#### Pan American Health Organization

#### Member Governments

Argentina Barbados Bolívia

Brazil

Chile

Colombia

Costa Rica

Cuba

Dominican Republic

Ecuador

El Salvador

Guatemala

Guyana Haiti

Honduras

Jamaica

Mexico

Nicaragua

Paraguay

Peru

Trinidad and Tobago

United States of America

Uruguay

Venezuela

#### **Participating Governments**

France

Kingdom of the Netherlands

United Kingdom

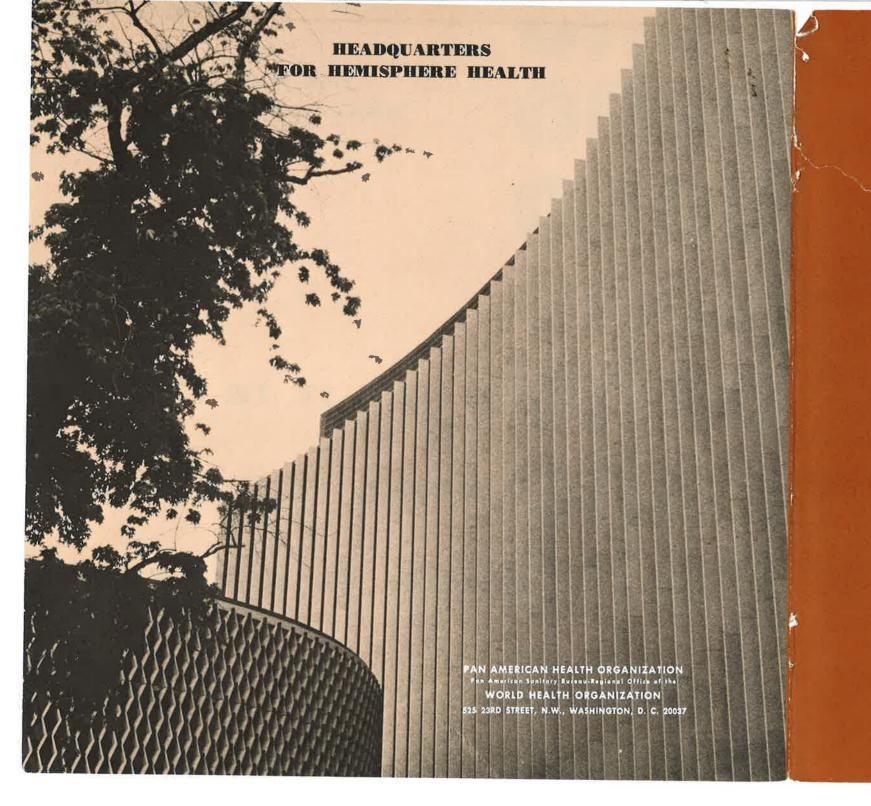
## THE PAN AMERICAN HEALTH ORGANIZATION



WHAT IT DOES...

HOW IT WORKS...

PAN AMERICAN SANITARY BUREAU
Regional Office of the
WORLD HEALTH ORGANIZATION



"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

From the Constitution of the World Health Organization

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# FOR THE FIRST TIME IN HISTORY...

When the International Sanitary Bureau—the parent entity of the Pan American Health Organization—was founded early in this century, it was the first time in history that a community of nations joined forces on a permanent, formal basis, to protect the health of their populations.

It was a time of change and progress in the Western Hemisphere: the Spanish American War had ended, the Panama Canal was under construction, new treaties were being signed and commercial relations expanded. But it was also a time of great epidemics of smallpox, malaria, typhus and yellow fever

Individual countries suffered and generally fought alone against pestilential diseases. An epidemic that happened in one

country was regarded as only concerning that country—until it spread into some other helpless to defend itself. To be sure, there were quarantine restrictions that held the diseases in check, but they lacked uniformity and were a great inconvenience to travel and commerce.

Therefore, when statesmen from 11 American Republics met in 1902 in Mexico City at the Second International Conference of American States, quarantine and sanitation became important topics on an agenda that had been planned primarily to discuss peaceful arbitration and commercial relations.

Delegates to the Conference proposed immediate joint action to make sanitation take the place of quarantine: to put port areas and large cities throughout the Americas in such good sanitary condition that quarantine measures would become unnecessary.

