duties and on standard procedures for *Aedes aegypti* eradication. A draft project was prepared for a 3 year anti-malaria campaign through the use of DDT in the endemo-epidemic area. A study on the improvement of reporting and filing systems and for the control of results, aimed at the evaluation of the actual methods of malaria control to be used during 1953, was presented to the public health authorities. A preliminary survey to investigate the possible existence of jungle yellow fever was performed in Peten. Monkey blood samples and *Haemagogus* mosquitos obtained from this region were sent to the Carlos Finlay Institute in Bogotá.

Maternal and Child Health. Advisory services were given to the "Dirección General de Sanidad" of Guatemala during the poliomyelitis outbreak; for the organization of its "Sección de Higiene Materno Infantil"; and for the planning of a 1953 Nutrition Program, especially for milk distribution.

Rural Public Health. Advisory services were given and a draft of a program was drawn on Rural Public Health for the Republic of Guatemala.

Venereal Diseases Control Program. Advisory services were given to the "Dirección General de Sanidad" in the drawing of a 3-year VD Control Program to be developed by the "Sección de Profilaxis Sexual y Venérea"; to solve the serological problems that arose in the "Laboratorio Serológico de Sanidad"; for the solution of the problems related to the "Hospital de Profilaxis"; and in the preparation and development of the National Serological Evaluation Survey.

Tuberculosis Control Program. Advice was given for the coordination of several institutions interested in TB control; for the planning and development of a BCG vaccination program; for the improvement and enlargement of TB services in San Vicente, General and San José Hospitals and the "Dispensario Central"; for the establishment of the "Centro de Tratamiento de la Tuberculosis Aguda del Niño" in the "Hospital General"; for the centralization of X-Ray systematic investigation of groups in the "Liga contra la Tuberculosis" and in the "Dispensario Infantil"; and for the coordination of the home and hospital care of TB patients through the "Dispensario Central".

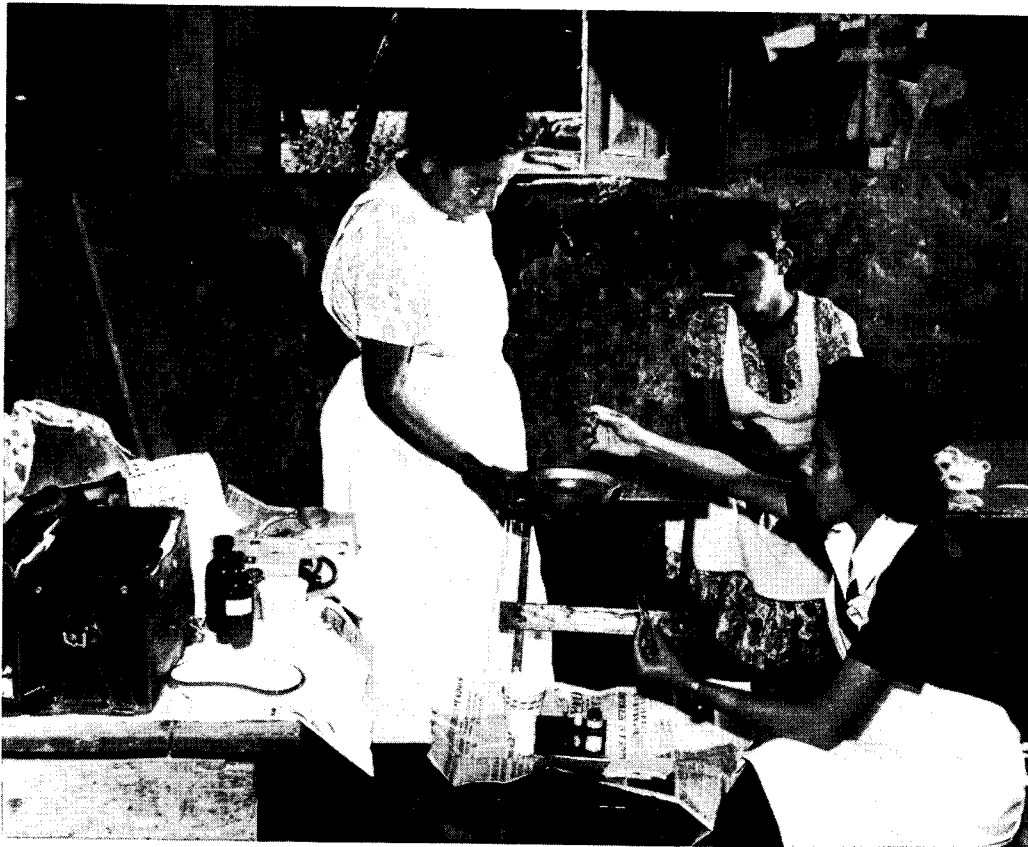
Public Health Nursing. Advice was given for the planning of a training course for Auxiliary Nurses, to be employed in the Rural Health Centers in Sacatepequez and its surroundings; for the revision of training courses planned by the Director of the "Escuela Nacional de Enfermeras"; to the "Instituto Guatemalteco del Seguro Social", in training methods for groups of mothers; and to a group of persons who were interested in the training of nurses and auxiliary nurses. A study was made on the nursing needs of Guatemala and on the technical possibilities of reorganizing the "Escuela Nacional de Enfermeras".

Onchocerciasis. Observations continued in the Suramin Pilot Project and cooperation was given to the "Unidad Móvil No. 5 de la Dirección General de Sanidad" in the excision of 180 nodules for histopathological examinations and for the examination of 700 treated patients. The nodules were sent to the Laboratory of Tropical Diseases, National Institutes of Health, U. S. Public Health Service, for histopathological examinations.

Environmental Sanitation. The City of Guatemala was given assistance in equipping a water analysis laboratory, in planning a garbage disposal program and in planning additions to the water treatment plant.

Costa Rica

Venereal Diseases Control Program. Advisory services were given to the "Lucha Antivenérea" for improving diagnosis, treatment, epidemiological and educational services. On two occasions during the year, the serological laboratories of San José were visited and advice was given in serological techniques. Advice and cooperation were given to the



Home visit to pre-natal patient in Apopa region, El Salvador. Public health nurse trains midwife, by practical demonstration emphasizing cleanliness and disinfection



Public health nurse at Unidad Sanitaria, Nejapa, El Salvador, demonstrating infant care to expectant mothers attending clinic



Public health nurse, visiting home of midwife, explains use of basic instrument kit in connection with birth, Health Demonstration Area, El Salvador

"Dirección General de Salubridad" Serological Laboratory in the preparation and development of the National Serological Evaluation Survey.

Tuberculosis Control Program. Advice was given in the initiation of a BCG Immunization Program, and for the establishment of a TB Training Center in the new TB Hospital, for which PASB/WHO cooperation will be requested.

Public Health Nursing. Advice and consultation given on planning a reorganization of the Division of Public Health Nursing, and for an auxiliary training program.

Environmental Sanitation. A survey of the work of Sanitary Inspectors was made, and advice for improving these services was given. Consultations were held with IIAA and the Government on reorganization of the Division of Environmental Sanitation.

El Salvador

Insect Control. New plans were drawn up with the Government for malaria control and for the eradication of *Aedes aegypti*.

Maternal and Child Health. Advice was given on several occasions on the MCH aspects of the Health Demonstration Area Program, and in regard to the MCH Program carried on by the Government.

Venereal Diseases Control Program. Advisory services were given on two occasions to the "Dirección General de Sanidad" Serological Laboratory and advice and cooperation was given in the preparation and development of the National Serological Evaluation Survey.

Tuberculosis Control Program. Advice was given for the TB Control Demonstration Project and for the Health Demonstration Area. Assistance was also given in the evaluation and performance of the "Dirección General de Sanidad" TB Laboratory.

Public Health Nursing. Consultation and advice were given on the Nursing School program and curricula and for the organization of the Nursing and Training Services Program of the Division of Public Health.

Environmental Sanitation. Advice and information were given in various matters concerning the water supply, sewage and garbage disposal. Some assistance was furnished in training courses for Sanitary Inspectors.

Honduras

Insect Control. Various consultations have been held with the Government and the SCISP in regard to the house spraying and insect control program. Assistance has been given in planning a laboratory for use by the malaria control services.

Venereal Disease Control Program. Advice was given on two occasions for the improvement of serological techniques. Advice and cooperation was also given to the "Dirección General de Sanidad" Serological Laboratory, in the preparation and operation of the National Serological Evaluation Survey.

Public Health Nursing. Visits have been made by the Nursing Consultant but very little practical assistance has been given for the reorganization of Public Health Nursing Services. During the early part of the year specific assistance was given by a Nursing Consultant in meeting the emergency caused by the poliomyelitis epidemic.

Environmental Sanitation. Some assistance has been given to the Government in cooperation with the SCISP, in planning local environmental sanitation programs.

Nicaragua

Insect Control and Yellow Fever. With the assistance of a special Consultant and of the regular staff, a great deal of advice and consultation was given the Government during the peak of the jungle yellow fever outbreak. Additional assistance was given by the regular staff in the insect control and house spraying program.

Venereal Diseases Control Program. Advice was given on two occasions to the serological laboratories for the improvement of serological techniques; advice and cooperation were also given in the preparation and conducting of the National Serological Evaluation Survey.

Environmental Sanitation. Consultations have been held with the Government and the representatives of the IIAA regarding a local Environmental Sanitation Program being planned.

Panama

Insect Control and Yellow Fever. Advice was given for the technical and administrative organization of the "Sección de Campaña Antimalárica y Control de Insectos". Advice was also given for the planning of a national DDT campaign, especially of the endemic area; for the coordination of activities between the above-mentioned "Sección" and the "Sección de Epidemiología y de Unidades Sanitarias" for the registration and epidemiological control of patients; and for entomological control.

Maternal and Child Health. Advice was given to the Department of Public Health in reference to the maternal and child health aspects of the Rural Public Health Cooperative Program and for the DPT immunization program to be developed during 1953.

Rural Public Health. Advice was given for a preliminary study in connection with the Rural Public Health Cooperative Program.

Venereal Disease Control Program. Advisory services were given on two occasions to the serological laboratories for the improvement of serological techniques. Advice and cooperation were also given to the "Departamento de Salud Pública" Serological Laboratory in the preparation and development of the National Serological Evaluation Survey.

Public Health Nursing. A great deal of time was spent by the Nursing Consultant in planning the organization of an Auxiliaries Training Course with the Government and the SCISP. Assistance was furnished towards the reorganization of the Division of Public Health Nursing. Plans were prepared on Nursing procedures for the Rural Health Services Program.

Consultations were held with the School of Nursing authorities and with the Nursing Consultant of the IIAA concerning curriculum planning for the Nursing School of the Santo Tomás Hospital.

Environmental Sanitation. An outline was prepared for a Training Course for Sanitary Inspectors.

British Honduras

Insect and Yellow Fever Control. Consultations were held concerning the malaria control program and the *Aedes aegypti* eradication program.

Tuberculosis Control Program. A study was made on the possibility of developing a BCG Vaccination and TB Control cooperative program.

Environmental Sanitation. Advice was given and consultations were held concerning various environmental sanitation problems relative to the water supply, and to sewage and refuse disposal.

Advisory Assistance Given to Countries Outside of this Zone by the Zone Consultants

St. Vincent and Grenada, Windward Islands, B. W. I. A cooperative program on yaws eradication and rural syphilis control was developed and extended to other public health aspects.

Jamaica, B. W. I. Advice was given on the development of a TB Control Program and a BCG Vaccination Campaign.

Grenada, Windward Islands, B. W. I. Advisory services were furnished for a BCG Vaccination Program.

Port of Spain, Trinidad, B. W. I. A report was prepared on the BCG Vaccination Program in Trinidad and Tobago.

St. Kitts, Leeward Islands, B. W. I. A study was made on the possibilities of developing a BCG Vaccination Program.

Dominican Republic. Plans were studied for a BCG Vaccination and TB Control Program.

Zone Office Technical Plans and Activities in Other Than Relations With Governments

Liaison with non-government agencies and institutions. A close liaison has been maintained during the year with UNICEF in regard to joint plans for various projects in the countries of this Zone. Contact has also been maintained with the Kellogg Foundation, Commonwealth Fund, University of Iowa, Rockefeller Foundation, Ford Foundation and the American Friends Society.

Sponsorship and/or attendance at technical meetings. The following meetings were sponsored by the Zone Office:

III INCAP Council Meeting - Panama, December, 1952

INCAP Technical Advisory Board - Costa Rica and Guatemala, October, 1952.

