

Official Document
of the
Pan American Health Organization
No. 129

INDEXED

PROPOSED PROGRAM AND BUDGET ESTIMATES

PAN AMERICAN HEALTH ORGANIZATION, 1975
WORLD HEALTH ORGANIZATION, REGION OF THE AMERICAS, 1976
PAN AMERICAN HEALTH ORGANIZATION, PROVISIONAL DRAFT, 1976



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WORLD HEALTH ORGANIZATION

June 1974

ERRATA

Page	Location	Now Reads:	Should Read:
76	Program 6300 Paragraph 2, Line 1	Reach an average of 4.5 nurses and 1.5 nursing auxiliaries ...	Reach an average of 4.5 nurses and 1.5 nursing auxiliaries ...
78	Program 6400 Paragraph 3, Line 2	(en)vironmental engineering and encourage increased enrollment in existing courses.	(en)vironmental engineering and the organization and development of research activities.
83	(Program 6700) Paragraph 4, Line 2	level, 1,000 medical records librarians ...	level, 100 medical records librarians ...
86	Part IV, all years		Add footnote: "Non-add figures, since repayment of loan is shown in projects in Part III.
249	Paragraph 9, Line 2	... hospitalization rate of 150 and 6.3 consultations ...	... hospitalization rate of 150 per 1,000 inhabitant/year and 6.3 consultations ...
262	Paragraph 1, Line 2	4,470,852 with a density of ...	4,460,852 with a density of ...
262	Paragraph 5, Line 2	... from 7 to 12 years of age,	... from 7 to 14 years of age,
262	Paragraph 9, Line 4	by 30% of the current rate.	by 50% of the current rate.
321	Paragraph 3, Line 8	... to continue the national literacy program ...	... to continue the national latrine-building program ...
321	Paragraph 7, Line 4	deficiencies; to reduce protein-calorie malnutrition ...	deficiencies; to reduce the prevalence of anemias by 30%; to reduce protein-calorie malnutrition ...
335	Paragraph 4, Line 1	... is expected to drop to 7.5 for 1980; ...	... is expected to drop to 7.6 for 1980; ...
353	Paragraph 8, Line 4	... of the 320 municipalities in the	... of the 325 municipalities in the
366	Paragraph 9, Line 1	... with a total of 3,200 beds ...	... with a total of 3,209 beds ...
367	Paragraph 13, Line 2	... through house corrections ...	... through house connections ...
380	Paragraph 7, Line 2	... per 1,000 live births; and	... per 1,000 live births; maternal mortality is 2.0 per 1,000 live births; and
381	Paragraph 3, Line 3	... and 52.4% (491,100) ...	... and 52.4% (494,100) ...
416	Paragraph 3, Line 3	gross national product was 919 Bolivian pesos ...	gross national product was 919 million Bolivian pesos ...
417	Paragraph 1, Line 3	... of the malarial area (453,486 square kilometers), ...	... of the malarial area (453,406 square kilometers), ...
417	Paragraph 5, Line 5	... covering 60% of the popula(tion)	... covering 80% of the popula(tion)
435	Paragraph 4, Line 4	the exports.	the exports. Agriculture is growing at the same rate as the population, producing 30% of the GNP, 50% of exports, and a means of livelihood for 50% of the people.
456	Paragraph 6, Line 2	... for the same year was 172.2%.	... for the same year was 176.2%.
459	Paragraph 12, Line 2	... of which 7,2211 are administered ...	... of which 7,221 are administered ...
460	Paragraph 6, Line 1	Fertile women in the under-15 age group ...	Fertile women and the under-15 age group ...
581	Paragraph 1, Line 3	... on the basis of the 1976 census ...	... on the basis of the 1963 census ...
581	Paragraph 5, Line 2	... for every medical practitioner ...	... for every five medical practitioners ...
677	Paragraph 1, Line 1	... in excess of 318,699 ...	... in excess of 813,699 ...
700	Line 2	1973	1973 1974 1975 1976 (over appropriate "AMOUNT PERCENT" columns)

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PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION
525 23rd St., N.W.
Washington, D.C. 20037, U.S.A.

ABBREVIATIONS

AID	Agency for International Development
AMRO	The Americas Regional Office (Regional Symbol for Intercountry and Interzone Projects)
CELADE	Centro Latinoamericano de Demografía
CEPIS	Pan American Center for Sanitary Engineering and Environmental Sciences
CFNI	Caribbean Food and Nutrition Institute
CIDA	Canadian International Development Agency
ECLA	Economic Commission for Latin America
FAO	Food and Agriculture Organization
IADB or IDB	Inter-American Development Bank
IAEA	International Atomic Energy Agency
IBRD	International Bank for Reconstruction and Development
ILO	International Labor Organization
INCAP	Institute of Nutrition for Central America and Panama
OAS	Organization of American States
PAHEF	Pan American Health and Education Foundation
PAHO	Pan American Health Organization
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNEP	United Nations Environmental Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USPHS/CDC	United States Public Health Service/Center for Disease Control
UWI	University of the West Indies
WFP	World Food Program
WHO	World Health Organization

INDEX OF PROJECTS

	<u>Page</u>		<u>Page</u>
<u>ARGENTINA</u> (Zone VI)	533	<u>BARBADOS</u> (ZONE I) . . . continued .	
0100 Communicable Disease Control	538	3700 Health Planning	126
0200 Malaria Eradication	538	4200 Nutrition	126
0300 Smallpox Eradication	538	4801 Hospital Administration	126
0400 Tuberculosis Control	538	4900 Health and Population Dynamics	127
0700 Pan American Zoonoses Center	539	6100 Human Resources Development	127
0900 Chagas' Disease and Hemorrhagic Fever	539	6300 Nursing Education	127
2100 Environmental Sanitation	539	6600 Dental Education	127
2200 Water Supplies	540		
3100 Health Services	540	<u>BELIZE</u> (ZONE III)	308
3101 Fellowships	540		
3200 Nursing	541	0100 Epidemiology	313
3300 Laboratory Services	541	0200 Malaria Eradication	313
3500 Health Statistics	541	0400 Tuberculosis Control	313
3504 Center for Utilization of Computers in Health Programs	541	0700 Veterinary Public Health	313
3700 Health Planning	542	2100 Environmental Sanitation	313
4100 Seminar on Maternal and Child Health (renumbered ARGENTINA-4901)	542	2200 Water Supplies	314
4101 Survey of Nursing and Midwifery (renumbered ARGENTINA-4902)	542	2300 <u>Aedes aegypti</u> Eradication	314
4203 Nutrition Studies	542	3100 Health Services	314
4300 Mental Health	542	3200 Nursing Services	315
4400 Dental Health	542	3300 Laboratory Services	315
4500 Radiation Protection	542	3500 Health Statistics	315
4602 Industrial Safety and Hygiene	543	3600 Administrative Methods and Practices in Public Health	315
4803 Latin American Center for Medical Administration	543	3700 Health Planning	315
4804 Hospital Maintenance	543	4100 Maternal and Child Health (renumbered BELIZE-4900)	315
4900 Health and Population Dynamics	544	4800 Medical Care Services	315
4901 Seminar on Maternal and Child Health (previously ARGENTINA-4100)	544	4900 Maternal and Child Health (previously BELIZE-4100)	316
4902 Survey of Nursing and Midwifery (previously ARGENTINA-4101)	544	6100 Human Resources Development	316
5000 Rehabilitation	545	6200 Medical Education	316
5100 Accidents	545	6400 Sanitary Engineering Education	316
6100 School of Public Health	545		
6200 Medical Education	546	<u>BOLIVIA</u> (ZONE IV)	416
6400 Sanitary Engineering Education	546		
6500 Veterinary Medicine Education	546	0100 Epidemiology	423
6700 Training of Statistical Personnel	547	0200 Malaria Eradication	423
		0300 Smallpox Eradication	423
		0400 Tuberculosis Control	423
		0701 Zoonoses Control	424
		0901 Typhus	424
<u>BAHAMAS</u> (ZONE I)	111	2100 Environmental Sanitation	424
		2200 Water Supplies	425
0100 Epidemiology	114	2201 Water and Sewer Administration	425
0700 Veterinary Public Health	114	2202 Water and Sewer Administration (Cochabamba)	425
2104 Environmental Services	114	2203 Water and Sewer Administration (Potosi)	426
2300 <u>Aedes aegypti</u> Eradication	114	3100 Health Services	426
3110 Health Services	115	3102 Fellowships	426
3200 Nursing Services	115	3104 Health Services (Cochabamba and Tarija)	426
3500 Health Statistics	115	3200 Nursing Services	427
3600 Management of Health Services	115	3300 Laboratory Services	427
3700 Health Planning	116	3301 Production of Immunoglobulin against Hemorrhagic Fever	427
4200 Nutrition	116	3500 Health Statistics	427
4810 Hospital Administration	116	3600 Administrative Methods and Practices in Public Health	428
4900 Health and Population Dynamics	116	4100 Maternal and Child Health (renumbered BOLIVIA-4900)	428
6300 Nursing Education	117	4200 Nutrition	428
		4201 Endemic Goiter Control Program in Bolivia	429
<u>BARBADOS</u> (ZONE I)	119	4202 Effects of Iodine Deficiency and its Correction on Mental Performance of Children	429
		4600 Occupational Health Program	429
0100 Epidemiology	123	4800 Medical Care Services	429
0700 Veterinary Public Health	123	4900 Maternal and Child Health (previously BOLIVIA-4100)	430
0702 Animal and Human Health	123	6200 Medical Education	430
2100 Environmental Sanitation	123	6300 Nursing Education	430
2201 Waterworks Administration	124	6400 Sanitary Engineering Education	431
2300 <u>Aedes aegypti</u> Eradication	124	6500 Veterinary Medicine Education	431
3100 Health Services	125	6600 Dental Education	431
3200 District Nursing Services	125		
3400 Health Education	125		
3500 Health Statistics	125		
3600 Administrative Methods and Practices in Public Health	126		

INDEX OF PROJECTS . . . continued

	<u>Page</u>		<u>Page</u>
<u>BRAZIL</u> (ZONE V)	502	<u>CANADA</u> (WASHINGTON OFFICE)	597
0100 Epidemiology	508	3100 Consultants in Specialized Fields	
0114 Surveillance Research on Infectious Diseases along the Trans-Amazon Highway	508	3101 Fellowships	599
0115 Epidemiological Studies of Infectious Disease along the Trans-Amazon and Cuiaba-Santarem Highways	509	3700 Health Planning	599
0200 Malaria Eradication	509	6201 Conference on Health Manpower Planning	599
0300 Smallpox Eradication	510		
0400 Tuberculosis Control	510	<u>CHILE</u> (ZONE VI)	550
0700 Veterinary Public Health	510	0100 Communicable Disease Control	555
0703 Animal Health Program in Rio Grande do Sul	511	0700 Veterinary Public Health	555
0900 Studies on Clinical Features of Leishmaniasis	511	2100 Environmental Sanitation	555
0901 Plague Research	511	2201 Water and Sewerage in Cities Affected by Earthquakes	556
1000 Schistosomiasis	511	3100 Health Services	556
1001 Chagas' Disease	511	3105 Health Manpower Studies	557
2100 Environmental Sanitation	512	3200 Nursing Services	557
2103 Development of Research on Environmental Pollution Control Programs (State of São Paulo)	512	3300 Laboratory Services	557
2104 Environmental Sanitation, Guanabara	513	3301 Bacteriological Institute	558
2200 Water Supplies	513	3500 Health Statistics	558
2201 Water Supplies in São Paulo	514	3700 Health Planning	558
2203 Water Supplies in Espirito Santo	514	4100 Maternal and Child Health (renumbered CHILE-4902)	558
2204 Water Supply in Minas Gerais	514	4101 Extension of Maternal and Child Health and Family Welfare Services (renumbered CHILE-4903)	558
2206 Water Supplies (Parana)	515	4103 Clinical and Social Pediatrics Courses (renumbered CHILE-4905)	558
2208 Water Supply in Santa Catarina	515	4200 Nutrition	559
2300 <i>Aedes aegypti</i> Eradication	515	4201 Training in Nutrition and Human Growth and Development	559
3101 Health Services in the Northeast	515	4300 Mental Health	559
3104 Health Services in the Southeast	516	4401 Center for Oral Pathology	559
3108 Health Services in Rural Areas	516	4700 Food and Drug Control	559
3109 Health Services (Amazon Basin)	517	4800 Medical Care Services	560
3110 Health Services in the South	517	4801 Hospital Maintenance	560
3112 Health Services in the West Central Region	518	4900 Health and Population Dynamics	560
3200 Nursing Services	518	4902 Maternal and Child Health (previously CHILE-4100)	560
3302 Yellow Fever Laboratory	518	4903 Extension of Maternal and Child Health and Family Welfare Services (previously CHILE-4101)	561
3303 Vaccine Program at Instituto Adolfo Lutz	518	4905 Clinical and Social Pediatric Courses (previously CHILE-4103)	561
3315 Immunology Research and Training Center	519	5000 Rehabilitation	561
3400 Health Education	519	5100 Chronic Diseases	562
3500 Health Statistics	519	6200 Medical Education	562
3502 Health Information Systems	520	6400 Sanitary Engineering Education	562
3600 Administrative Methods and Practices in Public Health	520	6500 Veterinary Medicine Education	563
4101 Maternal and Child Health (renumbered BRAZIL-4901)	520	6600 Dental Education	563
4200 Nutrition	521		
4203 Institute of Nutrition (Recife)	521	<u>COLOMBIA</u> (ZONE IV)	435
4300 Mental Health	521	0100 Epidemiology	440
4500 Radiation Protection	522	0200 Malaria Eradication	440
4602 Toxicology of Pesticides	522	0300 Smallpox Eradication	440
4701 Drug Quality Institute (São Paulo)	522	0400 Tuberculosis Control	440
4800 Medical Care Services	523	0500 Leprosy Control	441
4900 Demography and Population Dynamics	523	0700 Veterinary Public Health	441
4901 Maternal and Child Health (previously BRAZIL-4101)	524	0701 Rabies Control	441
5001 Rehabilitation Training Center (Brasília)	524	2100 Environmental Sanitation	442
5101 Cancer Control	524	2102 Water Quality Studies	442
5102 Pan American Investigation Center for Cardiovascular Diseases	525	2105 Development of the Rio Cauca Watershed	442
6000 Medical Education: Textbooks and Teaching Materials	525	2201 Water and Sewer Administration in Palmira	443
6102 Development of Human Resources	525	2202 Water and Sewer Administration	443
6200 Medical Education	525	2300 <i>Aedes aegypti</i> Eradication	443
6225 Strengthening the Brazilian Biomedical Information Network, São Paulo	526	2301 Investigation and Control of Dengue Fever	444
6233 Latin American Center of Educational Technology for Health	526	2500 Air Pollution	444
6305 Nursing Education	527	3100 Health Services	444
6400 Institute of Sanitary Engineering	527	3200 Nursing Services	444
6401 Sanitary Engineering Education	527		

INDEX OF PROJECTS . . . continued

	<u>Page</u>		<u>Page</u>
<u>COLOMBIA</u> (ZONE IV) . . . continued		<u>CUBA</u> (ZONE II) . . . continued	
3300 Laboratory Services	445	4100 Maternal and Child Health (renumbered CUBA-4901)	256
3301 National Institute of Health (Carlos Finlay)	445	4200 Nutrition	256
3500 Health Statistics	445	4300 Mental Health	257
3501 Redesign of Health Information Systems	445	4600 Industrial Hygiene	257
3600 Administrative Development of Health Services	446	4700 Food and Drug Control	257
3700 Health Planning	446	4800 Hospital Administration and Equipment Maintenance	257
4100 Social Services (renumbered COLOMBIA-4903)	447	4900 Health and Population Dynamics	258
4101 Clinical and Social Pediatrics (renumbered COLOMBIA-4904)	447	4901 Maternal and Child Health (previously CUBA-4100)	258
4200 Nutrition	447	6200 Development of Human Resources	258
4500 Radiation Protection	447	6400 Sanitary Engineering Education	259
4700 Food Hygiene	447		
4800 Medical Care Administration	448	DOMINICAN REPUBLIC (ZONE II)	262
4801 Hospital Maintenance and Engineering	448	0101 Epidemiology	267
4803 Advisory Services to Enterprises	449	0200 Malaria Eradication	267
4900 Health and Population Dynamics	449	0400 Tuberculosis Control	267
4903 Social Services (previously COLOMBIA-4100)	449	0700 Veterinary Public Health	268
4904 Clinical and Social Pediatrics (previously COLOMBIA-4101)	449	2100 Environmental Sanitation	268
5001 Medical Rehabilitation	450	2200 Water Supplies	268
6100 School of Public Health	450	2204 Water and Sewer Administration in Santo Domingo	269
6201 Medical Education	451	3100 Health Services	269
6300 Nursing Education	451	3200 Nursing Services	270
6400 Sanitary Engineering Education	451	3500 Health Statistics	270
6500 Veterinary Medicine Education	452	3700 Health Planning	270
6600 Dental Education	452	4200 Nutrition	270
		4800 Medical Care Services	271
<u>COSTA RICA</u> (ZONE III)	319	6201 Development of Human Resources	271
0100 Epidemiology	325	6400 Sanitary Engineering Education	271
0200 Malaria Eradication	325		
0400 Tuberculosis Control	325	<u>ECUADOR</u> (ZONE IV)	456
0700 Veterinary Public Health	326	0100 Communicable Disease Control	464
2100 Environmental Sanitation	326	0200 Malaria Eradication	464
2200 Water Supplies	326	0400 Tuberculosis Control	465
2500 Air Pollution	327	0600 Treponematoses	465
3100 Health Services	327	0700 Zoonoses Control	465
3103 Fellowships	327	0701 National Veterinary Laboratories	465
3104 Rural Health	328	2100 Environmental Sanitation	466
3200 Nursing Services	328	2101 Development of the Guayas River Basin	466
3300 Laboratory Services	328	2102 Institute of Hydraulic Resources	467
3500 Health Statistics	328	2201 Sewer Administration in Guayaquil	467
3600 Administrative Methods and Practices in Public Health	329	2202 Institutional Development	467
3700 Health Planning	329	3100 Health Services	467
4200 Nutrition	329	3103 Modernization of Rural Life	468
4500 Health Aspects of Radiation	329	3105 Census of Health Resources	468
4800 Medical Care Services	330	3106 Strengthening of the Health Sector	468
4801 Social Security	330	3200 Nursing Services	469
4802 Hospital Administration	330	3300 Laboratory Services	469
4900 Health and Population Dynamics	331	3301 National Institute of Health	469
6200 Medical Education	331	3400 Health Education	469
6300 Advanced Nursing Education	331	3500 Health Statistics	470
6400 Sanitary Engineering Education	332	3600 Administrative Methods and Practices in Public Health	470
6700 Biostatistics Education	332	3700 Health Planning	471
		4100 Maternal and Child Health (renumbered ECUADOR-4902)	471
<u>CUBA</u> (ZONE II)	245	4200 Nutrition	471
0100 Communicable Disease Control	253	4202 Gopher Prevention	472
0700 Zoonoses Control	253	4203 Nutrition (Portoviejo)	472
2100 Environmental Sanitation	254	4701 Production, Control and Distribution of Drug Products	472
2200 Water Supplies	254	4800 Medical Care Services	472
2300 <i>Aedes aegypti</i> Eradication	254	4900 Maternity-Centered Family Planning Program	473
3100 Health Services	254	4902 Maternal and Child Health (previously ECUADOR-4100)	473
3200 Nursing Services	255		
3300 Laboratory Services	255		
3301 Modernization of Laboratory Services	255		
3500 Health Statistics	256		
3700 Health Planning	256		

INDEX OF PROJECTS . . . continued

	<u>Page</u>		<u>Page</u>
<u>ECUADOR</u> (ZONE IV) . . . continued		<u>GUATEMALA</u> (ZONE III)	
4909 Teaching and Investigation in Maternal and Child Health	473	0100 Communicable Disease Control	356
6200 Medical Education	474	0200 Malaria Eradication	356
6210 Medical Equipment for Training	474	0400 Tuberculosis Control	357
6300 Nursing Education	474	0701 Rabies Vaccine	357
6400 Sanitary Engineering Education	475	2100 Environmental Sanitation	357
6500 Veterinary Medicine Education	475	2200 Water Supplies	357
6600 Dental Education	475	2500 Air Pollution	358
		3100 Health Services	358
		3200 Nursing Services	358
		3300 Laboratory Services	359
		3500 Health Statistics	359
		3600 Administrative Methods and Practices in Public Health	359
<u>EL SALVADOR</u> (ZONE III)	335	3700 Health Planning	360
0100 Epidemiology	341	4100 Maternal and Child Health (renumbered GUATEMALA-4901)	360
0200 Malaria Eradication	341	4500 Radiation Protection	360
0216 Research on the Epidemiology of Malaria in Problem Areas	342	4701 Unified Food Control Laboratory	360
0400 Tuberculosis Control	342	4800 Medical Care Services	360
0700 Zoonoses Control	342	4802 Occupational Diseases Medicine	361
2100 Environmental Sanitation	343	4900 Health and Population Dynamics	361
2200 Water Supplies	343	4901 Maternal and Child Health (previously GUATEMALA-4100)	361
2500 Air Pollution	344	5100 Cancer Control	361
3100 Health Services	344	6200 Medical Education	362
3200 Nursing Services	345	6400 Sanitary Engineering Education	362
3300 Laboratory Services	345	6500 Veterinary Medicine Education	362
3400 Health Education	346	6600 Dental Education	363
3500 Health Statistics	346		
3600 Administrative Methods and Practices in Public Health	346	<u>GUYANA</u> (ZONE I)	146
3700 Health Planning	346	0100 Epidemiology	150
4800 Medical Care Services	347	0200 Malaria Eradication	150
4903 Health Planning	347	0700 Veterinary Public Health	150
5100 Control of Cardiovascular Diseases	347	2100 Sanitary Engineering	151
6200 Medical Education	347	2201 Water and Sewerage Corporation	151
6400 Sanitary Engineering Education	348	2300 <i>Aedes aegypti</i> Eradication	151
		3100 Health Services	152
<u>FRENCH ANTILLES AND GUIANA</u> (ZONE I)	130	3200 Nursing Services	152
0100 Epidemiology	133	3500 Health Statistics	153
0200 Malaria Eradication	133	3600 Management of Health Services	153
0700 Veterinary Public Health	133	3700 Health Planning	153
2100 Sanitary Engineering	133	4200 Nutrition	153
2300 <i>Aedes aegypti</i> Eradication	133	4400 Dental Health	154
3101 Fellowships	134	4800 Medical Care Services	154
3200 Nursing Services	134	4900 Health and Population Dynamics	154
3300 Laboratory Services	134	6300 Nursing Education	155
4200 Nutrition	134		
4800 Medical Care Services	134		
4900 Health and Population Dynamics	135		
<u>GUATEMALA</u> (ZONE III)	351		
		<u>HAITI</u> (ZONE II)	274
		0100 Communicable Disease Control	278
		0200 Malaria Eradication	278
		0700 Veterinary Public Health	278
		2100 Environmental Sanitation	279
		2200 Water Supplies	279
		3100 Health Services	279
		3105 Public Health Services	280
		3200 Nursing Services	280
		3500 Health Statistics	280
		3700 Health Planning	281
		4200 Nutrition	281
		4800 Medical Care Services	281
		4900 Health and Population Dynamics	281
		6200 Medical Education	282
		6400 Sanitary Engineering Education	282
<u>GRENADA</u> (ZONE I)	137		
0102 Communicable Diseases	141		
0200 Malaria Eradication	141		
0700 Veterinary Public Health	141		
2102 Sanitary Disposal Adviser, Sewerage	141		
2200 Water Supplies	142		
2202 Water Utility Management	142		
2300 <i>Aedes aegypti</i> Eradication	142		
3100 Health Services	142		
3200 Nursing Services	143		
3500 Health Statistics	143		
3600 Administrative Methods and Practices in Public Health	143		
3700 Health Planning	143		
4800 Medical Care and Hospital Administration	143		
4811 Hospital Administration	144		
4814 Training of Pharmacists	144		
4901 Health and Population Dynamics	144		
6100 Human Resources Development	144		
6300 Nursing Education	144		

INDEX OF PROJECTS . . . continued

	<u>Page</u>		<u>Page</u>
<u>HONDURAS</u> (ZONE III)	366	<u>MEXICO</u> (ZONE II) . . . continued	
0101 Epidemiology	371	3700 Health Planning	298
0200 Malaria Eradication	371	4802 Medical Care Services	298
0400 Tuberculosis Control	371	4900 Health and Population Dynamics	299
0701 Veterinary Public Health	371	5000 Rehabilitation	299
2100 Engineering and Environmental Sciences	371	6100 Development of Human Resources	299
2200 Water Supplies	372	6200 Medical Education	300
2300 <u>Aedes aegypti</u> Eradication	372	6233 Latin American Center of Educational Technology for Health	300
3100 Health Services	373	6300 Nursing Education	300
3104 Bordering Zones Rehabilitation Program	373	6400 Sanitary Engineering Education	301
3105 Community Health Services	373	6500 Veterinary Medicine Education	301
3200 Nursing Services	374		
3300 Laboratory Services	374	<u>NETHERLANDS ANTILLES</u> (ZONE I)	171
3500 Health Statistics	374	0100 Epidemiology	175
3600 Administrative Methods and Practices in Public Health	374	0700 Veterinary Public Health	175
3700 Health Planning	375	2100 Sanitary Engineering	175
4800 Medical Care Services	375	2300 <u>Aedes aegypti</u> Eradication	175
4801 Hospital Planning and Administration	375	3101 Fellowships	175
4900 Health and Population Dynamics	376	3200 Nursing Services	176
6200 Medical Education	376	3500 Health Statistics	176
6400 Sanitary Engineering Education	376	3600 Administrative Methods and Practices in Public Health	176
		4200 Nutrition	176
<u>JAMAICA</u> (ZONE I)	158	4800 Medical Care Services	176
0100 Epidemiology	162	4900 Health and Population Dynamics	176
0200 Malaria Eradication	162		
0700 Veterinary Public Health	162	<u>NICARAGUA</u> (ZONE III)	380
0701 Animal Health Program	162	0100 Epidemiology	385
2100 Water Supplies and Environmental Sanitation	162	0200 Malaria Eradication	385
2202 Water Resources Survey	163	0400 Tuberculosis Control	385
2204 Water and Sewer Administration	163	0700 Veterinary Public Health	385
2300 <u>Aedes aegypti</u> Eradication	163	2101 Environmental Sanitation	386
3100 Health Services	164	2200 Water Supplies	386
3200 Nursing Services	164	2201 National Water Supply Program	386
3500 Health Statistics	164	2202 Water Supplies in Managua	386
3600 Management of Health Services	164	2204 Institutional Development in DENACAL	387
3700 Health Planning	165	3100 Health Services	387
4200 Nutrition	165	3102 Emergency Relief and Rehabilitation Services	387
4300 Mental Health	165	3200 Nursing Services	388
4700 Caribbean Regional Drug Testing Laboratory	165	3300 Laboratory Services	388
4800 Medical Care and Hospital Administration	166	3500 Health Statistics	388
4900 Health and Population Dynamics	166	3600 Administrative Methods and Practices in Public Health	389
5000 Rehabilitation	166	3700 Health Planning	389
6101 Human Resources Development	167	4200 Nutrition	389
6300 Nursing Education	167	4800 Medical Care Services	389
6400 Sanitary Engineering Education	167	4803 Rehabilitation of Hospitals	390
6600 Dental Education	167	4900 Health and Population Dynamics	390
6700 Biostatistics Education	167	6200 Medical Education	390
		6400 Sanitary Engineering Education	391
<u>MEXICO</u> (ZONE II)	285	6600 Dental Education	391
0100 Epidemiology	292		
0101 Oral Typhoid Vaccine Studies	292	<u>PANAMA</u> (ZONE III)	394
0200 Malaria Eradication	292	0100 Epidemiology	403
0700 Zoonoses Control	293	0200 Malaria Eradication	403
0710 Rabies Control: Mexico-United States Border	293	0400 Tuberculosis Control	403
2100 Control of Environmental Pollution	293	0700 Veterinary Public Health	404
2102 Improvement of the Environment	294	2100 Environmental Sanitation	404
2104 Sanitary Engineering	294	2200 Water Supplies	404
2200 Water Supplies	295	2300 <u>Aedes aegypti</u> Eradication	405
3100 Health Services	295	3100 Health Services	405
3107 Health Services in Chiapas	296	3102 Community Health Promotion	406
3108 Field Office: United States-Mexico Border	296	3200 Nursing Services	406
3200 Nursing Services	296	3300 Laboratory Services	406
3301 Training Center in Immunology	297	3500 Health Statistics	406
3302 Vaccine Production	297		
3303 National Health Laboratories	297		
3501 Health Statistics	298		
3600 Administrative Methods and Practices in Public Health	298		