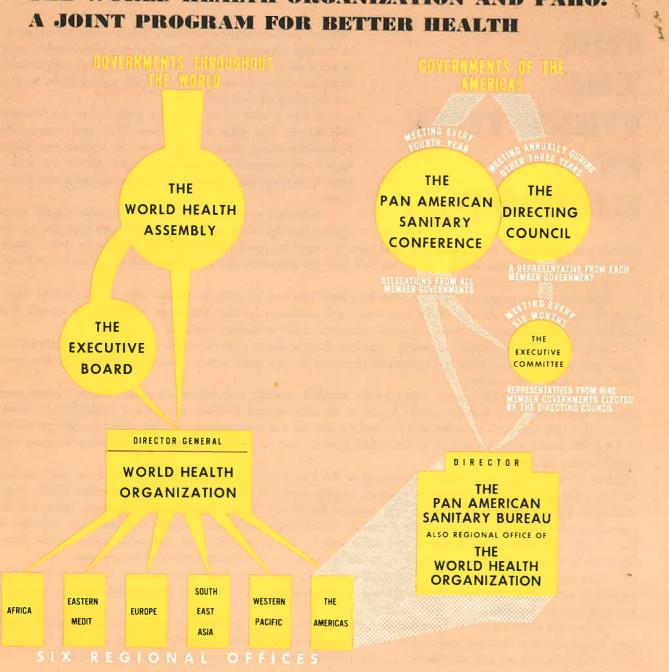
An international sanitary policy was formally adopted, periodic conventions on public health matters were planned, and a permanent executive board known as the International Sanitary Bureau was established in Washington, D.C. The Bureau's objective was "to lend its best aid and experience toward the widest possible protection of the public health of each republic, in order that diseases may be eliminated and that commerce between said republics may be facilitated".

Out of the International Sanitary Bureau grew the Pan American Sanitary Bureau, which in 1947 became the operating arm of the Pan American Sanitary Organization (in 1958 changed to Pan American Health Organization). Two years later the Bureau also became the World Health Organization's Regional Office for the Americas, serving the governments of the Americas with a single functional program embracing the activities of both PAHO and WHO.—The Bureau is also recognized by the Organization of American States as the Inter-American specialized health agency, with technical autonomy in the accomplishment of its purposes.

After almost seven decades of work, PAHO's functions and duties have expanded into four main lines: The control or eradication of communicable diseases, strengthening of national and local health services, education and training, and research.

To help the Governments of the Americas in these fields, PAHO provides expert advice and technical assistance, acting also as a clearing house for scientific information and a central co-ordinating agency. It is, in essence, still "lending its best aid and experience . . ." for the betterment of health conditions in the Hemisphere.

## THE WORLD HEALTH ORGANIZATION AND PAHO:





#### THE DISTRIBUTION OF KNOWLEDGE

PAHO publications furnish a steady flow of up-to-date epidemiological and technical information to all parts of the Americas. Featuring scientific articles by authors from the Hemisphere as well as other regions of the world, PAHO's monthly technical journal, Boletin de la Oficina Sanitaria Panamericana, has entered its fiftieth year of publication. With a circulation of nearly 14,500 copies, other periodicals include the Weekly Epidemiological Report and Educación Médica y Salud, a quarterly Spanish-language journal on medical education and health.

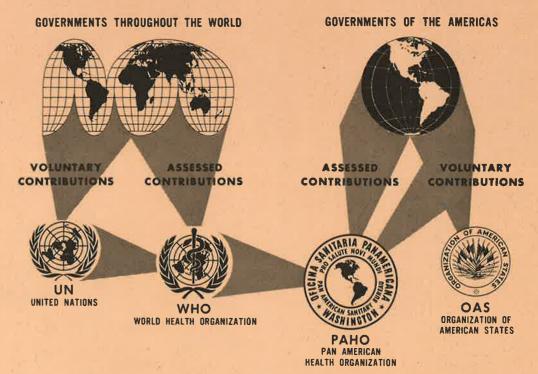
PAHO Scientific Publications series now includes well over 200 titles on subjects ranging from mental health to malaria, while the Official Documents series, issued regularly in English and Spanish, includes more than 100 titles.

Gazette, the new quarterly magazine, is a non-technical, illustrated periodical aimed at a wide range of readers—from public officials to citizens groups. Its purpose is to give a clear and concise account of the work of the Governments and the Organization in all fields of public health.

The Organization also produces and distributes filmstrips for use as teaching aids, and recently began a series of short radio programs designed to bring the latest news of health problems and progress to the people of Latin America.