The following meetings were attended:

April: Symposium on Recent Advances in Venereal Diseases, Washington, D. C.

June: Central American VD Congress, San José, Costa Rica

November: Third Inter-American Congress of Sanitary Engineering, Buenos Aires

December: I Congreso Centroamericano de Pediatría, San José, Costa Rica

III INCAP Council Meeting in Panama, the Reunión de Directores
Sanidad de Centro América

III Meeting of INCAP Council

October: INCAP Technical Advisory Board, Costa Rica

Plans for 1953-1954

Preliminary plans will include the following points:

1. Greater use of Zone Office personnel, in consultation with the Governments, on specific problems related to their Public Health Departments.
2. Use of regular budget funds to establish the following programs in the various countries:
 - (a) Programs designed to strengthen the basic public health activities;
 - (b) Training courses to improve the efficiency of existing personnel.
3. Use of technical assistance funds only in short term projects of a highly specific character and designed to meet individual needs peculiar to a country.
4. To provide more inter-country projects to meet the following needs:
 - (a) Training of local personnel;
 - (b) Controlling specific disease problems common to more than one country.

It is becoming increasingly necessary to develop with each individual country long term plans for reorganization of their Public Health Departments. The Zone Staff will, during the coming year, develop organizational outlines for discussion with the countries. These will then be implemented with the assistance of the Zone Staff or through special projects on a sectional basis.

The Projects

Costa Rica (5) BCG Vaccination. The BCG Vaccination Program has continued under the Ministry.

Costa Rica (9) Engineer for Construction of Slaughterhouses. Arrangements for an engineer to assist in the construction of slaughterhouses has been made and the start of the project is anticipated in 1953.

El Salvador (3) BCG Vaccination. The BCG Vaccination program is being carried on by the Division of Tuberculosis of the Department of Public Health.

El Salvador (5) Health Demonstration Area. The program has made excellent progress and the initial phase has been completed under the plan of operations.

Guatemala (2) TB Control. A specific project was set up for assistance in the reorganization of clinical facilities in the City of Guatemala. The Tuberculosis Consultant assisted the Government in conducting several seminars for the medical profession.

Guatemala (8) Rural Public Health Services. A complete survey of the MCH activities and the organization of administration of the Department of Public Health was conducted by the Zone Office.

Guatemala (10) Garbage Disposal. Assistance was requested by the City of Guatemala for the improvement of garbage disposal and collection facilities. The Zone Staff surveyed the problem and made recommendations.

Guatemala (53) Onchocerciasis. Special emphasis has been placed on determining methods of control of the Simulium fly.

Honduras (2) Health Education. This project began in May 1952 and will continue until May 1953. Some progress has been made in introducing health education methods into the rural schools of the country through the Ministry of Education, in cooperation with IIAA.

Panama Rural Public Health Services (1-PAN-10). Operations relative to this project began in November.

Panama (5) Training Course for Laboratory Technicians. This Project has been under discussion but the Government has not presented a definite request.

Central America Insect and Yellow Fever Control (AARO-7). Agreements under this project were signed by Guatemala, Honduras, Nicaragua and Panama during the year. During the latter portion of the year a plan of operations was re-written and assistance given by the Geneva Office.

Waterworks Training Course (Central America) (AARO-17). A plan of operations for this project has been completed and arrangements made for staff.

VD Laboratory and Training Center (AARO-21). Surveys had been completed on the VD Laboratories and the necessary training programs carried on.

Jungle Yellow Fever Epidemiological Survey (C.A.) (AARO-57). Special studies in Jungle Yellow Fever were carried out during the year. These studies have led to plans for a more extensive program for the two coming years.

ZONE IV

(Bolivia, Colombia, Ecuador, Peru, Venezuela)

Zone Representative

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ZONE IV

The Zone IV Office has the responsibility for the supervision and coordination of programs in Bolivia, Colombia, Ecuador, Peru and Venezuela.

The year 1952 was the first in which this Zone Office operated with a full complement of personnel. As a result policies, procedures and operations were largely in a developmental stage while knowledge of the health conditions of the Zone was greatly advanced.

The Zone activities can be analyzed under three principal headings: diseases of major economic importance, organization of health services, and education and training.

Diseases of Major Economic Importance Controlled by Relatively Simple Techniques

A classical and comprehensive health survey would provide the logical basis for the development of internationally assisted programs. Such a survey has not been made and in most of the countries of this Zone even routine statistical reporting is frequently incomplete. Nevertheless statistical information available, local field epidemiological studies, and the accumulated experience of many health workers provided valuable information as to the economic importance of certain of the prevalent diseases.

Taking as our criteria the economic consequence of diseases and the availability of a relatively simple technique for control or eradication, a number of disease-control programs have been developed in this Zone. For reasons of limitation of funds and personnel particular attention has been devoted to two types of programs: control of insect vectors and mass immunization. In most instances these programs have been planned as nation-wide in scope, and assistance has also been given to the development of adequate laboratory services to support the mass campaign.

The mass technique has been experimentally introduced also into the field of VD control in one of the Zone IV countries.

Organization of Health Services, Including the Advancement of Public Health as a Career

Programs for Communicable Disease Control had the value of demonstrating public health organization in a particular field. A number of programs in the Zone contributed to the organization of improved services within a particular department. Very few programs made a direct contribution to the total evaluation of the existing health department and public health practice, although in this regard we may mention the analysis of the Municipal Health Services of Bogotá and the analysis of National Health Services of Peru, in connection with the newly created Fondo de Salud Pública for that country.

It is to be hoped that more and more attention will be given to the encouragement in each Ministry of better analysis of public health problems, resources and organization.

The advancement of public health as a career, part of this same problem, should merit special attention, since it is in most countries the major limiting factor in the organization of health services. Methods need to be found by which the Organization and its Zone Offices can be of greater influence for the advancement of public health as a career.

Education and Training

For the most part, fellowship programs and training courses have been at a post-graduate level and little or no attention has been given by the Zone Office to the problem of

under-graduate education. Where post-graduate courses are given, maximum value is difficult to achieve since frequently the professionals receiving the training are not well trained in the basic sciences of their specialty. Consequently there is a need for assistance in planning the improvement of under-graduate as well as post-graduate education.

It is hoped that during 1953-54 a pattern may be developed for the progressive compilation by the Zone Office of information relating to educational needs in the five countries in order that integrated overall planning may be carried out.

In the outline that follows, Zone Office Activities for 1952 will be discussed in detail.

Organization and Administration of the Zone Office

In October 1928 a PASB field office was established in Lima, Peru. Its responsibilities in the beginning were for the most part liaison and consultation. During 1951 and part of 1952, the Zone Office received greater decentralized responsibility and steadily increased its field program activities and its staff. Administrative services to meet the rapidly increasing requirements of the Zone and the Office necessitated a complete reorganization.

Although the administrative decentralization of responsibility was not completed during 1952, the administrative duties actually performed in the Zone IV Office were comparable to those carried out on a larger scale by the Division of Administration of the Central Office.

Quarters

The Zone IV Office is located at 722 Avenida Salaverry, Lima, Peru, a residential house on one of the main avenues close to the center of town, business and main post office.

The 1952 quarters of Zone IV Office were considered adequate for the efficient operation of the 20 international and national staff members.

Fiscal and Other Administrative or Organizational Matters

The Zone IV Office budget expenditures during 1952 amounted to \$96,000.00 U. S. dollars, covering salaries, allowances, travel, transportation and common services.

During 1952 the Zone IV Office disbursed over \$140,000.00 in check and cash payments on behalf of PASB, WHO and WHO/TA.

General Advisory and Technical Services

The principal general services provided to Governments were the coordination and integration of programs and activities.

Relatively few written requests were received for direct consultation on technical problems, but with each visit to a Ministry of Health by a member of the Zone Office, technical advice was requested and provided. As the knowledge of each country increased, the opportunity to assist in the resolution of problems relating to health organization and public health practice also increased.

Technical advice and assistance were provided principally through the medium of programs in operation.

The staff of the Zone Office had numerous opportunities during the year to contact officially members of non-governmental agencies and institutions for the purpose of coordinating program activities.

Members of the Zone Office attended the following Technical Meetings:

First Meeting of Professors of Sanitary Engineering of the Public Health Schools in Latin America (São Paulo, Brazil)

First Seminar of Sanitary Engineering for Central America

Third Congress of the Inter-American Association of Sanitary Engineering (Buenos Aires)

Third Session of Inter-Agency Regional Coordination Committee on Migration
(Lima, Peru)

First Inter-American Congress of Public Health (Havana, Cuba)

No articles were prepared by the Zone Office for publication; the following studies were, however, mimeographed for distribution:

Environmental Sanitation Program for the Lima-Pativilca Area, Peru.

Environmental Sanitation Program for the Pativilca-Huaraz Area, Peru.

Garbage Disposal for Lima. (Paper presented to the Third Congress of the Inter-American Association of Sanitary Engineering, and to be published by the Association.)

Plans for 1953-1954

Efforts will be devoted in 1953-54 to the development of techniques by which the Zone Office may provide greater assistance in the direct evaluation of health needs and organization, under-graduate and post-graduate education, and in the planning for a better utilization of resources.

The Projects

Bolivia-1 — Typhus Control: Over the past two years the Ministry of Health, with the assistance of UNICEF and WHO, has conducted a program of routine "delousing" in the provinces bordering the frontier with Peru. The objective of the Typhus Control Program, Bolivia, is the protection of the entire population of the "altiplano" from this disease. DDT dusting at intervals of 6 months has prevented the occurrence of typhus but at an expense beyond the economic possibilities of the Government. As a consequence the dusting operation has been limited to the Peruvian frontier. During 1952 only one case of typhus occurred in the work area while 71 cases of typhus occurred in the country as a whole. The routine operation is considered effective for the control of typhus, but as yet there is no method economically feasible for nation-wide use. This program, with emphasis on field epidemiology, will continue during 1953 and 1954, with the assistance of the WHO Consultant in Typhus Control.

TABLE 17

Typhus Control, Bolivia

Accumulated data 1 January 1952 to 31 December 1952 of selected provinces of the Departamento of La Paz (bordering Peru)

Villages treated	153
Houses treated	15,872
Population treated	54,602
Census of population	70,250
Items of clothing treated	344,000
Bedding treated	18,979
Cases of typhus reported in the work area	1
Cases of typhus reported in neighboring areas	5
Cases of typhus in the total Republic	71

Bolivia-2 — Children's Hospital, La Paz. This hospital is planned for a minimum of 200 and a maximum of 240 beds and should provide a well-rounded pediatric service. In accordance with joint planning with the Government and UNICEF the date for the beginning operation of the first service of the hospital was set for December 1953.

During 1952, 6 fellowships were awarded and the candidates began their training.

This was a relatively successful year from the point of view of the construction and organization of this hospital. A preliminary plan of operations was prepared. The list of equipment to be provided by UNICEF was prepared and the equipment is scheduled for delivery within 1953.

The chief difficulties facing the hospital in 1953 will be the purchase of materials which must be imported and the approval of the maintenance budget for the hospital's operation.

It is hoped that the new Children's Hospital will do much to improve the standards of medical care and clinical medical education, and that this hospital may focus national attention on those health conditions requiring the greater attention of the public health service.

Bolivia-4 – Insect Control. The amplified program for insect control, which is the responsibility of the Division of Endemic Rural Diseases, began operation 1 October 1952, with an increased allocation from the government for the amplification of these services. The proposed plan of operations for 1953 calls for a contribution of US \$50,000 in supplies and equipment from UNICEF; an annual budget of 12,000,000 bolivianos from the Government; and the provision of one expert in insect control by WHO. The organization of insect control services in Bolivia is good and it is hoped that the amplified program may reduce the occurrence of malaria to a minimum within the period of five years.

Bolivia-5 – Nursing Education. The agreement for this program was signed in 1952, and the program itself is in a sense an outgrowth of the Children's Hospital.

This program proposes the complete reorganization of the national school of nursing to include construction of a new building. The plan of operations for the school of nursing will be developed in detail early in 1953 by a national nursing committee with the assistance of the Nursing Consultant of the Zone IV Office. Technical assistance will be provided in the form of consultants, fellowships and equipment.

Bolivia-6 – Study of Water Supply, La Paz. The agreement, which provides for a chemical engineering consultant, 4 fellowships and equipment, was signed with the Government in 1952. The objective of this program is the evaluation and improvement of the existing water supply system, La Paz, and the preparation of a plan to meet more adequately the present needs, anticipating also the needs of the city for the next few years. This project is scheduled to begin in 1953.