INDEX OF PROJECTS . . . continued

	<u>Page</u>		<u>Page</u>
<u>PANAMA</u> (ZONE III) . . . continued		<u>PERU</u> (ZONE IV) . . . continued	
3600 Administrative Methods and Practices in Public Health	407	4901 Maternal and Child Health (previously PERU-4100)	495
3700 Health Planning	407	5101 Cancer Control	495
4100 Maternal and Child Health (renumbered PANAMA-4901)	407	6100 School of Public Health	495
4500 Radiation Protection	407	6101 Medical Education and Health Services Regionalization	495
4800 Medical Care Services	407	6200 Medical Education	496
4900 Health and Population Dynamics	408	6201 Training Program for Instructors in Biochemistry and Physiology	496
4901 Maternal and Child Health (previously PANAMA-4100)	408	6300 Nursing Education	496
6200 Medical Education	408	6302 Training of Nursing Auxiliaries	497
6300 Nursing Education	409	6400 Sanitary Engineering Education	497
6400 Sanitary Engineering Education	409	6500 Veterinary Medicine Education	497
6600 Dental Education	409	6600 Dental Education	498
 <u>PARAGUAY</u> (ZONE VI)	 567	 <u>SURINAM</u> (ZONE I)	 179
0100 Communicable Diseases	572	0100 Epidemiology	183
0200 Malaria Eradication	572	0200 Malaria Eradication	183
0700 Veterinary Public Health	572	0700 Veterinary Public Health	183
2100 Environmental Sanitation	573	1000 Schistosomiasis	184
3100 Health Services	573	2100 Environmental Sanitation	184
3103 Health Services in Developing Areas	574	2200 Water Supplies	185
3200 Nursing Services	574	2201 Rural Water Supply	185
3300 Laboratory Services	574	2300 <u>Aedes aegypti</u> Eradication	185
3500 Health Statistics	575	3100 Health Services	186
3700 Health Planning	575	3200 Nursing Services	186
4200 Nutrition	575	3400 Health Education	186
4300 Mental Health	576	3500 Health Statistics	186
4800 Medical Care Services	576	3600 Management of Health Services	186
4900 Health and Population Dynamics	576	3700 Health Planning	187
6200 Medical Education	577	4200 Nutrition	187
6400 Sanitary Engineering Education	577	4800 Medical Care Services	187
6500 Veterinary Medicine Education	578	4900 Health and Population Dynamics	187
6600 Dental Education	578	6200 Medical Education	188
 <u>PERU</u> (ZONE IV)	 479	6300 Nursing Education	188
0100 Communicable Diseases	486	 <u>TRINIDAD AND TOBAGO</u> (ZONE I)	 191
0200 Malaria Eradication	486	0100 Epidemiology	196
0300 Smallpox Eradication	486	0200 Malaria Eradication	196
0400 Tuberculosis Control	487	0700 Veterinary Public Health	196
0700 Veterinary Public Health	487	0900 Poliomyelitis Control	197
0701 Rabies Control	487	2100 Environmental Sanitation	197
0702 Hydatidosis Control	487	2201 Instruction and Training in Water Supplies and Sewerage	197
0900 Plague Control	488	2300 <u>Aedes aegypti</u> Eradication	198
1000 Chagas' Disease	488	3100 Health Services	198
2100 Environmental Sanitation	488	3200 Nursing Services	198
2200 Water Supplies	489	3314 Trinidad Regional Virus Laboratory	198
2203 Water and Sewer Administration	489	3500 Health Statistics	199
2500 Air Pollution	489	3600 Management of Health Services	199
3100 Health Services	490	3700 Health Planning	199
3106 Health Services in the Northern Region	490	4200 Nutrition	200
3108 Development of Health Services in the Eastern Region	491	4400 Training School for Dental Nurses	200
3200 Nursing Services	491	4800 Hospital Administration and Medical Records	200
3300 Laboratory Services	491	4900 Health and Population Dynamics	201
3500 Health Statistics	491	6100 Human Resources Development	201
3502 Development of Health Statistics for Rural Areas	492	6300 Nursing Education	201
3600 Administrative Methods and Practices in Public Health	492	6400 Sanitary Engineering Education	201
4100 Maternal and Child Health (renumbered PERU-4901)	493	 <u>UNITED STATES OF AMERICA</u> (WASHINGTON OFFICE)	 602
4200 Nutrition	493	3100 Consultants in Specialized Fields	604
4300 Mental Health	493	3103 Fellowships	604
4500 Radiation Protection	493	3108 Field Office: United States-Mexico Border	604
4600 Industrial Hygiene	494	4225 Graduate Course in Public Health Nutrition	605
4800 Medical Care Services	494		
4804 Hospital Maintenance and Engineering	494		

INDEX OF PROJECTS . . . continued

	<u>Page</u>		<u>Page</u>
<u>URUGUAY (ZONE VI)</u>	581	<u>WEST INDIES (ZONE I)</u>	225
0100 Communicable Disease Control	586	0100 Epidemiology	229
0300 Smallpox Eradication	586	0200 Malaria Eradication	229
0702 Hydatidosis Control	586	0700 Veterinary Public Health	229
1000 Chagas' Disease	586	2100 Sanitary Engineering	229
2100 Environmental Sanitation	586	2101 Environmental Sanitation (Montserrat)	229
2200 Water Supplies	587	2102 Sanitary Disposal Adviser, Sewerage (Grenada)	230
3100 Health Services	587	2103 Solid Waste Management Adviser (St. Lucia)	230
3200 Development of Nursing Services	588	2200 Water Supplies	230
3300 Laboratory Services	588	2203 Water Utility Management, Development and Training	230
3500 Health Statistics	588	2204 Training in Water Administration, Plant Operations and Regulation (Antigua)	231
3700 Health Planning	589	2300 <u>Aedes aegypti</u> Eradication	231
4300 Mental Health	589	3100 Health Services	232
4400 Dental Health	589	3101 Health Services (Leeward Islands)	232
4600 Industrial Hygiene	589	3108 Health Services (Grenada)	232
4800 Medical Care and Hospital Administration	590	3112 Public Health Legislation (Turks and Caicos Islands)	233
4804 Gerontology	590	3200 Nursing Services	233
4900 Maternal and Child Health	590	3302 Medical Laboratory Technology (Grenada)	233
5100 Chronic Diseases	591	3400 Health Education	233
6100 Training of Health Personnel	591	3500 Health Statistics	233
6103 Study of Human Resources	591	3501 Health Statistics and Medical Records (Turks and Caicos Islands)	234
6200 Medical Education	591	3600 Management of Health Services	234
6201 Collaboration with the University of the Republic	592	3700 Health Planning	234
6400 Sanitary Engineering Education	592	4200 Nutrition	235
		4300 Mental Health	235
<u>VENEZUELA (ZONE I)</u>	204	4800 Medical Care and Hospital Administration	235
0100 Communicable Diseases	209	4808 Hospital Administration (Montserrat)	236
0200 Malaria Eradication	209	4809 Hospital Administration (Caymans)	236
0300 Smallpox Eradication	209	4811 Hospital Administration in Grenada	236
0400 Tuberculosis Control	209	4812 Hospital Administration (Antigua)	236
0700 Veterinary Public Health	210	4813 Fellowships in Hospital Maintenance Equipment (Grenada)	237
0701 Venezuelan Equine Encephalitis	210	4900 Health and Population Dynamics	237
2100 Environmental Sanitation	211	4901 Family Planning Program, St. Kitts/Nevis	237
2200 Water Supplies	211	4902 Health and Population Dynamics in St. Vincent	237
2300 <u>Aedes aegypti</u> Eradication	211	4903 Family Planning Program in Dominica	238
2500 Air Pollution	212	6100 Development of Allied Health Manpower (Turks and Caicos Islands)	238
3100 Consultant Services in Health	212	6101 Human Resources Development	238
3200 Nursing Services	213	6300 Nursing Education	238
3300 Laboratory Services	213	6302 Training Courses for Auxiliary Nurses	239
3301 National Institute of Hygiene	213	6303 Development of Nursing Manpower (Turks and Caicos Islands)	239
3500 Health Statistics	214		
3600 Administrative Methods and Practices in Public Health	214	<u>INTERCOUNTRY PROJECTS (AMRO)</u>	607
3700 Health Planning	214	0100 Epidemiology	608
4100 Maternal and Child Health (renumbered VENEZUELA-4900)	214	0101 Epidemiology (Zone I)	608
4200 Nutrition	214	0102 Epidemiology (Zone II)	609
4301 Occupation Therapy and Mental Health	215	0103 Epidemiology (Zone III)	609
4400 Dental Manpower Studies	215	0104 Epidemiology (Zone IV)	609
4401 Center on Dental Materials	216	0106 Epidemiology (Zone VI)	610
4500 Radiation Protection	216	0111 Seminar on Epidemiological Surveillance Programs	610
4600 Industrial Hygiene	216	0117 Epidemiological Monitoring of Morbidity Data	610
4700 Food and Drug Control	216	0200 Malaria Technical Advisory Services	611
4800 Medical Care Services	217	0201 Malaria Eradication (Zone I)	611
4804 National System of Maintenance and Engineering of Health Care Facilities	217	0203 Malaria Technical Advisory Services (Zone III)	611
4900 Maternal and Child Health (previously VENEZUELA-4100)	218	0216 Research on the Epidemiology of Malaria in Problem Areas	612
5000 Rehabilitation	218	0218 Promotion of Rural Health Services and Eradication Campaigns	612
5100 Cancer and Chronic Diseases	218	0300 Smallpox Eradication	612
6100 School of Public Health	219	0400 Tuberculosis Control	613
6102 Program for Human Resources for Health	219	0403 Tuberculosis Control (Zone III)	613
6200 Medical Education	219	0404 Tuberculosis Control (Zone IV)	613
6300 Nursing Education	220	0409 Courses on Tuberculosis - Epidemiology	614
6400 Sanitary Engineering Education	220	0410 Courses on Tuberculosis - Bacteriology	614
6401 Environmental Pollution Research Center	220	0411 Study Group on Tuberculosis Control	614
6500 Veterinary Medicine Education	221		
6600 Dental Education	221		
6707 Latin American Center for Classification of Diseases	222		

INDEX OF PROJECTS . . . continued

	<u>Page</u>		<u>Page</u>
<u>INTERCOUNTRY PROJECTS (AMRO) . . . continued</u>		<u>INTERCOUNTRY PROJECTS (AMRO) . . . continued</u>	
0412 Regional Committee on Evaluation of Tuberculosis Programs	615	3110 Coordination of International Research	635
0500 Leprosy Control	615	3125 Special Seminars in Zone III	635
0507 Courses on Rehabilitation and Prevention of Deformities (Leprosy)	615	3126 Operations Research	636
0509 Course on Histopathology of Leprosy	616	3129 Research Training in Biomedical Sciences	636
0512 Training and Research in Leprosy and Related Diseases	616	3130 Conference on Mycology	636
0600 Venereal Disease Control	616	3131 Caribbean Health Ministers' Conference	637
0612 Venereal Disease Seminars	616	3133 Symposium on Paracoccidioidomycosis	637
0613 Surveillance of Viral and Bacterial Venereal Diseases	617	3135 Development of River Basins	637
0700 Pan American Zoonoses Center	617	3137 Program on Traffic Accidents	638
0701 Veterinary Public Health (Zone I)	619	3139 PAHO Research Grant Program	638
0702 Veterinary Public Health (Zone II)	619	3141 Development of River Basins (Zone IV)	639
0703 Veterinary Public Health (Zone III)	619	3142 Coordination of Integrated Health Services in Frontier Areas (Zone IV)	639
0704 Veterinary Public Health (Zone IV)	620	3143 Study on the Participation of Other Public Sectors in the Development of Health Services (Zone IV)	639
0708 Rabies Control	620	3144 Health Legislation	639
0718 Seminar on Epidemiology of the Zoonoses	620	3145 Emergency Preparedness	640
0719 Census of Primates	620	3200 Nursing Services	640
0900 Plague Control	621	3201 Nursing (Zone I)	641
0919 Evolution and Control of Mycobacterioses (Leprosy/Tuberculosis)	621	3202 Nursing (Zone II)	641
0923 Diseases Preventable by Vaccines	621	3203 Nursing (Zone III)	641
0924 International Symposium on the Control of of Lice and Louse-borne Diseases	622	3204 Nursing (Zone IV)	642
0925 Strengthening Typhus and Other Rickettsial Disease Surveillance and Diagnostic Facilities	622	3206 Nursing (Zone VI)	642
0926 Enterovirus Collaborative Testing Program	622	3210 Hospital Nursing Services	642
0928 Surveillance for Insecticide-resistant Lice in the Americas	623	3214 Definition and Implementation of Policy for Development of Nursing	642
0929 Strengthening Hepatitis Surveillance Services in the Americas	623	3215 Study on Factors Affecting Nursing Growth	643
0932 Performance Evaluation of Arbovirus Serologic Diagnosis	623	3216 Standards in Nursing Practice	643
1000 Parasitic Diseases	623	3219 Conference on Public Health Nursing	643
1007 Schistosomiasis	624	3220 Nursing Services in Rural Health Programs	644
1008 Chagas' Disease	624	3222 Technical Advisory Committee on Nursing	644
2100 Environmental Sanitation	624	3223 Systems of Nursing	644
2101 Sanitary Engineering (Zone I)	625	3225 Utilization and Training of the Traditional Birth Attendant	645
2102 Sanitary Engineering (Zone II)	625	3226 Nurse Practitioners in Infant/Child Services	645
2103 Sanitary Engineering (Zone III)	625	3300 Laboratory Services	645
2104 Sanitary Engineering (Zone IV)	626	3303 Laboratory Services (Zone III)	645
2106 Sanitary Engineering (Zone VI)	626	3304 Laboratory Services (Zone IV)	646
2107 Environmental Sanitation (Caribbean)	626	3306 Laboratory Services (Zone VI)	646
2114 Pan American Sanitary Engineering Center	627	3311 Training of Laboratory Personnel	646
2118 Regional Pollution Monitoring Network	628	3316 Production and Quality Control of Biologicals	647
2120 Conference on Environmental Improvements in Rural Areas	628	3318 Mycology Research and Training Centers	647
2123 Center for Human Ecology and Health	628	3320 Creation of a Biological Products Bank (Zone VI)	647
2124 Promotion of Sanitary Engineering	629	3400 Health Education	647
2126 Symposium on Environmental Pollution	629	3401 Health Education (Caribbean)	648
2127 Sanitary Engineering Planning in the Andean Region (Zone IV)	629	3410 Training of Teachers in Health Education	648
2200 Water Supplies	630	3500 Health Statistics	649
2203 Water Supplies (Zone III)	630	3501 Health Statistics (Zone I)	649
2213 Studies and Investigation of Water Resources	631	3502 Health Statistics (Zone II)	649
2219 Water Meters	631	3503 Health Statistics (Zone III)	650
2220 Institutional Development	631	3504 Health Statistics (Zone IV)	650
2223 Public Services Administration	632	3506 Health Statistics (Zone VI)	651
2227 Water Quality and Water Supply Systems	632	3513 Inter-American Investigation of Mortality in Childhood	651
2230 Rural Water Supply and Sanitation	632	3515 Training in Use of Computers in Health Statistics	651
2300 <u>Aedes aegypti</u> Eradication	632	3516 Regional Seminar on Data Processing	651
2301 <u>Aedes aegypti</u> Eradication (Caribbean)	633	3521 Determination of Basic Data Needed on the Delivery of Health Care	652
2303 <u>Aedes aegypti</u> Eradication (Zone III)	633	3600 Administrative Methods and Practices in Public Health	652
2308 Advisory Committee on Dengue Fever	634	3601 Administrative Methods and Practices in Public Health (Zone I)	652
2309 Study Group on <u>Aedes aegypti</u> Eradication	634	3602 Administrative Methods and Practices in Public Health (Zone II)	653
2310 Cost Benefit Study on the Prevention of <u>Aedes aegypti</u> -borne Diseases	634	3603 Administrative Methods and Practices in Public Health (Zone III)	653
2311 Dengue Surveillance in the Caribbean	634	3604 Administrative Methods and Practices in Public Health (Zone IV)	653
3000 Coordination with Foundations	635	3607 Management of Health Services	653
		3700 Health Planning	654

INDEX OF PROJECTS . . . continued

	Page		Page
<u>INTERCOUNTRY PROJECTS (AMRO) . . . continued</u>		<u>INTERCOUNTRY PROJECTS (AMRO) . . . continued</u>	
3701 Health Planning and Organization (Zone I)	654	4716 Training in Analysis of Food and Drugs	673
3702 Health Planning (Zone II)	654	4717 Seminar on Food Hygiene	673
3703 Health Planning (Zone III)	655	4719 Workshop on Evaluation of Medicaments	673
3704 Health Planning (Zone IV)	655	4800 Medical Care Services	673
3706 Health Planning (Zone VI)	655	4801 Medical Care Services (Zone I)	674
3709 Meeting of Ministers of Health	655	4802 Medical Care Services (Zone II)	674
3710 Development of National Information Systems	655	4803 Medical Care Services (Zone III)	674
3715 Pan American Program for Health Planning	656	4804 Medical Care Services (Zone IV)	675
4100 Maternal and Child Health (renumbered AMRO-4915)	656	4806 Medical Care Services (Zone VI)	675
4108 Clinical and Social Pediatrics (renumbered AMRO-4917)	656	4813 Hospital Planning and Administration	675
4109 Nursing Midwifery (renumbered AMRO-4919)	656	4815 Training for Medical Care and Hospital Administration	676
4118 Study Group on Nursing-Midwifery Services (renumbered AMRO-4918)	656	4816 Progressive Patient Care	676
4126 Latin American Center for Perinatology and Human Development (renumbered AMRO-4920)	656	4826 Improvement of Medical Care Administration Libraries	676
4128 Educational Center for Obstetrics in Maternal-Infant Nursing in Family Welfare (renumbered AMRO-4921)	657	4831 Study Group on Maintenance Systems in Latin America	677
4130 Maternal and Child Health-Family Planning Continuing Education and Staff Training (renumbered AMRO-4922)	657	4900 Health and Population Dynamics	677
4200 Nutrition Advisory Services	657	4901 Health and Population Dynamics (Zone I)	678
4201 Nutrition Advisory Services (Zone I)	657	4902 Health and Population Dynamics (Zone II)	678
4203 Institute of Nutrition of Central America and Panama	658	4903 Health and Population Dynamics (Zone III)	679
4204 Nutrition Advisory Services (Zone IV)	659	4906 Health and Population Dynamics (Zone VI)	679
4207 Caribbean Food and Nutrition Institute	659	4909 Education and Training in Health and Population Dynamics	679
4211 Research on Protein-Calorie Malnutrition	660	4915 Maternal and Child Health (previously AMRO-4100)	680
4212 Research on Nutritional Anemias	660	4917 Clinical and Social Pediatrics (previously AMRO-4108)	680
4213 Iodine Determination in Endemic Goiter	661	4918 Study Group on Nursing-Midwifery Services (previously AMRO-4118)	681
4221 Seminar on Nutrition in Food and Health Policies	661	4919 Nursing Midwifery (previously AMRO-4109)	681
4230 Nutrition Training	661	4920 Latin American Center for Perinatology and Human Development (previously AMRO-4126)	681
4233 Nutrition Teaching in Medical Schools	662	4921 Educational Center for Obstetrics in Maternal-Infant Nursing in Family Welfare (previously AMRO-4128)	682
4238 Nutrition Research	662	4922 Maternal and Child Health-Family Planning Continuing Education and Staff Training (previously AMRO-4130)	682
4247 Surveillance of Nutritional Status	662	4923 Maternal and Child Health Development Program	683
4248 Nutritional and Non-nutritional Factors Affecting Growth and Development	663	5000 Rehabilitation	683
4249 Operations Research in Methods of Preventing Malnutrition and Improving Nutritional Status	663	5010 Study Group on Human Communications	683
4300 Mental Health	663	5012 Study Group on Blind Rehabilitation in Latin America	684
4312 Courses in Community Psychiatry	664	5100 Chronic Diseases	684
4313 Nursing in Mental Health	664	5108 Survey on Smoking Patterns in Latin America	684
4314 Epidemiological Study on Epilepsy	664	5109 Cancer Control	684
4316 Epidemiology of Suicides	665	5111 Study of the Relation Between Gastric Cancer and Nitrates	685
4317 Study Group on Teaching Mental Health in Schools of Public Health	665	6000 Medical Education: Textbooks and Teaching Materials	685
4318 Epidemiology of Alcoholism	665	6100 Education and Training in Public Health	685
4320 Seminar on Mental Retardation	666	6101 Human Resources Program in the Caribbean	686
4322 Development of Psychiatry and Mental Health Libraries	666	6113 Education and Training of Paramedical Personnel	686
4323 Conference on the Epidemiology of Drug Abuse	666	6200 Education in Health Sciences	687
4324 Administration of Mental Health Services	666	6203 Medical Education (Zone III)	687
4400 Dental Health	667	6204 Medical Education (Zone IV)	688
4407 Dental Epidemiology	667	6206 Medical Education (Zone VI)	688
4409 Fluoridation	667	6208 Teaching of Statistics in Medical Schools	688
4410 Laboratory for Control of Dental Products	668	6214 Faculty Training for Medical Schools	689
4411 Human and Material Resources in Dentistry	668	6216 Behavioral Sciences in Training of Health Personnel	689
4412 Seminar on Implementation of Dental Health Programs	669	6221 Library of Medicine	689
4500 Health Aspects of Radiation	669	6223 Teaching Behavioral Sciences	690
4507 Radiation Health Protection	669	6228 Medical Education in the Caribbean	690
4509 Radiation Surveillance	669	6234 Program of Advanced Studies in Health	691
4516 Planning and Developing Radiological Facilities	670	6300 Nursing Education	691
4618 Manganese Poisoning	670	6301 Nursing Education (Zone I)	692
4620 Management of Pesticides	670	6306 Nursing Education (Zone VI)	692
4700 Food and Drug Control	671		
4703 Food Reference Laboratory (Zone III)	671		
4708 Food Hygiene Training Center	672		
4715 Food Hygiene	672		

INDEX OF PROJECTS . . . continued

	<u>Page</u>		<u>Page</u>
<u>INTERCOUNTRY PROJECTS (AMRO) . . . continued</u>		<u>INTERCOUNTRY PROJECTS (AMRO) . . . continued</u>	
6310 Nursing Education: Textbooks and Teaching Materials	692	6508 Program for Training Animal Health and Veterinary Public Health Assistants (Caribbean)	695
6317 Seminar on Nursing Education	692	6600 Dental Education	696
6319 Training of Nursing Auxiliaries	693	6608 Training of Auxiliary Dental Personnel	696
6320 Postbasic Courses in Nursing	693	6611 Communications and Information in Dental Science	696
6322 Research in Nursing Teaching	694	6700 Biostatistics Education	697
6324 Training of Professors, Administrators, and Specialists in Clinical Areas	694	6707 Latin American Center for Classification of Diseases	697
6325 Educational Technology in Nursing	694	6708 Training Program in Hospital Statistics	698
6400 Sanitary Engineering Education	695	6712 Continuing Education for Statisticians of National Health Services	698
6500 Veterinary Medicine Education	695	6713 Operations Research in Medical Records	699
6507 Seminars on Veterinary Medicine Education			

LETTER OF TRANSMITTAL

The Director of the Pan American Sanitary Bureau, Regional Office of the World Health Organization, has the honor to present the following proposed program and budget estimates for consideration:

1. The proposed program and budget estimates of the Pan American Health Organization for the financial year 1975.
2. The proposed program and budget estimates of the World Health Organization for the Region of the Americas for the financial year 1976.
3. The provisional draft of the proposed program and budget estimates of the Pan American Health Organization for the financial year 1976.



Abraham Horwitz
Director

INTRODUCTION

The program for 1975 of the Pan American Sanitary Bureau and the World Health Organization in the Americas is based on the Ten-year Health Plan 1971-80.¹ This document reflects the advances and setbacks experienced in accomplishing the task that was systematically mapped out on the basis of measurable objectives for the 1960's. It contains the lessons stemming from sustained efforts to solve common problems that evolve in different ecological settings.

Factors affecting health are interrelated in a number of ways that vary with the degree of development in each society. This accounts for the diverse nature, magnitude and frequency of specific health problems. From a qualitative standpoint the situation remains much the same as in the past decade, but quantitatively there is evidence of significant changes reflecting progress in the Region. Programs are today being drawn up and implemented on a scale consistent with useful levels - which means a volume of preventive and curative action sufficient to bring about a downward trend in morbidity and mortality. This trend is evident in the developing countries, but is more difficult to achieve in technologically advanced countries which have a life expectancy at birth of 70 years or so, where the prevalent diseases are not easily preventable, where treatment is costly, and where solutions lie in a modification of deeply-rooted habits and customs, i.e., in individual conduct. It is evident how difficult it is to induce such changes even in those cases in which the personal benefits are clearly apparent.

Needed even more than knowledge is an increased return from the available resources through better organization and management of existing institutions, including the application of planning, information and systematic evaluation.

The problem common to all countries in this and future decades centers around providing a minimum of both preventive and curative services for the 40% of the population (120 million people) of Latin America and the Caribbean Region who are now deprived of them, and at the same time to improve the activities of health promotion, protection and restoration which are currently available to 180 million human beings. The former have no possibility of obtaining even minimum health care in terms of modern medicine. They live in rural areas; some of them migrate, lured by the mirage of the city; and their morbidity and mortality rates are two to three times higher than those of people living in urban centers. The governments agreed that, for scattered populations, efforts should be made to attract them to viable communities where they can be given not merely subsistence means but a productive economy. We do not know their exact number, but it is not less than 30% of the rural population previously mentioned. For the remaining 84 million, the ministers of health designed a realistic strategy, adapted to present circumstances and to the economic trends accepted by the governments.

There was a consensus that it would not be possible to count on having sufficient university-formed professionals, despite substantial increases in their numbers in the past 15 years. Although considered extremely necessary, physicians and other university graduates were not deemed indispensable for rural areas, taking into account the nature of the health problems and results in several countries which seemed to indicate that health can benefit from community awareness and programmed participation, from traditional attendants trained in simple and modern techniques, and from health auxiliaries capable of assuming responsibility for some carefully standardized preventive and curative activities, supervised, when conditions permit, by professional nurses. Furthermore, the services of students in the health professions for one year or more in a rural area upon their graduation would complement this strategy. A system of this kind, naturally, should be based on the life style and customs of the population so as to ensure continuation.

This plan of action was pursued in a number of countries in 1973 and we are confident that this trend will proceed with even greater intensity to an extent where governments recognize "rural coverage" as a definite problem within their programs and provide for investments accordingly.

The XXI Meeting of the Directing Council of PAHO/XXIV Meeting of the Regional Committee of WHO for the Americas, which was held during the week following the meeting of Ministers of Health, agreed, in resolution XIII, to incorporate into the Organization's policy the recommendations contained in the Ten-year Health Plan for the period 1971-80. Governments are currently drawing up their health policies or modifying the existing ones. Thirteen of them had already done so by the end of 1973. On this basis they will be investing domestic resources and foreign capital towards the attainment of specific targets related to priority problems, thus contributing to the achievement of Hemisphere-wide goals. In other words, they will be carrying forward the health planning process. Governments have accepted the "quadrennial projections" system, which includes a simple methodology for programming and evaluation. With regard to the latter, it is expected that in 1974 the Governing Bodies will review and decide on a procedure that will make it possible to measure fulfilment of the objectives set forth in the Ten-year Plan on the basis of an analysis of national targets.

In sum, in the Region of the Americas there is a definite trend towards "country programming" as defined by the Director-General of WHO. Country health programming, in brief, consists of the systematic assessment of health problems in their national context, accompanied by the identification of areas susceptible to change, the determination of the methods and resources best suited to induce this change, and the delineation of responsibilities for providing those resources. It should be the basis for mobilizing resources to what is most frequent and most pressing because it affects large numbers of human beings and can be either prevented or limited in its effects. Furthermore, "country programming" should bring about coordination of all investments - technical and financial, regardless of source - for health care in any country. It will also be essential for the fulfilment of the responsibilities of the Organization as stated in its Constitution.

¹ Ten-year Health Plan for the Americas. Final Report of the III Special Meeting of Ministers of Health of the Americas. Official Document No. 118.

Health problems in both the industrialized and rural societies reflect a series of conditioning factors whose control is often beyond medical technology. At the same time the latter is a contributing component of economic and social development. There can be no doubt, therefore, that programs for health care should be multidisciplinary in relation to the several causes involved in their origin and extension. It follows that within governments and international agencies, as well as among them, joint planning and implementation has become fundamental. We must admit that we still do not have a practical system for social planning which has become so important for rural development. An important number of projects contained in this document are the result of joint efforts that include coordination with other agencies of the United Nations, as well as the Inter-American system, foundations and contributing governments.

From the Ten-year Health Plan - and the basic reference document prepared by the Pan American Sanitary Bureau - it becomes evident that the most frequent problems in the developing societies of the Americas are communicable diseases of different etiology, both acute and chronic, malnutrition, insufficient sanitation, illiteracy, unhealthy housing and working conditions, and a low real average income per family in face of the increasing cost of modern health care. These problems interact to produce high morbidity and mortality in mothers and children in relation to the rates in the technologically advanced societies. They are also the cause of the poor performance of children in school and of adults at work, including frequent absenteeism in both.

To this cluster of problems we need to add the population growth by around 100 million people during the 1970's. Out of them, 50-55% will be located in towns of 20,000 inhabitants, and 25% will be concentrated in cities of over 500,000 people. Four metropolises are expected to reach 10 million human beings, and several will approach four million. The weight of this geographic distribution will be felt in the demand on services, among them those of health care, food and nutrition, and in the deterioration of the environment. Migration to the larger urban areas and the resulting shanty towns on their outskirts adds to this profile of the social situation in the Americas. Once again, the need for integrated planning of economic and social development and each one of their sectors becomes of paramount importance if we want to invest in order to reduce the most pressing deleterious effects on health and welfare.

In the developed societies, health problems are related more to the effects of environmental contaminants, the use and abuse of drugs in all ages, smoking, accidents and degenerative diseases - mainly cardiovascular, cancer, and mental illnesses. Improvements in the level of health lie mainly in controlling the environment in its physical, chemical, biological, psychological and social components, moderating self-imposed risks and adding to our knowledge of the genetic origin of health and disease.

While in the developing societies health problems can still be dealt with, to a great extent, through collective measures, both preventive and curative, in the more advanced ones it is the individual decision which prevails in the solution. The health care organization will vary according to the frequency, distribution and nature of the problems and the known methods to reduce morbidity and mortality and to foster well-being.

In the Ten-year Health Plan a new operational nomenclature was approved. In it, problems directly related to the health situation are included in one category and in another those that depend on the quality, quantity and organization of resources, methods and procedures to improve the health situation. In the first group, known as "services to individual health," are included maternal and child health, nutrition, control of communicable and non-communicable diseases and all matters related to the environment. The second category, called "development of the infrastructure," includes the national health systems and within them human resources - professional, technical and auxiliary; the processes of planning, evaluation, information and management; health legislation; basic and operational research; and financing.

The Governing Bodies of PAHO will decide whether this nomenclature is to be applied to the program and budget presentation of the activities of the Organization.

In the last decade changes became the accepted means for the satisfaction of social demands. Wherever rigid structures, faulty administration, discontinuous decisions, or insufficient financing interfered with the achievement of a given objective, stress was laid on the urgent need to bring about a profound modification of the state of affairs, reflected in more disease. The period was rich in attempts of this kind, although they were not always made with sufficient depth to alter the dynamics of a given problem. This does not mean that the lessons learned cannot be put to use in this new decade to make greater progress in the reduction of specific morbidity and mortality rates in the Hemisphere.

In analyzing the 1975 Program and Budget for the Americas, including all sources of funds, we believe that major investments are geared to the most frequent problems as identified by governments, taking into account the resolutions of the Governing Bodies of the Organization. More than 25% of the budget will be allotted for the protection of health, including communicable diseases and sanitation; about 50% goes for the promotion of health, involving general and specific health services; almost 10% is for the development of teaching institutions; however, for all training activities within the different projects, about 40% of the total budget is allotted. Four per cent goes to services to programs; 9% to technical direction and administrative services; and the remainder is invested in the meetings of the Governing Bodies and increase to assets.

Based on the WHO budget classification 24% of the total funds are for disease control, 35% for strengthening of health services, 13% for development of manpower resources, 8% for environmental sanitation, and 20% for various other activities.

This basic distribution shows how governments are becoming more and more interested in improving and extending the production and productivity of the health infrastructure. As for specific problems and methods, most of the countries have the knowledge and technical experience needed to resolve them. What they lack is enough resources, particularly human and among them professional, better organization and management of services, and funds to implement plans and programs. The transfer of modern technology can be made whenever a health system is operating according to a clear policy.