## GOOD PUBLIC HEALTH PROGRAMS ARE WISE INVESTMENTS IN THE FUTURE OF A NATION

#### SOURCES OF FUNDS FOR INTERNATIONAL HEALTH WORK IN THE WORLD



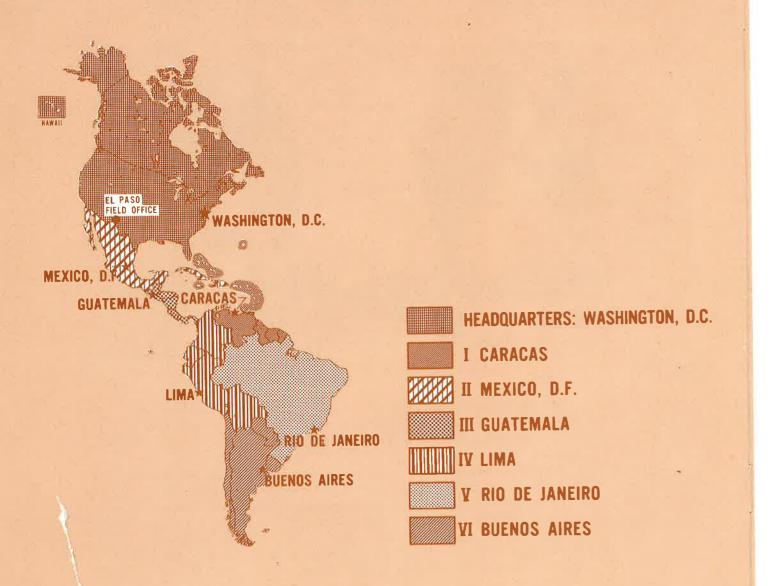
The Pan American Health Organization receives the funds for its operation from several sources. The first main source is the assessments paid by member countries in proportions related to their respective national incomes.

For 1971, those assessments amounted to over 15 million dollars (about half of the Organization's total budget of approximately 30 million dollars).

Funds from the World Health Organization, plus those from United Nations sources, were almost 11 million dollars.

Other PAHO funds from extra-budgetary sources totalled nearly four million dollars, with grants and other contributions from inter-American sources making up the balance of the total budget.

# ZONES AND ZONE OFFICES OF THE PAN AMERICAN HEALTH ORGANIZATION



measuring public health needs and for evaluating the progress of public health programs. As a service to the countries of the Region, PAHO collects, analyzes, and publishes statistical data on health conditions in the Americas. The Weekly Epidemiological Report supplies current information on quarantinable and other infective and parasitic diseases. Research projects such as the Inter-American Investigations of Mortality, first in adults, with the publication Patterns of Urban Mortality, and now in childhood, are proving invaluable for their data on social problems, as well as for the planning of health programs. PAHO is helping the Governments strengthen their present data-collecting systems, and offers assistance in training personnel to staff them.

Multinational medical statistics training centers are being developed, and the use of computers has been initiated in several countries.

1) On a key punch machine at PAHO head-quarters, statistical information is taken from documents and put on cards to be fed into a computer. Valuable tools for public health, computers are able to store and process data, prepare plans of operation and test possible alternatives—all with a speed greater than man alone is capable of. 2) Statistical auxiliaries learn the principles of terminal-digit filing in a medical records course. There is a great need for more trained personnel to work in the field of medical records and hospital statistics.





## PAHO IN THE FIELD AND AT HEADQUARTERS

PAHO's field activities are administered from six zone offices, each maintaining day-to-day contact with the health authorities of the governments. Close relationship and ready consultation are essential for planning and carrying out well-balanced programs that meet health needs and problems at the national, inter-zone and regional levels. Representatives of PAHO are also stationed in each country.

**ZONE I OFFICE** (Caracas, Venezuela) serves Barbados, Guyana, Jamaica, Trinidad and Tobago, Venezuela, and departments of France in the Americas, portions of the Kingdom of the Netherlands in the Americas, and members of the Commonwealth and territories of the United Kingdom in the Caribbean.

**ZONE II OFFICE** (Mexico City, Mexico) serves Cuba, the Dominican Republic, Haiti and Mexico.

**ZONE III OFFICE** (Guatemala City, Guatemala) serves British Honduras, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama.