Bolivia-8 – Smallpox Control. Bolivia, which is a country with large areas of tropical climate and many difficulties in transportation and communication, requested assistance in 1952 for the production of dry smallpox vaccine and assistance in the mass vaccination campaign against smallpox.

The program is scheduled to begin early in 1953.

Colombia-1 – Diphtheria-Pertussis Mass Vaccination. As of 31 December 1952, the mass diphtheria-pertussis vaccination campaign inaugurated in 1950 with the assistance of WHO and UNICEF had conducted vaccination programs in 25 cities of 9 "Departamentos" of the country. Mixed vaccine in adequate quantities was being produced by the Samper Martínez Institute and the organized campaign was operating at full capacity.

In May 1952 the WHO Consultant left, after two years of service, and the campaign continued under the direction of the national health authorities. As mass vaccination was completed in specific areas, the responsibility for maintaining a good level of immunity was accepted by the local health units of the "Departamento de Salubridad".

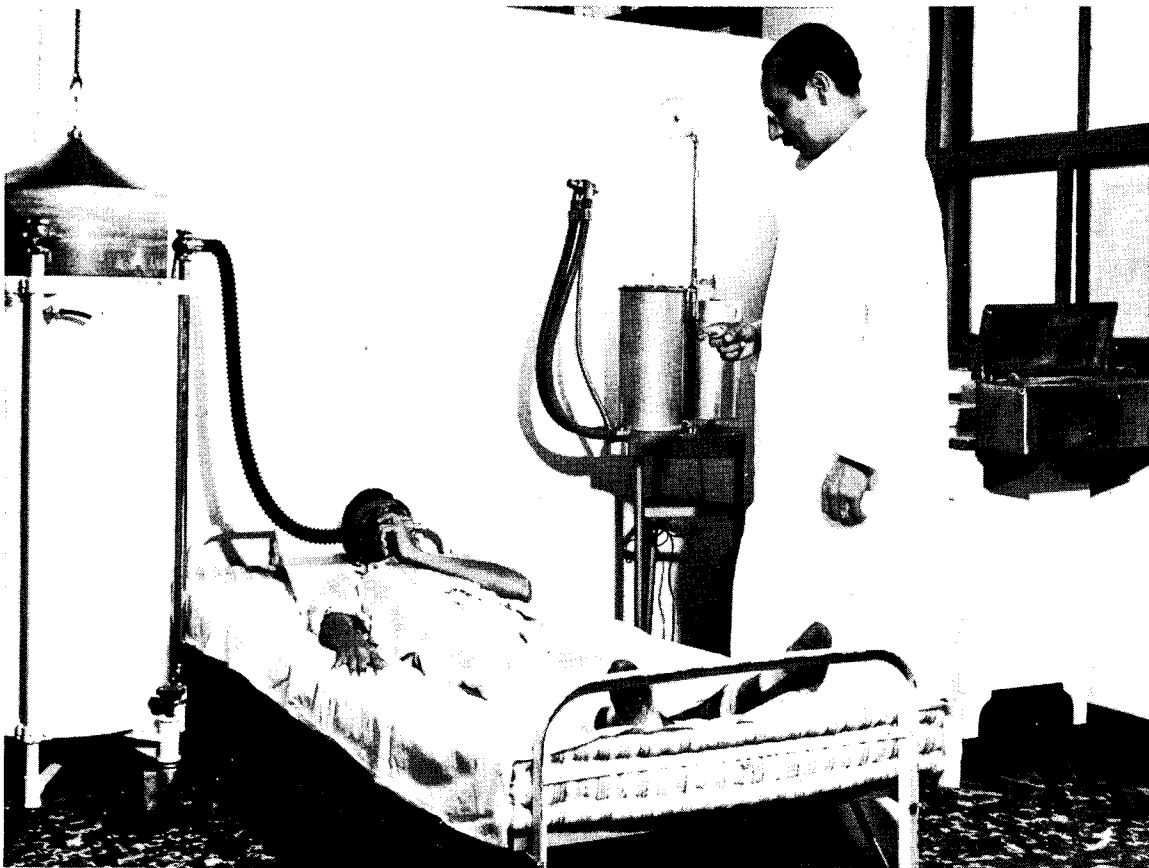
In 1953 assistance to the Samper Martínez Institute for the production of smallpox vaccine will be provided by PASB and UNICEF and mass immunization against smallpox will be included in the program.

Colombia-4 – Maternal and Child Health. This program began in 1951 with the collaboration of WHO and UNICEF. Its objectives were 1) to provide training for graduate nurses in midwifery; 2) to assist the National Health Administration in the best utilization of graduate nurse midwives; 3) to create a Maternal and Child Health Department within the School of Hygiene, providing adequate field training facilities; and 4) to begin demonstration courses for lay midwives through established health centers, utilizing graduate nurse-midwives.

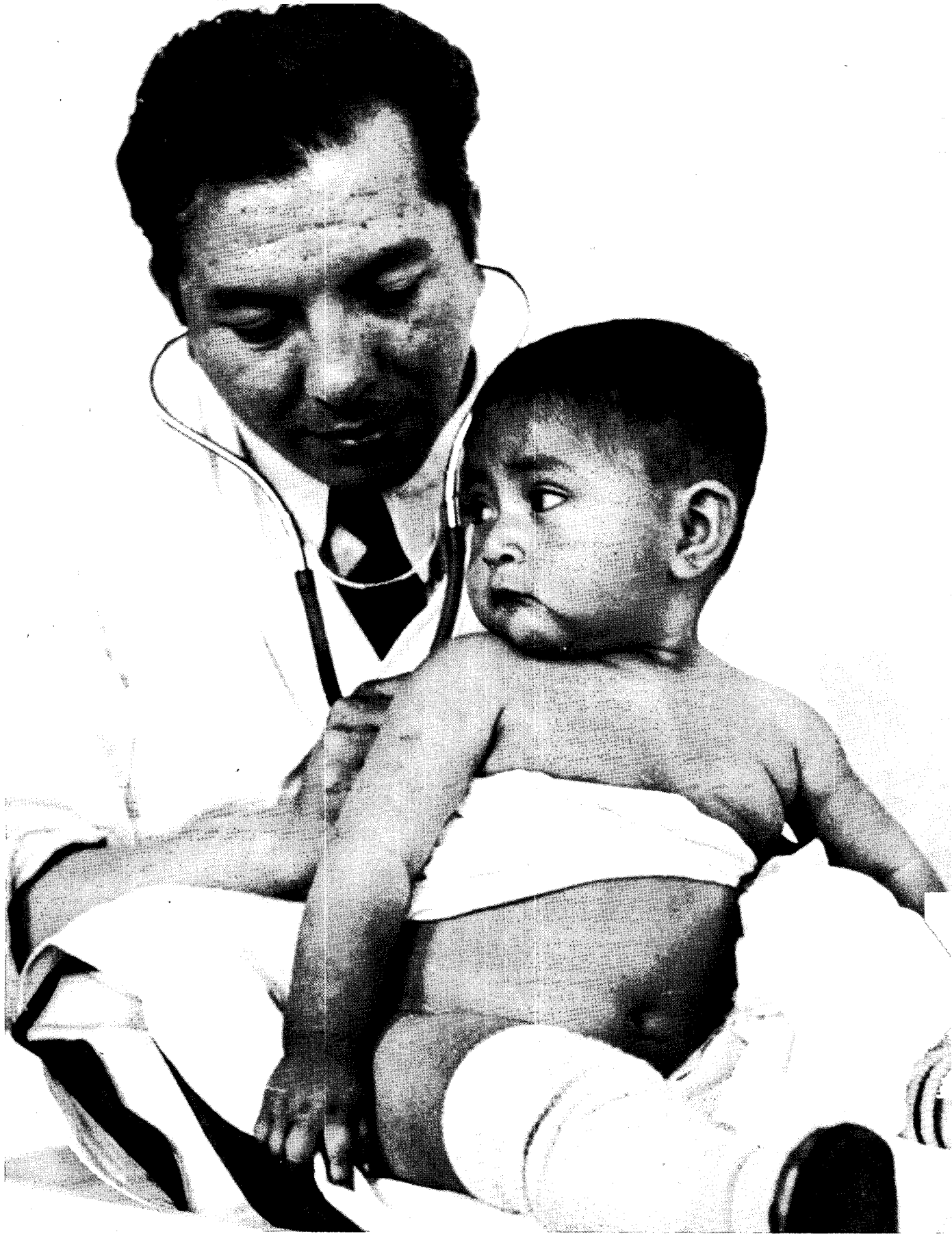
In 1951 UNICEF provided the necessary equipment. WHO provided consultants and fellowships for the additional training of two graduate nurse midwives of the course and for one MCH physician to head the MCH Department of the School of Hygiene.



Anti-Tuberculosis League of Ecuador, field unit, Guayaquil, Ecuador



Department of Physio-Pathology, Anti-Tuberculosis League of Ecuador, Guayaquil, Ecuador. Determining, with help of Tissot gasometer, quantity of air passing through lungs of TB patient



Health examination at rural
clinic, Vegueta, Peru

A national physician for the fellowship in maternal and child health was selected and began a year of study in Chile as of March 1952.

During the year the nurse midwifery course was developed, with the assistance of the WHO consultants, to a very satisfactory level. The Colombian nurses received training of high caliber and it was felt that the field experience was perhaps the best to be found in any similar training course in the Americas. Plans were under way to utilize the graduate nurse midwives in local health center services for the purpose of assisting and supervising the lay midwives of the health center districts.

Plans were prepared for the first training course for lay midwives. Tentative plans were also made for the development of a similar course in one rural area.

Consideration was also given towards the end of 1952 to the possibility of utilizing the nurse midwifery training center for the training of non-Colombian nurses.

It is hoped that the Department of Maternal and Child Health of the School of Hygiene may be put into operation during 1953 on the return from fellowship training of the Director of this Department.

Colombia-5 – Insect Control. The objectives of this WHO/UNICEF assisted program as described by the agreement signed in December 1951 are the following: to eradicate Aedes aegypti and control malaria in Colombia by means of the systematic application of residual action insecticides; to control other diseases transmitted by insects; to evaluate the results of this campaign by comparing periodically the morbidity and mortality rates of insect-borne diseases; and to verify the absence of Aedes aegypti in treated areas. For the first year of operation the area selected was that along the Caribbean Sea, one of the most malarious areas of the country, also having a high infestation of Aedes aegypti. Two of the principal ports of Colombia are in this region and the region is also important for its industry, commerce and agriculture.

Specially trained personnel called "visitadores rurales" conducted, under medical supervision, malaria surveys in each of the four sectors of the area of operations prior to the actual spraying operation. Simultaneously adult mosquito captures inside houses were carried out.

Adult mosquitoes captured indicated the presence of Anopheles inside the houses. The average Anopheline count per house catch was 1.06.

Aedes aegypti were also found in and about houses in localities which had not been previously controlled by the Anti-aegypti Section. The following table shows the total operation of the aegypti work for 1952:

Houses visited	57,208
Houses found with <u>aegypti</u>	1,132
Houses treated with DDT	23,561
Containers inspected	324,876
Containers with <u>aegypti</u>	2,039
Containers treated with DDT	649,091

DDT spraying operations began on 14 April 1952. Every effort was made to spray all the houses within the area of operations and as of 31 December 1952, 96.5% of all houses in the area had been sprayed. As of the end of December, 164,800 houses had been sprayed at a cost approximately US \$269,747.00, without including the cost of administration and supervision. A population of 983,363 has thus far been protected.

In general the Insect Control Program has been carried out very satisfactorily during 1952, and most of the difficulties inherent to a campaign of this magnitude were eliminated.

At the present time the program is based on a single spraying per year, but in certain localities, where transmission occurs during all the year, two sprayings will be needed.

During 1953, in addition to the Caribbean Zone, the control program will be extended to the Valle de Cauca, a border area with Venezuela near Cucutá and other smaller malaria areas.

For 1953 the Government has allocated 2,500,000 Colombian pesos which is an increase over the 1952 allocation and indicates the interest of the Government of Colombia in this program. The Government hopes to extend the present operation to all areas of Colombia where malaria continues to be a problem.

Colombia-6 – Training of Public Health Personnel. In 1952 out of the 12 fellowships provided by the organization, five fellowships for sanitary inspectors were awarded and the five candidates began their training at the School of Public Health, Santiago, Chile.

