

# A SALUTE TO THE PAN AMERICAN HEALTH ORGANIZATION<sup>1</sup>

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*On 2 December 1977 the Pan American Health Organization, the oldest of the intergovernmental health agencies, celebrated its 75th Anniversary. Limited at the outset in scope and activities, and correspondingly restricted in growth during the first part of this century, the Organization has had an impressive expansion in importance and influence over the past three decades.*

## Historical Notes

In 1851 the first of a number of efforts was made, at a meeting in Paris, to organize multi-country cooperation in public health on some sort of formal basis. The story of this meeting and the series of international sanitary conferences which followed has been put together recently in a fascinating monograph by Norman Howard-Jones.<sup>3</sup> Unfortunately, although the recorded beginnings of foreign quarantine go back to the 14th century, the achievements of the conferences were disappointingly meager and United States participation was limited.

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<sup>1</sup>Condensed version of the article published in the *American Journal of Public Health*, Vol. 67, No. 12, 1977 (pp. 1198-1204). These excerpted portions are reprinted by permission.

A Spanish translation of the complete article will also appear in the *Boletín de la Oficina Sanitaria Panamericana* 83(6), 1977. The complete article has a section on program which was omitted here for lack of space.

<sup>2</sup>John G. Searle Professor of Public Health and Dean Emeritus, School of Public Health, University of Michigan.

<sup>3</sup>N. Howard-Jones, *The Scientific Background of the International Sanitary Conferences, 1851-1938*, World Health Organization, Geneva, 1975.

This lack of significant progress must have been among the factors which motivated the Second Meeting of the International Conference of American States (October 1901-January 1902) to direct the convening of an International Sanitary Conference in order to "organize an International Sanitary Bureau for the Americas."<sup>4</sup> There was major concern with expediting movement of perishable cargoes and combating the crazy quilt of quarantine, inspection, and exclusion regulations which were seriously impeding the transport of goods. Another timely point was the then very recent proof of the theory of Carlos Finlay,<sup>5</sup> the great Cuban physician, about the transmission of yellow fever by *Aedes aegypti*. The demonstration of this theory in Havana by Reed, Lazear, and Agramonte highlighted the possibilities of international cooperation.

The conference was held in Washington

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<sup>4</sup>A. A. Moll, *The Pan American Sanitary Bureau: Its Origins, Development, and Achievements (1902-1944)*, PASB Publication 240, Pan American Sanitary Bureau, Washington, D.C., 1948.

<sup>5</sup>President, American Public Health Association (U.S.), 1903-1904.

## FIRST DIRECTORS OF PASB



DR. WALTER WYMAN



DR. RUPERT BLUE



DR. HUGH S. CUMMING

from 2 to 5 December 1902, with representatives of eleven countries in attendance. A series of resolutions resulted, including one to organize the Bureau. The new unit was to concentrate on immediate concerns, but with commendable prescience the charge went beyond that:

## VII.

*International Sanitary Bureau—To aid and to be aided by the several Republics.*

Whereas the Second American International Conference of the Pan American States, held in the City of Mexico, October, 1901, to January, 1902, provided that a sanitary convention convene in Washington within one year from the signing of the resolutions on sanitation and quarantine, and shall elect an International Sanitary Bureau, with permanent headquarters at Washington, for the purpose of rendering effective service to the different Republics represented in this convention: It is hereby

*Resolved:*

(a) That it shall be the duty of the International Sanitary Bureau to urge each Republic to promptly and regularly transmit to said bureau all data of every character relative to the sanitary conditions of their respective ports and territories.

(b) And to furnish said bureau every opportunity and aid for a thorough, careful, and scientific study and investigation of any outbreaks of pestilential diseases which may occur within the territory of any of the said Republics.

(c) *It is further resolved,* That it shall be the duty of the International Sanitary Bureau to lend its best aid and experience toward the widest possible protection of the public health of each of the said Republics in order that disease may be eliminated and that commerce between said Republics may be facilitated.

(d) *It is further resolved by this convention,* That it shall be the duty of the International Sanitary Bureau to encourage and aid or enforce in all proper ways the sanitation of seaports, including the sanitary improvements of harbors, sewage, drainage of the soil, paving, elimination of infection from buildings, and the destruction of mosquitoes and other vermin.

(e) *It is also recommended by this convention,* That in order to carry out the above measures a fund of \$5,000 shall be collected by the Bureau of American Republics in accordance with paragraph 7 of the resolutions of the Second International American Conference above referred to.

In this manner the foundations of inter-country cooperation for health purposes were laid, five years before the first organized worldwide effort—signature of the agreement to establish, in Paris, the

*Office International d'Hygiène Publique.*

At the 1902 International Sanitary Conference the pattern was established of convening a similar conference periodically to act as a governing body for the Bureau, to establish its budget, and to elect a Committee and Chairman to supervise the program. The first Chairman was the then Surgeon-General of the United States Public Health and Marine Hospital Service, Dr. Walter Wyman.