Some facts in the area of communicable diseases will show the reasons for the proposed budget. The Hemisphere has now been free of smallpox for three years. As the disease is still present in other countries of the world, a surveillance system is needed more than ever. Only two cases of cholera were identified in the last two years and in both the infection was kept from spreading. The incidence of poliomyelitis has declined, although sufficiently stable levels of immunity to prevent epidemics have not yet been attained. The high cost of measles vaccine has made it unfeasible, except in some countries, to conduct programs on a nation-wide scale.

For other diseases susceptible to prevention by immunization, such as diphtheria, tetanus, and whooping cough, although there has been sustained progress it is still below the "critical mass" to interrupt transmission.

The production of biologicals has been advanced by contributions from the Governments of Chile, Cuba, Mexico, and Venezuela and the UNDP together with advisory services from our Organization, as well as by the Governments of Argentina, Brazil, Colombia, Ecuador, and Guatemala with assistance from PAHO/WHO.

In sum, the trend in the Americas is clearly to conduct immunization programs reaching "effective levels" and to extend epidemiological surveillance for certain diseases. It is expected that by 1975 this action will be well under way in many countries of the Americas.

A Region-wide PAHO/WHO research program on Chagas' disease is being developed in order to coordinate and extend the studies being carried out today in the high-incidence countries of the Americas. The better the knowledge about the dynamics of this illness, the greater the possibility of finding more effective methods for its control.

Mortality from tuberculosis is today only 10% of what it was 30 years ago in the Latin American and Caribbean areas. Nevertheless, it is still 10 times greater than in northern America. A bacteriological manual on this disease, published in 1973, contains simple techniques for case finding so as to apply ambulatory treatment and control measures. At the same time, BCG vaccination is being substantially increased.

Sporadic cases of jungle yellow fever continue to occur. Dengue remains endemic, its high incidence going in tandem with the more extensive presence of Aedes aegypti in certain countries.

As to malaria it is hoped that, by the end of 1975, provided governments allocate sufficient resources to attain the goals approved for the decade, 75% of the population in the originally malarious areas will be in the maintenance or consolidation phase, and that the remaining 25% will continue in the attack phase. It is not expected that great strides towards eradication will be made for populations living in the Amazon jungle area, although communities around river banks and in new settlements will continue to be at lesser risk of infection. The incidence of the disease may not, therefore, have a bearing on health indices. The oil-producing areas of Ecuador and Peru are located within the malarious zone, as is the trans-Amazonian highway of Brazil, with the settlements being established along it.

The Central American trials with the insecticide OMS-33 look promising, but the use of this compound is limited owing to its high cost. During this year, due to the so-called "energy crisis," the price of insecticides has increased by no less than 65%. This will naturally affect the eradication of malaria, of Aedes aegypti as well as the control of other vectors, unless governments increase their investments. In view of the economic impact of malaria, banks and governments exporting capital should consider loans for this purpose.

The program to interrupt the transmission of foot-and-mouth disease in South America will be fully under way by 1975. This undertaking involves vaccination three times a year of 200 million head of cattle and an investment over the next four years of \$350 million, of which amount 80% comes from national sources and the rest from Inter-American Development Bank loans. A highly effective surveillance system has been organized to avoid spread of the virus to the non-infected areas which include the Caribbean region and Central and North America. The focal point of this whole international endeavor is the Pan American Foot-and-Mouth Disease Center, located in Brazil and administered by PAHO. There is no need to elaborate on the losses of meat and milk as well as on the economic effects due to the widespread nature of this disease.

The same principles are being applied to the control of brucellosis, bovine tuberculosis, leptospirosis, rabies, hydatidosis and Venezuelan equine encephalitis. The Pan American Zoonoses Center in Buenos Aires, Argentina - another institution administered by PAHO/WHO - collaborates in reducing the incidence of these diseases and in providing services for the quality control of biologicals, training, research, epidemiological surveillance, and preparation and distribution of antigens. The Inter-American Development Bank has approved loans to some of the governments for organizing a network of diagnostic laboratories and for vaccine production, transportation and other related activities. The Organization renders technical assistance for the planning and implementation of this whole endeavor.

In the countries of the Americas, not only is the population increasing at a rate without precedent, but so is the exploitation of resources and technological development. Even though about half the population of Latin America and the Caribbean still lives in rural conditions, as previously mentioned some of the largest urban complexes in the world may be developing on the Continent. The magnitude of this growth of the principal cities, both in density of population and industrialization, poses problems of environmental degradation and of alteration of the ecological equilibrium similar to those experienced in the more advanced countries.

There is an urgent need for methods to identify the problems of environmental health, define them, order them in terms of their importance according to pre-established parameters, and formulate criteria for their solution. This will be one of the major tasks - jointly with education and research - of the Center for Human Ecology and Health that will be in operation in 1975 in Mexico.

The Governing Bodies of the Organization have given priority to the progressive solution of basic problems, namely those related to the quality and quantity of water supplies, the installation of sewage disposal and solid wastes services, food hygiene and the control of those contaminants of variate nature that are a direct hazard for health in the community. Moreover, the lessons of the developed societies should be taken into account in order to avoid similar problems in the industrialization process going on in Latin America and the Caribbean area. The remarkable advances in the provision of water during the sixties justify the goals for the seventies: 80% of the urban population and 50% of the rural should be benefitted by 1980, according to the Ten-year Health Plan. For sewerage the rates will be 70 and 50%, respectively.

Much remains to be learned with regard to a technology which is both safe and inexpensive, which does not require complex operation and maintenance procedures, and which could be applied in most of the rural settings of the Americas.

In terms of the 1975 program it is important to consider that in 1973 about 17 million people were supplied with water and sewerage services. The total investment was \$680 million, of which slightly over 20% was in loans from IADB, IBRD, AID and CIDA, among other sources.

This sustained progress has revealed the need to improve and modernize the organization and management of institutions dealing with problems of the environment. The magnitude of investments, as well as their consequences for welfare and development, further justifies the national infrastructures to reduce air, water and soil contamination and to prevent risks occasioned by products and by-products of modern technology. The "institutional development program" comprises at present 52 projects with an investment of over \$3 million, of which 42% represents contributions from the governmental agencies, the difference coming from the international banks and UNDP. A large series of new programs is being negotiated, ensuring the extension of this essential activity to increase the effects of resources invested.

Already the larger cities of Latin America and the Caribbean region are being affected by environmental problems resulting from unorganized urbanization and industrialization, similar to that existing in the developed societies. There is a need for better understanding of the effects of certain environmental pollutants on the health of human beings. For this purpose specific information should be collected and analyzed and methods to prevent or reduce the more prevalent hazards should be applied.

In this regard we should mention the Pan American Air Pollution Sampling Network including more than 200 stations for measuring selected contaminants. A similar approach is being followed for water pollution. A monitoring system has been established that is part of the world-wide one coordinated by WHO.

As stated in the Ten-year Health Plan, ministries of health must be involved in governmental decisions affecting the process of industrial and agricultural production as well as regional development to avoid disease without interfering with economic growth. Examples of such participation are river basin development, whether covering a single or two or more countries; road construction; irrigation systems; and power plants, all of which can create environmental problems either destroying the balance between species, stimulating the reproduction of vectors, polluting the air, water and soil, or affecting health through any of these mechanisms.

Special mention should be made of the use or abuse of pesticides in agriculture. When applied in an indiscriminate way they disturb the production cycle of food, destroy species of birds and fish and, even worse, poison human beings. Notwithstanding this, their usefulness in the eradication of malaria and of Aedes aegypti is unquestioned.

These considerations illustrate the need for close coordination between ministries of agriculture and health. We have already referred to the control of foot-and-mouth disease and of certain zoonoses to avoid the loss of animal protein and simultaneously reduce the incidence of the same diseases in man. For the last seven years PAHO has been sponsoring annual meetings of ministers of agriculture or their representatives as a forum for the analysis and solution of problems of national and/or regional importance that call for planned joint undertakings with the health authorities.

The trend in the Region of the Americas in health care services is to coordinate existing institutions into a functional system based on one common plan containing specific objectives. It intends to integrate preventive and curative activities, extend coverage to the largest proportion of the population, regionalize services, define health care levels and, in the hospital, apply progressive patient care in order to obtain better returns of available resources, which will include the preventive and corrective maintenance of equipment. This approach should be continuously sustained and expanded through information and evaluation subsystems.

As part of this process there is close association with the social security institutions with reference to their investments in medical care.

Two specific programs should be considered in view of their consequences for health: nutrition and maternal and child health.

The Inter-American Investigation on Early Childhood Mortality,¹ which covered 15 areas - both urban and rural - in 10 countries and reviewed 35,000 deaths in children under five years of age, provided further and better substantiated evidence of the factors working in synergy to produce morbidity and mortality. Its results, added to those obtained by INCAP, show that maternal malnutrition and intercurrent diseases during pregnancy lead to low birth weight, infant death from environmental insults or survival with retarded physical and mental development and all the consequences thereof.

All governments in the Region agree on the need to achieve a balance between production and the amount of food. They intend to explore new ways of increasing agriculture production, especially in the vast and underutilized tropical areas of the Hemisphere.

A food and nutrition policy giving priority to the needs of the people has become imperative and should take into account the food import and export requirements. Together with UNICEF, FAO and ECLA, PAHO/WHO is promoting this policy, hoping that by 1975 and following years some governments will be implementing it.

In the meantime, a number of vegetable protein mixtures based on cotton seed, soya, wheat, beans, quinoa and other products have been developed, showing a nutrition value equivalent to that of milk. Some countries have industrialized their production and others need capital in order to do so. In the absence of animal proteins for the weaning period they have shown their real value. However, these should not be regarded as substitutes for breast feeding, which needs to be encouraged through systematic community health education.

Studies conducted by INCAP and other research institutions have proved that by-products or residues from the cultivation of corn, coffee and sugar cane can be used as animal feeds, thereby increasing the availability of essential proteins.

Let us also cite the 44 projects at present under way in collaboration with the World Food Programme, whose objectives include nutrition of vulnerable groups, extension of the health infrastructure, organization of community services such as rural water supply, and development of human resources through vocational centers. Food is being used as an economic incentive to promote health and better productivity.

The Ten-year Health Plan includes the reduction of grade III protein-calorie malnutrition by 85% and of grade II by 30% by 1980. A balanced diet is an essential element in attaining this objective; also very important are programs of direct assistance to mothers and children, including advice and services for family planning in accordance with the decision of each government and the series of resolutions of the World Health Assembly. Taking into account the provisions in the regular budget of PAHO/WHO and the projects under consideration by the UN Fund for Population Activities, approximately \$8 million from international sources will complement the much larger investments of several governments in 1975.

The program for the Region also includes a series of projects concerned with noncommunicable diseases: for the control of cervical and uterine cancer and cancer of the respiratory system; for mental health, with emphasis on research into the epidemiology of alcoholism, epilepsy, and suicide and on the teaching of community psychiatry; and for dental health, with particular attention to the control of caries through fluoridation and research on a vaccine, the promotion of simplified equipment for use in rural areas, the quality control of materials, and the reform of dental education including the training of auxiliaries.

A regional conference on health manpower planning, sponsored and partially supported by the Government of Canada in 1973, provided an even stronger foundation for the Organization's policy and support for the principles and objectives set forth in the Ten-year Health Plan in this field. It recommended the analysis of the characteristics of existing global manpower to determine its quantity, quality, and structure, and the preparation of national standards or modules for the training of health professionals and auxiliaries in keeping with the epidemiological, socioeconomic, and administrative realities in each country. It was proposed to work with the ministries of health and education and the universities toward this end.

The medical education reform being promoted in the Region is postulated on the basis that the teaching-learning process should center on the health of the community and not only on the illness of the individual. For this purpose all existing preventive and curative services are the natural area of training and their structure and resources should be integrated with those of the educational system. The students should participate actively not only in the classroom - suggesting how learning can be better accomplished - but also in the laboratory, in the ward, and in the field. The intent is to develop an authentic blend of education and practice.

¹ R. R. Puffer and C. V. Serrano, Patterns of Mortality in Childhood. Report of the Inter-American Investigation on Mortality in Childhood. Pan American Health Organization, Scientific Publication No. 262, 1973.

In view of the plethora of students and the limitations of teaching resources, various educational technologies designed to facilitate self-instruction and self-evaluation are being tried out in centers for this purpose in Brazil and Mexico with the assistance of PAHO/WHO.

The regional program for the development of human resources includes the provision of textbooks, basic diagnostic equipment and various publications to medical and nursing students as an aid to them in their training. A total of 1,438 fellowships are proposed for 1975; the actual request exceeded availability of funds. The budget called for a share of 9.2% to be devoted mainly to the education of professionals; but after projects for training auxiliaries and preparing professionals and technicians under the various programs for that year had been added, the proportion of the total budget for 1975 devoted to education and training would be no less than 40%.

The proposed program also contains projects related to the quality control of drugs and of foodstuffs, the prevention of accidents, and the extension of the network of diagnostic laboratories and of health education "as part of the process of active and informed participation of communities in all actions for the prevention and cure of diseases."

The general goal for the decade of the Plan is an increase in life expectancy at birth by five years in those countries where the present figure is under 65 years and by two where it is between 65 and 69 years.

For all projects including all funds OD-129 shows in Table 1 a budget of \$55,413,524. Through the Pan American Health Organization 52.7% of funds are to be invested. It is proposed that the remainder of 47.3% will come through WHO.

For the PAHO regular budget the amount of \$23,653,019 corresponds to an increase of 9.9% compared with 1974. However, of this, actual investment by governments through their quota contributions will be only 9.3%. We have made a review of all the proposals from governments, many of them coming from the Quadrennial Projections System, and included most of them related to country projects. Reductions have been made after a thorough review of regional, interzone and intercountry activities. The rate of inflation affecting most of the world, as well as rising costs, if continued during 1975, will erode the requested budget so that in actual purchasing power the Organization is likely to have for 1975 less funds than for 1974.

At the time of publication of this document the World Health Assembly has approved the program and budget estimates for 1975. For the Region of the Americas the Regular Budget includes \$10,772,000, representing an increase of 10.3% in relation to 1974.

It is important to point out that, adding up funds coming from the UNDP, the UNFPA, foundations, and voluntary contributions, an amount of \$20,988,505 corresponding to 37.9% of total funds will be obtained. This means that out of every five dollars, almost two come from these sources outside the quotas to WHO and PAHO. This is a healthy trend that should be increased. Furthermore, it should be pointed out that the PAHO/WHO secretariat assists governments in the formulation and implementation of UNICEF-funded programs. There has also been an increasing relationship with the Inter-American Development Bank in regard to loans related to the health policy of that institution. Major fields have been water and sewerage systems; foot-and-mouth disease and zoonoses control; the construction and equipping of an expanded urban and rural health infrastructure; and university hospitals.

PROPOSED APPROPRIATION RESOLUTION FOR THE PAN AMERICAN HEALTH ORGANIZATION - 1975

THE PAN AMERICAN SANITARY CONFERENCE,

RESOLVES:

1. To appropriate for the financial year 1975 an amount of \$27,440,160, as follows:

PART I	ORGANIZATIONAL MEETINGS	\$ 416,000
PART II	HEADQUARTERS	5,188,414
PART III	FIELD AND OTHER PROGRAMS	15,194,249
PART IV	SPECIAL FUND FOR HEALTH PROMOTION	250,000
PART V	INCREASE TO ASSETS	550,000
Subtotal - Parts I-V		\$ 21,598,663
PART VI	FOOT-AND-MOUTH DISEASE	2,054,356
Effective Working Budget (Parts I-VI)		\$ 23,653,019
PART VII	STAFF ASSESSMENT (Transfer to Tax Equalization Fund)	3,787,141
Total - All Parts		\$ 27,440,160

2. That the appropriation shall be financed from:

a. Assessments in respect to:

Member Governments and Participating Governments assessed under the scale adopted by the Council of the Organization of American States in accordance with Article 60 of the Pan American Sanitary Code or in accordance with Directing Council resolutions

\$ 27,040,160

b. Miscellaneous Income

400,000

Total

\$ 27,440,160

In establishing the contributions of Member Governments and Participating Governments, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that credits of those governments who levy taxes on the emoluments received from the Pan American Health Organization by their nationals and residents shall be reduced by the amounts of such tax reimbursements by PAHO.

3. That, in accordance with the Financial Regulations of PAHO, amounts not exceeding the appropriations noted under Paragraph 1 shall be available for the payment of obligations incurred during the period 1 January to 31 December 1975, inclusive. Notwithstanding the provision of this paragraph, obligations during the financial year 1975 shall be limited to the effective working budget, i.e., Parts I-VI..

4. That the Director shall be authorized to transfer credits between parts of the effective working budget, provided that such transfers of credits between parts as are made do not exceed 10% of the part from which the credit is transferred. Transfers of credits between parts of the budget in excess of 10% of the part from which the credit is transferred may be made with the concurrence of the Executive Committee. All transfers of budget credits shall be reported to the Directing Council and/or the Conference.

ASSESSMENTS OF THE MEMBER GOVERNMENTS AND PARTICIPATING GOVERNMENTS OF THE
PAN AMERICAN HEALTH ORGANIZATION

Whereas, Member Governments appearing in the scale adopted by the Council of the Organization of American States are assessed according to the percentages shown in that scale, in compliance with Article 60 of the Pan American Sanitary Code; and

Whereas, other Member Governments and Participating Governments are assessed on the basis of percentages which would be assigned to such countries if they were subject to the OAS scale; now, therefore,

THE PAN AMERICAN SANITARY CONFERENCE,

RESOLVES:

To establish the assessments of the Member Governments and Participating Governments of the Pan American Health Organization for 1975 in accordance with the scale of quotas shown below and in the corresponding amounts,

Country	(1) OAS Scale %	(2) Gross Assessment US\$	(3) Credit from Tax Equalization Fund US\$	(4) Adjustment for Taxes Imposed by Member Governments on Emoluments of PAHO Staff US\$	(5) Net Assessment US\$	(6)
Argentina	7.40	1,860,158	260,527	-	1,599,631	
Barbados	0.08	20,110	2,816	-	17,294	
Bolivia	0.19	47,761	6,689	-	41,072	
Brazil	7.40	1,860,158	260,527	-	1,599,631	
Chile	1.35	339,353	47,528	-	291,825	
Colombia	1.54	387,114	54,218	1,294	334,190	
Costa Rica	0.19	47,761	6,689	-	41,072	
Cuba	1.06	266,455	37,319	-	229,136	
Dominican Republic	0.19	47,761	6,689	-	41,072	
Ecuador	0.19	47,761	6,689	-	41,072	
El Salvador	0.19	47,761	6,689	-	41,072	
Guatemala	0.29	72,898	10,210	-	62,688	
Haiti	0.19	47,761	6,689	-	41,072	
Honduras	0.19	47,761	6,689	-	41,072	
Jamaica	0.19	47,761	6,689	-	41,072	
Mexico	8.27	2,078,851	291,157	-	1,787,694	
Nicaragua	0.19	47,761	6,689	-	41,072	
Panama	0.19	47,761	6,689	-	41,072	
Paraguay	0.19	47,761	6,689	-	41,072	
Peru	0.67	168,420	23,588	-	144,832	
Trinidad and Tobago	0.19	47,761	6,689	-	41,072	
United States of America	66.00	16,590,596	2,323,616	1,603,000	15,869,980	
Uruguay	0.58	145,796	20,420	-	125,376	
Venezuela	3.08	774,228	108,435	(819)	664,974	
Subtotal	100.00	25,137,269	3,520,629	1,603,475	23,220,115	
	<u>Equivalent Percentages</u>					
<u>Other Member Governments</u>						
Canada	6.81	1,711,847	239,756	-	1,472,091	
Guyana	0.19	47,761	6,689	-	41,072	
<u>Participating Governments</u>						
France	0.19	47,761	6,689	-	41,072	
Kingdom of the Netherlands	0.19	47,761	6,689	-	41,072	
United Kingdom	0.19	47,761	6,689	-	41,072	
Subtotal		1,902,891	266,512	-	1,636,379	
Total Assessments - All Countries		27,040,160	3,787,141	1,603,475	24,856,494	

(2) This column includes the OAS percentages adding to 100% and the equivalent percentages applicable to other Member Governments and Participating Governments. The OAS scale minimum assessment is 0.19% or per capita contribution equal to that of the largest contributor, whichever is smaller. The OAS scale was approved by Resolution AG/RES.147(IV-0/74) at its Fourth Regular Meeting of the General Assembly.

(5) This column includes estimated amounts to be received by the respective Member Governments in 1975 in respect of taxes levied by them on staff members' emoluments received from PAHO, adjusted for any difference between estimate and actual for the second preceding year. For the United States of America, the \$1,603,000 represents an estimate for 1975 of \$1,010,000 plus \$593,000 to cover requirements which were underestimated for the years 1969 through 1974.

PROGRAM AND STRUCTURE ANALYSIS

This program and budget has been developed in consultation with national health authorities primarily to provide technical information, advice, and services to Member Governments, within approved policies and long-range programs of PAHO. Special attention has been given to the fundamental importance of health to social and economic development and to the formulation of health plans as an integral part of the national plans for development. As in the past, flexibility is maintained to meet changing requirements of governments arising from redefinition of program objectives as national plans are developed.

Although not always reflected in this document, a significant amount of the time and energy of PAHO is devoted to cooperation with other international agencies, governments, and foundations in planning health programs to be financed by them, especially loans for water supply systems and housing, grants for research, education and training, and special programs in nutrition, control and eradication of specific diseases, and in community development. PAHO is cooperating with multilateral and bilateral lending agencies with a view to stimulating financial support to governments for greatly expanded programs of rural water supply.

The program is presented covering the latest actual year 1973, the present year 1974, and projections for 1975 and 1976. These are planned as a balanced whole, regardless of source of funds. Information for 1974 includes the latest data available at the time of preparation of the document. The 1975 program, presented as an advance draft in the previous budget document (Official Document No. 121), has been revised to reflect current priorities and latest known desires and requirements of governments. The 1976 program presents the advance plans for that year.

In accordance with Resolution VII of the XVIII Meeting of the Directing Council concerning the Tax Equalization Fund, provision is made for the sum of \$3,787,141 in 1975. This amount represents the difference between the estimated 1975 gross and net salary costs. While this amount is included in the proposed appropriation resolution, it is not included in the body of the budget presentation, since it does not affect the total program proposed. The PAHO Regular Program in this document is based only upon the effective working budget of \$23,653,019, which includes \$400,000 in miscellaneous income.

Sources of funds are identified throughout the document. They include:

1. The Regular Budget of the Pan American Health Organization.
2. Other funds expected to be available to PAHO for specified purposes. They include (a) special funds supported by voluntary contributions of governments; (b) special grants made to PAHO for specific activities; and (c) the Institute of Nutrition of Central America and Panama, supported by regular quota payments by its Member Countries and by grants from various sources. In addition, funds of the Pan American Health and Education Foundation and the Community Water Supply Fund are shown.
3. The portion of the Regular Budget of the World Health Organization allocated to the Region of the Americas. The amounts for 1974 and 1975 represent funds already appropriated by the World Health Assembly.
4. Funds of the United Nations administered by WHO for projects in the Region of the Americas. The amounts for 1975 and 1976 represent the program levels as anticipated for this biennium, including contingency allocations approved and anticipated. In addition, other funds available to the Americas through WHO are shown, as well as funds from the United Nations Fund for Population Activities.

The PAHO Regular Program and Budget for 1975 was presented as a provisional draft to the XXII Meeting of the Directing Council. Thereafter it was again reviewed and revised in consultation with each government. Consequently, the program presented reflects the latest known desires of the governments. Projects desired by governments which could not be fitted within the budget are shown in Annex 4.

The Program and Budget is submitted to the Executive Committee for examination and such recommendations thereon as it deems appropriate, and to the Pan American Sanitary Conference for consideration and decision. The specific items on which action should be taken are the following: (1) review of the PAHO Regular Budget for 1975 and action on the proposed appropriation and assessment resolution; and (2) review of the Program and Budget for 1976-77 with a view to (a) making observations and comments on its overall content and balance; (b) making recommendations to the Director-General on the proposed WHO Regional Program and Budget; (c) commenting on the 1976 provisional draft of the PAHO Regular Program and Budget to guide the Director in the preparation of his proposed program and budget to be resubmitted in 1975 for appropriation action; and (d) endorsing regional projects to be implemented in 1975-76 with funds of the United Nations Development Programme.

Table 1 represents the sources of funds which comprise the budget. Only the funds administered by PAHO/WHO are included. The program is closely planned with those of other international organizations, governmental agencies active in technical assistance and research, and private foundations interested in health. Most of the funds of these organizations are administered by them and not reflected in this document.

It will be noted that the total PAHO budget increases by 6.1% in 1975, due primarily to increases in the United Nations Fund for Population Activities. The total budget of PAHO decreases by 1.3% in 1976. The total figures in dollars would be \$55,413,524 for 1975 and \$54,702,145 for 1976.

For PAHO Regular Funds, the increase of 9.9% in 1975 and 9.5% in 1976 is intended to meet increased costs due to inflation.

The percentage change varies considerably among PAHO Other Funds. The decrease in the Community Water Supply Fund reflects only those voluntary contributions made by governments in relation to specific program services requested by them, since voluntary contributions are not received on a regular basis. Projects financed from grants are rarely planned two years in advance and often have not reached a stage one year ahead to warrant their inclusion in the budget.

The WHO Regular Budget shows a projected increase of 10.3% in 1975 and 6.3% in 1976. The funds shown for the United Nations Development Programme reflect estimates of expected requests for 1975-76.

In Table 2, seven major program classifications have been established, with further subdivisions into subgroups and specific programs in order to facilitate program analysis. The first four of the major program classifications, Protection of Health, Promotion of Health, Development of Educational Institutions, and Program Services, provide direct assistance to programs. They represent 89.8% of the total in 1974; 88.9% in 1975; and 87.7% in 1976. The remaining three major program classifications, Administrative Direction, Governing Bodies and Increase to Assets, could logically be attributed to each program. However, they have been kept apart since a separate analysis and review is generally made of them.

An attempt has been made to classify proposed investments according to their major purpose. Additionally, the distribution of costs has been made without regard to the organizational structure of the Bureau, with the exception of costs common to all programs, such as those related to the Governing Bodies, which have been kept together for easier examination. It is necessary to bear this limitation in mind in the examination of the proposed program and budget, as well as the fact that the categories are complementary rather than mutually exclusive. A full appreciation of any category requires an examination of all related portions of the budget. A further limitation must be explained in relation to Table 4, where posts are shown according to one program classification only. Each post is shown under the subject which reflects the basic assignment of the staff member.

Table 3 presents a classification according to the types of activities PAHO expects to carry out. Advisory Services refers to all activities devoted to cooperation with governments in planning and executing health programs, including demonstration supplies and equipment. This applies not only to direct health programs but also to educational institutions. For example, the funds for consultants advising educational institutions, together with teaching supplies and equipment, are shown under Advisory Services, since this is the activity being carried out. Thus, the planned use of the funds is for 63.7%, 63.8%, and 62.3%, respectively, in the three years 1974-76, to be available for technical assistance in the planning and execution of programs, including the expertise provided as well as the supplies and equipment made available to assist national programs.

Development of Human Resources essentially comprises fellowships and seminar-related activities. Although consultants providing advisory services often devote a substantial portion of their effort to in-service training, this time is not shown separately, rather the entire time is shown under advisory services. It will be realized, therefore, that the total training effort is greater than reflected in these tables. Following this definition, the development of human resources through fellowships and participation in seminars and other technical meetings will require 15.6% of the budget in 1974, 14.8% in 1975, and 14.4% in 1976.

The third heading on the horizontal axis is Research, which includes the research activities carried out by PAHO. These activities will account for 7.9% in 1974, 7.3% in 1975, and 7.9% in 1976. The remaining heading is Indirect Program Costs, which includes those costs not directly attributable to specific activities in the first three classifications. These indirect program costs will be 12.8% in 1974, 14.1% in 1975, and 15.4% in 1976.

With regard to the means required to perform these activities, as shown in Table 4, it will be noted that the number of full-time positions varies from 1,753 in 1974, 1,771 in 1975, to 1,736 in 1976. Short-term consultants vary from 2,028 months in 1974 to 1,296 months in 1976. This decrease is due primarily to the decreases in extra-budgetary funds. Additionally, the development of professional personnel shows a slight decrease from 1,486 fellowships in 1974 to 1,477 in 1976.

Following the tables, there is presented a narrative for each subject explaining the program in the Americas. This includes a summary of the problem and its magnitude, the policy and method of approach followed by PAHO, and the activities being carried out and planned for future years. Following each narrative appears a summary of the cost and the number of posts, consultants, and fellowships. In accordance with previous requests, the Maternal and Child Health program (4100) and the Health and Population Dynamics program (4900) have been combined into a single program, Family Health and Population Dynamics (4900).

Details of Headquarters, Zone Offices, and projects are described in the narrative explanations and the detailed schedules. It should be noted that, starting in 1975, the zone AMRO projects, which contain the zone advisor, seminars and courses in a particular program, have been combined with or added to projects in the various countries of the specific zone. A detailed list of the advisors will be found at the beginning of each zone.

TABLE 1

ALL FUNDS

	1973		1974		1975		1976		Increase or Decrease	
	Actual	% of Total	Appropriation or Allocation	% of Total	Proposed	% of Total	Proposed	% of Total	1975 over 1974	1976 over 1975
	\$	%	\$	%	\$	%	\$	%	%	%
<u>Pan American Health Organization</u>	27,757,217	68.8	29,190,448	55.9	29,207,709	52.7	31,003,480	56.7	*	6.2
Regular ^{a/}	19,567,954 ^{b/}	48.3	21,522,310	41.2	23,653,019	42.6	25,900,056	47.3	9.9	9.5
Community Water Supply	495,929	1.2	1,124,739	2.2	423,897	0.8	393,755	0.7	(62.1)	(7.1)
Grants and Other Contributions to FAHO:										
INCAP and Related Grants	2,000,035	5.0	1,731,523	3.3	1,749,480	3.2	1,806,880	3.3	0.9	3.3
Other Grants and Contributions	4,150,850	10.4	3,397,914	6.5	2,084,154	3.8	1,726,494	3.2	(38.7)	(17.2)
Special Fund for Health Promotion	263,133	0.7	-	-	-	-	-	-	-	-
Special Fund for Research	9,537	*	1,926	*	-	-	-	-	(100.0)	-
Pan American Health and Education Foundation	1,269,839	3.2	1,408,036	2.7	1,295,159	2.3	1,176,195	2.2	(8.0)	(9.2)
<u>World Health Organization</u>	12,460,616	31.2	23,050,393	44.1	26,205,815	47.3	23,696,665	43.9	13.7	(9.6)
Regular	8,683,335	22.2	9,765,500	18.7	10,772,000	19.4	11,650,000	20.9	10.3	6.3
United Nations Development Programme	3,128,783	7.8	8,243,574	15.6	7,786,915	14.1	4,487,605	8.2	(5.6)	(42.4)
United Nations Fund for Population Activities	302,510	0.8	4,944,426	9.4	7,631,950	13.8	7,759,060	14.2	54.4	1.7
Grants and Other Contributions to WHO	145,987	0.4	91,893	0.2	16,950	*	-	-	(82.7)	-
TOTAL	40,217,893	100.0	52,240,841	100.0	55,413,524	100.0	54,702,145	100.0	6.1	(1.3)

* Less than 0.05 per cent
^{a/} Effective Working Budget (Parts I-VI) only; does not include amounts for the Tax Equalization Fund.
^{b/} Includes \$250,000 repayment of loan as explained in Part IV.