The remaining candidates were selected and will undertake their training early in 1953. Colombia-8 — Expert in Hospital Administration, San Juan de Dios Hospital. Under the agreement signed with the Government in September 1952 the organization provided the services of an expert in hospital administration for a period of four months to serve as adviser in organizing the San Juan de Dios Hospital in Bogotá.

As of the end of 1952 the consultant had established an effective method for the systematic study of the various services and organization of this hospital. It is expected that in March 1953 a complete constructive report of the survey and recommendations of the consultant will be submitted to the Government for their implementation.

Colombia-11 — Expert in Public Health Administration and Development of Health Services. Under the agreement signed with the Government of Colombia in September 1952 the organization provided the services of a consultant in public health administration to assist in an over-all assessment of public health activities in the City of Bogotá and in the rural areas of the municipality.

The consultant was assigned to this post in November 1952. During the six weeks remaining of the year, in cooperation with the Director of the Municipal Health Department, the consultant proceeded to conduct a thorough survey of existing facilities and to draft preliminary recommendations for the re-organization of the Health Department.

This work is expected to be completed in March 1953 and based on the survey and recommendations of the consultant the Organization may provide additional assistance to the Municipal Health Department in 1953.

Colombia-52 — Yellow Fever (Carlos Finlay Institute). During 1952 the Carlos Finlay Institute of Special Studies continued its work as one of the two major yellow fever laboratories in this hemisphere dedicated to the examination of pathological material, the serological testing of blood specimens of humans and animals, and the production of yellow fever vaccine.

Under the new agreement signed between the Government of Colombia and PASB in August 1952, PASB will provide US \$31,600 annually and additional technical advice and assistance as may be necessary for maintaining the Carlos Finlay Institute as an international yellow fever laboratory.

A meeting of the Executive Board of the Carlos Finlay Institute was held in June. The Director of PASB and the Representative of the Zone IV office attended and it was agreed that PASB would provide in 1952 the services of an expert in the production of yellow fever vaccine to conduct a survey of the laboratory and to prepare a list of necessary equipment for modernizing the existing facilities. This expert was immediately provided. The equipment determined as essential for the modernization of the present plant was ordered and arrived for the most part prior to the end of 1952.

This Institute is expected to continue its operation during the year 1953.

Ecuador-5 — Tuberculosis Teaching Center. The program for the establishment of a Tuberculosis Teaching Center in Ecuador and general assistance to the Government of Ecuador in the amplification of all aspects of the tuberculosis control campaign continued without interruption during 1952.

With the very excellent cooperation of the National Institute of Hygiene, the WHO Consultant to the central laboratory of tuberculosis was able to work efficiently and on his departure after 11 months of service the laboratory was fully equipped and installed, adequately staffed and operating at maximum capacity. It is now serving as a national training center for technicians in the laboratory diagnosis of tuberculosis and establishing standards for the creation and operation of subsidiary laboratories.

The WHO Consultant in pulmonary physiology completed six months of work with the principal hospital of the Liga Ecuatoriana Antituberculosa (L.E.A.). He supervised the installment of the equipment, initiated the operation of the amplified laboratory and trained two physicians to carry on the work of this laboratory.

In November 1952 the WHO Consultant in pathology and the Consultant in tissue techniques arrived in Ecuador for the establishment of the Histopathology Department of the Liga Ecuatoriana Antituberculosa. As of the end of 1952 the establishment of the pathology work was well under way.

During 1952 the WHO Public Health Nurse worked closely with L.E.A. and the Dirección General de Sanidad to train auxiliary tuberculosis workers in home visiting techniques. This work was concentrated in the city of Guayaquil. This consultant also assisted in the

reorganization for the control of the ambulatory patients and contacts. In 1953 the work will be concentrated on tuberculosis dispensaries in the rural areas, and on the training of home visiting nurses and auxiliaries.

The BCG campaign (initiated with the assistance of the I.T.C. in 1950) continued during 1952. The vaccination program (see Table 18) during 1952 fell short of the goal. The health authorities agreed to assign a full-time physician to this campaign in 1953 and it is hoped that this measure will greatly improve the service.

The field tuberculosis facilities, strengthened by the addition of equipment from UNICEF and developed with technical collaboration from PASB/WHO, continued during 1952.

Plans were initiated for the holding of the first tuberculosis training center during 1953; short courses were held in the diagnosis of tuberculosis and also in the use of the pulmonary physiology department. The construction of a "collegium" for housing 20 to 25 tuberculosis students national or foreign, to receive future instruction through the training center, was completed.

Ecuador-6 — BCG Laboratory. During 1952 the National Institute of Hygiene completed the construction of a new laboratory building including space for the production of BCG vaccine. In August 1952 a consultant was provided with UNICEF assistance for the purpose of organizing the early operations of the laboratory.

The first vaccine of the laboratory was produced in November 1952, but as of the end of the year no experimental test had been carried out in human beings. It is hoped that a commission from WHO may conduct an inspection of the laboratory in 1953 in order to give WHO approval to the vaccine produced or to indicate the steps necessary in order to secure approval.

Ecuador-7 — VD Control. The Manta program for the experimental control of syphilis was a continuation of the Portoviejo program completed in 1951. Both programs were demonstration projects for the control of syphilis using mass treatment techniques.

The Manta project was brought to completion at the end of 1952. The objective of the program was to reach 100% of the population in the age group 15 to 50, which comprises approximately 9,000 persons.

The mass serological testing and treatment began in April 1952 following an intensive program of health education and the first survey and treatment reached 4,800 persons.

The second survey conducted later in the year reached 2,500 persons or approximately 52% of the first survey. All individuals previously tested and found to be negative were retested. Positive tests were referred to the local health service for further evaluation and treatment.

In 1953, a similar campaign is planned for the city of Bahía and for this program the Organization will again furnish one Medical Consultant and one Public Health Nurse.

Ecuador-8 — Yellow Fever Control. Under the agreement signed with the Government of Ecuador in October 1951 the Organization was to assist the Government (1) in the control of jungle yellow fever by mass vaccination campaigns, (2) to complete the eradication of *Aedes aegypti*, (3) to train professional and auxiliary personnel in yellow fever work.

In 1952 the Organization provided \$8,000 in equipment and supplies to strengthen the national campaign. Also in 1952 the Organization provided a fellowship to an Ecuadorean physician for specialized studies in yellow fever histopathology and a fellowship for training in all aspects of the control and epidemiology of yellow fever.

Due to limitation of funds, the other aspects of the Organization's Technical Assistance remained uncompleted.

Ecuador-11 — Technical Assistance to the National Institute of Hygiene. This program has as its objectives the improvement of the services of diagnosis and scientific research; the improvement of technical training of National Institute of Health personnel with special reference to the diagnosis and control of communicable diseases, the analysis of biological and food products, and the improvement of the preparation of biological products used in the country.

A WHO consultant in the care and breeding of laboratory animals, during a five-week visit, surveyed the present methods. On the basis of his report and recommendations, the Institute of Hygiene undertook immediately to implement the plans suggested.

The candidate for one fellowship in food and drug analysis was selected and scheduled to begin training in 1953.

This program has moved rather slowly during 1952 due largely to the difficulty of finding consultants with satisfactory training in the fields required.

Ecuador-52 — Plague Control. Under this program the contribution of the PASB for 1952 consisted of an allocation of \$5,000 for supplies.

Due to a restricted budget, this program has also been limited. In general, efforts have been directed to the continued control of plague in the Provinces of Chimborazo and Loja.

Ecuador-53 — National Institute of Nutrition. The program for assistance to the National Institute of Nutrition began in 1950 through the combined interest of the Government of Ecuador, PASB, the Kellogg Foundation and the Director of the Nutritional Biochemistry Laboratories of the Massachusetts Institute of Technology.

At the end of 1952, the PASB Consultant in Food Analysis completed two years of service in assisting the Institute in the organization and early operation of the food analysis laboratories. A plan was also prepared with the cooperation of PASB for the amplification of the nutritional services of the Institute for 1953. This plan envisaged the more active participation in the work of the Institute of a clinical section and a nutrition section, and also included a considerably greater emphasis on the publication of nutrition education materials and of the work accomplished in food analysis.

During 1952 the Director of the Institute received a fellowship for training in clinical nutrition in the United States. Scheduled for 1953 are 2 fellowships in food analysis and one in clinical nutrition.

During the year 1953 PASB will not assign a permanent consultant to the Institute and the opportunity will be provided to determine how well the national authorities can continue this program without international assistance.

Peru-1 — Control of Typhus. In 1949 the Government of Peru requested the collaboration of WHO and UNICEF for the development of a program for the control of epidemic typhus transmitted by the human louse.

From 1950 until the end of 1952, four cycles of DDT dusting in five provinces of Cuzco, two provinces in the Department of Puno, and the Provincia de Tarata in the Departamento of Tacna were carried out.

With the assignment of the WHO Consultant to the program of Peru and Bolivia in 1952, increased emphasis was given to epidemiological studies of rural typhus; to the development of better laboratory facilities to support the campaign and to the development of new field studies on the control of the disease.

In cooperation with the School of Public Health, Tulane University, an experimental program of vaccination will be inaugurated, utilizing the live R. Proweski attenuated vaccine.

Peru-5 — Insect Control. In July 1952 the Organization signed an agreement with the Government of Peru for the control of insect-borne diseases on the coast of Peru, with particular attention to the eradication of Aedes aegypti and the control of malaria.

UNICEF's supplies and equipment, arrived in Peru in 1952 and the amplified program of insect control on the coast was begun in October and November of 1952. WHO provided U.S. \$4,936.95 in 75% wettable DDT.

The arrival of the first WHO Consultant i.e., the technical adviser in yellow fever, was scheduled for 1 January 1953.

Peru-7 — Medical Records Librarian. Under the agreement signed with the Government of Peru in July 1951 the Organization assigned a Consultant to work with the Government for a period of two years in the organization of training courses for medical records librarians at the Hospital Obrero in Lima. For the first months of her assignment to Peru this consultant was primarily concerned with the overall planning and organization of the course to be given.

In April 1952 the course, scheduled for one year, was formally opened. The course included attention to clinical histories, medical terminology, legal aspects of clinical histories, fundamentals of medical science, hospital organization, psychiatry, public health, anatomy, physiology, obstetrics, gynecology, Latin and shorthand.

Plans were made to complete the work in May 1953.

On completion of the course the ten graduating students will be assigned to various hospitals of the Social Security System and will undertake the organization of the medical records libraries of those hospitals.

Peru-10 — MCH and Related Health Services. In September 1952 WHO signed with Peru an agreement for the development of an MCH Program integrated with other health activities in the Lima-Pativilca-Huaraz-Callejon de Huaylas area. The aim of this program was to establish as quickly as possible a well-rounded public health service emphasizing in the beginning maternal, infant and child health, and school health.

Much of the equipment and supplies made available by UNICEF (totaling US \$200,000) was put in operation during 1952. A WHO Public Health Nurse, arrived in Huacho early in October 1952 and made a detailed survey and analysis of the work to be done.

As of the end of the year, fellowship candidates for training under this program had been tentatively selected and a list of equipment pertaining largely to sanitary engineering had been drafted for consideration.

During 1952 activities were developed in this area in all of the major fields of public health service.

The principal health center in Huacho was strengthened and expanded in its activities. Sub-centers were established in the following areas: Huaral and Barranco.

Peru-11 — Ica Health Center — Anthropologist. In 1952 WHO provided an anthropologist for the health center at Ica in a general public health program sponsored by the Rockefeller Foundation giving special importance to the sociological and cultural background.

During 1952 the following studies of the local population were initiated:

1. Religious Fiestas
2. Living patterns in Rural Ica
3. Popular beliefs and practices in dental care
4. Considerations in the planning of vaccination programs
5. Beliefs regarding food habits of children
6. Local beliefs on the nature of illness
7. Attitudes toward animals, sick and healthy
8. Attitudes on home building
9. Beliefs on pregnancy and childbirth

Observations were periodically made available to the national and local health authorities for incorporation into the departmental program.

Peru-13 — Public Health Demonstration and Training Program. In 1950 the Government of Peru in cooperation with PASB began the planning of a unified public health service for the city of Callao.

In conformity with the agreement signed in September 1952, WHO provided a Consultant in Public Health Administration. During the last three months of the year, this Consultant with his national counterpart, conducted a survey of the Callao area and prepared a preliminary plan of operations.