ZONE IV OFFICE (Lima, Peru) serves Bolivia, Colombia, Ecuador and Peru.

ZONE V OFFICE (Rio de Janeiro, Brazil) serves Brazil.

**ZONE VI OFFICE** (Buenos Aires, Argentina) serves Argentina, Chile, Paraguay and Uruguay.

At Bureau Headquarters in Washington, the Director and his technical staff undertake the basic planning and coordination of activities. The Washington Office is responsible for activities in the United States, Puerto Rico, the U.S. Virgin Islands, and Canada.

The Field Office in El Paso, Texas, is primarily concerned with the coordination of health work along the Mexico-United States border.

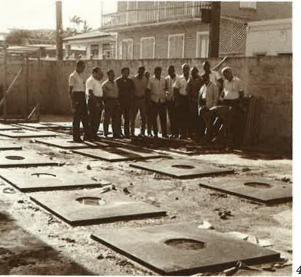
On 1 January 1970, the regular staff of the Bureau numbered 1191, representing 50 nationalities. Of this total, 894 were assigned to Zone Offices and field projects, and 297 were stationed in Washington.







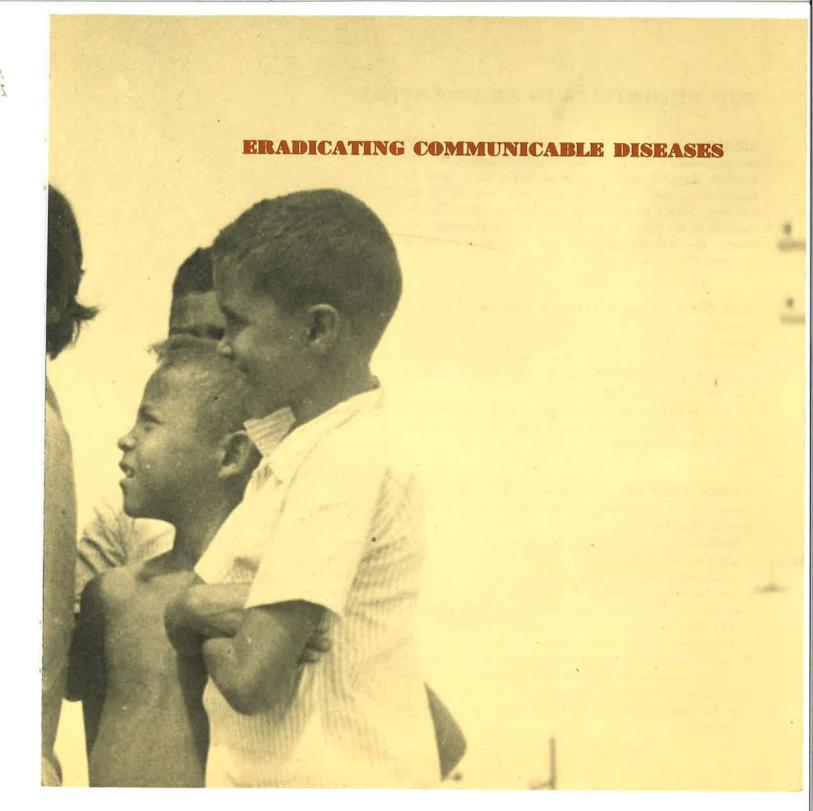






health care services should do more than heal the sick—they should also provide for the prevention of disease and for the promotion of general well-being, both physical and mental. The incidence of preventable diseases and unhealthy environmental conditions is strongly reflected in many Latin American countries' morbidity and mortality rates. PAHO works with the Governments to build comprehensive health centers where patients can receive preventive and curative services, including dental care, environmental health instruction, and nutrition education. The Organization is urging the countries of the Region to set up more community health centers in their rural areas, many of which have no health services at all. The mortality rate in the rural areas of any given country in Latin America may be 2 to 4 times higher than in its principal urban centers.

1) Because some communities are not equipped to provide the wide range of health services that people need, mobile x-ray units are an important part of anti-tuberculosis campaigns. 2) Visiting nurses call at home to provide important care for many patients. 3) Maternal and child health centers are being strengthened to care for the health of mothers during the reproductive cycle and for children during their early years. 4) Integrated health services often include demonstration classes on the construction of component parts of sanitary latrines. 5) Dental care is provided within over-all health programs.