TABLE 2
PROGRAM BUDGET - TOTAL

1 9 7 3		1 9 7 4			1 9 7 5		1 9 7 6	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
11,645,346	29.3	15,359,106	29.5	I. PROTECTION OF HEALTH	14,188,971	25.7	13,842,611	25.3
7,760,806	19.5	8,621,532	16.5	A. COMMUNICABLE DISEASES	8,570,272	15.5	9,075,808	16.6
820,612	2.1	1,045,556	2.0	0100 GENERAL	1,026,836	1.9	1,135,299	2.1
2,259,884	5.7	2,050,769	3.9	0200 MALARIA	2,078,630	3.8	2,145,770	3.9
191,261	.5	181,420	.4	0300 SMALLPOX	131,968	.2	134,314	.2
216,070	.5	283,050	.6	0400 TUBERCULOSIS	228,820	.4	314,600	.6
123,101	.3	174,020	.3	0500 LEPROSY	120,500	.2	141,150	.3
1,101	*	18,000	*	0600 VENEREAL DISEASES	4,400	*	31,200	.1
2,021,655	5.1	2,724,336	5.2	0700 ZOOSES	2,690,041	4.9	2,692,689	4.9
2,036,697	5.1	1,996,248	3.8	0800 FOOT-AND-MOUTH DISEASE	2,127,877	3.8	2,256,786	4.1
52,219	.1	58,500	.1	0900 OTHER	66,100	.1	115,100	.2
38,206	.1	89,633	.2	1000 PARASITIC DISEASES	69,100	.2	108,900	.2
3,884,740	9.8	6,737,574	13.0	B. ENVIRONMENTAL HEALTH	5,618,699	10.2	4,766,803	8.7
1,923,752	4.8	3,522,455	6.8	2100 GENERAL	3,327,227	6.0	2,869,700	5.2
1,354,353	3.4	2,676,051	5.1	2200 WATER SUPPLIES	1,751,497	3.2	1,364,923	2.5
549,439	1.4	445,118	.9	2300 AIDES AEGYPTI LRAADICATION	431,525	.8	414,740	.8
36,958	.1	45,300	.1	2400 MCLUSING	57,200	.1	60,100	.1
20,238	.1	48,650	.1	2500 AIR POLLUTION	51,250	.1	57,340	.1
18,005,947	44.9	25,361,631	48.5	II. PROMOTION OF HEALTH	27,403,379	49.5	26,612,744	48.6
8,524,536	21.3	10,348,149	19.8	A. GENERAL SERVICES	9,831,474	17.8	9,449,452	17.3
4,427,344	11.1	4,138,270	7.9	3100 GENERAL PUBLIC HEALTH	4,149,674	7.5	4,260,122	7.8
679,718	1.7	1,006,794	1.9	3200 NURSING	982,299	1.8	1,061,950	1.9
778,551	1.9	1,767,382	3.4	3300 LABORATORY	1,250,125	2.3	868,224	1.6
155,379	.4	208,429	.4	3400 HEALTH EDUCATION	193,540	.3	211,300	.4
972,469	2.4	1,202,249	2.3	3500 STATISTICS	1,436,471	2.6	1,456,403	2.7
555,863	1.4	834,281	1.6	3600 ADMINISTRATIVE METHODS	770,125	1.4	702,053	1.3
955,212	2.4	1,190,744	2.3	3700 HEALTH PLANNING	1,049,240	1.9	889,400	1.6
9,481,411	23.6	15,013,482	28.7	B. SPECIFIC PROGRAMS	17,571,905	31.7	17,163,292	31.3
4,133,014	10.3	4,403,302	8.4	4200 NUTRITION	4,484,950	8.1	4,396,002	8.0
338,633	.8	520,046	1.0	4300 MENTAL HEALTH	435,520	.8	437,170	.8
189,512	.5	262,495	.5	4400 DENTAL HEALTH	370,600	.7	435,220	.8
122,765	.3	136,030	.3	4500 RADIATION AND ISOTOPES	147,400	.3	134,540	.2
98,546	.2	175,198	.3	4600 OCCUPATIONAL HEALTH	217,050	.4	172,450	.3
173,456	.4	409,973	.8	4700 FLDG AND DRUG	966,130	1.7	749,000	1.4
1,320,644	3.3	2,338,202	4.5	4800 MEDICAL CARE	1,743,315	3.1	1,379,040	2.5
2,881,816	7.2	6,344,669	12.1	4900 FAMILY HEALTH AND PUP. DYNAMICS	8,827,430	15.9	9,059,490	16.6
161,374	.4	251,880	.5	5000 REHABILITATION	181,430	.3	170,980	.3
61,251	.2	171,687	.3	5100 CANCER & OTHER CHRONIC DISEASES	198,080	.4	229,300	.4
3,554,278	8.8	4,264,672	8.0	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	5,418,090	9.7	5,192,451	9.6
433,678	1.1	455,456	.9	6100 PUBLIC HEALTH	1,866,700	3.4	1,480,400	2.7
1,967,361	4.9	2,211,847	4.2	6200 MEDICINE	1,967,655	3.6	1,964,150	3.6
340,379	.8	473,159	.9	6300 NURSING	513,132	.9	679,174	1.2
359,428	.9	588,686	1.1	6400 ENVIRONMENTAL SCIENCES	456,463	.8	411,254	.8
172,388	.4	128,620	.2	6500 VETERINARY MEDICINE	138,100	.2	157,450	.3
155,068	.4	181,324	.3	6600 DENTISTRY	191,520	.3	198,340	.4
125,976	.3	225,580	.4	6700 BIOSTATISTICS	264,520	.5	301,683	.6
1,623,925	4.1	1,973,750	3.8	IV. PROGRAM SERVICES	2,206,860	4.0	2,327,550	4.2
1,623,925	4.1	1,973,750	3.8	7100 PROGRAM SERVICES	2,206,860	4.0	2,327,550	4.2
4,268,119	10.7	4,335,342	8.3	V. ADMINISTRATIVE DIRECTION	5,040,664	9.0	5,463,389	10.0
276,353	.7	310,452	.6	8100 EXECUTIVE AND TECHNICAL DIRECTION	351,514	.6	366,276	.7
1,944,049	4.9	2,355,800	4.5	8200 ADMINISTRATIVE SERVICES	2,683,450	4.8	2,875,050	5.2
2,047,717	5.1	1,669,090	3.2	8300 GENERAL EXPENSES	2,005,700	3.6	2,222,063	4.1
470,078	1.2	496,340	1.0	VI. GOVERNING BODIES	605,560	1.1	663,400	1.2
400,000	1.0	450,000	.9	VII. INCREASE TO ASSETS	550,000	1.0	600,000	1.1
39,967,893	100.0	52,240,841	100.0	GRAND TOTAL	55,413,524	100.0	54,702,145	100.0

*LESS THAN .05 PER CENT

TABLE 3
PROGRAM BUDGET - DETAIL

1973

PROGRAM BUDGET - DETAIL 1973	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
I. PROTECTION OF HEALTH	11,645,546	9,047,826	1,278,575	1,319,145	-
A. COMMUNICABLE DISEASES	7,760,806	5,507,987	933,674	1,319,145	-
0100 GENERAL	820,612	643,764	100,676	76,172	-
0200 MALARIA	2,259,884	1,949,244	22,620	288,020	-
0300 SMALLPOX	191,261	171,261	20,000	-	-
0400 TUBERCULOSIS	216,070	184,619	31,451	-	-
0500 LEPROSY	123,101	97,141	9,378	16,582	-
0600 VENEREAL DISEASES	1,101	1,101	-	-	-
0700 ZODNOSES	2,021,655	1,307,863	346,976	366,816	-
0800 FOOT-AND-MOUTH DISEASE	2,036,697	1,092,033	375,264	569,400	-
0900 OTHER	52,219	24,465	25,999	2,155	-
1000 PARASITIC DISEASES	38,206	36,496	1,710	-	-
B. ENVIRONMENTAL HEALTH	3,884,740	3,539,839	344,901	-	-
2100 GENERAL	1,923,752	1,734,434	189,318	-	-
2200 WATER SUPPLIES	1,354,353	1,202,030	152,323	-	-
2300 AEGDES AEGYPTI ERADICATION	549,439	546,179	3,260	-	-
2400 HOUSING	36,958	36,958	-	-	-
2500 AIR POLLUTION	20,238	20,238	-	-	-
II. PROMOTION OF HEALTH	18,005,947	11,947,307	3,593,627	2,465,013	-
A. GENERAL SERVICES	8,524,536	6,344,694	1,688,844	490,998	-
3100 GENERAL PUBLIC HEALTH	4,427,344	2,789,853	1,313,049	324,442	-
3200 NURSING	679,718	619,245	60,473	-	-
3300 LABORATORY	778,551	680,215	58,731	39,605	-
3400 HEALTH EDUCATION	155,379	135,957	19,422	-	-
3500 STATISTICS	972,469	869,440	16,328	86,701	-
3600 ADMINISTRATIVE METHODS	555,863	519,869	35,994	-	-
3700 HEALTH PLANNING	955,212	730,115	184,847	40,250	-
B. SPECIFIC PROGRAMS	9,481,411	5,602,613	1,904,783	1,974,015	-
4200 NUTRITION	4,133,014	1,296,886	1,337,636	1,498,492	-
4300 MENTAL HEALTH	338,633	171,476	80,017	87,140	-
4400 DENTAL HEALTH	189,512	186,222	1,932	1,358	-
4500 RADIATION AND ISOTOPES	122,765	113,028	9,737	-	-
4600 OCCUPATIONAL HEALTH	98,546	30,357	990	67,199	-
4700 FOOD AND DRUG	173,856	162,876	10,980	-	-
4800 MEDICAL CARE	1,320,644	1,130,080	190,564	-	-
4900 FAMILY HEALTH AND POP. DYNAMICS	2,881,816	2,336,953	239,256	305,607	-
5000 REHABILITATION	161,374	143,036	18,338	-	-
5100 CANCER & OTHER CHRONIC DISEASES	61,251	31,699	15,333	14,219	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	3,554,278	2,630,848	923,430	-	-
6100 PUBLIC HEALTH	433,678	304,293	129,385	-	-
6200 MEDICINE	1,967,361	1,600,553	366,808	-	-
6300 NURSING	340,379	191,726	148,653	-	-
6400 ENVIRONMENTAL SCIENCES	359,428	271,725	87,703	-	-
6500 VETERINARY MEDICINE	172,388	53,178	119,210	-	-
6600 DENTISTRY	155,068	97,500	57,568	-	-
6700 BIOSTATISTICS	125,976	111,873	14,103	-	-
IV. PROGRAM SERVICES	1,623,925	212,128	295,007	-	1,116,790
7100 PROGRAM SERVICES	1,623,925	212,128	295,007	-	1,116,790
V. ADMINISTRATIVE DIRECTION	4,268,119	-	-	-	4,268,119
8100 EXECUTIVE AND TECHNICAL DIRECTION	276,353	-	-	-	276,353
8200 ADMINISTRATIVE SERVICES	1,944,049	-	-	-	1,944,049
8300 GENERAL EXPENSES	2,047,717	-	-	-	2,047,717
VI. GOVERNING BODIES	470,078	-	-	-	470,078
VII. INCREASE TO ASSETS	400,000	-	-	-	400,000
GRAND TOTAL	39,967,893	23,838,109	6,090,639	3,784,158	6,254,987
=====	=====	=====	=====	=====	=====
PER CENT OF TOTAL	100.0	59.6	15.2	9.5	15.7

TABLE 3 . . . continued

PROGRAM BUDGET - DETAIL

1974

PROGRAM BUDGET - DETAIL 1974	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
I. PROTECTION OF HEALTH	15,359,106	12,046,692	1,727,912	1,584,502	-
A. COMMUNICABLE DISEASES	8,621,532	5,974,089	1,062,941	1,584,502	-
0100 GENERAL	1,045,556	625,560	152,438	267,558	-
0200 MALARIA	2,050,769	1,735,829	17,100	297,840	-
0300 SMALLPOX	181,420	171,420	10,000	-	-
0400 TUBERCULOSIS	283,050	207,250	75,800	-	-
0500 LEPROSY	174,020	118,820	12,000	43,200	-
0600 VENEREAL DISEASES	18,000	8,000	10,000	-	-
0700 ZONDOSES	2,724,336	1,843,492	400,161	480,683	-
0800 FOOT-AND-MOUTH DISEASE	1,996,248	1,151,585	359,462	485,221	-
0900 OTHER	58,500	41,500	-	17,000	-
1000 PARASITIC DISEASES	89,633	70,633	9,000	10,000	-
B. ENVIRONMENTAL HEALTH	6,737,574	6,072,603	664,971	-	-
2100 GENERAL	3,522,455	3,151,743	370,712	-	-
2200 WATER SUPPLIES	2,676,051	2,410,792	265,259	-	-
2300 AEDES AEGYPTI ERADICATION	445,118	419,118	26,000	-	-
2400 HOUSING	45,300	45,300	-	-	-
2500 AIR POLLUTION	48,650	45,650	3,000	-	-
II. PROMOTION OF HEALTH	25,361,631	17,715,070	5,111,874	2,534,687	-
A. GENERAL SERVICES	10,348,149	8,145,452	1,639,395	563,302	-
3100 GENERAL PUBLIC HEALTH	4,138,270	3,000,077	820,218	317,975	-
3200 NURSING	1,006,794	907,734	99,060	-	-
3300 LABORATORY	1,767,382	1,528,706	176,274	62,402	-
3400 HEALTH EDUCATION	208,429	166,190	42,239	-	-
3500 STATISTICS	1,202,249	1,048,599	117,850	35,800	-
3600 ADMINISTRATIVE METHODS	834,281	691,681	142,600	-	-
3700 HEALTH PLANNING	1,190,744	802,465	241,154	147,125	-
B. SPECIFIC PROGRAMS	15,013,482	9,569,618	3,472,479	1,971,385	-
4200 NUTRITION	4,403,302	1,613,575	1,326,195	1,463,532	-
4300 MENTAL HEALTH	520,046	255,374	50,917	213,755	-
4400 DENTAL HEALTH	262,495	238,869	19,700	3,926	-
4500 RADIATION AND ISOTOPES	136,030	123,730	12,300	-	-
4600 OCCUPATIONAL HEALTH	175,198	130,027	15,300	29,871	-
4700 FOOD AND DRUG	409,973	381,773	28,200	-	-
4800 MEDICAL CARE	2,338,202	1,634,363	703,839	-	-
4900 FAMILY HEALTH AND POP. DYNAMICS	6,344,669	4,868,527	1,219,928	256,214	-
5000 REHABILITATION	251,880	192,380	59,500	-	-
5100 CANCER & OTHER CHRONIC DISEASES	171,687	131,000	36,600	4,087	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	4,264,672	3,284,252	980,420	-	-
6100 PUBLIC HEALTH	455,456	321,256	134,200	-	-
6200 MEDICINE	2,211,847	1,817,293	394,554	-	-
6300 NURSING	473,159	256,788	216,371	-	-
6400 ENVIRONMENTAL SCIENCES	588,686	435,436	153,250	-	-
6500 VETERINARY MEDICINE	128,620	81,420	47,200	-	-
6600 DENTISTRY	181,324	153,724	27,600	-	-
6700 BIOSTATISTICS	225,580	218,335	7,245	-	-
IV. PROGRAM SERVICES	1,973,750	211,000	339,160	-	1,423,590
7100 PROGRAM SERVICES	1,973,750	211,000	339,160	-	1,423,590
V. ADMINISTRATIVE DIRECTION	4,335,342	-	-	-	4,335,342
8100 EXECUTIVE AND TECHNICAL DIRECTION	310,452	-	-	-	310,452
8200 ADMINISTRATIVE SERVICES	2,355,800	-	-	-	2,355,800
8300 GENERAL EXPENSES	1,669,090	-	-	-	1,669,090
VI. GOVERNING BODIES	496,340	-	-	-	496,340
VII. INCREASE TO ASSETS	450,000	-	-	-	450,000
GRAND TOTAL	52,240,841	33,257,014	8,159,366	4,119,189	6,705,272
PER CENT OF TOTAL	100.0	63.7	15.6	7.9	12.8

TABLE 3 . . . continued

PROGRAM BUDGET - DETAIL

1975

PROGRAM BUDGET - DETAIL 1975		TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
		\$	\$	\$	\$	\$
I.	PROTECTION OF HEALTH	14,188,971	11,081,231	1,611,102	1,496,638	-
A.	COMMUNICABLE DISEASES	8,570,272	6,074,002	999,632	1,496,638	-
0100	GENERAL	1,026,836	643,230	153,006	230,600	-
0200	MALARIA	2,078,830	1,774,830	4,500	299,500	-
0300	SMALLPOX	131,968	131,968	-	-	-
0400	TUBERCULOSIS	228,820	205,620	23,200	-	-
0500	LEPROSY	120,500	92,300	13,100	15,100	-
0600	VENEREAL DISEASES	4,400	-	-	-	-
0700	ZOOHOSES	2,696,041	1,888,130	400,028	407,883	-
0800	FOOT-AND-MOUTH DISEASE	2,127,877	1,208,024	386,298	533,555	-
0900	OTHER	66,100	54,100	12,000	-	-
1000	PARASITIC DISEASES	89,100	71,600	7,500	10,000	-
B.	ENVIRONMENTAL HEALTH	5,618,699	5,007,229	611,470	-	-
2100	GENERAL	3,327,227	2,911,707	415,520	-	-
2200	WATER SUPPLIES	1,751,497	1,572,047	179,450	-	-
2300	AEDES AEGYPTI ERADICATION	431,525	419,525	12,000	-	-
2400	HOUSING	57,200	57,200	-	-	-
2500	AIR POLLUTION	51,250	46,750	4,500	-	-
II.	PROMOTION OF HEALTH	27,403,379	20,117,469	4,787,601	2,498,309	-
A.	GENERAL SERVICES	9,831,474	7,821,355	1,494,219	515,900	-
3100	GENERAL PUBLIC HEALTH	4,149,674	3,097,424	729,750	322,500	-
3200	NURSING	982,299	925,899	56,400	-	-
3300	LABORATORY	1,250,125	1,014,531	184,194	51,400	-
3400	HEALTH EDUCATION	193,540	163,040	30,500	-	-
3500	STATISTICS	1,436,471	1,239,621	157,350	39,500	-
3600	ADMINISTRATIVE METHODS	770,125	657,900	112,225	-	-
3700	HEALTH PLANNING	1,049,240	722,940	223,800	102,500	-
B.	SPECIFIC PROGRAMS	17,571,905	12,296,114	3,293,382	1,982,409	-
4200	NUTRITION	4,484,950	1,684,454	1,304,947	1,495,549	-
4300	MENTAL HEALTH	435,520	236,920	54,000	144,600	-
4400	DENTAL HEALTH	370,600	355,400	15,200	-	-
4500	RADIATION AND ISOTOPES	147,400	135,100	12,300	-	-
4600	OCCUPATIONAL HEALTH	217,050	185,250	31,800	-	-
4700	FOOD AND DRUG	966,130	910,530	55,600	-	-
4800	MEDICAL CARE	1,743,315	1,390,865	352,450	-	-
4900	FAMILY HEALTH AND POP. DYNAMICS	8,827,430	7,093,285	1,391,885	342,260	-
5000	REHABILITATION	181,430	149,330	32,100	-	-
5100	CANCER & OTHER CHRONIC DISEASES	198,080	154,980	43,100	-	-
III.	DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	5,418,090	3,949,150	1,448,140	20,800	-
6100	PUBLIC HEALTH	1,866,700	1,131,800	734,900	-	-
6200	MEDICINE	1,987,655	1,688,065	299,590	-	-
6300	NURSING	513,132	349,432	163,700	-	-
6400	ENVIRONMENTAL SCIENCES	454,463	313,313	143,150	-	-
6500	VETERINARY MEDICINE	138,100	89,000	49,100	-	-
6600	DENTISTRY	191,520	146,820	44,700	-	-
6700	BIOSTATISTICS	264,520	230,720	13,000	20,800	-
IV.	PROGRAM SERVICES	2,206,860	225,500	373,960	-	1,607,400
7100	PROGRAM SERVICES	2,206,860	225,500	373,960	-	1,607,400
V.	ADMINISTRATIVE DIRECTION	5,040,664	-	-	-	5,040,664
8100	EXECUTIVE AND TECHNICAL DIRECTION	351,514	-	-	-	351,514
8200	ADMINISTRATIVE SERVICES	2,683,450	-	-	-	2,683,450
8300	GENERAL EXPENSES	2,005,700	-	-	-	2,005,700
VI.	GOVERNING BODIES	605,560	-	-	-	605,560
VII.	INCREASE TO ASSETS	550,000	-	-	-	550,000
	GRAND TOTAL	55,413,524	35,373,350	8,220,803	4,015,747	7,803,624
	=====	=====	=====	=====	=====	=====
	PER CENT OF TOTAL	100.0	63.8	14.8	7.3	14.1

TABLE 3 . . . continued

PROGRAM BUDGET - DETAIL

PROGRAM BUDGET - DETAIL 1976		1976				
		TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
		\$	\$	\$	\$	\$
I.	PROTECTION OF HEALTH	13,842,611	10,671,641	1,546,058	1,624,912	-
A.	COMMUNICABLE DISEASES	9,075,808	6,377,708	1,073,188	1,624,912	-
	0100 GENERAL	1,135,299	718,099	163,500	253,700	-
	0200 MALARIA	2,145,770	1,820,650	6,000	319,120	-
	0300 SMALLPOX	134,314	134,314	-	-	-
	0400 TUBERCULOSIS	314,600	233,300	81,300	-	-
	0500 LEPROSY	141,150	101,450	13,900	25,800	-
	0600 VENEREAL DISEASES	31,200	15,900	15,300	-	-
	0700 ZOOZOSES	2,692,689	1,862,884	405,079	424,726	-
	0800 FOOT-AND-MOUTH DISEASE	2,256,786	1,321,611	345,609	589,566	-
	0900 OTHER	115,100	80,100	35,000	-	-
	1000 PARASITIC DISEASES	108,900	89,400	7,500	12,000	-
B.	ENVIRONMENTAL HEALTH	4,766,803	4,293,933	472,870	-	-
	2100 GENERAL	2,869,700	2,548,430	321,270	-	-
	2200 WATER SUPPLIES	1,364,923	1,237,823	127,100	-	-
	2300 AEDES AEGYPTI ERADICATION	414,740	396,240	18,500	-	-
	2400 HOUSING	60,100	60,100	-	-	-
	2500 AIR POLLUTION	57,340	51,340	6,000	-	-
II.	PROMOTION OF HEALTH	26,612,744	19,639,177	4,392,801	2,580,766	-
A.	GENERAL SERVICES	9,449,452	7,548,752	1,343,300	557,400	-
	3100 GENERAL PUBLIC HEALTH	4,260,122	3,128,072	769,450	362,600	-
	3200 NURSING	1,061,950	986,750	75,200	-	-
	3300 LABORATORY	868,224	687,424	128,600	52,200	-
	3400 HEALTH EDUCATION	211,300	180,300	31,000	-	-
	3500 STATISTICS	1,456,403	1,257,253	156,550	42,600	-
	3600 ADMINISTRATIVE METHODS	702,053	664,053	38,000	-	-
	3700 HEALTH PLANNING	889,400	644,900	144,500	100,000	-
B.	SPECIFIC PROGRAMS	17,163,292	12,090,425	3,049,501	2,023,366	-
	4200 NUTRITION	4,396,002	1,547,965	1,302,831	1,545,206	-
	4300 MENTAL HEALTH	437,170	278,270	75,200	83,700	-
	4400 DENTAL HEALTH	435,220	376,420	58,800	-	-
	4500 RADIATION AND ISOTOPES	134,540	127,040	7,500	-	-
	4600 OCCUPATIONAL HEALTH	172,450	132,550	39,900	-	-
	4700 FOOD AND DRUG	749,000	668,900	80,100	-	-
	4800 MEDICAL CARE	1,379,040	1,132,040	247,000	-	-
	4900 FAMILY HEALTH AND POP. DYNAMICS	9,059,590	7,498,660	1,166,470	394,460	-
	5000 REHABILITATION	170,980	148,180	22,800	-	-
	5100 CANCER & OTHER CHRONIC DISEASES	229,300	180,400	48,900	-	-
III.	DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	5,192,451	3,568,445	1,528,006	96,000	-
	6100 PUBLIC HEALTH	1,480,400	721,100	759,300	-	-
	6200 MEDICINE	1,964,150	1,656,544	307,606	-	-
	6300 NURSING	679,174	446,174	158,600	74,400	-
	6400 ENVIRONMENTAL SCIENCES	411,254	267,754	143,500	-	-
	6500 VETERINARY MEDICINE	157,450	98,650	58,800	-	-
	6600 DENTISTRY	198,340	141,140	57,200	-	-
	6700 BIOSTATISTICS	301,683	237,083	43,000	21,600	-
IV.	PROGRAM SERVICES	2,327,550	231,500	398,050	-	1,698,000
	7100 PROGRAM SERVICES	2,327,550	231,500	398,050	-	1,698,000
V.	ADMINISTRATIVE DIRECTION	5,463,389	-	-	-	5,463,389
	8100 EXECUTIVE AND TECHNICAL DIRECTION	366,276	-	-	-	366,276
	8200 ADMINISTRATIVE SERVICES	2,875,050	-	-	-	2,875,050
	8300 GENERAL EXPENSES	2,222,063	-	-	-	2,222,063
VI.	GOVERNING BODIES	663,400	-	-	-	663,400
VII.	INCREASE TO ASSETS	600,000	-	-	-	600,000
	GRAND TOTAL	54,702,145	34,110,763	7,864,915	4,301,678	8,424,789
	*****	*****	*****	*****	*****	*****
	PER CENT OF TOTAL	100.0	62.3	14.4	7.9	15.4

TABLE 4

DISTRIBUTION OF PERSONAL SERVICES, FELLOWSHIPS, AND PARTICIPANTS

PROGRAM	1 9 7 3						1 9 7 4					
	NUMBER OF POSTS		FELLOWSHIPS				NUMBER OF POSTS		FELLOWSHIPS			
	PROF.	LOCAL	STC MOS.	ACA-DEMIC	SHORT TERM	PART.	PROF.	LOCAL	STC MOS.	ACA-DEMIC	SHORT TERM	PART.
I. PROTECTION OF HEALTH	264	304	348	73	163	331	285	310	648	45	382	77
A. COMMUNICABLE DISEASES	169	262	98	45	74	121	167	266	133	13	182	10
0100 GENERAL	15	10	11	6	25	58	15	11	22	2	37	-
0200 MALARIA	65	13	1	2	8	-	59	13	13	2	5	-
0300 SMALLPOX	4	2	4	-	-	-	4	1	1	-	-	-
0400 TUBERCULOSIS	5	1	13	-	4	-	6	1	13	-	36	-
0500 LEPROSY	3	1	5	-	-	12	3	1	9	-	-	10
0600 VENEREAL DISEASES	-	-	1	-	-	-	-	-	4	-	-	-
0700 ZOOUSES	46	96	39	30	20	51	49	97	49	8	56	-
0800 FOOT-AND-MOUTH DISEASE	30	138	10	7	11	-	30	141	3	1	40	-
0900 OTHER	-	-	5	-	5	-	-	-	7	-	2	-
1000 PARASITIC DISEASES	1	1	9	-	1	-	1	1	12	-	6	-
B. ENVIRONMENTAL HEALTH	95	42	250	28	89	210	118	44	515	32	200	67
2100 GENERAL	54	28	64	22	37	-	63	31	168	22	97	67
2200 WATER SUPPLIES	28	10	180	6	48	210	42	9	331	10	96	-
2300 AEDS AEGYPTI ERADICATION	10	2	6	-	4	-	10	2	13	-	5	-
2400 HOUSING	2	1	-	-	-	-	2	1	-	-	-	-
2500 AIR POLLUTION	1	1	-	-	-	-	1	1	3	-	2	-
II. PROMOTION OF HEALTH	352	374	825	305	492	478	367	388	1,120	316	530	227
A. GENERAL SERVICES	180	73	495	174	369	369	176	79	580	136	265	158
3100 GENERAL PUBLIC HEALTH	56	35	173	159	328	139	60	40	184	88	165	92
3200 NURSING	32	7	39	3	15	171	30	7	43	7	16	30
3300 LABORATORY	16	4	64	7	16	19	14	5	168	17	48	-
3400 HEALTH EDUCATION	4	1	17	4	1	-	3	1	23	4	5	-
3500 STATISTICS	28	18	43	1	4	-	25	17	54	11	21	-
3600 ADMINISTRATIVE METHODS	21	4	33	-	3	40	20	4	40	8	9	36
3700 HEALTH PLANNING	23	4	126	-	2	-	24	5	68	1	1	-
B. SPECIFIC PROGRAMS	172	301	330	131	123	109	191	309	540	180	265	69
4100 MATERNAL AND CHILD HEALTH	-	-	-	-	-	-	-	-	-	-	-	-
4200 NUTRITION	82	263	61	85	3	-	82	265	72	101	10	-
4300 MENTAL HEALTH	7	2	59	7	4	70	7	2	43	-	12	-
4400 DENTAL HEALTH	3	2	27	-	-	-	4	2	34	-	5	10
4500 RADIATION AND ISOTOPES	2	1	11	1	3	-	2	1	11	1	5	-
4600 OCCUPATIONAL HEALTH	2	1	11	-	1	-	3	1	20	2	3	-
4700 FOOD AND DRUG	6	2	7	2	-	-	8	8	22	-	10	15
4800 MEDICAL CARE	30	13	56	20	26	39	37	12	146	43	67	24
4900 FAMILY HEALTH AND POP. DYNAMICS	35	16	77	14	83	-	42	16	151	26	136	20
5000 REHABILITATION	4	-	18	1	3	-	4	-	28	5	12	-
5100 CANCER & OTHER CHRONIC DISEASES	1	1	3	1	-	-	2	2	13	2	5	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	51	29	207	50	87	196	51	33	260	44	169	17
6100 PUBLIC HEALTH	6	3	27	7	9	8	6	3	30	8	20	-
6200 MEDICINE	23	17	91	17	58	144	24	18	97	18	80	17
6300 NURSING	7	2	32	4	4	14	5	2	34	5	26	-
6400 ENVIRONMENTAL SCIENCES	5	3	20	4	6	-	5	5	58	6	25	-
6500 VETERINARY MEDICINE	1	1	8	12	3	14	1	1	12	4	10	-
6600 DENTISTRY	1	2	26	6	7	5	2	2	19	2	8	-
6700 BIostatistics	8	1	3	-	-	11	8	2	10	1	-	-
IV. PROGRAM SERVICES	34	57	-	-	-	-	34	57	-	-	-	-
V. ADMINISTRATIVE DIRECTION	44	162	-	-	-	-	46	162	-	-	-	-
8100 EXECUTIVE AND TECHNICAL DIRECTION	6	6	-	-	-	-	6	6	-	-	-	-
8200 ADMINISTRATIVE SERVICES	38	156	-	-	-	-	40	156	-	-	-	-
VI. GOVERNING BODIES	10	10	-	-	-	-	9	11	-	-	-	-
GRAND TOTAL	755	936	1,380	428	742	1,005	792	961	2,028	405	1,081	321