The main objective of this plan was the organization of a municipal health service to be administered and integrated at the local level. The plan envisaged a closer cooperation and strengthening of municipal health services, utilizing where necessary the technical consultants of the Ministry of Health.

The plan for 1953-1954 includes also the construction of a building to house the Health Department. During 1952 the approval of the commission of public health works was secured, the necessary land was made available and a preliminary project prepared for the construction of the Health Center.

The year 1952 was largely devoted to the development of the survey and the administrative planning for the service. The year 1953 will be devoted to putting into effect the first stages of the program for the development of an integrated, technically sound service.

Peru-51 — Smallpox Vaccination. In 1951 a nationwide program for vaccination against smallpox was started with the assistance of PASB.

A WHO consultant, who will assist the National Institute of Health in the installation of the equipment and the production of the first samples of smallpox dry vaccine, is scheduled to arrive early in 1953.

During 1952, the national campaign for mass immunization continued without interruption.

The total vaccinations performed during 1952 represent approximately 100,000 vaccinations in excess of the number anticipated for this year, and in excess of 20% of the total population.

The campaign proposes to vaccinate the population of Peru every 5 years.
Venezuela-52 - V.D. Laboratory and Training Center. Under the agreement signed by the PASB and the Government of Venezuela, the Organization continued during 1952 to assist in the operation of the Venereal Disease Laboratory and Training Center in Caracas.

The total number of persons trained during the year was 51.

Under the direction of the Division of Laboratories, the first evaluation of the laboratories of Venezuela was undertaken. The study included 25 laboratories and the PASB Consultant, in addition to his duties at the Training Center in Caracas, personally visited many of the laboratories.

During 1953 the laboratory will continue the training of national technicians and physicians and also the training of fellowship students from other countries. The service of laboratory evaluation will also be continued. This laboratory will in addition assist, if necessary, in the evaluation of other Venereal Disease Laboratories of the Americas.

Plans for 1953-1954

Bolivia

A program of Rural Health Services (Bolivia-9) envisaging the institution of limited MCH services in selected rural villages of two "departamentos" of the country, is scheduled to start in 1953 with the participation of UNICEF.

Colombia

At the end of the year plans were being made to assist Colombia with projects in Sanitary Engineering (Training of Sanitary Inspectors) (Colombia-9) and in Veterinary Public Health. (Colombia-10)

Ecuador

An MCH program (Ecuador-4) with the assistance of UNICEF and WHO is expected to begin in 1953. It envisages the establishment of a training center for professional and auxiliary personnel in MCH, the establishment of the National Department of MCH, and the strengthening of MCH services in 12 centers throughout the country. A program of smallpox vaccine production and control (Ecuador-54) is also expected to begin in 1953 with the arrival of the supplies approved by PASB for the development of a laboratory to produce both glycerinated and dry smallpox vaccine. The mass campaign of smallpox vaccination will receive a limited amount of supplies from PASB in 1953.

Peru

Scheduled for implementation in 1953 are the programs of tuberculosis laboratory diagnosis (Peru-12) and of diphtheria-pertussis vaccination (Peru-16) in collaboration with UNICEF.

Venezuela

Early in 1953 the Organization expects to provide the services of a public health administrator to conduct a survey of the Valle de Tuy, near Caracas, as a possible health demonstration area. (Venezuela-1)

No inter-country projects are scheduled for initiation in this Zone in 1953.

TABLE 18

REPUBLICA DEL ECUADOR
SERVICIO NACIONAL ANTITUBERCULOSO

TUBERCULIN TESTS, VACCINATIONS, REACTION TO VACCINATION
AND REVACCINATION WITH BCG, EFFECTED IN THE COUNTRY FROM
DECEMBER 1951 TO DECEMBER 1952

<u>TOTAL</u>	<u>TUBERCULIN TESTS</u>			<u>VACCINATIONS</u>	<u>DIRECT VACCINATION (NEW BORN WITHOUT PREVIOUS TUBERCULIN TESTING)</u>
	<u>POSITIVE</u>	<u>NEGATIVE</u>	<u>NOT READ</u>		
88,725	45,797	30,619	12,309	28,099	18,037

RE-TESTING AMONG THOSE VACCINATED

<u>TOTAL</u>	<u>POSITIVE</u>	<u>NEGATIVE</u>	<u>NOT READ</u>
15,226	7,346	6,998	882

TOTALS -- Tuberculin Test and BCG Vaccinations

BCG		TUBERCULIN TESTS (INCLUDING RETESTS)			
REVACCINATION	PRIMARY AND REVACCINATIONS*	TOTAL	POSITIVE	NEGATIVE	NOT READ
6,443	52,579	103,951	53,143	37,617	13,191

*Including direct vaccination



Mothers' club demonstration at Health Center, Huacho, Peru

ZONE V

(Brazil)

Zone Representative

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ZONE V

Brazil, geographically somewhat larger than the United States of America, has a widely varied population, climatic conditions and social customs which, in the different areas, present vastly diverse problems of public health.

The first approach, inasmuch as the Representative and his attending staff were relatively new in this Zone, was to become acquainted with the leaders of the National Health Department, as well as the leaders of the health organizations in the States and Territories throughout the Republic of Brazil, in order that a firm basis of mutual understanding and confidence, so necessary to cooperative endeavors, might be achieved.

Two public health problems of increasing importance received official attention during 1952: schistosomiasis and environmental sanitation. Federal and State health authorities began making plans in 1952 for attacking actively these problems during 1953.

During 1952 this office not only continued the cooperative health programs already established, but also assisted the various health authorities in initiating new projects, and laid plans for additional programs for 1953.

Organization and Administration of the Zone Office

The Zone Office at the beginning of 1952 was very small and in the early stages of development. To perform adequately its obligations to the health services of Brazil it was necessary to increase the staff as the demands for service expanded through the year.

Quarters

Toward the end of 1951 it became evident that the Zone Office had outgrown the quarters it was occupying at 194 Franklin Roosevelt Avenida. Accordingly, permission was requested and granted to rent new quarters. The move was made on 1 February 1952. The new location at 275-B Avenida General Justo is roughly one kilometer from the center of the city and in one of the most desirable parts of the business section.

These quarters were satisfactory and will probably be adequate to serve for the expected additions to the staff.

Fiscal and other Administrative or Organizational Matters

In the latter part of 1952 the Government proposed the establishment of a free currency exchange and the bill was presented to Congress, which was expected to pass it the first week in 1953, legalizing a free currency market. Its effects on the cruzeiro evaluation and thus upon our 1953 proposed budget, as drafted in 1952, are unforeseeable at this time.

General Advisory and Technical Services

The Representative and his staff devoted much of their time in becoming acquainted with and gaining the confidence of the health and agricultural authorities throughout Brazil. In the opinion of this office this was achieved, inasmuch as whenever a new, acute or critical problem in public health or foot-and-mouth disease occurred during 1952, the opinions and assistance of the members of this staff were solicited by the afore-mentioned authorities.

The Zone Office was asked during 1952 to assist the Government in making overall plans for control of schistosomiasis and poliomyelitis and the vaccination campaign control of jungle yellow fever. The staff of the Foot-and-Mouth Disease Center were requested to assist in the development of a nation-wide program for combating foot-and-mouth disease.

This office served as the WHO representative on the Inter-American Coordinating Committee for Latin America and was called upon to provide technical advice on "ad-hoc" working parties for consideration of special migration projects.

This office also served as one of the leaders in organizing an unofficial committee of the international organizations in this country who provide fellowships for Brazilians. This was an attempt to coordinate a well-rounded and non-conflicting fellowship program.

Constant liaison on public health and related matters was maintained with the United Nations' Information Center in Brazil. Further this office stimulated meetings of representatives of all Specialized Agencies of the United Nations having offices in Rio de Janeiro, to exchange information of mutual interest and promote the closest cooperation among these Agencies.

A number of special technical news releases on the latest achievements of research of the Pan American Foot-and-Mouth Disease Center was prepared. Also the Center's annual report for 1952 to be published by PASB and OAS was drafted.

Plans for 1953-1954

Tentative plans were made to provide advisory and technical assistance to the National Department of the Child not only to try to reorganize and improve the training courses for auxiliary personnel for this Department, but also to attempt to work out a method whereby closer cooperation may be obtained between the Maternal and Health services of this Department with those of the National Health Department and those of SESP.

This office was asked by the National Department of Health to meet once a week with its Director General to discuss technical and administrative problems during the forthcoming year.

Brazil-51 - Yellow Fever (Oswaldo Cruz Institute). The objectives of this project were to furnish diagnostic services (pathological examinations and virus mouse protection tests), research, and production of yellow fever vaccine not only for Brazil but for other South American countries needing it for their vaccination campaigns. Diagnostic services have been provided during the year to Brazil, Bolivia, Costa Rica, Ecuador, Panama and Peru.

Vaccine production during the year 1952 was increased many fold. Vaccine was supplied to Brazil, Bolivia, Guatemala, Nicaragua and Panama.

Brazil-52 - V.D. Serological Training Center. The objectives of this program were to provide, in cooperation with the School of Hygiene and Public Health in São Paulo, a training course for laboratory technicians from various Federal and State Department laboratories to teach modern uniform accepted methods in the serological diagnosis of syphilis. No courses were given during 1952. The delay was caused by the difficulty in obtaining and shipping the necessary equipment to set up a satisfactory training laboratory and a further delay in clearing this equipment through customs. At the end of the year, however, all equipment had been obtained and installed. Translation of the training manual into Portuguese was made, professors briefed and students selected for the first course, which was to begin the first week of January, 1953. It is anticipated that this training course will be continued through 1954.

Brazil-53 - Schistosomiasis. The objectives of this program were to make field trial tests of chemicals which had proven to be effective in the laboratory against the host snail of schistosomiasis.

During the year more than a hundred of these chemicals were tested but only two or three gave promise of being really effective under natural field conditions. Plans were made for testing in 1953 these two or three chemicals in a large experimental field trial area.

During the year it became apparent that the answers to some of the questions as to the best methods of application of the chemicals, which chemicals should be used, the amount to be used and the time or times they should be applied, were dependent upon knowing more about the ecology of the snails. To obtain this information a request was made and approved for the assignment to this project of a Specialist in snail ecology. With the assistance of this additional consultant, it is hoped that the progress of this program and the achievement therefrom will be much greater during the ensuing year.

Brazil-3 - MCH Program in Northeast Brazil. The objectives of this program were to give technical assistance and guidance to the National Department of the Child and the cooperative agency, UNICEF, towards improving and developing the MCH services in the Northeastern States of Brazil.

Technical advice was furnished by this Office, and a redefinition of the assistance to be given this program should be considered in 1953.

AARO-77 – Pan American Foot-and-Mouth Disease Center. This program was developed as an OAS/TA program under the administrative and technical direction of PASB. Its objectives were: the provision of advisory services with respect to foot-and-mouth disease to all of the American Republics; the training of veterinarians from other American countries in the prevention and control of this disease; the provision of diagnostic laboratory services at the Foot-and-Mouth Disease Center in Rio de Janeiro; and research investigation with respect to the virus of the disease.

During 1952, through visits of the Center's Epizootiologist, advisory services were furnished to the majority of Latin American countries. Laboratory diagnostic services were furnished throughout the year and important advances in the research studies of foot-and-mouth disease virus were made at the laboratory of the Center in Rio de Janeiro.

The research work and the training courses were somewhat impeded by difficulties in obtaining adequate housing facilities for the Center, and delays in procurement of the necessary equipment and the clearance of that equipment through customs. At the close of the year all of these difficulties had been resolved and great advances in achievement of the objectives outlined above during 1953 are anticipated.

Preparations and plans were laid during the latter part of 1952 for beginning the first training course. It is anticipated that the first course will begin in April 1953. These courses will be given at regular intervals through 1953 and 1954. Further, an outline of the work program in the research and advisory services with respect to foot-and-mouth disease for the years 1953 and 1954 was made.

Plans for 1953-1954

This office was requested to cooperate with the National Malaria Service to formulate an overall plan for schistosomiasis control and to enlarge our program of research for the control of the snail intermediate host of this disease. This program will continue until at least 1954.

In cooperation with the National Health Department and the School of Hygiene and Public Health of São Paulo, the Bureau through this office made plans to establish a national and international center for the training of both professional and non-professional environmental sanitation personnel (AARO-1). Courses were scheduled to begin in March 1953. This program will continue at least through 1954.