#### TOP PRIORITIES IN ERADICATION

SMALLPOX Constant vigilance and systematic immunization programs are finally breaking the grip of smallpox in Latin America. In 1970, outside of Brazil and a border area in Argentina, no new cases of smallpox were recorded in the Americas. PAHO and the World Health Organization help the countries of the Region to conduct vaccination programs. Assistance also includes equipment and supplies of biological products.

MALARIA The decade of the sixties has been a period of great activity in the Hemisphere's malaria eradication programs. Of the 176,325,000 people living in formerly malarious areas, 72,757,000 now live in areas where malaria has been eradicated, and 103,362,000 more in areas where eradication programs are in operation.

PAHO provides drugs, technical advice and consultant services to help the Governments protect their populations against the ravages of this disease.

**AEDES AEGYPTI** Exterminating the Aedes aegypti mosquito is the best method of preventing outbreaks of yellow fever in cities and towns.

Intensive inspection programs and the use of modern insecticides have already freed urban areas in 13 hemispheric countries and territories of this pest, while other countries are in the process of either beginning or continuing their eradication campaigns. For planning and carrying out such programs, PAHO offers technical advice and consultant services.

As for jungle yellow fever, because it cannot be dealt with through eradication or control of the vectors, it has to be prevented by vaccination. With PAHO's collaboration, national laboratories in Brazil and Colombia are manufacturing vaccine for free distribution to Governments throughout the Americas.

1) In laboratories such as this, yellow fever vaccine is produced for free distribution to the Governments of the Americas. 2) Mass vaccination campaigns against smallpox bring out huge crowds. Using jet injectors, a team can vaccinate as many as 2,500 persons in a day. 3) To achieve its purpose, a malaria eradication campaign must extend out to the most remote areas. In order to reach inaccessible villages, spraymen must often use cavalry tactics. 4) Insecticides are placed in rain barrels, ideal breeding places for the Aedes aegypti mosquito, the carrier of urban yellow fever.

1) As part of their inservice training, student nurses take over many routine procedures in patient care. 2) Field personnel learn about the geographical reconnaissance of malarious areas. On-the-spot training is a valuable adjunct to classroom studies. 3) In addition to the academic part of their curriculum, future dieticians and nutritionists work in an experimental kitchen as the practical phase of their courses. 4) A student of a post-graduate course in sanitary engineering studies the functioning of a rapid sand filter.

#### HEALTH MANPOWER: PEOPLE WHO HEAL

More trained health personnel is needed to keep step with Latin America's growing population and the increasing demand for more and better health care. To help the Governments fill the need, PAHO's Human Resources Development Department prepares realistic manpower requirements and methods for enlarging present working forces in all fields of health. By providing advisory services and direct training of health personnel, the Organization helps strengthen teaching institutions. Special attention is being focused on the need for more auxiliary personnel to lighten the work loads of physicians and nurses, particularly in rural health centers. PAHO organizes local fieldtraining programs for key health workers and awards fellowships for training abroad when postgraduate courses are not available in the home country. Upon requests from its member governments, the Organization also gives technical advice on upgrading the quality of education in schools of medicine, public health, nursing, and sanitary engineering.