TABLE 4 . . . continued

DISTRIBUTION OF PERSONAL SERVICES, FELLOWSHIPS, AND PARTICIPANTS

PROGRAM	1975						1976					
	NUMBER OF POSTS		FELLOWSHIPS				NUMBER OF POSTS		FELLOWSHIPS			
	PROF.	LOCAL	STC MOS.	ACA-DEMIC	SHORT TERM	PART.	PROF.	LOCAL	STC MOS.	ACA-DEMIC	SHORT TERM	PART.
I. PROTECTION OF HEALTH	279	319	365	62	318	12	267	320	330	45	339	12
A. COMMUNICABLE DISEASES	163	272	110	15	155	12	161	272	135	14	181	12
0100 GENERAL	14	11	19	4	32	-	15	11	22	5	37	-
0200 MALARIA	58	13	11	-	3	-	56	13	16	-	4	-
0300 SMALLPOX	3	1	1	-	-	-	3	1	1	-	-	-
0400 TUBERCULOSIS	6	1	7	-	5	-	5	1	15	-	41	-
0500 LEPROSY	2	1	6	-	-	12	2	1	7	-	-	12
0600 VENEREAL DISEASES	-	-	2	-	-	-	-	-	6	-	3	-
0700 ZOONOSIS	49	97	44	9	53	-	47	97	46	8	38	-
0800 FOOT-AND-MOUTH DISEASE	30	147	3	2	49	-	32	147	3	-	43	-
0900 OTHER	-	-	8	-	8	-	-	-	9	1	10	-
1000 PARASITIC DISEASES	1	1	9	-	5	-	1	1	10	-	5	-
B. ENVIRONMENTAL HEALTH	116	47	255	47	163	-	106	48	195	31	158	-
2100 GENERAL	65	34	115	31	122	-	63	34	91	18	105	-
2200 WATER SUPPLIES	38	9	121	16	30	-	32	10	89	13	41	-
2300 AEDES AEGYPTI ERADICATION	10	2	16	-	8	-	8	2	12	-	8	-
2400 HOUSING	2	1	-	-	-	-	2	1	-	-	-	-
2500 AIR POLLUTION	1	1	3	-	3	-	1	1	3	-	4	-
II. PROMOTION OF HEALTH	374	388	819	307	533	102	351	389	735	274	574	86
A. GENERAL SERVICES	178	80	398	131	265	65	169	84	353	119	283	50
3100 GENERAL PUBLIC HEALTH	60	40	152	87	147	30	58	42	161	89	182	30
3200 NURSING	30	7	18	3	16	-	30	7	19	4	16	20
3300 LABORATORY	13	5	116	14	49	-	13	6	73	7	46	-
3400 HEALTH EDUCATION	3	1	17	3	5	-	3	2	19	3	5	-
3500 STATISTICS	28	18	43	15	40	-	28	18	40	16	25	-
3600 ADMINISTRATIVE METHODS	21	4	17	7	7	35	19	4	15	-	8	-
3700 HEALTH PLANNING	23	5	35	2	1	-	18	5	26	-	1	-
B. SPECIFIC PROGRAMS	196	308	421	176	268	37	182	305	382	155	291	36
4100 MATERNAL AND CHILD HEALTH	-	-	-	-	-	-	-	-	-	-	-	-
4200 NUTRITION	86	262	61	94	9	-	81	260	59	80	5	-
4300 MENTAL HEALTH	7	2	33	2	11	-	7	1	30	6	11	-
4400 DENTAL HEALTH	4	2	57	-	4	-	4	2	60	4	5	12
4500 RADIATION AND ISOTOPES	2	1	13	1	5	-	2	1	8	-	5	-
4600 OCCUPATIONAL HEALTH	2	1	14	4	11	-	2	1	13	5	11	-
4700 FOOD AND DRUG	12	9	26	1	26	-	12	9	31	3	35	-
4800 MEDICAL CARE	30	10	97	42	35	12	21	10	77	25	30	24
4900 FAMILY HEALTH AND POP. DYNAMICS	48	19	84	28	150	25	48	19	68	28	164	-
5000 REHABILITATION	3	-	21	2	10	-	3	-	16	1	12	-
5100 CANCER & OTHER CHRONIC DISEASES	2	2	15	2	7	-	2	2	20	3	13	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	55	31	238	59	159	17	53	30	231	57	188	2
6100 PUBLIC HEALTH	10	3	45	14	22	-	10	3	44	12	17	-
6200 MEDICINE	22	16	77	25	67	17	20	16	82	23	60	2
6300 NURSING	8	3	30	6	24	-	9	3	24	10	33	-
6400 ENVIRONMENTAL SCIENCES	4	5	42	6	22	-	4	5	33	3	22	-
6500 VETERINARY MEDICINE	1	1	15	4	13	-	1	1	15	5	16	-
6600 DENTISTRY	2	1	23	4	11	-	1	1	27	4	20	-
6700 BIOSTATISTICS	8	2	6	-	-	-	8	1	6	-	20	-
IV. PROGRAM SERVICES	34	60	-	-	-	-	33	60	-	-	-	-
V. ADMINISTRATIVE DIRECTION	46	164	-	-	-	-	46	166	-	-	-	-
8100 EXECUTIVE AND TECHNICAL DIRECTION	6	6	-	-	-	-	6	6	-	-	-	-
8200 ADMINISTRATIVE SERVICES	40	158	-	-	-	-	40	160	-	-	-	-
VI. GOVERNING BODIES	9	12	-	-	-	-	9	12	-	-	-	-
GRAND TOTAL	197	974	1,422	428	1,010	131	159	977	1,296	376	1,101	100

TABLE 5
SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER	
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHORT	AMOUNT	PART.			AMOUNT
	\$				\$	\$			\$	\$	\$	\$	
1973													
PAHO--PR	19,317,954	410	407	346	13,004,863	1,047,670	110	259	911,761	228	250,916	1,407,300	2,695,444
PW	495,929	8	2	127	418,137	13,527	-	-	-	210	40,000	2,459	21,806
PI	358,258	23	88	-	186,490	7,074	-	-	-	-	-	58,505	106,189
PN	1,641,777	13	130	1	708,209	70,408	10	-	67,132	-	-	195,665	600,363
PG	4,150,850	26	123	160	1,081,063	48,913	43	84	248,395	148	206,763	757,524	1,808,192
PH	1,269,839	17	24	14	368,957	50,790	6	-	29,756	85	56,412	388,055	375,869
PK	263,133	-	-	-	224,802	6,857	-	-	-	-	-	7,184	22,290
PS	9,537	-	-	-	-	-	-	-	-	-	2,000	-	7,537
WHO--WR	8,883,335	155	70	390	4,600,478	441,493	219	354	1,498,469	334	234,376	1,048,510	1,060,009
UNDP	3,128,783	98	12	324	2,272,650	-	39	38	278,722	-	-	432,944	144,467
UNFPA	302,510	4	-	13	96,557	4,648	1	7	13,815	-	535	87,972	58,983
WO	145,988	1	-	4	30,087	384	-	-	-	-	-	16,895	98,662
TOTAL	39,967,893	755	936	1380	22,992,293	1,693,764	428	742	3,048,050	1005	791,002	4,402,973	7,039,811
PERCENT OF TOTAL	100.0				57.5	4.3			7.6		2.0	11.0	17.6
1974													
PAHO--PR	21,522,310	420	506	396	15,618,480	1,109,281	54	312	754,484	103	223,534	1,017,278	2,799,253
PW	1,124,739	17	1	246	998,089	16,250	1	19	36,500	-	27,500	2,000	44,400
PI	346,990	23	88	-	196,690	4,500	-	-	-	-	-	41,790	104,010
PN	1,386,533	13	130	3	757,368	70,169	18	-	71,480	-	-	105,987	381,529
PG	3,397,914	14	108	170	1,188,367	71,997	30	36	217,401	35	211,749	573,310	1,135,082
PH	1,408,036	18	26	6	513,680	52,230	15	34	117,950	-	12,000	257,303	454,873
PS	3,926	-	-	-	-	-	-	-	-	-	-	-	3,926
WHO--WR	9,765,500	159	76	495	5,627,903	471,329	167	366	1,241,590	183	424,456	974,235	1,025,987
UNDP	8,242,574	103	13	649	4,153,430	154,500	96	221	1,329,882	-	-	2,043,426	561,336
UNFPA	4,944,426	23	13	55	497,512	44,500	24	86	433,155	-	106,754	1,811,739	1,550,766
WO	97,893	2	-	8	44,500	1,750	-	7	10,000	-	-	12,381	29,262
TOTAL	52,240,861	792	961	2028	30,096,019	1,990,506	405	1081	4,212,442	321	1,005,993	6,839,457	8,090,424
PERCENT OF TOTAL	100.0				57.6	3.8			8.1		1.9	13.1	15.5
1975													
PAHO--PR	23,653,019	422	522	369	17,093,568	1,167,296	62	321	810,048	31	174,825	1,052,019	3,355,263
PW	425,897	12	1	45	399,897	14,500	1	1	6,000	-	-	-	5,500
PI	360,000	23	88	-	206,525	4,500	-	-	-	-	-	42,000	106,975
PN	1,389,480	13	130	4	758,000	70,000	18	-	71,480	-	-	110,000	380,000
PG	2,086,154	9	104	54	839,943	36,250	38	21	232,321	-	28,500	233,376	713,764
PH	1,295,159	17	24	4	504,700	45,000	15	16	90,400	-	5,000	161,109	488,950
WHO--WR	10,772,000	163	76	525	6,586,836	499,249	175	358	1,270,000	100	307,500	952,845	1,155,570
UNDP	7,784,915	107	11	369	3,695,153	155,250	97	184	963,614	-	-	2,075,775	895,723
UNFPA	7,631,950	30	16	52	1,293,603	62,000	22	109	437,074	-	163,429	2,243,773	3,432,071
WO	16,950	1	-	-	14,250	750	-	-	-	-	-	-	1,950
TOTAL	55,413,524	797	974	1422	31,392,475	2,054,795	428	1010	3,880,937	131	679,254	6,870,297	8,535,766
PERCENT OF TOTAL	100.0				56.7	3.7			7.0		1.2	12.4	19.0
1976													
PAHO--PR	25,900,056	426	526	435	18,345,731	1,239,035	75	418	1,076,458	56	240,900	1,215,690	3,778,242
PW	395,755	9	1	43	364,755	14,000	3	1	14,000	-	-	-	3,000
PI	360,000	23	88	-	216,690	4,500	-	-	-	-	-	35,000	103,810
PN	1,446,980	13	130	4	795,500	70,000	18	-	71,480	-	-	110,000	400,000
PG	1,726,494	8	102	34	752,010	28,500	11	-	55,000	-	28,500	173,174	689,310
PH	1,176,195	13	23	4	385,800	32,000	15	20	96,400	-	5,000	149,711	507,284
WHO--WR	11,450,000	165	81	522	7,094,000	522,000	201	424	1,493,800	44	226,600	954,438	1,159,162
UNDP	4,487,605	73	10	221	2,355,281	112,500	31	120	508,484	-	-	714,324	797,016
UNFPA	7,759,060	29	16	33	1,332,432	68,000	22	118	418,638	-	189,425	2,041,087	3,709,478
TOTAL	54,702,145	759	977	1296	31,642,199	2,090,535	376	1101	3,734,260	100	690,425	5,397,424	1,147,302
PERCENT OF TOTAL	100.0				57.8	3.8			6.8		1.3	9.9	20.4

PAHO--PR--REGULAR BUDGET	PAHO--PK--SPECIAL FUND FOR HEALTH PROMOTION
PW--COMMUNITY WATER SUPPLY	PS--SPECIAL FUND FOR RESEARCH
PI--INCAP - REGULAR BUDGET	WHO--WR--REGULAR BUDGET
PN--INCAP - GRANTS AND OTHER CONTRIBUTIONS	UNDP--UNITED NATIONS DEVELOPMENT PROGRAM
PG--GRANTS AND OTHER CONTRIBUTIONS	UNFPA--UNITED NATIONS FUND FOR POPULATION ACTIVITIES
PH--PAN AMERICAN HEALTH AND EDUCATION FOUNDATION	WO--GRANTS AND OTHER FUNDS

TABLE 6

SUMMARY OF MAJOR PROGRAMS BY FUND

	1973		1974		1975		1976	
	Amount	Per Cent	Amount	Per Cent	Amount	Per Cent	Amount	Per Cent
	\$	%	\$	%	\$	%	\$	%
I. Protection of Health	<u>11,645,546</u>	<u>29.3</u>	<u>15,359,106</u>	<u>29.5</u>	<u>14,188,971</u>	<u>25.7</u>	<u>13,842,611</u>	<u>25.3</u>
<u>Pan American Health Organization</u>	<u>7,567,618</u>	<u>19.0</u>	<u>8,920,564</u>	<u>17.2</u>	<u>8,157,030</u>	<u>14.8</u>	<u>8,631,006</u>	<u>15.8</u>
Regular	6,045,344	15.3	6,541,916	12.6	6,788,312	12.4	7,371,907	13.5
Community Water Supply	495,929	1.2	1,124,739	2.2	425,897	0.7	395,755	0.7
Grants and Other Contributions	972,180	2.4	1,233,709	2.4	942,821	1.7	863,344	1.6
Special Fund for Health Promotion	54,049	0.1	-	-	-	-	-	-
Pan American Health and Education Foundation	116	*	20,200	*	-	-	-	-
<u>World Health Organization</u>	<u>4,077,928</u>	<u>10.3</u>	<u>6,438,542</u>	<u>12.3</u>	<u>6,031,941</u>	<u>10.9</u>	<u>5,211,605</u>	<u>9.5</u>
Regular	2,863,593	7.3	3,114,567	6.0	3,269,904	5.9	3,690,394	6.7
Grants and Other Contributions	3,850	*	4,750	*	-	-	-	-
United Nations Development Program	1,210,485	3.0	3,319,225	6.3	2,762,037	5.0	1,521,211	2.8
II. Promotion of Health	<u>18,005,947</u>	<u>44.9</u>	<u>25,361,631</u>	<u>48.5</u>	<u>27,403,379</u>	<u>49.5</u>	<u>26,612,744</u>	<u>48.6</u>
<u>Pan American Health Organization</u>	<u>12,333,378</u>	<u>30.7</u>	<u>12,036,709</u>	<u>23.0</u>	<u>12,227,405</u>	<u>22.0</u>	<u>12,629,319</u>	<u>23.1</u>
Regular	6,701,927	16.6	7,549,255	14.5	8,495,042	15.3	9,185,705	16.8
Grants and Other Contributions	2,672,082	6.7	1,640,942	3.1	834,833	1.5	608,150	1.1
INCAP and Related Grants	2,000,035	5.0	1,733,523	3.3	1,749,480	3.2	1,806,980	3.3
Special Fund for Health Promotion	85,316	0.2	-	-	-	-	-	-
Special Fund for Research	9,537	*	3,926	*	-	-	-	-
Pan American Health and Education Foundation	864,481	2.2	1,109,063	2.1	1,148,050	2.0	1,028,484	1.9
<u>World Health Organization</u>	<u>5,672,569</u>	<u>14.2</u>	<u>13,324,922</u>	<u>25.5</u>	<u>15,175,974</u>	<u>27.5</u>	<u>13,983,425</u>	<u>25.5</u>
Regular	3,572,893	8.9	3,864,806	7.4	4,208,817	7.6	4,404,771	8.1
Grants and Other Contributions	2,825	*	33,342	0.1	16,950	*	-	-
United Nations Development Program	1,794,341	4.5	4,482,348	8.5	3,318,257	6.0	1,819,594	3.3
United Nations Fund for Population Activities	302,510	0.8	4,944,426	9.5	7,631,950	13.9	7,759,060	14.1
III. Development of Educational Institutions	<u>3,554,278</u>	<u>8.8</u>	<u>4,264,672</u>	<u>8.0</u>	<u>5,418,090</u>	<u>9.7</u>	<u>5,192,451</u>	<u>9.6</u>
<u>Pan American Health Organization</u>	<u>2,433,372</u>	<u>6.0</u>	<u>2,688,595</u>	<u>5.0</u>	<u>2,346,360</u>	<u>4.2</u>	<u>2,765,577</u>	<u>5.2</u>
Regular	1,590,903	3.9	1,886,559	3.5	1,892,751	3.4	2,362,866	4.4
Grants and Other Contributions	401,253	1.0	523,263	1.0	306,500	0.6	255,000	0.5
Special Fund for Health Promotion	123,768	0.3	-	-	-	-	-	-
Pan American Health and Education Foundation	317,448	0.8	278,773	0.5	147,109	0.2	147,711	0.3
<u>World Health Organization</u>	<u>1,120,906</u>	<u>2.8</u>	<u>1,576,077</u>	<u>3.0</u>	<u>3,071,730</u>	<u>5.5</u>	<u>2,426,874</u>	<u>4.4</u>
Regular	951,298	2.4	1,075,275	2.0	1,367,109	2.5	1,280,074	2.3
Grants and Other Contributions	45,651	0.1	59,801	0.1	-	-	-	-
United Nations Development Program	123,957	0.3	441,001	0.9	1,704,621	3.0	1,146,800	2.1
IV. Program Services	<u>1,623,925</u>	<u>4.1</u>	<u>1,973,750</u>	<u>3.8</u>	<u>2,206,860</u>	<u>4.0</u>	<u>2,327,550</u>	<u>4.2</u>
<u>Pan American Health Organization - Regular</u>	<u>1,337,873</u>	<u>3.3</u>	<u>1,562,200</u>	<u>3.0</u>	<u>1,742,500</u>	<u>3.1</u>	<u>1,830,200</u>	<u>3.3</u>
<u>World Health Organization - Regular</u>	<u>286,052</u>	<u>0.8</u>	<u>411,550</u>	<u>0.8</u>	<u>464,360</u>	<u>0.9</u>	<u>497,350</u>	<u>0.9</u>
V. Administrative Direction	<u>4,268,119</u>	<u>10.7</u>	<u>4,335,342</u>	<u>8.3</u>	<u>5,040,664</u>	<u>9.0</u>	<u>5,463,389</u>	<u>10.0</u>
<u>Pan American Health Organization</u>	<u>3,083,669</u>	<u>7.7</u>	<u>3,176,680</u>	<u>6.1</u>	<u>3,768,414</u>	<u>6.7</u>	<u>4,094,578</u>	<u>7.5</u>
Regular	2,890,540	7.2	3,176,680	6.1	3,768,414	6.7	4,094,578	7.5
Grants and Other Contributions	105,335	0.3	-	-	-	-	-	-
Pan American Health and Education Foundation	87,794	0.2	-	-	-	-	-	-
<u>World Health Organization</u>	<u>1,184,450</u>	<u>3.0</u>	<u>1,158,662</u>	<u>2.2</u>	<u>1,272,250</u>	<u>2.3</u>	<u>1,368,811</u>	<u>2.5</u>
Regular	1,090,788	2.7	1,158,662	2.2	1,272,250	2.3	1,368,811	2.5
Grants and Other Contributions	93,662	0.3	-	-	-	-	-	-
VI. Governing Bodies	<u>470,078</u>	<u>1.2</u>	<u>496,340</u>	<u>1.0</u>	<u>605,560</u>	<u>1.1</u>	<u>663,400</u>	<u>1.2</u>
<u>Pan American Health Organization - Regular</u>	<u>351,367</u>	<u>0.9</u>	<u>355,700</u>	<u>0.7</u>	<u>416,000</u>	<u>0.8</u>	<u>454,800</u>	<u>0.8</u>
<u>World Health Organization - Regular</u>	<u>118,711</u>	<u>0.3</u>	<u>140,640</u>	<u>0.3</u>	<u>189,560</u>	<u>0.3</u>	<u>208,600</u>	<u>0.4</u>
VII. Increase to Assets	<u>400,000</u>	<u>1.0</u>	<u>450,000</u>	<u>0.9</u>	<u>550,000</u>	<u>1.0</u>	<u>600,000</u>	<u>1.1</u>
<u>Pan American Health Organization - Regular</u>	<u>400,000</u>	<u>1.0</u>	<u>450,000</u>	<u>0.9</u>	<u>550,000</u>	<u>1.0</u>	<u>600,000</u>	<u>1.1</u>
Total	<u>39,967,893</u>	<u>100.0</u>	<u>52,240,841</u>	<u>100.0</u>	<u>55,413,524</u>	<u>100.0</u>	<u>54,702,145</u>	<u>100.0</u>

* Less than .05 per cent

I. PROTECTION OF HEALTH

A. COMMUNICABLE DISEASE

0100 - GENERAL

Objectives

Infectious diseases are still an important public health problem, in spite of the significant reduction in their incidence observed in Latin America starting in 1956. Statistical data available indicate the seriousness of the problem of communicable diseases; their control is one of the principal objectives of PAHO. The following priorities have been established:

- 1) Eradication of the diseases for which practical measures of elimination exist and for which the Governing Bodies have adopted resolutions on eradication (malaria, smallpox, yaws), and eradication of Aedes aegypti, vector of urban yellow fever and dengue.
- 2) Control of diseases susceptible to prevention through vaccination.
- 3) Programs which are both technically and economically feasible for combating diseases such as tuberculosis, leprosy, and venereal diseases.
- 4) Control of diseases posing serious problems in certain areas of the Americas, such as plague, exanthematic typhus, Chagas' disease, filariasis, schistosomiasis, hydatidosis, onchocerciasis, cutaneous leishmaniasis, and other parasitic diseases.
- 5) Research and epidemiological surveillance of diseases produced by viruses and rickettsias.
- 6) Development or improvement of health infrastructures and complementary services which support research, control, or eradication of communicable diseases.
- 7) Development or improvement of an epidemiological surveillance system as a standard component of programs for control or eradication.

The Ministers of Health of the countries of the Region of the Americas, in their III Special Meeting held in Chile in 1972, established goals to be reached in the decade of the 70's. For those diseases preventable by vaccination, the goals are to reduce the mortality rate for measles, whooping cough, and tetanus to 1.0, 1.0, and 0.5 per 100,000 inhabitants, respectively, and to reduce the morbidity for diphtheria and poliomyelitis to 1.0 and 0.1 per 100,000 inhabitants, respectively, at the same time maintaining the smallpox morbidity rate at zero level. These goals will be pursued by the countries of the Region in the coming years.

Strategy

To participate with the health officers of the Member Governments in the preparation of comprehensive models for the implementation of epidemiological surveillance.

To hold seminars and special courses on epidemiological surveillance in order to define, implement, and integrate these activities into the general health services.

To make available daily epidemiological information on the diseases under the International Health Regulations.

To improve or organize epidemiological surveillance systems in the countries for the control of communicable diseases.

To reduce the mortality rate for measles, whooping cough, and tetanus, as well as the morbidity for diphtheria and poliomyelitis, according to the goals established in the Ten-year Health Plan.

To maintain smallpox morbidity at zero and integrate the smallpox programs into the general health services.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 820,612	\$ 1,045,550	\$ 1,026,836	\$ 1,135,299
PER CENT OF TOTAL BUDGET	2.1	2.0	1.9	2.1
TOTAL POSTS	25	26	25	26
CONSULTANT MONTHS	11	22	19	22
FELLOWSHIPS	31	39	36	42
SEMINARS	\$ 30,249	\$ 10,000	\$ 9,500	\$ 6,000
SUPPLIES AND EQUIPMENT	\$ 111,627	\$ 140,318	\$ 92,665	\$ 96,657
GRANTS AND OTHER	\$ 98,766	\$ 228,279	\$ 220,406	\$ 237,800

PROJECTS

Headquarters	Costa Rica-0100	Jamaica-0100	United States of America-3108
Argentina-0100	Cuba-0100	Mexico-0100	Venezuela-0100
Bahamas-0100	Dominican Republic-0101	Mexico-0101	West Indies-0100
Barbados-0100	Ecuador-0100	Netherlands Antilles-0100	AMRO-0100
Belize-0100	El Salvador-0100	Nicaragua-0100	AMRO-0101
Bolivia-0100	French Antilles and Guiana-0100	Panama-0100	AMRO-0102
Brazil-0100	Guatemala-0100	Paraguay-0100	AMRO-0103
Brazil-0114	Guyana-0100	Peru-0100	AMRO-0104
Brazil-0115	Haiti-0100	Surinam-0100	AMRO-0106
Chile-0100	Honduras-0101	Trinidad and Tobago-0100	AMRO-0111
Colombia-0100		Uruguay-0100	AMRO-0117

0200 - MALARIA

Objective

To eradicate malaria from the Americas.

Strategy

Development of effective and economical attack measures suitable to each country where malaria is still endemic..

Development of techniques and establishment of norms for epidemiological evaluation in order to assess the efficacy of the attack measures applied.

Development of malaria vigilance techniques to safeguard areas where eradication has been achieved.

Identification of problems and study of possible solutions through field investigation and experiments, as well as collaboration with research institutions.

Coordination of antimalarial activities among the countries, and promotion of exchanges of experience through seminars, meetings, and study tours.

Review

Of the 531,066,000 inhabitants in the Americas in 1973, 193,972,000 (36.5%) lived in originally malarious areas. Of the latter, 87,108,000 inhabitants (44.9%) lived in areas in the maintenance phase, 43,734,000 (22.5%) in the consolidation phase, and 63,130,000 (32.6%) in the attack phase.

Malaria eradication has been achieved in 12 of the 34 political units listed as originally malarious areas of this Hemisphere. Active national eradication programs are in progress in the remaining 22 political units, of which eight are approaching their goal of eradication. The latter need an efficient surveillance system to eliminate residual foci and to prevent the renewal of transmission following the importation of cases. In the other 14 political units, progress varies depending on the extent of availability of resources, and technical, administrative, and operational problems. In four Central American countries (El Salvador, Guatemala, Honduras, and Nicaragua), where the vector is resistant to DDT along the Pacific Coast, much progress has been achieved since 1971 by the application of propoxur.

In the areas now in maintenance, no major problems are foreseen for the period, other than the elimination of active foci that might develop from imported sources of infection. In the areas in consolidation, certain administrative and financial difficulties may arise in establishing surveillance systems, owing to the tendency of prematurely reducing or diverting existing resources to other activities before the last foci of transmission are eliminated. In the areas in the attack phase, problems are manifold and interrelated. Some areas suffer from vector resistance to commonly used insecticides and require multiple approaches, thus escalating the cost of operations. Socioeconomic problems in the rural population, nomadism, and precarious living conditions in colonization areas also slow the progress. However, if sufficient financing is made available, about 10 million inhabitants now in attack phase areas can be transferred to the consolidation phase by the end of 1976.

Proposals

PAHO will continue its technical assistance through research activities aimed at finding effective and economical attack measures for the interruption of malaria transmission. Investigation on vector response to insecticides currently in use will be continued, and new insecticides will be tested. Alternative attack measures to reduce man/mosquito contact, or measures against parasites, will be investigated.

PAHO's technical assistance to the National Malaria Eradication Services (SNEM) in planning, executing, and evaluating activities will be continued through medical officers, engineers, entomologists, administrative methods officers, parasitologists, laboratory advisers, and technical officers.

For those countries where malaria eradication has been achieved and those in the advanced stages of the program, technical assistance will be directed towards establishing an effective surveillance system and preventing reinfestation.

PAHO will assist in the organization and coordination of two seminars on epidemiology and entomology.

Provision will be made for the training of professionals in epidemiology, malariology and vector control through fellowships. Antimalarial drugs, equipment, and supplies for research activities will also be provided.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 2,259,484	\$ 2,050,769	\$ 2,078,630	\$ 2,145,770
PER CENT OF TOTAL BUDGET	5.7	5.9	3.8	5.9
TOTAL POSTS	78	72	71	69
CONSULTANT MONTHS	1	13	11	16
FELLOWSHIPS	10	7	3	4
SEMINARS	\$ 8,481	\$ -	\$ -	\$ -
SUPPLIES AND EQUIPMENT	\$ 345,165	\$ 261,050	\$ 238,150	\$ 239,850
GRANTS AND OTHER	\$ 74,543	\$ 85,000	\$ 76,550	\$ 83,750

PROJECTS

Headquarters	Ecuador-0200	Haiti-0200	Surinam-0200
Argentina-0200	El Salvador-0200	Honduras-0200	Trinidad and Tobago 0200
Belize-0200	El Salvador-0216	Jamaica-0200	Venezuela-0200
Bolivia-0200	French Antilles	Mexico-0200	West Indies-0200
Brazil-0200	and Guiana-0200	Nicaragua-0200	AMRO-0200
Colombia-0200	Grenada-0201	Panama-0200	AMRO-0201
Costa Rica-0200	Guatemala-0200	Paraguay-0200	AMRO-0203
Dominican Republic-0200	Guyana-0200	Peru-0200	AMRO-0216
			AMRO-0218

0300 - SMALLPOX

Objective

To maintain the interruption in the transmission of smallpox in the Americas.

Strategy

Systematic vaccination covering a minimum of 87% of the susceptible population of the countries in order to have a good general herd immunity. Development of surveillance activities to detect any suspected case; a network of laboratories

for comprehensive diagnosis; organization of a reporting network; a systematic survey of the areas from which the last cases were reported, areas that presented unreliable vaccination coverage, and developing areas receiving large numbers of newcomers, in order to detect unsuspected foci; a weekly epidemiological report of cases and activities; production of freeze-dried smallpox vaccine of potency and stability meeting WHO standards; and preparation and distribution of manuals for vaccination activities and assessment.

Review

With the transmission of smallpox interrupted in the Americas since April 1971 and the eradication of the disease declared achieved by the XXII Meeting of the Directing Council in its Resolution XVII, the only risk is the reintroduction of the disease in countries without adequate systems for maintenance and epidemiological surveillance.