This office cooperated with the Oswaldo Cruz Institute to establish a course of training in immuno-chemistry at that institution and will provide in 1953 and until mid 1954 an Expert in Immuno-Chemistry (Brazil-8).

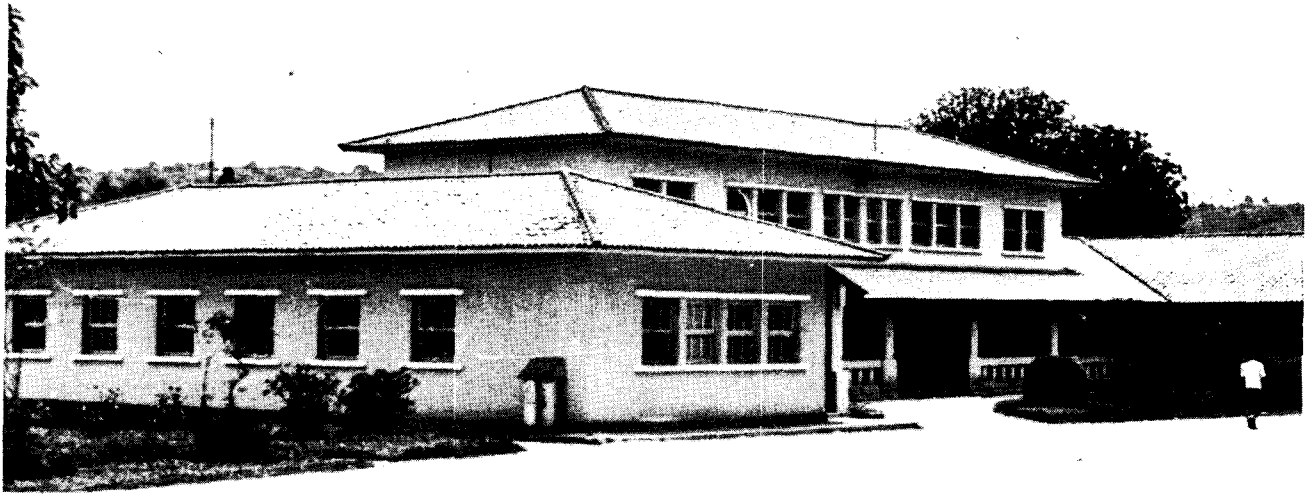
Preliminary plans were formulated for holding in Rio de Janeiro the Third Regional Latin American Congress of Nurses in July of 1953 (AARO-23).

Preliminary negotiations were made with the National Health Department and the School of Hygiene and Public Health of São Paulo for holding in São Paulo an Inter-Country Regional V.D. Seminar in the fall of 1953 (AARO-30).

Provisional discussions have been carried out with national health authorities for providing assistance in a study of modern construction, inspection and operation of model slaughterhouses for small cities and villages.

During the latter part of 1952, preliminary discussions were held with the national health authorities for providing a study on modern garbage disposal methods for the larger cities as well as rural communities in Brazil (Brazil-12).

Preliminary discussions have been held with the national health authorities for a comparative study of oral BCG versus the intradermal method.



Temporary laboratory building at aftosa Center at São Bento near Rio de Janeiro, Brazil



Aftosa Center at São Bento near Rio de Janeiro, Brazil. The guinea pig, although not susceptible to aftosa, can be infected by inoculating the virus under the skin of pads of feet

ZONE VI

(Argentina, Chile, Paraguay, Uruguay)

Zone Representative

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ZONE VI

Zone VI Office began to operate early in 1952. In spite of the short time elapsed, the results obtained may be considered satisfactory. A summary of these activities is given under separate headings in this report.

Organization and Administration of the Zone Office

Office Space. During the first two months, the Zone Office was temporarily established on premises ceded by the United Nations Information Center. On 1 March office space was rented at Calle Charcas 684, where the Zone Office is now located. By the end of the year it was found necessary to acquire additional space in order to accommodate the staff necessary for increasing volume of work.

With the establishment of the Inter-American Center of Biostatistics in Santiago, Chile, new administrative responsibilities have been added to the Zone VI Office. In addition, arrangements are being made to place under the control of this Office the financial activities for the Uruguay Aedes aegypti Program, previously handled through the Zone V Office in Rio de Janeiro.

Relations with the Bureau in Washington

Certain unavoidable difficulties were encountered at the beginning, particularly as regards supply of materials and recruitment of personnel. However, during the latter part of the year this situation was considerably improved.

The attendance of the Zone Representative at the meeting on decentralization held in Havana, his later visit to Washington, and the presence of the Director in Buenos Aires in December, were most helpful in clarifying and solving existing problems.

General Advisory and Technical Services

The technical assistance services can be summarized generally as follows:

- (a) Information to public health authorities on the latest advances in communicable diseases, their epidemiology and control.
- (b) Information on yellow fever and on the eradication of its vector during the outbreak of jungle yellow fever occurring in a border town of Brazil.
- (c) Information on the present knowledge of poliomyelitis during epidemic outbreaks in Argentina and Chile.
- (d) Notification to the neighboring countries, at the request of the Government of Argentina, of cases of communicable diseases which occurred in its territory.
- (e) Systematic information with respect to the world epidemic of influenza.

Liaison with Non-Governmental Organizations and Institutions

The Zone Office keeps in contact with non-governmental organizations, universities and scientific institutions related to public health, through and under the auspices of the public health authorities of the respective countries.

Meetings

During 1952 the following meetings were held in the Zone:

Preliminary Sessions of the Regional Coordination Committee on Latin American Migration. Santiago, Chile, 7 February.

The Zone Representative attended these meetings as representative of the Pan American Sanitary Bureau and the World Health Organization.

First Pan American University Congress of Odontology. Buenos Aires, 4 May.

The Zone Representative attended this Congress as representative of the Pan American Sanitary Bureau and the World Health Organization.

Inter-American Association of Sanitary Engineering. Buenos Aires, 19 November.

International Association of Hydatidosis. Santiago, Chile, 21 November.

The Zone Representative attended the meeting of the First Inter-American Congress of Public Health at Havana.

In addition, the Tuberculosis Consultant represented the Pan American Sanitary Bureau and the World Health Organization at the XII Conference of the International Union Against Tuberculosis, and at the II International Congress of the American College of Chest Physicians, Rio de Janeiro, 24 August.

Publications

The international staff collaborated with the Ministry of Public Health of Paraguay in the preparation of a Guide for auxiliary public health personnel of the Asunción-Villarrica Area Public Health Program.

The Projects

Argentina

FAO/WHO Brucellosis Center (1). The Argentine Center has been occupied mainly with the study of caprine brucellosis (Br. melitensis), and has given special attention to the control and prophylaxis of the disease.

An endeavour was made to keep a permanent record of the immunity developed by the vaccine in the different goat herds vaccinated, by following up the serological condition of the kids, as well as the results of the gestations gauged by the number of young kids and abortions produced, so that at the end of the two-year application of the vaccine, the results of the vaccination could be evaluated. More than 3,000 serological tests and approximately 1,000 ring tests on milk were made.

Tests were initiated to evaluate the vaccine based on a mucoid strain in milk cows of the "Holland-Argentine" breed. The vaccine was administered intranasally and intratracheally to 250 animals.

As a result of the epizootiological survey for brucellosis carried out in this area during 1951, a prophylaxis demonstration campaign was executed in an attempt to change the prevailing endemo-enzootic conditions. The program also included a campaign against lice, scabies, internal parasites common to goats, and against the Triatoma vectors of Chagas Disease. Corrals which were poorly situated were destroyed and replaced with others constructed in accordance with minimum sanitary specifications.

In order to determine the infection index, blood was extracted from 3,262 goats of 33 herds, and from 1.5% to 43% reactors were found.

The ring test (ABR) was used for identification of the bovine brucellosis foci in the dairies of the Navarro District, Buenos Aires Province. Using 43 milk concentrations, 3,683 containers from 573 dairies were examined of which 3,330 (90%) showed positive results.

A visual-aid educational campaign was carried out among goat and cattle raisers, on how to control and avoid brucellosis.

Aedes aegypti Eradication (51). At the request of the public health authorities, the Pan American Sanitary Bureau assigned a Technical Consultant to the National Yellow Fever Service, with headquarters at Resistencia.

Activities were directed toward training the existing personnel at Misiones, and extending it to cover the Iguazú Department. Owing to budgetary difficulties, these activities had to be terminated two months later, and the work was limited to Resistencia and neighboring localities. Under these circumstances, the work was carried out on a very small scale.

The vaccination work was intensified in the towns along the Argentine and Brazilian border since jungle yellow fever cases had appeared in Parana and São Paulo; 15,004 vaccinations were administered.

Seminar on Alcoholism in South America (AARO-9). In accordance with the resolution of the Subcommittee on Alcoholism of the Expert Committee on Mental Hygiene, it was decided to organize a Seminar on Alcoholism in South America, in May 1953.

Notification of Communicable Diseases. As a result of arrangements made with the Ministries of Public Health and Technical Affairs, the periodic reports on cases of diseases subject to compulsory notification were resumed for 1951 and 1952.

In compliance with the existing sanitary agreements, notification was also made of cases of communicable diseases occurring along the borders with the Republics of Paraguay, Uruguay, and Chile.

Campaign against Hydatidosis. The measures adopted jointly by Argentina and Chile in 1951 for the control of hydatidosis in Tierra del Fuego, were again applied in 1952.

Measures consisted of the anti-parasite treatment of dogs, together with health education activities and application of methods for the prevention of hydatidosis.

Influenza Center. In January 1952, the Government of Argentina agreed to the selection of the Carlos G. Malbrán Institute as Influenza Center of the World Health Organization. This Institute is now operating as Influenza Research Center of the World Health Organization.

Fellowships. Fourteen fellowships were granted to professionals of this country for study or for technical specialization in public health administration and other phases of public health work.

Chile

Diphtheria-Pertussis Vaccination Program (3). The principal objectives of this program are to produce an effective vaccine and to develop a permanent vaccination plan covering age-groups from 4 months to 5 years and endeavoring to reach at least 40% of the population of those ages. The program began in 1951 and it was agreed that the work would start in the Santiago Province and would be extended gradually to the rest of the country.

The poliomyelitis outbreak in Santiago made it necessary to reduce the rate of vaccinations. Epidemiological studies were made on the association between the combined vaccine and poliomyelitis, and a possible association was found in five cases. The physicians and medical organizations were informed of these findings and a special communication and bibliographic report were prepared on the subject. The program was temporarily suspended.

The production of combined vaccine was maintained on a satisfactory level and the program was extended to the Aconcagua and Concepción Provinces.

Of the 86,605 vaccinations given in Santiago, 37,605 were second doses and represent 82.2% of the planned objective; the 7,408 vaccinations given in Aconcagua represent 31.8%, and the 29,353 given in Concepción represent 66.2% of the program objective.

Local Demonstration Service in Concepción Province (4). Preliminary studies and negotiations regarding the participation of the Organization in this program were completed. The authorities have taken initial steps for the development of the project, allotting a supplementary amount of 6,000,000 Chilean pesos which, added to the sum budgeted for the public health services, amounts to approximately 20,000,000 Chilean pesos.

At the request of the Government of Chile, the Organization agreed to exempt the Government from paying lodging allowances for the international experts assigned to this program.

The pertinent agreement has been approved, and it is expected that activities will be initiated during the early part of 1953.

Communicable Disease Control (5). The Government of Chile requested cooperation for the Demonstration Program of Communicable Disease Control and Technical Personnel Training, allotting 35,000,000 Chilean pesos for the development of this program.

The Technical Assistance Board, with the recommendation of the Director, agreed to increase the established amount of 25% and to exempt the Government from paying lodging allowances for the consultants.

The technical and financial cooperation was discussed with the authorities and a plan of operations was prepared. A waste disposal project, to be financed with regular funds, was incorporated in this program.

Penicillin Plant (6). The objective of this program is to improve and expand the penicillin plant of the Bacteriological Institute to meet local and zone needs; to facilitate the training of technical personnel; and to utilize the plant as a center for the exchange of information and personnel. This project is being developed with the assistance of the World Health Organization and UNICEF.

The Agreement was signed in July. Negotiations are now under way for a tripartite agreement with the participation of UNICEF. Candidates were selected for the fellowships to be granted.

Maternal and Child Health (7). This program, presented by the Government to increase and improve maternal and child care services with the assistance of UNICEF, received the technical approval of the Bureau and is now under way.