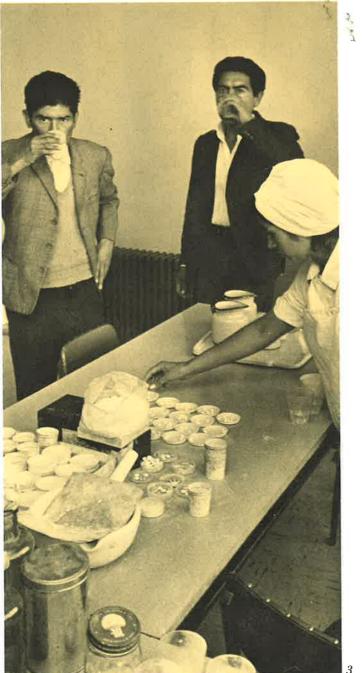




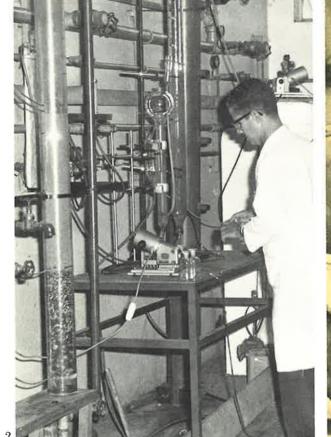


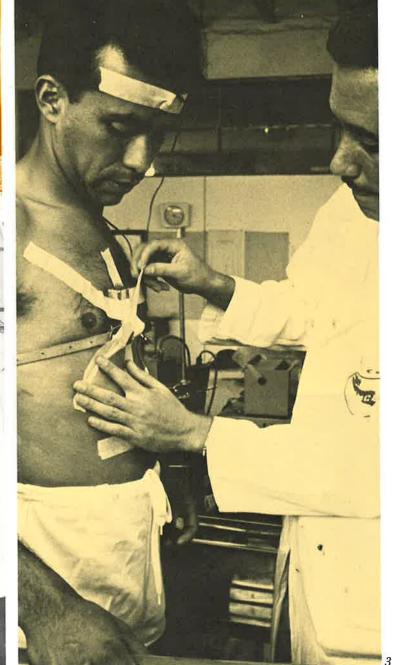












#### THE QUEST FOR KNOWLEDGE: RESEARCH

New knowledge is the key to saving lives, preventing disease, easing pain, and advancing man's well-being. PAHO is committed to expanding its program of research to solve the medical and health problems that trouble the Americas, and to helping the Governments strengthen their own programs. In the five years since the establishment of PAHO's Department of Research Development and Coordination, the number of projects being carried out has risen from 55 to 123 in such widely diverse fields as anemia, dental epidemiology, foot-and-mouth disease, malaria, plague, and salt fluoridation, to name but a few. The Organization also brings together groups of experts to exchange views on health topics that would otherwise receive relatively little attention.

1) Malaria research includes large-scale field trials in which entomologists examine test boxes to study the effects of insecticides. In most countries such research activities are part of routine malaria eradication operations. 2) A pilot plant for research on filtering material to be used for water treatment. The plastic model makes the filtering process easy to observe. 3) Studies are made of the influence of nutrition on the body composition and physical work capacity of young men whose daily diets differ in protein and calorie content.

#### OTHER DISEASES ARE BEING BROUGHT UNDER CONTROL

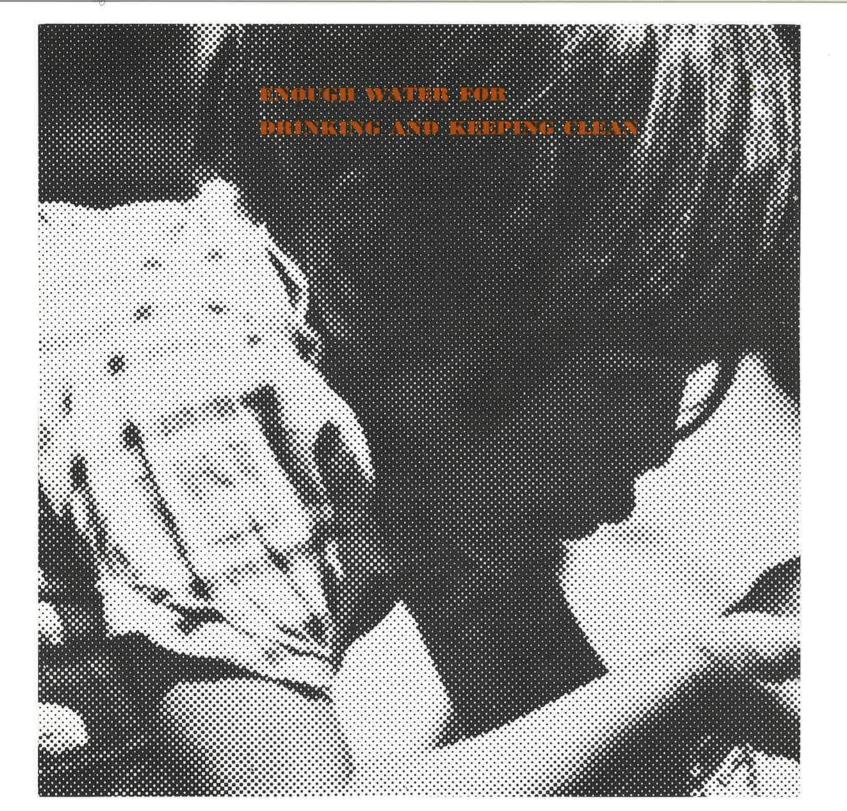
TUBERCULOSIS Improved case-finding methods, immunization programs, and modern drugs have changed the picture of tuberculosis in the Americas. The death rate from this disease has decreased to one third of what it was twenty years ago, but in terms of sickness and lost manpower hours, TB still continues to be a major problem in many countries.