In 1973 the provisional figures for vaccination carried out in 10 of the 12 countries having agreements with PAHO for smallpox eradication activities were Argentina, 325,000; Bolivia, 334,163; Brazil, 8,946,325; Chile, 278,253; Colombia, 1,112,474; Ecuador, 338,546; Paraguay, 133,540; Peru, 1,653,937; Uruguay, 159,187; and Venezuela, 645,636. In Brazil, 92% of the estimated population was vaccinated between 1968 and 1972; including primary and revaccinations, the total during that period was 116,474,772.

Seven of the countries produce freeze-dried smallpox vaccine of excellent quality. Annual production was 17.6 million doses in 1966, 136.4 million in 1970, 69.1 million in 1971, 62.4 million in 1972, and 52,230,500 in 1973.

In 1972 and 1973, PAHO supplied several million doses of freeze-dried vaccine to Geneva in order to support the world eradication activities.

Proposals

To continue to assist the countries with advisory activities related to vaccine production according to WHO standards.

To enforce surveillance activities, particularly at international ports and airports, to prevent the importation of any suspected case.

To continue advising and assisting the countries that still do not have a good epidemiological surveillance system to maintain the policy of vaccination of the newborn and other persons without a smallpox vaccination scar, until smallpox transmission is interrupted all over the world.

To assist the countries in the activities of developing simultaneous vaccinations by the smallpox vaccination teams.

To cooperate with the WHO Smallpox Unit in order to interrupt the transmission of the disease throughout the world as soon as possible.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 191,261	\$ 181,420	\$ 131,968	\$ 134,314
PER CENT OF TOTAL BUDGET	.5	.4	.2	.2
TOTAL POSTS	6	5	4	4
CONSULTANT MONTHS	4	1	1	1
SUPPLIES AND EQUIPMENT	\$ 43,549	\$ 33,166	\$ 15,000	\$ 10,000
GRANTS AND OTHER	\$ 20,000	\$ 10,000	\$ -	\$ -

PROJECTS

Argentina-0300	Peru-0300
Bolivia-0300	Uruguay-0300
Brazil-0300	Venezuela-0300
Colombia-0300	AMRO-0300

0400 - TUBERCULOSIS

Objective

To diminish progressively the transmission of the infection, morbidity and mortality by tuberculosis.

Strategy

Increase the biological resistance to infection in the population under 15 years of age through attaining and maintaining a high coverage of immunization with BCG.

Find principal sources of infection in the population through bacteriological examination of sputum of persons with respiratory symptoms. Neutralize the sources of infection discovered through ambulatory chemotherapeutic treatment.

Apply BCG vaccination, bacteriological diagnosis and chemotherapeutic treatment on a national scale through the integration of these activities into the general health services.

The general policy on control and the objectives to be met in the present decade were approved by the Ministers of Health in the Special Meeting in 1972. Shortly after, these were reaffirmed by the II Regional Seminar on Tuberculosis.

Review

The primary control measure in children is vaccination with BCG. For technical reasons lyophilized, heat-stable vaccine, which has been prepared with strains of residual virulence and high antigenic power in laboratory animals, is preferred. The Organization has encouraged centralization of production of lyophilized vaccine in a few laboratories for reasons of quality and cost. It has called the attention of the 10 producing countries in Latin America to the difficulties and high cost that the production of high-quality vaccine demands. Two experts have worked some 15 months since 1969 as advisers to the laboratories. Adoption of the recommendations on installations, materials and equipment, personnel, and the production process has resulted in a clear improvement of the quality of both liquid and lyophilized vaccine produced in the Region. Six technicians from five countries (Argentina, Chile, Colombia, Ecuador and Mexico) have attended the course given in Denmark since 1971 on the production and control of quality BCG. Lyophilized vaccine of high quality and at very reduced prices has been supplied to the countries through the Organization and UNICEF.

For operating reasons, direct vaccination with BCG is recommended, that is, without prior tuberculin testing together with other immunizations. The intradermal route is the method of choice to administer the vaccine. Because of operational advantages, use of the bifurcated needle in BCG vaccination is being investigated. Brazil and Chile are participating in this international study being coordinated by the Tuberculosis Unit in Geneva.

Despite the high priority that should be given to immunization on a national scale, BCG programs are far from the desired levels of coverage. In the majority, the coverage is under 40% of those under 15 years of age, indicating a serious deficiency in the program.

Bacteriological examination of sputum from those persons with respiratory symptoms is the most effective, economical and convenient method of finding sources of infection in the community. A consultant has spent 19 months visiting 11 countries since 1970 to advise health laboratories on the organization of bacteriological diagnosis of tuberculosis. In 1972 an advisory committee reviewed the bacteriological techniques for the diagnosis of tuberculosis. With the recommendation of the committee, the Manual on Bacteriology of Tuberculosis was published and given wide distribution.

In only nine countries of Latin America has the integration of bacteriological diagnosis and ambulatory chemotherapeutic treatment been completed in more than 80% of the health services. In the majority of the other countries, the process of integration has been started in limited zones. In the last four years, a regional adviser, three zone advisers, one country adviser and six temporary advisers gave assistance to the countries of the Region in programming and organizing the integration of control activities in tuberculosis.

In all countries the greater part of the costs for control of tuberculosis is absorbed by the costs of hospitalization, since the budgets for control activities in communities are very limited.

In order to be sure that coverage is real, it is necessary to have sufficient numbers of trained personnel. In 1971 a regional project in tuberculosis nursing was begun. The purpose of the project is the promotion of a more effective preparation and utilization of nursing personnel in the activities of tuberculosis programs.

Four regional courses on the epidemiology and control of tuberculosis have been held in Venezuela, with attendance by 73 physicians from 18 countries. Seven regional courses on bacteriological diagnosis of tuberculosis were conducted in Caracas for 95 laboratory technicians from 18 countries. Since 1970 the Organization has helped to set up national courses and seminars on the control of tuberculosis in 12 countries through its permanent personnel and five temporary advisers.

Proposal

Technical assistance will be continued in planning and implementing national tuberculosis control programs. Special attention will be given to the evaluation of programs, collaborating in the development of methods for evaluating operations and the epidemiological impact they have on the problem of tuberculosis.

Specialized assistance will be given to problems such as production and quality control of BCG vaccine, organization of bacteriological diagnosis and ambulatory treatment, design and analysis of operational and epidemiological research, and training of personnel.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 216,070	\$ 283,050	\$ 228,820	\$ 314,600
PER CENT OF TOTAL BUDGET	.5	.6	.4	.6
TOTAL POSIS	6	7	7	6
CONSULTANT MONTHS	13	13	7	15
FELLOWSHIPS	4	36	5	41
SEMINARS	\$ 13,191	\$ 14,000	\$ 11,000	\$ 12,000
SUPPLIES AND EQUIPMENT	\$ 21,963	\$ 11,650	\$ 13,800	\$ 18,700
GRANTS AND OTHER	\$ 10,955	\$ 8,400	\$ -	\$ 18,800

PROJECTS

Headquarters	Costa Rica-0400	Nicaragua-0400	AMRO-0404
Argentina-0400	Dominican Republic-0400	Panama-0400	AMRO-0409
Belize-0400	Ecuador-0400	Peru-0400	AMRO-0410
Bolivia-0400	El Salvador-0400	Venezuela-0400	AMRO-0411
Brazil-0400	Guatemala-0400	AMRO-0400	AMRO-0412
Colombia-0400	Honduras-0400	AMRO-0403	

0500 - LEPROSY

Objective

To reduce the incidence and prevalence of leprosy and the subsequent disabilities.

Strategy

Assist the governments to develop, implement, and evaluate leprosy control programs.

Assist in the evaluation and improvement of existing control programs.

Promote epidemiological surveillance at the country level with appropriate and uniform recording, analysis, and reporting systems.

Stimulate and assist in the training of personnel at all levels.

Stimulate the concept of continuous prevention of deformity and disability in all programs.

Initiate and stimulate research in leprosy and administrative methods.

Review

Approximately 10,000 new cases of leprosy are reported annually in the Americas. Frequently these go undiagnosed and untreated due to the wide variation in control programs in the countries. Early diagnosis and treatment can cure the disease, prevent deformity and reduce the infectious reservoir. Some countries clearly appear to be succeeding, while in others there is insufficient effort directed at the disease or contacts of leprosy patients to provide adequate leprosy control. Scarce resources continue to be used in maintaining costly institutions for leprosy patients, contributing nothing to its control.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 123,101	\$ 174,020	\$ 120,500	\$ 141,150
PER CENT OF TOTAL BUDGET	.3	.3	.2	.3
TOTAL POSTS	4	4	3	3
CONSULTANT MONTHS	5	9	6	7
SEMINARS	\$ 9,378	\$ 11,000	\$ 10,400	\$ 10,800
SUPPLIES AND EQUIPMENT	\$ 4,571	\$ 16,200	\$ 5,000	\$ 11,300
GRANTS AND OTHER	\$ 3,126	\$ 19,000	\$ 7,000	\$ 13,600

PROJECTS

Headquarters	AMRO-0507
Colombia-0500	AMRO-0509
AMRO-0500	AMRO-0512

0600 - VENEREAL DISEASES

Objective

To reduce the incidence of the sexually transmitted diseases, with emphasis on syphilis and gonorrhea.

Strategy

To assist the governments to develop, implement, and evaluate venereal disease control programs.

To stimulate and assist in the improvement of the clinical facilities, diagnosis, and treatment of these diseases.

To assist each country to develop a central reference laboratory for the diagnosis of venereal disease and to establish and monitor quality control of the tests of other laboratories in the country through the WHO Reference Laboratory in Atlanta.

To promote the screening for syphilis (serology) and gonorrhea (culture) wherever possible, especially in family planning clinics, MCH programs, and so on.

To promote training of personnel at all levels.

To stimulate research.

Review

Greater awareness of the seriousness of the sexually transmitted diseases is being recognized by the governments of the Region. More importantly, the governments are insisting that greater effort be put forth in controlling these diseases. The control of the venereal diseases is a national problem; however, international and regional cooperation and coordination are necessary for effective control.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 1,101	\$ 18,000	\$ 4,400	\$ 31,200
PER CENT OF TOTAL BUDGET	*	*	*	.1
CONSULTANT MONTHS	1	4	2	6
FELLOWSHIPS	-	-	-	3
SUPPLIES AND EQUIPMENT	\$ -	\$ 8,000	\$ -	\$ 8,300
GRANTS AND OTHER	\$ -	\$ 4,000	\$ -	\$ 4,000

PROJECTS

Ecuador-0600
AMRO-0600
AMRO-0612
AMRO-0613

0700 - ZOONOSES

Objectives

To reduce the occurrence of the most common zoonoses in the animal population and eliminate cases in man, with special emphasis on rabies, brucellosis, bovine tuberculosis, hydatidosis, and equine encephalitis. Improve notification of human cases as an aid to detection of sources of animal infections.

To strengthen the services to deal with the reduction of the prevalence of all zoonoses, principally through improvement of surveillance systems, methods of detection, production and supply of vaccines, and to increase the personnel of the veterinary medical services in cooperation with ministries of agriculture and health.

Strategy

Establish and/or strengthen the veterinary medical services units within the ministries of agriculture and health.

Strengthen and coordinate operational epidemiologic research activities and coordinate the reporting of cases of animal diseases.

Assist the governments in the solicitation of funds necessary for the development of the veterinary medical service infrastructure and the training of manpower.

Expand and strengthen the Pan American Zoonoses Center in order to outline concrete programs, establishing true priorities in the field of zoonoses within each country.

Expand education programs related to information dissemination through courses, seminars, in-service training, and conferences, with special attention to the development and adaptation of new technology.

Review

Some of the most prevalent human diseases are directly acquired from animals. Many of the public health losses caused by the zoonoses occur in the rural population, contributing to reduction in the work force needed for agrarian production. Physical handicaps to overcome are the lack of adequate transportation, electrification, refrigeration, and storage. Constant surveillance of all diseases will be required. The need for veterinarians and auxiliary personnel will therefore increase during this time.

Through the Pan American Zoonoses Center and the public health veterinarians at the zone and country level, progress in the control of the zoonoses has advanced through limited improvement in the diagnoses and reporting of the diseases in animals; treatment of human cases; standardized diagnosis of/and immunization against brucellosis; diagnosis and control of hydatidosis and vaccination of large populations of horses against equine encephalitis, thus preventing transmission to humans; training of national personnel in field and laboratory work; and advisory services in the planning, execution, and evaluation of programs.

The control measures applied against the zoonoses have been adequate; however, in many countries, these diseases still present a serious problem of human and animal health significance. In Latin America, in general, and in certain other geographic areas, some of the most prevalent human diseases are acquired directly from animals. These animal diseases are a serious handicap to improvement in livestock development, which is essential for the increase in the animal protein available to the people in Latin America, who are already highly deficient in this nutrient.

Diagnostic services have improved but need more and better equipment. The protective capacity against the zoonoses and the safety of the presently available vaccines are limited. Production is insufficient to meet the demand in several countries in the affected areas, particularly for use against canine rabies.

Limited advances have been made in improvement of available manpower in veterinary medicine, and the deficiency of adequately trained professionals and auxiliary personnel in preventive medicine and epidemiology is the major handicap to achieving the objectives in this field as set forth by the ministers of agriculture and health in their meetings.

Proposals

The objectives and approach described above will be achieved to varying extents in the different countries of the Hemisphere if each country, according to its ability to conduct programs, both from the technical and operational standpoints and the priorities set, would define its policy and specific strategy in animal health and veterinary public health as related to the zoonoses.

The field activities of the Pan American Zoonoses Center and the public health veterinarians at the Zone and Country levels will assist in the control of the major zoonoses by helping the countries in the planning and operation of services, personnel training, and the provision of biologicals and reference material.

Expansion of the program of activities of the Zoonoses Center is occurring at a rate commensurate with the timing of the operational phases of the national programs to control the major zoonoses, with financial assistance from the international lending agencies. The Headquarters staff will aid in the solicitation of external financing, promotion and planning of regional and national activities, procurement and training of human resources, and administration of the overall regional program.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 2,021,655	\$ 2,724,336	\$ 2,696,041	\$ 2,692,689
PER CENT OF TOTAL BUDGET	5.1	5.2	4.9	4.9
TOTAL POSTS	142	146	146	144
CONSULTANT MONTHS	39	49	44	46
FELLOWSHIPS	50	64	62	46
SEMINARS	\$ 25,611	\$ 15,500	\$ 12,000	\$ 9,000
SUPPLIES AND EQUIPMENT	\$ 212,556	\$ 301,407	\$ 245,164	\$ 200,352
GRANTS AND OTHER	\$ 208,437	\$ 247,832	\$ 202,154	\$ 215,418

PROJECTS

Headquarters	Cuba-0700	Jamaica-0701	Venezuela-0700
Argentina-0700	Dominican Republic-0700	Mexico-0700	Venezuela-0701
Bahamas-0700	Ecuador-0700	Mexico-0710	West Indies-0700
Barbados-0700	Ecuador-0701	Netherlands Antilles-0700	AMRO-0700
Barbados-0702	El Salvador-0700	Nicaragua-0700	AMRO-0701
Belize-0700	French Antilles and	Panama-0700	AMRO-0702
Bolivia-0701	Guiana-0700	Paraguay-0700	AMRO-0703
Brazil-0700	Grenada-0700	Peru-0700	AMRO-0704
Brazil-0703	Guatemala-0701	Peru-0701	AMRO-0708
Chile-0700	Guyana-0700	Peru-0702	AMRO-0718
Colombia-0700	Haiti-0700	Surinam-0700	AMRO-0719
Colombia-0701	Honduras-0701	Trinidad and Tobago-0700	
Costa Rica-0700	Jamaica-0700	Uruguay-0702	

0800 - FOOT-AND-MOUTH DISEASE

Objectives

To improve the quantity of available protein of animal origin destined to aid in the fight against human malnutrition through the control and possible eradication of the disease in South America and prevention of the disease in non-infected areas.

To develop international coordination to guarantee the surveillance, notification, and eradication of outbreaks of foot-and-mouth disease.

Strategy

Non-infected area:

- Prohibition of the import of animals and animal products capable of carrying the virus from affected countries.
- Inspection of ports and frontiers to ensure enforcement of this requirement.
- Operation of a system for determining the occurrence of outbreaks of vesicular diseases of animals.
- Availability of laboratory services for diagnosing vesicular diseases of animals.
- Establishment of a plan, including legal, human, material, and financial resources, on an emergency basis for the eradication of possible outbreaks.

Affected countries:

Establishment, with total coverage, of national foot-and-mouth disease programs in all the countries.
 Immunization of the animal population at risk by means of regular vaccinations.
 National and international sanitary control of the movement of animals and animal products.
 Enforcement of isolation under quarantine circumstances with a feasible elimination of cases of foot-and-mouth disease.
 Continuance of activities to ensure community indoctrination and cooperation, especially in rural areas, to assist in achieving the objectives of the national disease programs.
 Continuance of training and improvement of veterinary manpower responsible for program execution and evaluation.
 Improvement in the effectiveness of existing vaccines and amplification of research in the development of new ones.

Review

Continuation of the persisting changes in virulence and pathogenicity of the major types of the virus accompanied by immunologic instability of the host population will make epidemiologic evaluation difficult. Increased surveillance of animal movements within and among countries will be needed. Opening of the remaining section of the Pan American Highway will cause problems.

Through its programs of technical assistance, PAHO has helped Argentina, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, and Venezuela in obtaining funds from the Inter-American Development Bank, and aided in the development and execution of their national campaigns to control, and hopefully eradicate, foot-and-mouth disease. The multinational foot-and-mouth disease control program which is at present being undertaken by South American countries, combined with development of new vaccines, has been the most significant contribution to the control of this disease. The total amount of loan funds, including national investments, will be just over \$350,000,000 in the next five years.

The South American Commission for the Control of Foot-and-Mouth disease was organized on 26 February 1973 at its constitutional meeting held in the Pan American Foot-and-Mouth Disease Center in Rio de Janeiro, Brazil. A limited production of the newer type vaccines on an industrial scale, and the absence of quality control in most of the countries affected by the disease, have been barriers to achievement of effective campaigns. The pilot plant for the training of national personnel in vaccine production on an industrial scale and in quality control was inaugurated on 10 November 1972 at the Pan American Foot-and-Mouth Disease Center. The first training program began on 1 June 1973 with nine students.

Advances have been made in training of national personnel from the affected and the disease-free countries in the diagnosis of vesicular diseases, particularly foot-and-mouth disease, and in preventive measures to protect those countries of the disease-free area.

Although foot-and-mouth disease is endemic in all the countries of South America, with the exception of the Guianas and Surinam, the annual prevalence rate of the disease in these countries is gradually being reduced.

The Pan American Foot-and-Mouth Disease Center, through its activities in Rio de Janeiro and its area consultants has provided technical assistance to improve the situation that exists due to the lack of technical, material, and financial resources.

Proposals

The field activities in which staff of Headquarters and the Pan American Foot-and-Mouth Disease Center assist will help the countries to conduct and strengthen their national programs and coordinate activities so as to ensure a smoothly run campaign at the continental level. Research will be continued with a view to improving the effectiveness of vaccines, principally to reduce the number of vaccinations per year.

As the construction of national laboratories for vaccine production and quality control proceeds, increase in training of national personnel at the pilot plant in the Center will take place.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 2,036,697	\$ 1,996,248	\$ 2,127,877	\$ 2,256,786
PER CENT OF TOTAL BUDGET	5.1	3.8	3.8	4.1
TOTAL POSTS	168	171	177	179
CONSULTANT-MONTHS	10	3	3	3
FELLOWSHIPS	10	41	51	43
SEMINARS	\$ 49,850	\$ -	\$ -	\$ -
SUPPLIES AND EQUIPMENT	\$ 390,174	\$ 175,005	\$ 148,641	\$ 172,040
GRANTS AND OTHER	\$ 114,909	\$ 103,670	\$ 78,870	\$ 89,380

PROJECTS

Chile-0800	Peru-0800
Colombia-0800	Trinidad and Tobago-0800
Ecuador-0800	Venezuela-0800
Panama-0800	AMRO-0800
Paraguay-0800	AMRO-0806

0900 - OTHER COMMUNICABLE DISEASES

Objectives

To implement Resolution XI adopted at the III Special Meeting of Ministers of Health of the Americas in order to improve the knowledge of viruses and rickettsial diseases prevalent in the Region, and to assist in some countries with special problems such as hemorrhagic fever (virus of the Tacaribe Group), encephalitis, and dengue.

To intensify research which will enable the development of control measures.

To initiate, promote, and coordinate programs of epidemiological surveillance and control activities of selected acute bacterial infectious diseases, and to assist the countries in this field.

To assist the countries in organizing, implementing, and evaluating programs in relation to diseases preventable through vaccination, according to the Ten-year Health Plan established by the III Special Meeting of Ministers of Health of the Americas.

Strategy

Improvement of vaccines against rickettsial infections, particularly louse-borne typhus, and evaluation of the protection of the population at risk.

Collection, analysis, and distribution of information on dengue, through a special bulletin, Dengue News Letter for the Americas.

Advising the countries, upon request, on laboratory and epidemiological activities related to early detection, diagnosis, and control of epidemics.

Advising and assisting the Member Governments on improving methods of diagnosis, surveillance, and control of other communicable diseases.

Training of national public health personnel, using the most accurate techniques for diagnosis and control of bacterial diseases subject to the International Health Regulations or international surveillance.

Simultaneous vaccination of the population to be protected with the recommended antigen by use of bifurcated needle, syringe or jet injector.

Assistance to Member Governments in field trials to test new vaccines and recommendations on new techniques.

Promotion of epidemiological surveillance of the diseases under control.

Stimulating and assisting in the training of professional and auxiliary personnel in the appropriate techniques of and logistical approach to the program.

Review

Epidemics of Junin hemorrhagic fever have been recurrent in Argentina since 1943, with morbidity reaching a peak of 60 per 100,000 and case fatality, 6%. In Bolivia, Machupo virus, having a rodent reservoir, was the source of several outbreaks between 1959 and 1972 totalling 1,434 cases with high fatality rates.

Recently, a new hemorrhagic fever has been described in the Amazon Basin of Brazil and designated Altamira fever. The exact cause of this hemorrhagic disease is at present unknown. The emergence of similar viruses in Africa, such as Lassa fever with its exceptionally high case fatality rate, suggests that these rodent-borne viral diseases may become an increasing problem in the Americas during the next few years. The colonization and development of the Amazon Basin is expected to increase the risk of these diseases to large populations.

PAHO convened for the first time, in January 1970, a Scientific Advisory Committee on Dengue Fever to study and propose a program for both investigation and surveillance of dengue fever in the Caribbean area. The Committee met again in 1972 and another meeting is scheduled for 1974. The Committee is implementing specific recommendations upon review of progress obtained during the above-mentioned period.

In 1973 the second typhus vaccine field trial was developed on the southern shore of Lake Titicaca, Province of La Paz, Bolivia, including 4,000 individuals receiving either the attenuated typhus vaccine or the adult diphtheria-tetanus vaccine used for control. Two blood samples, one before vaccination and a second six weeks postvaccination, were taken from 10% of the total population being tested.

Louse-borne typhus remains an important endemic disease in the highlands of Bolivia, Ecuador, and Peru. Over the period 1962-72, nine countries reported a total of 3,551 cases.

An immune globulin project was developed in Bolivia in 1973 under an agreement between the Bolivian Government, PAHO, and the United States Army Medical Research Institute of Infectious Diseases. Two hundred and twenty units of plasma from Bolivian donors known to be immune to BHF were obtained. Since the only known preventive measure, rodent control, is not practical, research has been directed toward development of human vaccines. However, laboratory personnel must be protected against this highly lethal virus during their work and gamma globulin is the only preventive measure available.

PAHO has been cooperating with both the Regional Center for Influenza and the Center for Enterovirus of CDC, Atlanta, to promote a network of modern, well-equipped enterovirus, hepatitis viruses, and influenza viruses national laboratories. Standard reagents and equipment are provided, performance evaluation programs are carried out, and local workers are being trained.

With the objective of acquiring more knowledge to permit more effective control of these diseases, PAHO collaborates with the governments in the investigation of the ecological factors which lead to the spread of vector-borne diseases and their persistence. PAHO provides fellowships and consultant services to stimulate, orient, and coordinate research and investigation, and collaborates with the countries in the improvement of the surveillance services and control of these diseases.

Poliomyelitis outbreaks occur in the countries of the Region that have not developed an adequate vaccination program against this disease. The seriousness of the disease is measured by its mortality rate and by the physical deficiencies it causes, which vary from insignificant to very serious and permanent. In 10 countries of the Region the percentage of death caused by measles in relation to the total number of deaths in the age group one to four years was between 5 and 15. The mortality rate from diphtheria was between 0.5 and 2.0 per 100,000 inhabitants in 13 countries, and the mortality rate from whooping cough varied between 1.0 and 50.0 in 16 countries. The mortality rate from tetanus varied between 1.0 and 5.0 in 22 countries which reported the disease.

In 1973, PAHO/WHO continued promoting the development of an extensive vaccination program in the age group under five years, where approximately 80% of the disease was concentrated. Technical assistance was provided through short-term consultants (epidemiologists, virologists, general practitioners, and technical staff), advice was given in taking samples for serological studies, and some countries were provided with free vaccine for containment of outbreaks. Assistance was also provided in the preparation of vaccination programs, and in training personnel through fellowships in foreign countries and domestic courses.

Technical assistance for the organization of a network of 13 laboratories for the diagnosis of enterovirus was also provided. Two short-term consultants visited these laboratories and made recommendations. Groups of antigens for diagnosis were sent to 21 virus laboratories in the Region.

Proposals

To continue stimulating the development of better-planned vaccination programs, carried out according to the plan of operations; periodical evaluation of these programs, determination of expenditure, and organization and execution of epidemiological surveillance systems.

Training of medical, paramedical and auxiliary staff through courses in the countries, fellowships in foreign countries, and domestic seminars.

To assist the Member Governments in organizing or improving the low-temperature storage facilities and in testing the potency and stability of such antigens.

To continue with efforts for obtaining support from international institutions, or technical assistance, in order to obtain long-term and low-interest rate credits for assisting the governments in their vaccination programs.

To provide standardized reagents for national rickettsial diagnostic laboratories, and develop an exchange of trainees between these laboratories and recognized reference centers.

To progressively extend the use of attenuated type E typhus vaccine in those areas where louse control is not an efficient or practical measure.

To strengthen the national programs for surveillance and control of hepatitis, especially hepatitis B. Proposed activities include provision of standardized reagents for routine screening of blood donors, performance of epidemiological surveys, and diagnostic testing of acute hepatitis cases.

To establish an international center for the study of hemorrhagic fevers. Such a center, located in the Amazon basin, would provide laboratory and epidemiological reference services, training of national personnel, coordination of research, and a base for international communication regarding the Tacaribe group of viruses.

To develop services to determine the quality of arbovirus and enterovirus serological tests, utilizing WHO regional reference centers.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 52,219	\$ 58,500	\$ 66,100	\$ 115,100
PER CENT OF TOTAL BUDGET	.1	.1	.1	.2
CONSULTANT MONTHS	5	7	8	9
FELLOWSHIPS	5	2	8	11
SEMINARS	\$ 7,989	\$ 14,000	\$ -	\$ 15,200
SUPPLIES AND EQUIPMENT	\$ 26,919	\$ 27,500	\$ 30,000	\$ 50,000
GRANTS AND OTHER	\$ 3,290	\$ -	\$ 6,500	\$ 8,500

PROJECTS

Argentina-0900	Peru-0900	AMRO-0923	AMRO-0928
Bolivia-0901	Trinidad and Tobago-0900	AMRO-0924	AMRO-0929
Brazil-0900	AMRO-0900	AMRO-0925	AMRO-0932
Brazil-0901	AMRO-0919	AMRO-0926	

1000 - PARASITIC DISEASES

Objective

To cooperate with Member Governments, through advisory services, in the planning, organization, and implementation of control programs against parasitic diseases.

Strategy

Development of new methodology and techniques for improving laboratory diagnosis activities, particularly a standard reference serum.

Evaluation of special aspects related to epidemiology, entomology, and malacology, in order to enable the planning and budgeting of control measures.

Encouraging and cooperating in studies of suspected mutagenic drugs.

Review

Due to lack of careful control programs, Chagas' disease, schistosomiasis, and leishmaniasis are expected to increase considerably as a result of changes in the ecological patterns of the vectors and intermediate hosts, expansion of the agricultural areas, development of river basins, and other events likely to occur during this decade.

Chagas' disease and schistosomiasis are the most serious parasitic diseases in the Americas. Chagas' disease is widespread in rural areas of Latin America, with high rates of prevalence in 10 countries. About 10 million people are suspected of having the disease, and according to conservative estimates one million of them have chronic cardiopathy due to the infection.

Schistosomiasis is a more limited endemic disease, but the danger of spreading it to other areas due to irrigation projects is evident. The importance of monitoring environmental changes on the epidemiology of schistosomiasis must be well emphasized in all the economic development projects involving river basins and dams, among others.

The Snail Identification Center for the Americas, located in Brazil, is doing taxonomic research in several countries of Latin America.

Although control is feasible using available measures, only Puerto Rico and Venezuela have adequate activities. Four countries are carrying out some control activities; three other countries and some territories have no control projects at all.

Onchocercosis, cutaneous leishmaniasis, cysticercosis, amebiasis, and hookworm disease are other parasitic infections which delay the development of rural areas of the Region.

Proposals

To continue providing assistance to the governments.

To assist the countries in developing epidemiological and economic studies on the impact of parasitic disease control measures.

To assist the countries in developing better diagnostic techniques and in studies with relation to mutagenic drugs.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 36,206	\$ 89,633	\$ 89,100	\$ 108,900
PER CENT OF TOTAL BUDGET	.1	.2	.2	.2
TOTAL POSTS	2	2	2	2
CONSULTANT MONTHS	9	12	9	10
FELLOWSHIPS	1	6	5	5
SUPPLIES AND EQUIPMENT	\$ 3,608	\$ 21,300	\$ 19,000	\$ 20,000
GRANTS AND OTHER	\$ 2,966	\$ 19,133	\$ 10,000	\$ 12,000

PROJECTS

Brazil-1000	Uruguay-1000
Brazil-1001	AMRO-1000
Peru-1000	AMRO-1007
Surinam-1000	AMRO-1008

B. ENVIRONMENTAL SCIENCES

2100 - GENERAL

Objectives

The III Special Meeting of Ministers of Health, in its Ten-year Health Plan, redefined the goals that the countries should try to reach during the decade of the 1970's. The goals related to this project are (1) establish adequate sys-

tems for collection, transport, treatment, and final disposition of solid wastes in at least 70% of the cities with 20,000 or more population; (2) establish policies and carry out programs for the control of contamination of water, air, and soil, as well as noise, in a manner compatible with basic environmental sanitation and with industrial development and urbanization; (3) protect 70% of the workers exposed to occupational hazards in countries that already have fully active programs, and 50% in countries where the programs are not yet sufficiently developed; and (4) reduce morbidity and mortality from improper use of pesticides.