Communicable Disease Training Center for Nurses (8). Two fellowships were granted to Chilean nurses for special training in teaching, supervision, and administration. Upon their return, a teaching program will be conducted for 10 instructors from Latin America.

Cardiolipin Production Center (11). Negotiations were undertaken for assistance in establishing a Cardiolipin Production Center in the Bacteriological Institute of Chile. This program is budgeted for 1953.

Inter-American Center of Biostatistics (AARO-10). In accordance with the agreement concluded on 21 August 1952 between the Government of Chile, the United Nations, and the World Health Organization, the Inter-American Center of Biostatistics was established in Santiago.

Principal attention was devoted to organizing the operation of the Center and equipping it to offer service to the Countries.

The Bureau established standards for administrative relations and procedures in connection with the activities of the Center.

Seminar on Brucellosis (AARO-14). The Seminar on Brucellosis was held in Santiago, Chile, from 1 to 9 December 1952. Each participant took an active part in the technical demonstration of laboratory work. The purpose of the meeting was to teach standard techniques for antigen production and diagnostic procedures.

Foot-and-Mouth Disease. At the request of the Government of Chile, the Director of the Pan American Foot-and-Mouth Disease Center in Rio de Janeiro visited Chile in order to give advice on the preparation of anti-aftosa vaccine and control methods.

Training of Professionals and Non-professionals in Environmental Sanitation. An agreement between the Government of Chile and the World Health Organization for the training of professionals and non-professionals in environmental sanitation was signed on 24 October. This program will start next year.

Fellowships. Twenty fellowships were granted to professionals of this country for study or technical specialization in public health administration and other phases of public health.

Paraguay

Public Health Program of the Asunción-Villarrica Area. In accordance with various requests of the Government and the availability of funds of PASO, UNICEF, and WHO/TA, a number of different cooperative programs were planned, prior to 1952, in the fields of mother and child care, insect control, venereal diseases, tuberculosis, hookworm disease, etc., to be developed principally in the Asunción-Villarrica Area. One of the principal activities during 1952 was the study of means to integrate these different programs.

The aforesaid programs were integrated into one project which would permit placing the services on a more technical basis and establishing health centers throughout the area. This project provides for reciprocal action and for the development of a health demonstration area. In addition, it makes it possible to standardize operating techniques, to economize on personnel, to make better use of working facilities and to avoid duplication.

During the first months, activities were directed simultaneously toward organization of the program, training of personnel, provision of equipment, and preparation of premises.

Original plan provided for the organization of four health centers. On integrating the programs it was deemed necessary to increase the number to ten so as to cover the Asunción-Villarrica Area. As of the end of the year, four of these centers had been organized and put into operation.

For purposes of clarity, the projects are described separately although the program should be evaluated in terms of joint action.

Insect Control (1). At the beginning of 1952, it was confirmed that, of 98 localities positive for Aedes aegypti, 66 had been rendered negative, while 32 were not inspected for confirmation. Horqueta and Villarrica are still positive.

The chart below summarizes the work done in 1952:

Type of Work	Buildings	With <u>A. aegypti</u>	Index	Water Deposits
DDT applications	1,556	-	-	161,693
Search for foci	33,511	37	0.1	329,180
Capture	20,942	10	0.0	-
Total		47	0.1	490,873

The Agreement under which technical assistance was given to the malaria control program was signed in May 1951. Among the activities carried out since the arrival of the international staff, mention should be made of the following: (a) contribution to the epidemiological study of malaria; (b) personnel training; and (c) administrative measures for better utilization of the existing services, and for control and supervision of the work.

Tuberculosis Control (2). This program could be carried out only partially because of the fact that the necessary equipment had not yet been received. In October, the Adviser in Tuberculosis Bacteriology joined the program and, using the available personnel, organized a laboratory for inoculations, cultures, and training of the professional and technical personnel who will take charge of the planned Central Laboratory.

Maternal and Child Health (3). The basic activities of this program are conducted by the Health Centers, through their maternal and child clinics. It was originally planned to set up four Health Centers. By integrating the programs it was possible to provide for 10 Centers to cover the entire Area.

The progress made in training professional, technical, and auxiliary personnel is noteworthy. The first six-month training course for nurses' assistants was completed, and a second course is now under way. Clubs for mothers and refresher courses for midwives have been organized.

Training of personnel was started on 18 February in the Health Center of the community of Fernando de la Mora. The Health Center of Asunción opened on 18 October; that of Itauguá on 9 December; and that of Villarrica on 15 December. In all these centers, the active interest shown by the community has been noteworthy.

Venereal Diseases (4). An intensive program has been undertaken in the Asunción-Villarrica Area to demonstrate modern and effective methods for the control of venereal diseases, that can be executed rapidly with a minimum of personnel and equipment, at reasonable cost, and are adapted to the particular conditions of each zone. The program was implemented in the communities of Fernando de la Mora, San Lorenzo, and Itauguá.

The technical personnel of the Health Centers of these three communities received training in the general principles of diagnosis, treatment, and control of venereal diseases.

The principal steps taken in these intensive programs are the following: (a) information and education of the public; (b) mass extractions of blood samples; (c) serological analysis of the blood samples at the scene of the work; (d) distribution of the results; (e) clinical examination of the positive cases; (f) treatment; and (g) epidemiological investigation.

The mass extraction of blood samples was carried out after a brief talk to the villagers assembled in front of the place selected for the installation of equipment. In the urban zone of San Lorenzo, for the first time the "house-to-house visit" method was used in examining the blood.

TABLE 19

Venereal Disease Program, Asuncion-Villarrica Area (Paraguay)
Total of Serological Tests Made

No. of the Intensive Program	Zone	15-50 Age-group	Total No. of Serological Tests	% of 15-50 age population
I	Fernando de la Mora (urban zone)	1,954	760	39
II	Itaiguá (rural zone)	6,005	1,254	21
III	Itaiguá (urban zone)	1,766	1,175	67
IV	Fernando de la Mora (rural zone)	1,492	131	9
V	San Lorenzo (urban zone)	3,580	3,312	93
VI	San Lorenzo (rural zone)	4,280	1,388	32
	Total	19,077	8,020	42

The seropositivity percentages found in the zones investigated ranged from 7.4% in the Valle Caré to 21.2% in Itaiguá-guazú.

The fact that the serological analyses were made at the scene of the work made it possible for the majority of the people whose blood was examined to personally receive the results, thus facilitating the treatment of practically 100% of the positive cases. All these cases were later submitted to a careful clinical examination.

PAM (Penicillin G Procaine with 2% aluminum monostearate) was used in doses of 1,200,000 units (single field dose), administered at the rate of 2 cc in each of the gluteal prominences (equivalent to 600,000 units).

Hookworm Disease (5). The surveys carried out indicate that hookworm disease affects 65 and 85% of the population of the urban and rural zones, respectively, being the problem that has the greatest bearing on the economy of the country.

The Organization agreed to collaborate in a control program in the Asunción-Villarrica area, providing a team of six experts, plus equipment, medications, and health education material.

The plan includes: (a) determination of the prevalence and intensity of the infestation; (b) mass treatment; (c) environmental sanitation; (d) health education; and (e) handling the results obtained. A door-to-door anti-smallpox vaccination campaign in which dried vaccine will be used, is also planned jointly with the activities of this program. The Supplementary Agreement for this work was signed on 7 July.

Only two of the experts were able to assume their posts in 1952. During the period the plan of operations was prepared, and plans were made concerning the necessary materials and medications, the placing of rural dwellings, and a manual for the public health inspectors was prepared.

Courses were held for public health inspectors, the first of which was completed. Working standards and techniques were established, and a public information program was initiated using all the available publicity resources.

During the last three months of 1952, 892 dwellings were visited; 105 privies were repaired; 123 were constructed, and 13 septic tanks were repaired or eliminated.

A coprological survey was started in the Sajonia de Asunción District. The total prevalence for both sexes and for all age-groups was 61.2%. The infestation index reaches its highest level (84.2%) in the 10-19 year age-group. Up to the time of this report there were no data with respect to which of the two species -- Necator or Ancylostoma -- is the infestation species. It was possible to confirm the existence of other intestinal parasites, among which the Trichocephalus is frequently found. The survey will be extended to the entire city of Asunción.

Assistance to the School of Medicine (6). On 23 July a Supplementary Agreement was signed through which the Organization would provide technical assistance to the School of Medicine of Paraguay, furnishing the services of a Professor of Hygiene and Preventive Medicine, fellowships for Paraguayan physicians to study abroad, and teaching material for the members of the faculty.

A Consultant was selected and appointed and the activities will be started during the first part of 1953.

BCG Vaccination (7). The plan of operations presented to UNICEF for the development of this project was approved in principle during the month of December. The WHO Consultant served as adviser in the preparation of the final plan of operations.

This program includes the training of national personnel in the techniques of tuberculin tests and of BCG vaccination, mass vaccination of the anergic persons throughout the country, and coordination of this program with the general program for the campaign against tuberculosis.

The Organization agreed to provide a physician and two nurses expert in the techniques of BCG mass vaccination.

It is expected that this program will be initiated during the first few months of 1953.

Other Programs

Leprosy. The WHO Consultant made a study on the problem of leprosy in Paraguay. As a result, the possibility has been studied that the Organization participate in a national control program.

Children's Pavilion. The Government of Paraguay has requested a medical consultant and nurses specialized in teaching pediatrics and in pediatric techniques, to complement UNICEF's participation in the Pediatrics Pavilion of the Clinical Hospital of Asunción.

Potable Water for Asunción. The Government of Paraguay requested assistance in solving the problem of potable water in Asunción. A meeting was held in November 1952 with officers of the Ministry of Public Works of Paraguay, and of the Institute of Inter-American Affairs, in which appropriate means for solving this problem were discussed. It was recommended that a Permanent Committee be established to deal with the matter.

Vital Statistics. The Ministry of Public Health has submitted a request for assistance in the reorganization of the country's demographic and vital statistics services. A decision in this matter is still pending.

Endemic Goiter. The Zone Office has provided technical information with respect to the problem of endemic goiter.

Fellowships. Seven fellowships for study or technical specialization in public health administration, or other courses related to public health in general, were granted to professionals in this country.

Uruguay

International Laboratory for the Production of BCG (1). A building was selected for the installation of a laboratory of BCG production. It is expected that the authorities will approve it or will find another way to solve this problem during 1953.

Mental Hygiene (2). Selection was made of applicants to whom fellowships were to be awarded.

MEMBERSHIP OF THE EXECUTIVE COMMITTEE

COUNTRY	T E R M S						
	From January 1947	From October 1947	From October 1948	From October 1949	From October 1950	From October 1951	From October 1952
	October 1947	September 1948	September 1949	September 1950	September 1951	September 1952	October 1953
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							

Eradication of the Aedes aegypti (51). Of the 119 localities found to be positive, only Montevideo is still positive after four years of work. This program is being conducted as a special program of the Cooperative Services (Project 28).

The following activities were carried out in 1952:

Type of Work	Premises	With <u>A.</u> <u>aegypti</u>	Index	Water Tanks	With <u>A.</u> <u>aegypti</u>	Index
Index census	2,502	21	0.8	22,130	38	0.2
DDT applications	85,232	-	-	1,065,353	-	-
Inspections	200,884	22	0.0	1,218,991	28	0.0
Total	288,618	43	0.8	2,306,474	66	0.2

Assistance to Medical School. Under the auspices of the Ministry of Public Health and at the request of the University, arrangements were made with the Organization to provide the services of a Consultant-Professor for the Montevideo School of Medicine, to assist in the activities of the Courses of Hygiene and Preventive Medicine.