PAHO helps plan anti-TB campaigns and trains personnel to conduct them. The Organization is also giving special attention to the production of BCG vaccine in local laboratories, and to the ambulatory treatment of the disease in general health centers.

**LEPROSY** With the exception of continental Chile, leprosy has been reported in all countries of the Western Hemisphere. Medical advances, however, have broken down the age-old wall of prejudice that separated leprosy from other communicable diseases. Definite progress is being made—if not yet to banish the disease, at least to control it. PAHO collaborates with Governments in their leprosy control programs by helping to prepare specialized personnel, by organizing highly technical seminars, and by providing expert advice on every aspect of the disease.

IN ADDITION Epidemics of poliomyelitis, measles, and whooping cough continue to occur throughout the Region, despite the protection that could be offered by immunization. PAHO helps plan mass vaccination programs, facilitates the purchase of vaccines, and provides answers to urgent problems in emergency situations.

1) Pre-school children accept oral polio vaccine from a nursing auxiliary making house-to-house visits. 2) A therapist demonstrates exercises for fingers crippled by leprosy. Emphasis is being placed on rehabilitating its victims. 3) Modern methods for treating tuberculosis include "ambulatory chemotherapy" and out-patient clinics are replacing sanitariums.

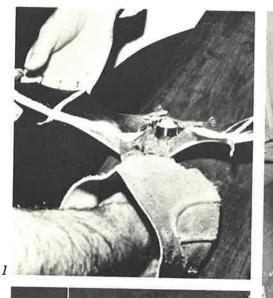


1) Carried by infected vampire bats, paralytic rabies is the largest single killer of livestock south of the Rio Grande. Scientists from the Pan American Zoonoses Center have developed radio-telemetry techniques such as this mini-radio which, when attached to a bat's back, directs them to its breeding places. 2) Canine rabies control programs are advancing throughout the Hemisphere. Dog owners willingly bring their pets to a public health office for a free anti-rabies injection. 3) Aftosa virus is grown experimentally in flasks for vaccine production at the Pan American Foot-and-Mouth Disease Center in Brazil. The disease is highly contagious and spreads rapidly among cattle, swine, sheep and other cloven-hooved animals, 4) The control of tuberculosis in animals is largely based on the application of tuberculine tests.

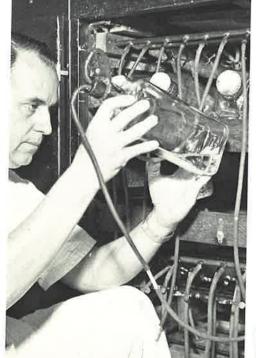
#### FIGHTING ZOONOTIC DISEASES

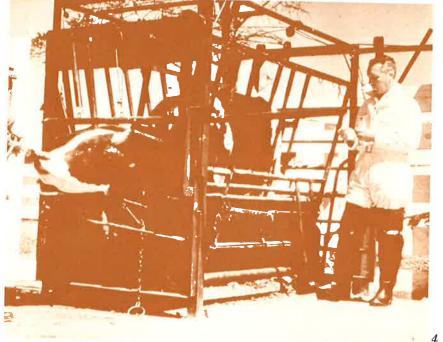
**ZOONOSES** Rabies, brucellosis, bovine tuberculosis, and hydatidosis, the most common of animal-transmitted diseases that cause human illness, can, and often do, create serious public health problems. At PAHO's Pan American Zoonoses Center in Argentina, veterinary scientists and zoonoses specialists investigate the quality and potency of locally-produced vaccines, conduct research in diagnostic methods, help the Governments plan control programs, and offer courses in epidemiology and laboratory methods.