Strategy

To advise governments in the formulation of policies and basic legislation for control of soil, air, and water pollution, as well as for programs of industrial hygiene, solid waste disposal, housing and urbanization.

To formulate and develop national and/or regional plans, based on national plans for development, with the purpose of assuring the assignment of resources and the realization of objectives, bearing in mind the necessity of expressing the goals in environmental sanitation in economic and social terms and of establishing indicators for measuring the progress that is being made.

To accelerate the creation and development of institutions, introducing modifications as necessary, in order to strengthen the organizations and to assure adequate policies and practices in planning, design, construction, supervision and maintenance of services.

To develop the human resources necessary to carry out the plans and meet the goals through regular and intensive educational programs.

Review

The Organization, through its country projects and the Pan American Center on Engineering and Environmental Sciences (CEPIS), has been giving advisory services to the countries in all these areas, principally in those referring to air and water pollution and to industrial hygiene and safety. The Pan American Network of Standard Sampling of Air Pollution began its activities in 1967 and now has more than 100 stations in the principal cities of the Region. Creation of a network of surveillance of water pollution is being planned that will encompass the most important sources of water. Collaboration is being given by CEPIS in the study and planning of water resources in various important watersheds. In the field of solid wastes, interest has been generated in the majority of countries in making services technically sound as well as in the improvement of the institutions that administer the service. In the area of industrial hygiene, many of the countries have already organized central programs and in others the preliminary investigations and training are being carried out. In order to further the program and assist even more countries, the Organization is making the necessary arrangements to open a center on ecology and health in which the effects of ingestion, contact or prolonged inhalation in humans of a series of toxic substances can be investigated. With financial aid of the United Nations Development Programme, three integrated programs of control of environmental pollution are being developed in Guanabara and São Paulo, Brazil, and in Mexico City. Training of personnel for this field is included within the activities described above. It is expected that in the future the Center on Ecology will also carry out training activities in its area of responsibility.

Proposal

The Organization, through its country projects, CEPIS, and the Center on Ecology, will continue giving assistance to the countries in the principal aspects of activities in this field of air, water and soil pollution. The Network of Standard Sampling of Air Pollution will be expanded; in many cases other parameters will be added; and control activities will begin. It is expected that preliminary activities for the installation of a network for surveillance of pollution of bodies of water will be initiated.

In the area of solid wastes the national programs that are being formulated in Bolivia, Colombia and Ecuador will be consolidated and it is hoped that other countries will undertake preliminary activities leading to similar programs. Training activities in this field will be continued, both at the international and local levels, through the organization of short courses and seminars and other means.

Through the country projects and CEPIS personnel, collaboration with the countries in the following programs will be continued: water treatment, sewage treatment, systems analysis, industrial hygiene, housing, urban development and fiscal planning in rural areas, quality of water and development of river basins.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 1,923,752	\$ 3,522,455	\$ 3,327,227	\$ 2,869,700
PER CENT OF TOTAL BUDGET	4.8	6.8	6.0	5.2
TOTAL POSTS	82	94	99	97
CONSULTANT MONTHS	64	168	115	91
FELLOWSHIPS	54	119	153	123
SEMINARS	\$ -	\$ 55,000	\$ 2,000	\$ 2,000
SUPPLIES AND EQUIPMENT	\$ 137,546	\$ 765,712	\$ 391,415	\$ 94,527
GRANTS AND OTHER	\$ 99,055	\$ 206,794	\$ 104,431	\$ 143,329

PROJECTS

Headquarters	Costa Rica-3100	Mexico-2102	West Indies-2101
Argentina-2100	Cuba-2100	Mexico-2104	West Indies-2102
Bahamas-2104	Dominican Republic-2100	Netherlands Antilles-2100	West Indies-2103
Barbados-2100	Dominican Republic-3100	Nicaragua-2101	AMRO-2100
Belize-2100	Ecuador-2100	Nicaragua-3100	AMRO-2101
Bolivia-2100	Ecuador-2101	Panama-2100	AMRO-2102
Brazil-2100	Ecuador-2102	Panama-3102	AMRO-2103
Brazil-2103	El Salvador-2100	Paraguay-2100	AMRO-2104
Brazil-2104	French Antilles and	Peru-2100	AMRO-2106
Brazil-3101	Guiana-2100	Peru-3100	AMRO-2107
Brazil-3109	Grenada-2102	Peru-3106	AMRO-2114
Brazil-3110	Guatemala-2100	Surinam-2100	AMRO-2118
Chile-2100	Guyana-2100	Trinidad and Tobago-2100	AMRO-2120
Colombia-2100	Haiti-2100	Uruguay-2100	AMRO-2123
Colombia-2102	Haiti-3100	United States of	AMRO-2124
Colombia-2105	Honduras-2100	America-3108	AMRO-2126
Colombia-3100	Jamaica-2100	Venezuela-2100	AMRO-2127
Costa Rica-2100	Mexico-2100	West Indies-2100	

2200 - WATER SUPPLIES

Objectives

The goals of the Ten-year Health Plan for the Americas, 1971-1980, for community water supplies and excreta disposal services include (1) providing water service through house connections to 80% of the urban population or, as a minimum, supplying half the population at present without service; (2) providing water for 50% of the rural population or, as a minimum, supplying 30% of the population at present without service; (3) installing sewerage systems to serve 70% of the urban population or, as a minimum, reducing by 30% the population at present lacking such services; and (4) installing sewerage systems and other sanitary facilities for the disposal of excreta for 50% of the rural population or, as a minimum, reducing by 30% the number of inhabitants not possessing adequate facilities.

Strategy

Study and analysis of conditions existing in the countries of the Region in order to identify in physical and financial terms the principal problems and constraints in the water-supply and sewage-disposal sector.

Stimulation, planning, and implementation of activities as an element of national environmental health plans in order to reach the Ten-year Health Plan goals, including training programs and technological improvement programs.

Strengthening of national water supply and sewerage authorities or organizations in order to assure sound operational and administrative policies.

Promotion of national drinking water quality standards and systems of surveillance which will ensure the development and maintenance of the highest practical quality of potable water.

Assistance to governments in the identification of high priority water supply and sewerage projects, and in the preparation of "bankable" projects, including assistance in negotiating finance for the implementation of construction projects.

Review

The technical, financial, and social problems connected with meeting the objectives for the decade require constant attention by the governments of the Region, particularly as the situation is intensified through population expansion.

PAHO continues to assist the governments in the identification and mobilization of the resources necessary to achieve the goals. While progress is evident, as reported annually by the Director of PASB, the magnitude of the problems merits continued and accelerated effort.

The earlier tendency of governments to select community water supply and sewerage projects on a piecemeal basis, since reliable definition of national objectives and priorities was not available, has been increasingly replaced by planned approaches through PAHO's assistance to governments in identifying the problems in improving community water supply and sewerage facilities and in establishing priorities for investment. This has been facilitated through increased efforts to acquire, analyze, and use basic information covering water supply and waste disposal.

Because insufficient national and international funds still constitute a major constraint to progress, the setting of specific targets compatible with the Ten-year Health Plan and the developing, adapting, and implementing of national plans and policies serve to make the targets more feasible and financial assistance more possible.

While noticeable progress has been made in improving water quality surveillance and control, further improvement is still required. Consultative assistance to ministries of health, particularly, in providing this control has served to ensure that health considerations are basic to the provision of potable water and liquid waste disposal.

Increased activity has been evident in meeting the problem of providing water supplies to rural areas. Organization, design, construction, maintenance, and operation are being adapted to a greater degree to the needs and capabilities of the people served, and the use of local labor and indigenous materials is encouraged wherever possible.

Proposals

To provide assistance, with a comprehensive and systematic approach, to national water supply and waste disposal planning by formulating sector programs and policies; identifying and preparing proposals for preinvestment studies; identifying and preparing investment projects in close collaboration with international, regional, and bilateral financing and development agencies; and assisting in the supervision of study projects in operation.

Through close association with international agencies such as UNICEF, with bilateral agencies, and with governmental agencies, to provide and coordinate assistance in developing and implementing countrywide rural water supply programs, as well as in developing training programs, institution building, and utilizing local labor and materials.

By means of consultative assistance and a scheduled seminar to encourage improvements in the field of water quality control by adapting water quality standards to fit the countries' needs, and aiding in the improvement of national laboratory installations and techniques.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 1,354,353	\$ 2,676,051	\$ 1,751,497	\$ 1,364,923
PER CENT OF TOTAL BUDGET	3.4	5.1	3.2	2.5
TOTAL POSTS	38	51	47	42
CONSULTANT MONTHS	180	331	121	89
FELLOWSHIPS	54	106	46	54
SEMINARS	\$ 42,869	\$ 27,500	\$ 20,000	\$ -
SUPPLIES AND EQUIPMENT	\$ 56,160	\$ 123,299	\$ 22,900	\$ 16,000
GRANTS AND OTHER	\$ 84,141	\$ 396,363	\$ 139,300	\$ 22,700

PROJECTS

Argentina-2200	Colombia-2201	Honduras-2200	Uruguay-2200
Barbados-2201	Colombia-2202	Jamaica-2202	Venezuela-2200
Belize-2200	Costa Rica-2200	Jamaica-2204	West Indies-2200
Bolivia-2200	Cuba-2200	Mexico-2200	West Indies-2203
Bolivia-2201	Dominican Republic-2200	Nicaragua-2200	West Indies-2204
Bolivia-2202	Dominican Republic-2204	Nicaragua-2201	AMRO-2114
Bolivia-2203	Ecuador-2201	Nicaragua-2202	AMRO-2200
Brazil-2200	Ecuador-2202	Nicaragua-2204	AMRO-2203
Brazil-2201	El Salvador-2200	Panama-2200	AMRO-2213
Brazil-2203	Grenada-2200	Peru-2200	AMRO-2219
Brazil-2204	Grenada-2202	Peru-2203	AMRO-2220
Brazil-2206	Guatemala-2200	Surinam-2200	AMRO-2223
Brazil-2208	Guyana-2201	Surinam-2201	AMRO-2227
Chile-2201	Haiti-2200	Trinidad and Tobago-2201	AMRO-2230

2300 - Aedes Aegypti ERADICATION

Objective

To eradicate Aedes aegypti, vector of urban yellow fever, from the Region of the Americas.

Strategy

Simultaneous coverage of all the infested areas of the countries using residual action insecticides, with treatment of every locality found to be positive, followed by post-treatment inspection of each locality to evaluate the results of treatment. Areas found to be still infested will receive new treatment until eradication of the mosquito is achieved, based on the following techniques:

- Intradomestic method, consisting essentially of the spraying of the inside walls of the houses, supplemented by the treatment of the most important containers found in the premises.
- Perifocal method, consisting basically of the treatment of all containers of the type preferred by Aedes aegypti.
- Focal method, consisting of the use of the insecticide solely as larvicide.
- Destruction, removal, or protection of all containers of the kind preferred by the mosquito.
- Organization and enforcement of surveillance activities aimed to prevent reinfestation from other areas or countries.
- Field investigation and experiment with emphasis on vector resistance to insecticides, for better technical support of the program.

Review

Yellow fever virus continues to be active in the enzootic areas of the Continent, increasing the danger to urban areas of Aedes aegypti infestation even more.

In 1973, there were a total of 170 cases of jungle yellow fever in the Americas: Bolivia 76, Brazil 41, Colombia 14, Peru 33, and Venezuela 6.

A dengue epidemic struck Colombia in 1971-72. The estimated number of cases was more than a half million, and although this figure is high, the real number of cases could be higher since surveillance activities related to this disease are inadequate.

Dengue viruses II and III have been identified in some countries of the Caribbean, and the hemorrhagic form of dengue is a real danger in many countries of the Region where Aedes aegypti is uncontrolled. A cost-benefit study concluded that the eradication of Aedes aegypti continues to be the best policy for the prevention of disease since this vector is responsible for its spread.

Vaccine production of 17-D virus continued in Brazil and Colombia with financial support from PAHO/WHO. The Instituto Oswaldo Cruz of Brazil produced 13,569,200 doses and Colombia 2,181,800 doses in 1973. A total of 2,206,170 doses of vaccine were distributed to countries of this Region and 5,000 doses to other regions in 1973.

The existence of some countries without an active eradication campaign caused the reinfestation of others that had already eliminated Aedes aegypti. In 1973 reinfestations of Brazil and Costa Rica were eliminated.

Between 1970 and 1973 the following meetings were held: Study Group on Prevention of Diseases Transmitted by Aedes aegypti; two meetings of the Scientific Advisory Committee on Dengue; and a meeting of the countries of Central America and Panama on Aedes aegypti eradication.

Proposals

To continue to assist the countries in the attainment of the goal of eradication of Aedes aegypti.

To strengthen surveillance activities in order to prevent reinfestation.

To integrate, whenever possible, malaria and Aedes aegypti eradication activities.

To continue field investigations and experiment with methods that could speed up the reduction of heavily infested areas, to shorten the eradication campaign.

To investigate vector resistance to insecticides for better technical support of the program.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 549,439	\$ 445,118	\$ 431,525	\$ 414,740
PER CENT OF TOTAL BUDGET	1.4	.9	.8	.8
TOTAL POSTS	12	12	12	10
CONSULTANT MONTHS	6	13	16	12
FELLOWSHIPS	4	5	8	8
SEMINARS	\$ 951	\$ 20,500	\$ -	\$ 8,900
SUPPLIES AND EQUIPMENT	\$ 274,666	\$ 154,677	\$ 124,000	\$ 131,800
GRANTS AND OTHER	\$ 2,709	\$ 441	\$ -	\$ -

PROJECTS

Bahamas-2300	French Antilles and	Netherlands Antilles-2300	AMRO-2300
Barbados-2300	Guiana-2300	Panama-2300	AMRO-2301
Belize-2300	Grenada-2300	Surinam-2300	AMRO-2303
Brazil-2300	Guyana-2300	Trinidad and Tobago-2300	AMRO-2308
Colombia-2300	Honduras-2300	Venezuela-2300	AMRO-2309
Colombia-2301	Jamaica-2300	West Indies-2300	AMRO-2310
Cuba-2300			AMRO-2311

2400 - HOUSING

Objective

To protect the quality of life of the human being, and that of his environment, through rational use of maternal resources, integrated planning and application of knowledge about health and environmental sanitation to the programming and planning of projects in housing, colonization and urbanization of social interest.

Strategy

To stimulate the adoption of an interdisciplinary methodology for the solution of the problems of programming of housing and of rural planning.

To collaborate in the application of coordinated agro-economic and social programs for the development of the rural zone, with emphasis on adequate basic sanitary services.

To collaborate in activities related to the improvement of housing conditions through studies and pilot projects of housing constructed by "self-help" or mutual assistance, using in the greater part local materials.

To collaborate in colonization projects related to the development of water resources and the control of water pollution.

To collaborate with other international organizations in programs and projects related to minimum housing and to rural problems.

To collaborate in the training of personnel specialized in urban and rural planning.

Review

Activities developed by the Organization in housing are oriented toward the goals of the Ten-year Health Plan for the Americas. Accelerated growth in the urban zones of Latin America, especially in the capitals and large cities, has created an enormous deficit in housing. In order to aid low-income groups to construct minimum housing, with basic sanitary services, new systems of construction and expansion of the use of local materials must be developed. In Latin America the majority of the population is agricultural and one-third of the rural population is dispersed and isolated from even minimum sanitary services. A large part of the urban growth corresponds to the rural emigration.

The Organization participates in multinational housing and urban development projects in collaboration with the Inter-institutional Committee (OAS, UN, PAHO, IADB, and AID), as well as in the preparation of minimum standards for housing and urbanization. It has contributed to the development of feasible alternatives in the solution of problems in sanitation in rural zones and it participates actively in the planning of national colonization projects in arid and jungle areas with emphasis on the social aspects and on good organization of small communities on a regional basis which would permit provision of basic sanitary services.

The training of personnel specialized in rural and urban planning, through courses, seminars and workshops in planning, is one of the important activities being developed.

Proposals

It is expected that there will be an accelerated development of colonization in the larger river basins due to developments such as large hydroelectric undertakings or existence of petroleum or other large natural resources that will result in rural and urban development, as well as development of industries related to forestry which will facilitate the production of construction materials for housing in the cities.

These large projects require highly specialized personnel. CEPIS will cooperate in training activities and propose the introduction of courses on urban and rural planning to the universities.

It is planned to assist annually at least two colonization projects in the programming aspects of rural housing and to collaborate in a multi-institutional pilot project for the development of a rural community. Advisory services will be in planning and programming in at least one model center in a livestock area, another in a jungle region and a third in the planning of agricultural villages in low areas. Emphasis will be placed on full-time interdisciplinary teams in rural and urban planning in at least one country each year. Collaboration with the Interinstitutional Committee in the development of multinational pilot projects in housing and urban development will be continued.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 36,958	\$ 45,300	\$ 57,200	\$ 60,100
PER CENT OF TOTAL BUDGET	.1	.1	.1	.1
TOTAL POSTS	3	3	3	3
	PROJECTS			
	AMRO-2114			

2500 - AIR POLLUTION

Objective

To prevent air pollution indices from rising to serious levels in countries of Latin America and the Caribbean and, where they have already become a problem, to reduce them to acceptable levels.

Strategy

Develop air pollution measurement and monitoring programs.

Train personnel specialized in air pollution problems.

Organize services capable of efficiently administering programs for the evaluation, prevention, and control of air pollution.

Obtain enactment of appropriate legislation, according to the administrative organization and the social and economic situation in each country.

Review

Gases and particulate emissions from industrial and domestic activities and from automotive vehicles may produce serious air pollution problems. The industrialized countries are devoting substantial financial and manpower resources to its measurement and control. Except for a few isolated instances, the problem has not as yet reached similar serious proportions in the developing countries; nevertheless, it may do so in consequence of efforts to accelerate industrialization and the elevated rates of population growth and urbanization. The greatest impediments to solution of the problem are the meager knowledge of its true magnitude, lack of trained manpower, and the limited financial resources that have hitherto been allotted to these programs.

To help improve the situation and to awaken interest on the part of the countries concerned, PAHO initiated the Pan American Air Pollution Sampling Network (REDPANAIRES) in 1967, a program at the continental level to measure air pollution that is currently coordinated by the Pan American Center of Sanitary Engineering and Environmental Sciences (CEPIS). REDPANAIRES, initiated with eight stations, had 85 stations in December 1973 distributed in 26 cities of 14 countries, where samples of suspended dust and sulfur dioxide are taken daily, and sedimented dust on a monthly basis. A first report was published in 1971 in which some 40,000 records obtained up to December of 1970 were tabulated. A second report, to include 300,000 readings collected up to December of 1973, is in preparation. Support has also been given to the relatively more developed countries to initiate programs to measure other pollutants.

The PAHO training program, including grants for academic scholarships and for study trips, has made it possible to hold 14 short courses. Information has been disseminated and the staff personnel devoted to air pollution--an engineer stationed in Zone V and a regional consultant at CEPIS--are cooperating in improving development of the program at all levels. The advisory service provided is aimed especially at assuring an organization in each country, with a technical structure capable of administering air resources in a continually more efficient manner.

Five countries have received assistance in preparing applications to UNDP and in implementing six environmental sanitation projects that include air pollution activities. One country is being supported in preparing a request to UNEP. A request has been presented to UNDP for a regional environmental pollution monitoring program that, if approved, will very effectively contribute to expansion of such activities in the Region.

Proposals

Activities of REDPANAIRES will continue to be expanded, and it is anticipated that 150 stations will be in operation in 1976. Assistance will be provided to include new techniques and to extend the evaluation programs in each country. It is planned to offer at least three short courses each year, and to continue support of fellowship awards for academic study and study trips. It is expected that important advances will be made in enacting specialized legislation, and in organizing institutions equipped for more effective development of the programs. Support will be continued until termination of the projects carried on with UNDP financial support, and assistance will be given in obtaining two additional projects. In 1975 it is expected that the contribution of CEPIS to the Network for the Collection and Analysis of Air Pollutants in Rainwater that WHO is attempting to institute, and the Global Monitoring Network that WHO has projected, will be in full operation. The agreement with UNDP for the regional monitoring program should also be in operation.

It is anticipated that this will make possible achievement by 1976 of 50% of the goal established at the III Meeting of Ministers of Health (Santiago, October 1972), at which time the goal of air pollution programs in 74 urban zones of Latin America and the Caribbean was established.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 20,238	\$ 48,650	\$ 51,250	\$ 57,340
PER CENT OF TOTAL BUDGET	.1	.1	.1	.1
TOTAL POSTS	2	2	2	2
CONSULTANT MONTHS	-	3	3	3
FELLOWSHIPS	-	2	3	4
SUPPLIES AND EQUIPMENT	\$ 1,355	\$ 2,900	\$ 1,300	\$ 3,300

PROJECTS

Colombia-2500	Peru-2500
Costa Rica-2500	Venezuela-2500
El Salvador-2500	AMRO-2114
Guatemala-2500	

II. PROMOTION OF HEALTH

A. GENERAL SERVICES

3100 - PUBLIC HEALTH

Objectives

Provide technical advisory services to the Member Governments aimed at perfecting their health services through installation of mechanisms that will make it possible to obtain the greatest possible population coverage by the health services systems of each country in the Region.

Specifically, to extend (1) coverage of basic services to the entire population and expand the field of specialized activities as demanded by new problems arising from the urbanization of localities of more than 100,000 inhabitants; (2) coverage of basic health services to the entire population not yet covered, supplementing such coverage with the provision of basic services to localities of 2,000 to 20,000 inhabitants; and (3) coverage of minimum comprehensive services to the entire population in localities of less than 2,000 inhabitants.

Strategy

Define a health policy in each country consonant with its individual problems and administrative organization, defining and coordinating the fields of action of various institutions constituting the health sector.

Expand productivity of the existing health services by means of technical, administrative, and legal reforms that will reinforce the organic and functional structure, and the authority that guides and develops health policy established by the health ministries and departments; improve and develop existing institutions; perfect or establish a flexible regionalized administration; and supplement the present resources with such manpower, equipment, and intermediate complementary services as may be necessary, exploring other sources and methods of national and international financing.

Study and experiment with health technologies and effective production functions according to the social and cultural realities of each country and to their anticipated future development.

Incorporate planning as a dynamic and continuing process in health services administration at all levels in order to bring about authentic health programming in the countries.

Stimulate active community participation in health programs so as to create a sense of community responsibility for the solution of problems that they confront.

Review

The accelerated population growth and rural migration to urban zones will bring about an increased demand for health services in all fields, especially in those of particular concern to the Americas, such as nutrition, environmental sanitation, control and eradication of communicable diseases, and mental illness, and, in turn, a demand for improvement of health conditions in the more developed countries for such services as treatment of chronic illnesses, cancer, and diabetes.

Undoubtedly the greatest effort will be required by the problem arising from accelerated population growth in that area related to maternal and child care, services that obviously will have priority within the public health programs in Latin America.

The gradual increase in the use of ionizing radiation in medicine, industry, and scientific research will have as its consequence an increase in the population exposed to this risk.

At present time these programs are operating in 25 countries and 14 territories.

According to the problems and the objectives, PAHO assistance has been primarily directed to six basic areas: (1) administration of health services; (2) extension of health services to rural areas; (3) training of professional and auxiliary personnel to increase the benefits derived from the services and to meet demands for their extension; (4) advisory services to improve utilization of health services; (5) programming health services in the countries; and (6) advisory services in formulation of health policy that will make possible the clear identification of the problems.

In four countries special advisory services have been provided for expansion of health services to rural areas.

Given the interest that programs to develop river basins have had in the development of health programs, technical advisory services have been provided in this field.

Proposals

Based on the national health policy in each country, advisory services will be provided in programming activities related to the tasks that have been assigned to the department, adjusting the plans to those of the Ten-year Health Plan for the Americas. Technical advisory services will be provided in the organization of health services, in the formulation of policies, and in preparation of health plans.

According to policies developed by the countries, assistance will also be provided in establishing national health systems in those countries that decide to institute them.

Cooperation will be extended in the training of professional, technical and auxiliary personnel to those countries requesting assistance.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 4,427,344	\$ 4,138,270	\$ 4,149,674	\$ 4,260,122
PER CENT OF TOTAL BUDGET	11.1	7.9	7.5	7.8
TOTAL POSTS	91	100	100	100
CONSULTANT MONTHS	173	184	152	161
FELLOWSHIPS	487	253	234	271
SEMINARS	\$ 158,551	\$ 175,095	\$ 98,500	\$ 78,500
SUPPLIES AND EQUIPMENT	\$ 276,574	\$ 220,630	\$ 119,400	\$ 84,000
GRANTS AND OTHER	\$ 470,013	\$ 384,243	\$ 470,250	\$ 419,750

PROJECTS

Headquarters	Costa Rica-3103	Mexico-3107	Venezuela-3100
Argentina-3100	Costa Rica-3104	Mexico-3108	West Indies-3101
Argentina-3101	Cuba-3100	Netherlands Antilles-3101	West Indies-3108
Bahamas-3110	Dominican Republic-3100	Nicaragua-3100	West Indies-3112
Barbados-3100	Ecuador-3100	Nicaragua-3102	AMRO-3000
Belize-3100	Ecuador-3103	Panama-3100	AMRO-3110
Bolivia-3100	Ecuador-3105	Panama-3102	AMRO-3125
Bolivia-3102	Ecuador-3106	Paraguay-3100	AMRO-3126
Bolivia-3104	El Salvador-3100	Paraguay-3103	AMRO-3129
Brazil-3101	French Antilles and	Peru-3100	AMRO-3130
Brazil-3104	Guiana-3101	Peru-3106	AMRO-3131
Brazil-3108	Grenada-3100	Peru-3108	AMRO-3133
Brazil-3109	Guatemala-3100	Surinam-3100	AMRO-3135
Brazil-3110	Guyana-3100	Trinidad and Tobago-3100	AMRO-3137
Brazil-3112	Haiti-3100	Uruguay-3100	AMRO-3139
Canada-3100	Haiti-3105	United States of	AMRO-3141
Canada-3101	Honduras-3100	America-3100	AMRO-3142
Chile-3100	Honduras-3104	United States of	AMRO-3143
Chile-3105	Honduras-3105	America-3103	AMRO-3144
Colombia-3100	Jamaica-3100	United States of	AMRO-3145
Costa Rica-3100	Mexico-3100	America-3108	

3200 - NURSING

Objectives

To assist the countries of the Region in (1) the determination and organization in at least 60% of the countries by the end of the decade of a system of nursing that provides the quantity and quality of nursing care required to achieve the goals of the health programs, while clearly stipulating the role of nursing in health care, the type and quantity of personnel required, the standards of care, the organization and administration, and the system of information needed for control and evaluation; (2) the provision of the quantity and quality of nursing services that ensure safe patient care; (3) the development and strengthening of rural health services in order to extend its coverage; and, (4) the development and institutionalization of methods for updating the active work force of nursing personnel, in accordance with health program and service needs.

Strategy

To prepare nurses in planning and programming through their participation in a basic health planning course, and subsequently in an international course on programming of nursing.

To develop, in two or three countries of the Region, a model system of nursing in order to obtain greater information on all the elements and their interrelationships. These findings will enrich the content of the programming course.

To assist in the formulation of standards based on the findings of the study of national hospitals, and in their application.

To assist in the development of short courses for the preparation of nurses in the basic aspects of administration of nursing services.

To assist in improving the administrative content of basic education programs.

To assist in the establishment of continuing education and in-service education programs, in accordance with service and program needs.

To develop a guide for the organization and operation of rural health services staffed by an auxiliary using new approaches on case delivery.

To orient nurses and physicians to the content of the guide in order to develop new thinking in relation to extension of coverage and the provision of care.

To promote the extension of the role of nursing personnel, incorporating functions related to primary health care and especially programs dealing with mothers and children.

To assist countries to identify necessary information and develop a system for obtaining it that will permit the control and evaluation of services given.

Review

In the countries of Latin America and the Caribbean the quantity and quality of existing nursing care is insufficient to meet the health program goals. This problem is attributable in large part to lack of specificity in defining the role of nursing and the personnel structure needed to fulfill this role. As a result of this vague situation, there is not only a discrepancy between what physicians require and what administrators provide but also a misuse or underutilization of nursing personnel which further dilutes the resources available for care.

Nursing care is provided mainly by nursing auxiliaries, whose qualifications and capabilities are widely different from those of nurses. This large group of auxiliaries receives little or no control, owing to the critical shortage of nurses. To meet the problem, an intermediate category of personnel is slowly emerging in some of the countries.

There is also a large group of general hospital or health center auxiliaries who are usually classified as nursing personnel even though they perform many functions of other disciplines. This situation distorts the picture of how much manpower is actually available and takes up the scarce time of nurses for administrative and supervisory tasks.

A dichotomy exists between education and services; many schools tend to prepare personnel to fulfill a traditional, theoretical concept of the nurse's role instead of preparing students to recognize and cope with the specific needs for innovative nursing services existing in the countries where they work.

Finally, there is lack of a comprehensive approach to nursing planning that takes all the components into consideration as part of the total system.

The acute shortage of nursing manpower adversely affects not only the extension of health care but also the quality of services that can be provided. The present corps of available nurses and nursing auxiliaries is scarcely adequate to provide a minimum level of nursing care - that is, safe care - to patients; 86% of the population living in 75% of the countries have less than 15 nursing workers, of all kinds, per 10,000 inhabitants. As for nurses, the shortage is even

more acute; 51% of the population has less than 1.5 nurses per 10,000 inhabitants. As a consequence, nursing auxiliaries are relied on to perform many of the duties that should properly be the responsibility of nurses.

Between 70 and 90% of all nursing personnel are employed in hospitals, leaving a very small proportion available for community health services among the population at large. Nurses are concentrated for the most part in the urban centers, which means that services in semiurban and rural areas are provided mainly by auxiliaries who receive little or no supervision.

The regional average of nurses per physician is 0.3. Only six of the 24 countries have more than one nurse for each physician. Current production rates (averaging 0.4 per graduating medical student in 15 countries) are contributing very little to improvement of the ratio. This uneven situation results in poor use and underutilization of the physician group.

Another factor diminishing the available manpower supply is emigration. Poor working conditions, lack of career opportunities, and inadequate salaries are impelling trained personnel to seek jobs outside their own countries.

The low quality of nursing care, as well as the insufficient quantity of personnel, has resulted in poor coverage of the population in programs for communicable disease control, maternal and child care, and nutrition education. Moreover, in many hospitals the safety of patients, particularly high-risk cases, is jeopardized by these manpower deficiencies. The situation in the rural areas is even more critical; services are provided largely by auxiliaries who have received little or no preparation for their functions and who are, in addition, supervised on an irregular basis.