By 1924 all twenty-one American Republics had joined in the work of the Bureau, and that year's Pan American Sanitary Conference, attended by eighteen countries, took the significant step of adopting the Pan American Sanitary Code—which was formally ratified as an international treaty by all twenty-one Republics. The Code, a culmination of 12 years of effort and still in force, endowed what it called the Pan American Sanitary Bureau (PASB) with far broader powers and goals than previously and established a much firmer juridical basis for the growing organization.

Surgeon-General Rupert Blue had succeeded Walter Wyman as Chairman and was in turn succeeded in 1920 by Surgeon-General Hugh S. Cumming. When Dr. Cumming retired as Surgeon-General in 1936 he became the first full-time Director of PASB, serving a total of 26 years until he was named Director Emeritus by the XII Pan American Sanitary Conference in January 1947. Dr. Cumming had maintained PASB's programs successfully through a depression and a war, holding fast to the basic goals but with slow growth.

The 1947 Conference elected as Director Fred L. Soper, who had enjoyed a distinguished career with the Rockefeller Foundation in South America, Italy, and North Africa. Dr. Soper soon moved to greatly expand the scope of operations and the influence of PASB. The 1947 Conference adopted a Constitution establishing the Pan American Sanitary Organization (PASO)—composed of the Pan American Sanitary

Conference, the Directing Council, the Executive Committee, and the Pan American Sanitary Bureau (the secretariat). The geographic scope of operations was defined as all of the Americas. A budget of US\$1.3 million was adopted—a far cry from the \$5,000 of 1902.

A new phase in global international health came with the signing of the Constitution of the World Health Organization (WHO) in 1946. Special provision (in Article 54) was made for integrating PASB and other regional health organizations with WHO. On the basis of this article and a series of negotiations, Dr. Soper (on behalf of PASO) and Dr. Brock Chisholm, first Director-General of the World Health Organization (on behalf of WHO) signed a formal agreement in 1949 by which PASB would serve simultaneously as Regional Office of the Americas for WHO. The Directing Council was to serve simultaneously as the WHO Regional Committee for the Americas, and since the WHO Constitution provided for the Regional Director for the Americas to be appointed by the Executive Board in agreement with the Regional Committee, the Council, sitting as Regional Committee, could assure appointment of the Director of PASB as Regional Director.

The wording of the agreement meant that the international health organization of the Western Hemisphere would maintain the independent status established for it in 1902, but because it assumed the additional functions of a WHO Region, intergovernmental health work in the Americas would be carried out under a single program. In practice this has worked out remarkably well over the years, and most PASB staff members are unaware of which organization is their actual employer. The program and budget, of course, identifies the various sources of funds, but to all intents and purposes the same operating procedures, employment policies, staff rules and benefits, and fiscal arrangements apply. Main-

## PASB DIRECTORS IN THE LAST 30 YEARS



DR. FRED L. SOPER



DR. ABRAHAM HORWITZ



DR. HECTOR R. ACUÑA

tenance of the two identities has benefited the peoples of the Americas because, since their governments contribute to international health through both PAHO and WHO, the program in the Americas is correspondingly larger than in other WHO Regions.

Fred Soper was reelected twice as Director, and during the twelve years of his tenure the work of the Bureau was systematically decentralized and significantly expanded. The program came to embrace not only an attack on the great endemic and epidemic contagions but approached the fundamental need for strengthening each nation's health services, personal or environmental, and for preparing much larger numbers of trained professional and non-professional health workers. Dr. Soper spearheaded the attack on smallpox, and in 1949 the Council, at his urging, called for a Hemisphere-wide eradication program to finish with this disease once and for all. A similar resolution regarding malaria was passed in 1954. Three international research and training centers were established, including the Institute of Nutrition of Central America and Panama (INCAP); the Pan American Foot-and-Mouth Disease

Center (PANAFTOSA), dealing with an animal disease that threatens the world protein supply; and the Pan American Zoonoses Center (CEPANZO).

In 1958 Dr. Abraham Horwitz of Chile was elected Director, the first Latin American to serve in that post, bringing to it a new measure of imaginative innovation, as well as the insights of a health worker who had grown up in a developing country. The 1958 Conference also decided, taking into account evolution of the meaning of "sanitary," to change PASO's official name to Pan American Health Organization (PAHO). Dr. Horwitz was reelected three times, and his sixteen years of service witnessed continued vigorous expansion of the Organization in old and new fields; steady growth of its program, budget, and influence; intensification of the research program; and construction of a handsome new headquarters building. Several new international centers were started, including one on sanitary engineering and a Regional Library of Medicine and the Health Sciences.