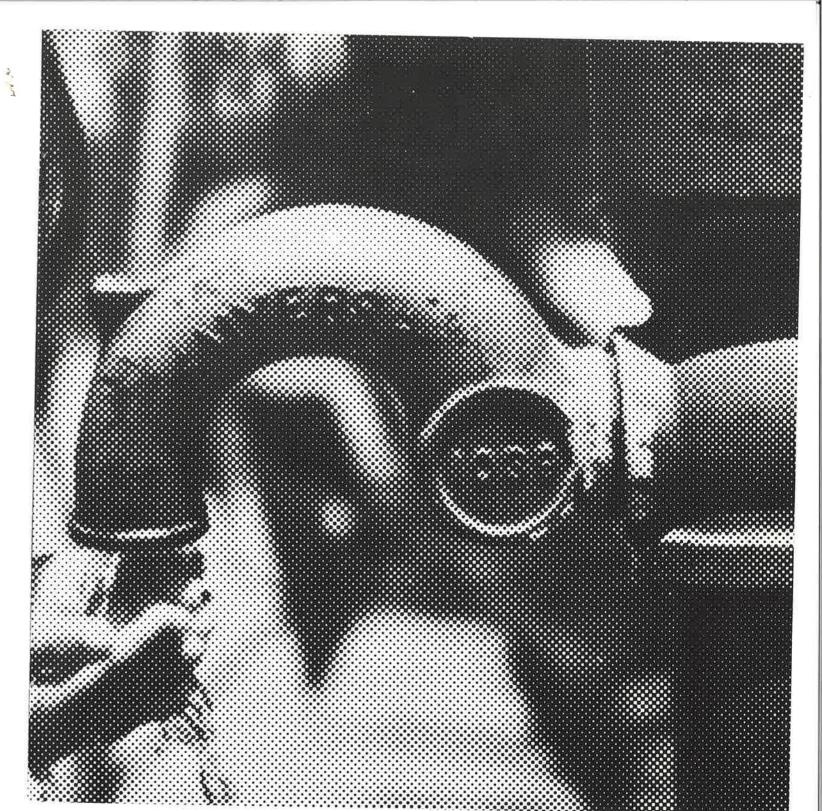
AFTOSA The Hemisphere's ranchers are constantly on the alert for an outbreak of aftosa, the dread foot-and-mouth disease. Although this highly contagious virus is not harmful to man, when it strikes livestock, the result can be ruinous for export income and—far more importantly—for the supply of high-quality protein food. PAHO's Pan American Foot-and-Mouth Disease Center in Brazil is a prime mover in the promotion of aftosa control throughout the Americas.











HEALTHY ENVIRONMENT MEANS HEALTH-IER LIVES—Less than ten years ago an estimated 35 million urban dwellers in Latin America had to haul their water from public hydrants or buy it by the bucketful from street vendors. Today, almost 70 per cent of these same people receive fresh, abundant water via house connections—thanks to the coordinated efforts of the Governments and PAHO in an ambitious Continental Water Supply Program. Accelerated industrialization and the migration of large numbers of people from rural areas to the shanty towns on the fringes of big cities are creating new health problems in Latin America. PAHO furnishes highly specialized technical advice to the countries in such areas as air and water pollution, industrial hygiene, and housing and urban development problems.

1) Modern water treatment plants in Latin America ensure the quality of the water that is flowing from millions of home faucets. 2) As industrialization increases, so do air pollution problems. 3) Low-cost housing projects help provide the healthy environment that is so important to man's total well-being. 4) To provide for the sanitation needs of Latin America's thriving urban populations, large water supply lines are installed. 5) Occupational health measures include the prevention of accidents. Despite the use of protective goggles, a worker's eye is checked for possible injury.













### AMPLE, WELL-BALANCED DIETS

**NUTRITION** The Governments of the Americas are placing great emphasis on the importance of proper nutrition for their populations, and with PAHO's help, have adopted a multidisciplinary approach to solving the problems involved—particularly in the developing countries. Agriculturalists, social workers, and educators work closely with nutrition scientists in PAHO's nutritional research and training programs.

At PAHO's two centers, the Institute of Nutrition of Central America and Panama (INCAP), located in Guatemala, and the Caribbean Food and Nutrition Institute (CFNI) in Jamaica, dozens of basic and applied research projects are being conducted.

1) Courses for dieticians include a project in creating an original protein weaning food, using readily-available local resources. 2) A diet lacking sufficient iodine can cause goiter. The use of iodized salt in food or injections of iodized oil helps prevent the condition. 3) Comprehensive psychological tests are being conducted to check the effects of early protein malnutrition on mental development in young children. 4) Feeding calves a vegetable-based formula instead of milk will ease the shortage of milk available for human consumption. 5) Group sessions to provide nutrition instruction to mothers are proving effective in the outpatient treatment of children afflicted with lowgrade malnutrition. 6) Good nutritional habits start early and school girls are learning that a well-balanced diet must include fruits and vegetables.