PAN AMERICAN SANITARY BUREAU
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List of Projects in operation or completed during 1952

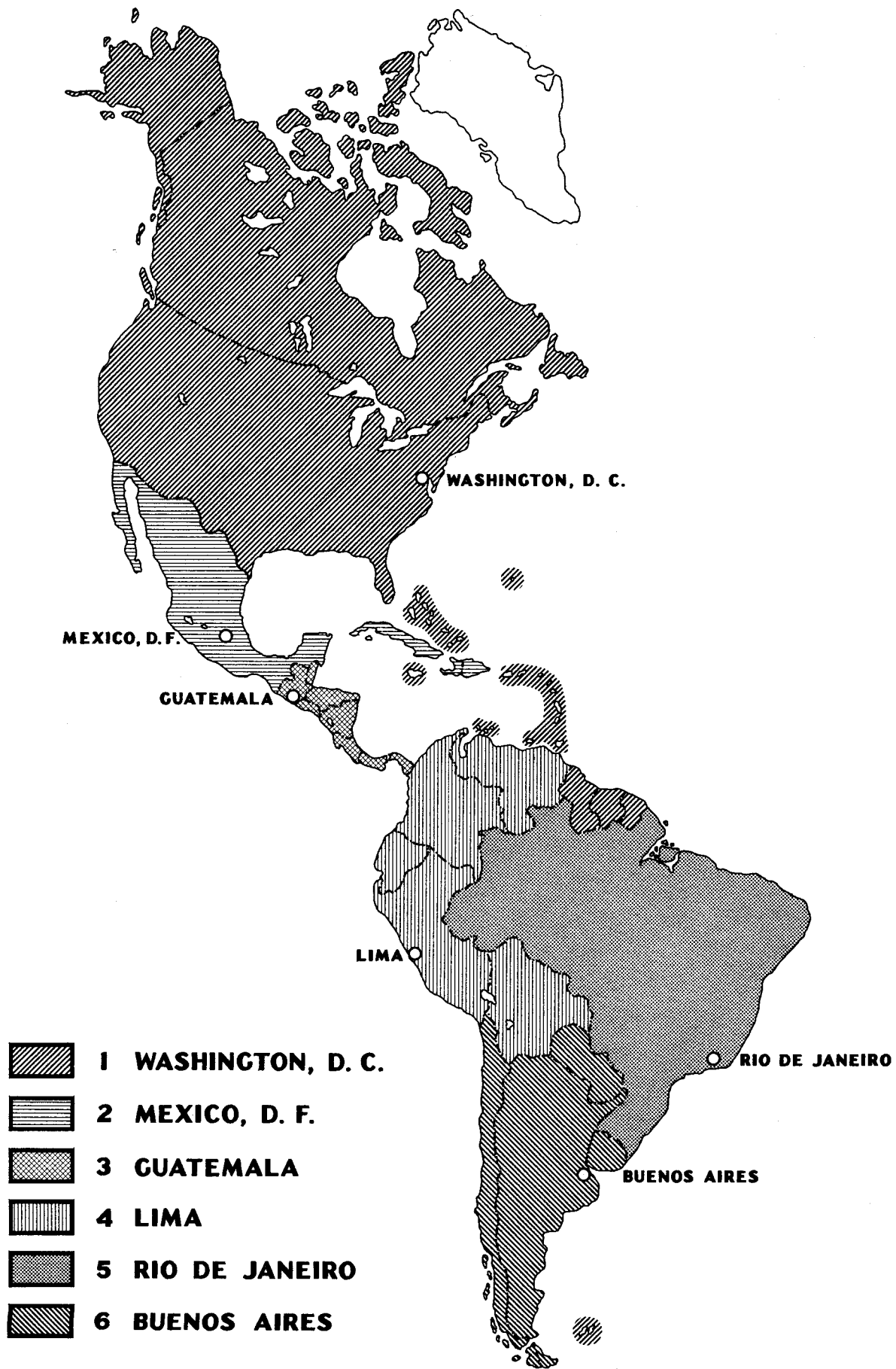
<u>Code Number</u>	<u>Project Title</u>	<u>Funds</u>	<u>Cooperating Agency</u>	<u>Remarks</u>
<u>ARGENTINA - ZONE VI</u>				
Argentina-1	FAO/WHO Brucellosis Center	WHO	FAO	
Argentina-51	<u>A. aegypti</u> eradication	PASB		
<u>BOLIVIA - ZONE IV</u>				
Bolivia-1	Typhus Control	WHO	UNICEF	
Bolivia-2	Children's Hospital, La Paz	WHO/TA	UNICEF	
<u>BRAZIL - ZONE V</u>				
Brazil-4	Diphtheria and Pertussis	WHO	UNICEF	
Brazil-51	Yellow Fever (Oswaldo Cruz Institute)	PASB		
Brazil-52	V.D. Laboratory and Training Center	PASB		
Brazil-53	Schistosomiasis	PASB	USPHS	
<u>CHILE - ZONE VI</u>				
Chile-3	Diphtheria-Pertussis Vaccination	WHO	UNICEF	
Chile-7	Maternal and Child Health	WHO	UNICEF	
<u>COLOMBIA - ZONE IV</u>				
Colombia-1	Diphtheria and Pertussis	WHO	UNICEF	
Colombia-4	Maternal and Child Health	WHO/TA	UNICEF	
Colombia-5	Insect Control	WHO/TA	UNICEF	
Colombia-6	Training of Public Health Personnel	WHO/TA		
Colombia-8	Expert in Hospital Administration (San Juan de Dios Hospital, Bogotá)	WHO		
Colombia-11	Expert in Public Health Administration	WHO/TA		
Colombia-52	Yellow Fever (Carlos Finlay Institute, Bogotá)	PASB		




<u>Code Number</u>	<u>Project Title</u>	<u>Funds</u>	<u>Cooperating Agency</u>	<u>Remarks</u>
<u>COSTA RICA - ZONE III</u>				
Costa Rica-3	Nursing Education and Nursing Auxiliary Course School of Nursing (San José)	WHO/TA		
Costa Rica-5	BCG Vaccination	WHO	UNICEF	
<u>DOMINICAN REPUBLIC - ZONE II</u>				
Dominican Republic-2	Insect Control	WHO/TA	UNICEF	
<u>ECUADOR - ZONE IV</u>				
Ecuador-5	Tuberculosis Teaching Center and BCG Vaccination	WHO/TA	UNICEF	
Ecuador-6	BCG Laboratory	WHO	UNICEF	
Ecuador-7	V.D. Control	WHO/TA		
Ecuador-11	Assistance to Nat'l. Institute of Health	WHO/TA		
Ecuador-52	Plague Control	PASB		
Ecuador-53	Nat'l. Institute of Nutrition	PASB	KF	
<u>EL SALVADOR - ZONE III</u>				
El Salvador-1	Tuberculosis Control	WHO		
El Salvador-3	BCG Vaccination	WHO	UNICEF	
El Salvador-5	Health Demonstration Area	WHO/TA	ILO/FAO/UNESCO	
<u>GUATEMALA - ZONE III</u>				
Guatemala-1	Insect and Yellow Fever Control	WHO/TA	UNICEF	Part of AARO-7
Guatemala-53	Onchocerciasis	PASB	USPHS	
<u>HAITI - ZONE II</u>				
Haiti-1	Yaws Eradication and Rural Syphilis Control	WHO/PASB	UNICEF	
Haiti-6	Fundamental Education (Marbial Valley)	WHO/TA	UNESCO	UNESCO project WHO commitments fulfilled as of 31 December 1952

<u>Code Number</u>	<u>Project Title</u>	<u>Funds</u>	<u>Cooperating Agency</u>	<u>Remarks</u>
<u>HONDURAS - ZONE III</u>				
Honduras-1	Insect and Yellow Fever Control	WHO/TA	UNICEF/ILAA	Part of AARO-7
Honduras-2	Health Education	WHO/TA	UNICEF	
<u>JAMAICA - ZONE I</u>				
Jamaica-1	Tuberculosis Control	WHO/TA	UNICEF	Part of AARO-8
Jamaica-2	Insect Control	WHO/TA	UNICEF	
Jamaica-3	BCG Vaccination	WHO	UNICEF	
<u>MEXICO - ZONE II</u>				
Mexico-3	Fundamental Education Training Center (CREFAL)	WHO/TA	UNESCO/OAS	Completed 7 June 1952
Mexico-4	Rabies Control	WHO/TA		
Mexico-5	Course for Nursing Instructors	WHO/TA		
Mexico-6	FAO/WHO Brucellosis Center	WHO	FAO	
Mexico-51	V.D. Prophylaxis (Tijuana)	PASB		
Mexico-53	Insect Control	PASB		
<u>NICARAGUA - ZONE III</u>				
Nicaragua-1	Insect and Yellow Fever Control	WHO/TA	UNICEF	Part of AARO-7
Nicaragua-2	Health Education	WHO/TA	UNICEF	
<u>PANAMA - ZONE III</u>				
Panama-1	Rural Public Health Services	WHO/TA	UNICEF	Part of AARO-7
Panama-2	Insect and Yellow Fever Control	WHO/TA		
<u>PARAGUAY - ZONE VI</u>				
Paraguay-1	Insect Control	WHO/TA	UNICEF	
Paraguay-2	TB Control	WHO/TA		
Paraguay-3	Maternal and Child Health (Asunción-Villarrica)	WHO/TA	UNICEF	
Paraguay-4	V.D. Control (Asunción-Villarrica)	WHO/TA		
Paraguay-5	Hookworm and Smallpox Control	WHO/TA		

<u>Code Number</u>	<u>Project Title</u>	<u>Funds</u>	<u>Cooperating Agency</u>	<u>Remarks</u>
<u>PERU - ZONE IV</u>				
Peru-1	Typhus Control	WHO	UNICEF	
Peru-5	Insect Control	WHO/TA	UNICEF	
Peru-7	Assistance Medical Records Libraries	WHO/TA		
Peru-10	MCH and Related Health Services (Lima-Pativilca-Huaraz)	WHO/TA	UNICEF	
Peru-11	Ica Health Center (Anthropologist)	WHO/TA		
Peru-13	Public Health Demonstration and Training Center (Callao)	WHO/TA	UNICEF	
Peru-51	Smallpox Vaccination	PASB		
<u>TRINIDAD - ZONE I</u>				
Trinidad-1	BCG Vaccination	WHO	UNICEF	
<u>UNITED STATES - ZONE I</u>				
United States-4	FAO/WHO Brucellosis Center	WHO	FAO	
United States-5	Rabies (San Diego-Baja California)	WHO		
<u>URUGUAY - ZONE VI</u>				
Uruguay-51	<u>A. aegypti</u> Eradication	PASB		
<u>VENEZUELA - ZONE IV</u>				
Venezuela-52	V.D. Laboratory and Training Center (Caracas)	PASB		
<u>WINDWARD ISLANDS - ZONE I</u>				
Windward Islands-2	Insect Control	WHO/TA	UNICEF	Part of AARO-8
<u>INTERCOUNTRY PROJECTS</u>				
AARO-1	Training of Environmental Sanitation Personnel (Brazil, Chile, Mexico)	WHO/TA		

<u>Code Number</u>	<u>Project Title</u>	<u>Funds</u>	<u>Cooperating Agency</u>	<u>Remarks</u>
AARO-3	Center for Rehabilitation of Physically Handicapped	WHO	UN	UN project in which WHO declared interest. Survey completed in 1952
AARO-7	Central America - Insect Control and Yellow Fever Control	WHO/TA	UNICEF	
AARO-8	Caribbean Area - Insect Control	WHO/TA	UNICEF	Program in Operation in Jamaica and Grenada only during 1952
AARO-9	Seminar on Alcoholism - Buenos Aires	WHO		First Phase completed in 1952
AARO-10	Inter-American Center of Biostatistics	WHO	UNTAA	Additional sponsoring agencies: UN Statistical Office, USTCA
AARO-11	Nursing Workshop (Lima, Peru)	WHO		Completed August 1952
AARO-12	International Seminar on Mental Health and Infant Development	WHO		Completed August 1952
AARO-13	Seminar on Sanitary Engineering-Central America (Nicaragua)	WHO		Completed November 1952
AARO-14	Seminar on Brucellosis - South America (Santiago, Chile)	WHO		Completed December 1952
AARO-15	Seminar on Health Education	WHO		First Phase completed in 1952
AARO-18	Assistance to School of Medicine	WHO		
AARO-21	V.D. Laboratory and Training Center	WHO/TA	PASB	
AARO-53	Aftosa Virus	PASB	US Dept. of Agriculture OAS/TA	Part of AARO-77
AARO-54	Assistance to INCAP	WHO/PASB/KF (Grant)		
AARO-57	Jungle Yellow Fever Epidemiological Survey (Central America)	PASB		Survey completed in 1952
AARO-77	Pan American Foot-and-Mouth Disease Center	OAS/TA PASB		



-  **1 WASHINGTON, D. C.**
-  **2 MEXICO, D. F.**
-  **3 GUATEMALA**
-  **4 LIMA**
-  **5 RIO DE JANEIRO**
-  **6 BUENOS AIRES**

ZONAS Y OFICINAS DE ZONA DE LA OFICINA SANITARIA PANAMERICANA
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