In 1974 Dr. Horwitz was succeeded by Dr. Héctor R. Acuña Monteverde of Mexico who, in turn, has brought new

insights and new ideas as he has moved to consolidate progress and make further advances. One of Dr. Acuña's early steps was to undertake a major study of headquarters and field operations, leading to a reorganization which recognized the increasing sophistication of the various government health agencies by giving larger roles, within the Organization, to PAHO country offices. Decentralization had been a significant early principle in order to minimize the danger that technical staff people, far removed from the actual problems of the various countries, would attempt to provide programs and advice little adapted to actual national needs. Dr. Soper had institutionalized the concept of field offices, which had been started in the early days of PASB, by providing for complete coverage of the Hemisphere, and Dr. Horwitz had strengthened this concept by providing for a tiered system, with country offices responding to zone headquarters. Dr. Acuña's further actions realistically and judiciously took into account the progress achieved in the member countries. Indeed, among the various international agencies, the health organizations have been outstanding in devotion to the principle of decentralized field activities.

### Governance

Implicit in the Organization's success is its multinational character, reflected in its governance and staff. The latter, some 1,600 people of 48 nationalities, are scattered among 57 locations in every country of the Americas. As expected from the variegated character of an international organization, some staff members hold career appointments, others receive appointments (often renewable) for a limited term of years, and still others are appointed for specific longer or shorter assignments.

PAHO is governed, under its Constitution, by a representative body, the Directing Council, in which every member country has one vote. The Council meets once a year

to review accomplishments, to adopt the program and budget, and to give the Director guidance and instructions. Every four years this governing body faces the additional responsibility of electing the Director of the Pan American Sanitary Bureau; for traditional reasons, and in conformance with the Pan American Sanitary Code, the meeting is then known as the Pan American Sanitary Conference. An Executive Committee, consisting of nine member countries, meets twice a year to advise the Director and to examine in detail such subjects as the program and budget, on which it makes recommendations to the Directing Council or Pan American Sanitary Conference.

Just as WHO has a formal agreement with the United Nations covering their relations and establishing that WHO is a specialized agency for health in the United Nations family, PAHO has a similar agreement with the Organization of American States (OAS). This agreement, signed in 1950, establishes PAHO as a specialized inter-American organization; reaffirms its autonomy; and defines the principles for mutual relationships, representation, and exchange of information—including a commitment by PAHO to take recommendations by the OAS Council into account.

### Commentary

Public health people have long since learned that the only real test of an organization is accomplishment. How does one assess the product of an agency, even on its 75th birthday, if it is as complex and, in a sense, as uneven as PAHO? The first 50 years were primarily spent attacking what would be assessed today as a narrow range of issues—but what were then the overweening problems: contagious disease, port sanitation, and quarantine. The last quarter-century has been spent continuing that effort and consolidating the campaigns for disease eradication, in which the coordinating role of PAHO has been so central.

Success crowned the smallpox program, and in 1973 the disease was officially declared eradicated from the Western Hemisphere. There has not been a case since 1971. The campaigns against malaria and *Aedes aegypti* have not fared so well, but it is PAHO's task to be realistic and face the member countries with the facts.

Now, slowly but surely, priority has moved to the larger issue of helping all countries bring a complete spectrum of health services—beginning with primary care—to the entire population, to all the inhabitants of all the countries, to the people of the Americas.

To those who were or are in the secretariat, a PAHO budget in 1978 of \$31 million in a composite budget of \$63 million\* represents an incredible advance, not just over the \$5,000 of 1902, or the \$50,000 of 1924, but over the \$1.3 million that Fred Soper started with in 1948. Nevertheless, assessment of what has really been accomplished by all this effort is exceedingly dif-

ficult. Changes in health indices may be attributed to many sources. Economic progress may occur because of or in spite of political change, and this will be reflected, perhaps only temporarily, in health statistics. And the effect of one international agency is a minuscule part of the whole, even if it is influential well beyond its size.

Assessing individual programs is, in fact, little easier. International agencies work in an advisory capacity, and the success of advice is never easy to judge. There are programs which have been spectacularly successful, leaving a country, after a relatively few years of advisory services, with a legacy that has every chance of being permanent. There are others which have been, bluntly, failures. But the total would appear to be clearly on the positive side.

So I end up with a personal view, not quantifiable in any sense. To me the great hope of the world is understanding among peoples. Mutual interest in striving for improved health is certainly one of the most ready common denominators. The success, progress, and vigor of PAHO are, I believe, positive signs and its 75th Anniversary is, therefore, an occasion for general rejoicing.

\*This includes the WHO Regular Budget, UN Development Program, and other funds.



VENEZUELAN TRIBUTE  
TO PAHO

To commemorate the Pan American Health Organization's 75th Anniversary, the Antituberculosis Associations of Venezuela issued a special Christmas 1977 stamp showing PAHO's headquarters building and (on the left) the traditional Cross of Lorraine.