The organizational structure of the nursing services is generally inadequate, and the administration of the services is poor. The budgets, frequently not identifiable, are insufficient to provide the number and types of positions required. Statistical information for the evaluation and planning of nursing care is inadequate, and basic research on new ways of providing care and on improving its organization and administration is urgently needed.

PAHO has assisted countries in the development of the nursing component of community and hospital health services, ranging from elementary services in the rural areas to the most sophisticated, such as intensive care units in the hospitals; or in specialized areas such as mental health, maternal and child health, and so on.

A course on programming in nursing was held in 1974 for 17 nurses. The first portion of a guide for the development of rural services using auxiliaries was completed, and considerable impetus was given to the development of standards for nursing care in hospitals.

Proposals

The definition, programming, and development of the elements of the system of nursing. This includes country projects, which may deal with overall definition, as in Venezuela-3200, to those dealing with elementary health services, such as on Haiti-3104, or principally hospital nursing as Peru-3106.

The definition of standards for hospital and community care based on the findings of studies of existing institutions. This will probably include countries of Zones I and IV in 1975.

The development of the nursing midwifery component in maternal and child health and family planning services, emphasizing the expanded role of the nurse in the delivery of primary care.

The development of a seminar and a conference on the new approaches to community health services.

The development of community mental health services.

The development of in-service education and short courses to update nursing personnel in accordance with program needs.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 679,718	\$ 1,006,794	\$ 982,299	\$ 1,061,950
PER CENT OF TOTAL BUDGET	1.7	1.9	1.8	1.9
TOTAL POSTS	39	37	37	37
CONSULTANT MONTHS	39	43	18	19
FELLOWSHIPS	18	23	19	20
SEMINARS	\$ 22,194	\$ 52,500	\$ 16,500	\$ 30,900
SUPPLIES AND EQUIPMENT	\$ 8,439	\$ 19,600	\$ 14,600	\$ 22,100
GRANTS AND OTHER	\$ 1,012	\$ 1,500	\$ 1,500	\$ 1,500

PROJECTS

Headquarters	Cuba-3200	Haiti-3200	West Indies-3200
Argentina-3200	Dominican Republic-3100	Honduras-3200	AMRO-3200
Bahamas-3200	Dominican Republic-3200	Jamaica-3200	AMRO-3201
Barbados-3200	Ecuador-3100	Mexico-3200	AMRO-3202
Belize-3200	Ecuador-3200	Netherlands Antilles-3200	AMRO-3203
Bolivia-3100	El Salvador-3200	Nicaragua-3100	AMRO-3204
Bolivia-3200	French Antilles and	Nicaragua-3200	AMRO-3206
Brazil-3101	Guiana-3200	Panama-3200	AMRO-3210
Brazil-3104	Grenada-3100	Paraguay-3200	AMRO-3214
Brazil-3109	Grenada-3200	Peru-3106	AMRO-3215
Brazil-3110	Guatemala-3100	Peru-3200	AMRO-3216
Brazil-3112	Guatemala-3200	Surinam-3200	AMRO-3219
Brazil-3200	Guyana-3100	Trinidad and Tobago-3200	AMRO-3220
Chile-3200	Guyana-3200	Uruguay-3200	AMRO-3222
Colombia-3100	Haiti-3100	Venezuela-3200	AMRO-3223
Colombia-3200	Haiti-3105	West Indies-3100	AMRO-3225
Costa Rica-3200			AMRO-3226

3300 - LABORATORY SERVICES

Objectives

To cooperate with Member Governments to (1) program and develop laboratory services integrated in the health programs of the countries so as to provide a minimum laboratory for each establishment with a full-time medical officer; (2) expand and improve laboratories for production and control of biological products for human and animal use; and (3) organize regional blood banks.

Strategy

Advise the governments in the formulation and implementation of a diagnostic laboratory services program, assuring its incorporation in plans for extension and consolidation of health services coverage now being studied or developed by the countries.

Promote and support programs for production of biologicals and for the establishment of national quality control of such products.

Select and recommend to the governments such guidelines, techniques and standards as will facilitate increased use of diagnostic services, control tests, and production of biologicals.

Foster and cooperate in the establishment of regional reference laboratories that will also serve as centers for training of personnel.

Promote and support manpower training according to the needs and requirements of the laboratory programs.

Review

The high prevalence of infectious diseases requires expanded facilities for bacteriologic, virologic, parasitologic, and mycolic diagnosis, as well as those for diagnosis of chronic diseases. Laboratories for control of water, food-stuffs, biological products, and drugs, and those that can be used to measure air pollution, must be developed.

Only some 10% of the ambulatory services without beds have a laboratory, while 70 to 95% of the hospitals have some service of this nature.

There is an urgent need in the majority of countries in the Region to modernize laboratory services and expand their coverage, increasing efficiency and productivity. In general, inadequate resources to meet demand, problems of an administrative and technical nature, and above all, lack of trained manpower, can be observed.

Demand for vaccines, therapeutic sera, and biological reagents needed, if goals established for the decade are to be met, will require production of biologicals as well as development of systems to facilitate expansion of national and multinational resources.

PAHO assistance, based on the problems and objectives stated, has been directed to four basic areas: development of laboratory systems, increased production of biologicals, development of techniques, procedures and research projects, and manpower training.

PAHO is also cooperating with the countries in the production and control of diagnostic reagents, studying possibilities of establishing central laboratories in each country for this purpose.

Training of manpower resources in this field is contemplated in the program areas cited above, but it is also anticipated that three regional training centers will be developed, based on the program in Chile, Mexico, Peru and Venezuela. In addition to cooperative projects of a national character, there is a regional support program for these activities.

Proposals

Based on national health policies as adjusted to the goals of the Ten-year Health Plan, assistance will be provided in planning, organizing, and administering laboratory services as part of national plans and the regional program. Special emphasis will be placed on solution of the problems related to infrastructure, and specifically to development of human resources and allotment of material resources. An effort will be made to incorporate available technological advances in this process. These proposals also incorporate the operation of hospital laboratories.

Based on the demands of the communicable disease control programs and the epidemiological situation, advisory services will be given to programs for the production of biologicals, with special emphasis on establishing national control mechanisms for such production and reference laboratories at the international level.

The countries will be assisted in developing the needed facilities to train professional and nonprofessional laboratory personnel, including specialized courses for laboratory directors, section chiefs, and supervisors. Basic courses will be set up for local laboratory chiefs and for auxiliary personnel. Three regional training centers for laboratory personnel will be developed.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 778,551	\$ 1,767,382	\$ 1,250,125	\$ 868,224
PER CENT OF TOTAL BUDGET	1.9	3.4	2.3	1.6
TOTAL POSTS	20	19	18	19
CONSULTANT MONTHS	64	168	116	73
FELLOWSHIPS	23	65	63	53
SEMINARS	\$ 7,466	\$ 5,000	\$ 6,000	\$ 6,300
SUPPLIES AND EQUIPMENT	\$ 237,952	\$ 692,940	\$ 284,466	\$ 112,742
GRANTS AND OTHER	\$ 71,400	\$ 70,009	\$ 56,505	\$ 68,738

PROJECTS

Headquarters	Colombia-3301	Honduras-3300	Venezuela-3300
Argentina-3300	Costa Rica-3300	Mexico-3301	Venezuela-3301
Belize-3300	Cuba-3300	Mexico-3302	West Indies-3302
Bolivia-3300	Cuba-3301	Mexico-3303	AMRO-3300
Bolivia-3301	Ecuador-3300	Nicaragua-3300	AMRO-3303
Brazil-3302	Ecuador-3301	Panama-3300	AMRO-3304
Brazil-3303	El Salvador-3300	Paraguay-3300	AMRO-3306
Brazil-3315	French Antilles and	Peru-3300	AMRO-3311
Chile-3300	Guiana-3300	Trinidad and Tobago-3314	AMRO-3316
Chile-3301	Guatemala-3300	Uruguay-3300	AMRO-3318
Colombia-3300			AMRO-3320

3400 - HEALTH EDUCATION

Objectives

In the Ten-year Health Plan for the Americas, effective participation of the community is considered essential to achievement of the goal of improving and extending health services at all levels. Resolution XXII of the XXII Meeting of the Directing Council of PAHO provides that high priority be given to the formulation and execution of programs designed to create in individuals a sense of responsibility with regard to their health and that of their community, and the capacity for conscious and constructive participation in programs whose objective is the well-being of the population.

The objectives of the program are to develop and refine services and programs of health education to achieve greater effectiveness in the task of channeling the educational process to facilitate community participation in programs and activities of the health service; prepare health service personnel in this field at the stage of academic training as well

as on the job; and develop education for health and family life teaching at various levels of the general educational system, including teacher training.

Strategy

Formulate or define in each country a policy for health education consonant with the sectoral health policy, and assure its inclusion in existing legislation.

Improve and expand training of specialized personnel in this discipline as well as on-the-job training in this and related fields.

Develop and perfect the infrastructure of health education services to assure the educational content of the health programs.

Review

With the assistance of PAHO, many governments have in recent years made a systematic and detailed study of the capability of their health education services to stimulate and channel community participation in health activities. For various reasons some of the services are not yet in a position to meet the needs of the health program. It is accordingly necessary to expand them, in the aspects of staffing, installations, financial resources, and basic administrative structure.

PAHO has similarly been cooperating through meetings and specific projects in an effort to bring about an adjustment in the academic preparation and on-the-job training so necessary for the staff of the health services and related institutions if they are to truly meet the countries' needs at all levels of work. There are at the present time 3,370 specialists in the field, a number totally inadequate to meet the demands created by the goal set in the Ten-year Health Plan for the Americas. If the ratio of one specialist for each 50,000 inhabitants is accepted, 8,187 health educators will be needed for the decade.

The governments have made valiant efforts over recent years to see that community education in the field of health is reinforced by the health content in general education. The 53 million students who have passed through the educational system in Latin America represent 20% of the total population of the area, and 45% of the 5 to 24 age group. The total number of teachers for this population is around 2,142,980. PAHO has been cooperating with the governments in revising and expanding the health content of general education plans and programs, and in teacher-training, so as to equip teachers with a suitable methodology to integrate education for health and family life in the teaching programs for children and young people of school age, and for parents and other groups. In 1973 a group of experts met to draw up the guidelines for preparation of appropriate teaching programs in the above described areas.

PAHO has also been stimulating studies and research projects designed to bring about more effective health education in planning and development of health programs. Projects along these lines are in progress in various countries. An inter-country project to include a more rational utilization of social communication media in integrated programs for maternal and child health, including family planning, is in the final stages of implementation. Another project, relating to the evaluation of the educational component in health programs, is also in the stage of field testing.

Proposals

Assistance will be continued in strengthening and expanding health education services so that they may more fully achieve the objectives established. Studies will be made aimed at redefining the specific functions and responsibilities of health education specialists in the various working levels of the health system, in the light of the general development in each country and the specific requirements of the Ten-year Health Plan for the Americas.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 155,379	\$ 208,429	\$ 193,540	\$ 211,300
PER CENT OF TOTAL BUDGET	.4	.4	.3	.4
TOTAL POSTS	5	4	4	5
CONSULTANT MONTHS	17	23	17	19
FELLOWSHIPS	5	9	8	8
SEMINARS	\$ -	\$ 9,100	\$ 8,600	\$ 9,100
SUPPLIES AND EQUIPMENT	\$ 2,194	\$ 6,850	\$ 5,900	\$ 5,900

PROJECTS

Headquarters	Ecuador-3400	Guyana-3400	AMRO-3400
Barbados-3400	El Salvador-3400	Surinam-3400	AMRO-3401
Brazil-3400	Guyana-3100	West Indies-3400	AMRO-3410

3500 - HEALTH STATISTICS

Objective

Improvement of health statistics systems to make available essential data, of good quality and coverage, for planning, administration, and evaluation of local and national programs.

Strategy

Establish, within each health ministry, a statistical unit responsible for collection and analysis of data to be utilized by the health services.

Evaluate and improve the existing systems for transmission of information from local sources to the regional and national units, and to prepare, tabulate, analyze, and distribute it to the interested organizations. Prepare guidelines, formulas, and manuals (national, regional, and local). Organize and improve the medical records departments in medical care establishments.

Coordinate activities in the field of health statistics with other organizations carrying on related work, to avoid duplication of efforts and to integrate data originating from all sources.

Carry on home surveys based on the sampling technique to obtain reliable basic data on composition of the family, indicators of social and economic level, deaths, fetal deaths, pregnancies and births, morbidity cases of chronic disability, and utilization of medical care services. These surveys, made at periodic intervals, will make it possible to evaluate the development of vital and health statistics systems and changes in the population's health situation.

Establish registration areas to determine and evaluate changes in health conditions resulting from health or social and economic measures.

Foster studies on health problems of local, national, and international interest.

Promote manpower training in statistics (biostatistics, medical records, computer sciences) at the professional, intermediate, and auxiliary levels (see program 6700).

Review

An analysis of vital and health statistics systems indicates that in the majority of the countries the coverage, reliability, quality, and end utilization of statistical material is deficient in the Region.

Available manpower resources for statistical services in many countries is inadequate in both quantity and quality, and the remuneration is insufficient. Advisory services and supervision of local and regional statistical services is sporadic, as is the case with the national system itself.

To attain the stated objectives, PAHO has available 16 consultants in health statistics assigned to regional, zone, and country projects. There are also five positions for medical records consultants, who advise in the organization of medical records departments in hospitals and other health establishments, as well as in personnel training. The computer section at Headquarters and the Buenos Aires Computer Center advise the countries on feasibility studies for acquisition of data processing electronic equipment, in making systems analyses, and in programming and developing model programs for use in the public health field.

In the Region of the Americas, PAHO is responsible for collection and dissemination of information on health at the international level. The Department of Statistics of PAHO collects and publishes information on communicable diseases on a weekly and an annual basis. It also collects information on an annual basis on mortality, morbidity, health resources, and statistics on the services, published periodically in official documents of WHO and PAHO.

PAHO is also responsible for promoting and disseminating information on the use of the International Classification of Diseases (ICD) in the Region, and for mortality and morbidity statistics, as well as for the preparation of diagnostic indices in hospitals. It cooperates with countries of the Region in manpower training in the use of the ICD, and promotes organization of research projects on certain aspects of the Classification, assists the countries in the preparation of regional proposals for the Revision of the Classification and in the preparation in Spanish of the Ninth Revision of the International Classification of Diseases.

The Department of Statistics studies new methods of information collection and analysis and continues to analyze information collected in the Inter-American Investigation of Mortality in Childhood, the results of which will be widely disseminated through its publications. It actively promotes utilization of the results of such research in the improvement of maternal and child health and in the educational program.

Proposals

Continue providing technical advisory services to countries of the Region, with emphasis on organization and structure of the systems and improvement of the quality, coverage, and reliability of vital and health statistics.

Encourage increased emphasis on the analysis, dissemination, and timely use of vital and health statistics at all levels of the health services to facilitate planning, administration, and evaluation of the services.

Plan and proceed with preparation of the Spanish edition of the International Classification of Diseases (Vol. I and Vol. II), having in mind its distribution to the countries of the Region by the end of 1976. At the same time, prepare the Portuguese version of the Classification. Formulate plans for the official introduction to the Ninth Revision, train the personnel responsible for its use, and update the teaching material.

The Inter-American Investigation of Mortality in Childhood provides a foundation for future operational studies on the provision of medical care services and for epidemiological studies on human reproduction. During the next years, this type of research, in cooperation with the ministries of health and the universities, will be encouraged.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 972,469	\$ 1,202,249	\$ 1,436,471	\$ 1,456,403
PER CENT OF TOTAL BUDGET	2.4	2.3	2.6	2.7
TOTAL POSTS	46	42	46	46
CONSULTANT MONTHS	43	54	43	40
FELLOWSHIPS	5	32	55	41
SEMINARS	\$ 4,323	\$ 18,900	\$ 7,000	\$ 25,300
SUPPLIES AND EQUIPMENT	\$ 56,915	\$ 114,617	\$ 148,450	\$ 143,996
GRANTS AND OTHER	\$ 3,574	\$ 15,442	\$ 14,257	\$ 12,846

PROJECTS

Headquarters	Chile-3500	Haiti-3500	Venezuela-3500
Argentina-3500	Colombia-3500	Honduras-3500	West Indies-3500
Argentina-3504	Colombia-3501	Jamaica-3500	West Indies-3501
Bahamas-3500	Costa Rica-3500	Mexico-3501	AMRO-3500
Barbados-3500	Cuba-3500	Netherlands Antilles-3500	AMRO-3501
Belize-3500	Dominican Republic-3500	Nicaragua-3500	AMRO-3502
Bolivia-3500	Ecuador-3106	Panama-3500	AMRO-3503
Brazil-3101	Ecuador-3500	Paraguay-3500	AMRO-3504
Brazil-3104	El Salvador-3500	Peru-3500	AMRO-3506
Brazil-3109	Grenada-3500	Peru-3502	AMRO-3513
Brazil-3110	Guatemala-3500	Surinam-3500	AMRO-3515
Brazil-3500	Guyana-3500	Trinidad and Tobago-3500	AMRO-3516
Brazil-3502	Haiti-3105	Uruguay-3500	AMRO-3521

3600 - ADMINISTRATIVE METHODS

Objectives

Collaborate with governments in the area of reformulation of policies for the health sector and in economic development of the required structures to achieve the objectives set forth in such plans, and establish administrative methods and procedures that will assure productivity of the health services.

Strategy

Carry out promotional activities in the field of planning, organization, and administrative management of health services by means of seminars for high-level officials.

Cooperate in administrative diagnosis and analysis, in the framework of regional administrative reform, and in operational improvement of the systems and procedures in specific areas of administrative support services to institutions of the sector.

Provide training courses for intermediate staff and encourage attitudes that will lead to practical administrative reforms.

Review

It may be said that the content of the advisory program in administration is determined mainly by the recognition accorded it by the III Special Meeting of Ministers of Health, where the shortcomings in organization and administration of national and local institutions was deemed one of the major obstacles to making the means of preventing and treating diseases available to individuals. This recognition reaffirmed the activities that PAHO has been carrying on for more than 14 years through its programs of assistance to the Member Governments in improving their administrative structures and processes.

Proposals

For 1976-77 efforts will be directed to continued cooperation in the administrative diagnosis of health institutions of those governments that have initiated the process of administrative reform affecting their health sector.

In the research area, studies will be continued on the modern focus of administration that will make it possible for the countries to improve their administrative methods and procedures, and obtain higher productivity from their health systems.

These activities are directed not only to support of the major individual needs of each country but also to a revitalization of programs through institutions of higher education of a regional or subregional scope.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 555,863	\$ 834,281	\$ 770,125	\$ 702,053
PER CENT OF TOTAL BUDGET	1.4	1.6	1.4	1.3
TOTAL POSTS	25	24	25	23
CONSULTANT MONTHS	33	40	17	15
FELLOWSHIPS	3	17	14	8
SEMINARS	\$ 18,649	\$ 25,000	\$ 29,025	\$ ~
SUPPLIES AND EQUIPMENT	\$ 1,299	\$ 14,681	\$ 600	\$ 600
GRANTS AND OTHER	\$ 12,047	\$ 45,300	\$ 46,300	\$ 49,353

PROJECTS

Bahamas-3600	Colombia-3600	Honduras-3600	Uruguay-3100
Barbados-3600	Costa Rica-3600	Jamaica-3100	Venezuela-3100
Belize-3600	Ecuador-3106	Jamaica-3600	Venezuela-3600
Bolivia-3600	Ecuador-3600	Mexico-3600	West Indies-3100
Brazil-3101	El Salvador-3600	Netherlands Antilles-3600	West Indies-3600
Brazil-3104	Grenada-3600	Nicaragua-3600	AMRO-3600
Brazil-3109	Guatemala-3100	Panama-3600	AMRO-3601
Brazil-3110	Guatemala-3600	Peru-3600	AMRO-3602
Brazil-3600	Guyana-3100	Surinam-3100	AMRO-3603
Chile-3100	Guyana-3600	Surinam-3600	AMRO-3604
Colombia-3100	Haiti-3100	Trinidad and Tobago-3100	AMRO-3607
	Honduras-3100	Trinidad and Tobago-3600	

3700 - HEALTH PLANNING

Objectives

Cooperate with Member Governments during the decade in planning processes to define and institute health policies and strategies, incorporating them in economic and social development policies that underly and facilitate structural changes to constitute the health sector into a system of services adapted to the political, economic, cultural, social and technological conditions in each country, so as to (1) obtain maximum efficiency in the health level and structure, with the greatest possible increase in productivity of the services; and (2) facilitate timely and rational readjustment of decisions through establishment of an information-evaluation-control-decision system.

Strategy

Cooperate with the governments in defining health policies in the context of overall policy, and in developing their sectoral service systems and institutions by introducing, expanding, and refining their planning processes according to the capacity and conditions in each country.

The basic elements in this strategy are (1) formulating and recasting sectoral policy and strategies; and (2) refining these health service systems according to the characteristics of each country and in function of their sectoral plans. Developing such systems and increasing their operational capability demands strengthening the processes of sectoral coordination and institutional administration, and refining the mechanisms for information-evaluation-control-decision. Development of the health planning process is considered the most appropriate means to bring about the necessary structural changes in health services systems.

Utilize and perfect the quadrennial projections system as a tool for programming external aid to the health sector and fostering national programming.

Encourage the formulation and implementation of health plans and programs as an instrument of sectoral policy, to serve as a guidance and operation mechanism in the functioning of the health systems.

Train the necessary manpower resources to institute and assure in each country, according to its individual characteristics, expansion and refinement of administrative processes of planning and information.

Develop a program of studies designed to determine the effects of various alternatives in sectoral policies and define methods or techniques to obtain improved information and increased productivity and efficiency in the national health services system. Expand activities of the Pan American Health Planning Program as a basic resource in training and research programs, as well as for advisory services to the countries in those aspects of the planning process requiring a high degree of specialization.

Review

For the present decade the proposal to include health as an important element in general development policies will require as an indispensable condition a clear definition of policy for the sector, and of functions and responsibilities of the public institutions, as well as the establishment of a mechanism for periodic policy review and adjustment.

The accelerated population movement to urban zones, proliferation of centers for national development, and proposals to increase coverage of health services, will most certainly add to the complexity of health sector problems.

Development of needed manpower resources presupposes a tremendous task to train and retrain personnel in the fields of administration, planning and information at all levels of direction, and standardization and operation to carry out the required structural changes. Programming of this fundamental task must be consistent with national manpower development policy.

Research activities will be called upon for a substantial contribution in developing health systems. Policy levels must have more and more precise knowledge of probable results of their decision options, which in turn will necessitate development of open mathematical models. Institutions will need to study more efficient methods of delivering services, and the most rational techniques to achieve substantial expansion in coverage, especially to less accessible zones. Consequently, major emphasis must be accorded operational studies in the administrative and technological fields and resources allocated for this purpose. Such activities will have to be supplemented by studies of alternative schemes of sectoral financing.

Proposals

Based on the problems, strategies, and proposals as described, PAHO assistance will be directed to seven basic areas:

- Formulation of national policies and strategies and definition of sectoral health services.
- Encouragement and support of health planning processes as a continuing and regular activity in the countries.
- Development of methodological and operational guidelines for programming and evaluation.
- Encouragement and support in the education and training of personnel in health planning and related fields.
- Encouragement and support of research in the field of health planning.
- Encouragement and assistance in establishing national information systems that will provide feedback to the national planning system.
- Development and refinement of systems for programming joint country/PAHO activities.

Along these broad lines activities are being carried on in 26 countries and territories of the Region through six multinational programs and eight country projects. A continuing project is providing assistance in developing national information systems to those countries that have requested it.

The Pan American Health Planning Program constitutes the fundamental instrument for development of human resources, investigation and technical assistance in the aspects of health planning that require high specialization.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 955,212	\$ 1,190,744	\$ 1,049,240	\$ 889,400
PER CENT OF TOTAL BUDGET	2.4	2.3	1.9	1.6
TOTAL POSTS	27	29	28	23
CONSULTANT MONTHS	126	68	35	26
FELLOWSHIPS	2	2	3	1
SEMINARS	\$ 9,256	\$ 3,000	\$ 3,000	\$ 3,000
SUPPLIES AND EQUIPMENT	\$ 45,455	\$ 45,079	\$ 42,350	\$ 38,350
GRANTS AND OTHER	\$ 44,724	\$ 51,955	\$ 80,000	\$ 68,000

PROJECTS

Headquarters	Cuba-3700	Jamaica-3700	AMRO-3700
Argentina-3700	Dominican Republic-3700	Mexico-3700	AMRO-3701
Bahamas-3700	Ecuador-3106	Nicaragua-3700	AMRO-3702
Barbados-3700	Ecuador-3700	Panama-3700	AMRO-3703
Belize-3700	El Salvador-3703	Paraguay-3700	AMRO-3704
Canada-3700	Grenada-3700	Surinam-3700	AMRO-3706
Chile-3700	Guatemala-3700	Trinidad and Tobago-3700	AMRO-3709
Colombia-3700	Guyana-3700	Uruguay-3700	AMRO-3710
Costa Rica-3700	Haiti-3700	Venezuela-3700	AMRO-3715
	Honduras-3700	West Indies-3700	

B. SPECIFIC PROGRAMS

4100 - MATERNAL AND CHILD HEALTH (now included in Program 4900)

4200 - NUTRITION

Objectives

Cooperate with the governments of the Region to establish and maintain surveillance of the food and nutritional status of the population; formulate national biologically-oriented food and nutrition policies; and carry out programs to prevent deficiency diseases, attaining a state of optimum nutrition for all population groups. The specific goals established in the Ten-year Health Plan for the Americas, to accomplish the objectives described, include decreasing the present prevalence of II and III degree protein-calorie malnutrition by 30 and 85%, respectively; nutritional anemias in pregnant women by 30%; endemic goiter to less than 10%; hypovitaminosis A by 30%; and, finally, reversal of the present rising trend in the prevalence of chronic diseases related to obesity.

Strategy

Analyze the information on the present situation of nutrition problems in the Region and evaluate them by means of surveys and nutrition surveillance systems.

Advise and cooperate in the organization and operation of intersectoral planning systems and structures that will make possible the formulation of biologically oriented food and nutrition policies, and the execution of coordinated sectoral programs consonant with such policies.

Make systematic studies of scientific, technological, and methodological advances in the field of food and nutrition, and disseminate such information to health authorities and to teaching and research centers.

Advise and cooperate in the formation of specialized manpower for the nutrition services at the national, intermediate, and local level of the health structures, to include reinforcing teaching centers and awarding fellowships for specialized training in graduate courses.

Advise in the organization, execution, and evaluation of programs for the prevention of nutrition diseases, with emphasis on the appointment of professional staff in nutrition and dietetics in the nutrition units, hospitals, and other health institutions; establish guidelines for nutrition activities; coordinate and expand coverage of supplementary feeding programs and community nutrition education programs; and develop programs for the teaching of nutrition throughout the educational system of the country, and for the fortification of staple foods with nutrients not adequately supplied in the local diet.

Advise and promote development of programs for the production of low-cost foods of high nutritional value, both conventional and nonconventional types, including formula for children during the weaning period, and programs designed to simplify marketing of foodstuffs to offer them to the population at low prices.

Encourage, advise, coordinate, and develop research projects on food and nutrition, giving special attention to simple methods to determine nutritional status; studies on the most prevalent deficiencies and on factors conditioning child growth and development; methodological studies on varying types of nutrition programs; epidemiological studies on nutritional deficiencies and their relation to infectious, cardiovascular, and metabolic diseases; and research on the development, production, and marketing of food mixtures for human and animal consumption.

Review

Nutritional diseases are a significant contributory factor in maintaining the low health levels prevalent in the majority of countries of the Region, largely because of their synergistic action with infectious and parasitic diseases that give rise to high morbidity and mortality indices, especially in children under five years of age. At the same time, these deficiency diseases are associated with the poor physical development of children, frequently accompanied by mental retardation, and by diminished productivity of manual workers that constitutes a serious obstacle to accelerated economic and social development in countries of the Region.

Mortality in children from one to four years of age is 10 to 33 times higher in the Region than in the industrialized countries. In children under five years of age, malnutrition or immaturity is the primary or associated cause of death in 57% of the cases. Malnutrition (II and III degree) is prevalent in 10 to 30% of the children under five years of age in 18 countries that comprise 65% of the total population of the Region. Prevalence of nutritional anemias ranges from 29 to 36% in pregnant women, and hypovitaminosis A affects from 5 to 45% in 13 countries having 58% of the population. Rates of endemic goiter ranging from 10 to 60% are still observed in 16 countries. Certain chronic diseases related to excess weight (cardiovascular diseases, diabetes, and obesity) are acquiring heightened importance in certain groups of the population and countries of the Region. Daily per capita available calories are less than 2,500 and the protein supply falls short of 60 grams in half of the countries comprising 70% of the total population of the Region.

Operation of nutrition services within the health structure varies considerably, and establishment of adequate planning, administration, and evaluation systems for the nutrition programs is a necessity if they are to form an integral part of the national health programs. There is a deficit of specialized personnel in the fields of nutrition and food sciences and of health personnel trained in nutrition. The food and nutrition information systems need to be improved to maintain regular surveillance of the nutritional status of the population and its trends.

Proposals

Use of guides for simplified methods of evaluating nutritional status, including anthropometric studies in Argentina, Brazil, Chile, Jamaica, and Mexico, will be promoted, along with the use of growth curves in maternal and child health services and establishment of vigilance programs on the nutritional status in all countries of the Region.

The project for promotion of National Food and Nutrition Policies in six countries of the Andean area will be continued, and advisory services in the Central American and Caribbean areas will be stepped up, with development of seminars at the national level.

PAHO/WHO will continue provision of advisory services to encourage technical reorientation and reinforcement of nutrition units in the ministries of public health, and the incorporation of nutrition activities in the regular operation of health services, especially in those directed to protection of maternal and child health. It will also continue to provide consultant services to the nutrition institutes in Argentina (Salta), Brazil, Colombia, Ecuador, Peru, and Venezuela.

The aid program to nutritionist-dietitian training centers will be continued, with special attention to those in Bolivia, Ecuador, and Peru. Another meeting of the Committee on Studies will be held. This committee has been making specific recommendations on the content of instruction for this type of professional worker. Seminars on teaching of nutrition in schools of medicine will be continued. Graduate training programs developed by INCAP will be continued, and assistance and advisory services will be given to other centers for such studies in Brazil, Chile, Colombia, Puerto Rico, and Venezuela. Courses for training of technical and auxiliary workers in nutrition will also be developed.

PAHO will continue to foster initiation of new food supplement programs for the most vulnerable population groups, nutrition education programs, and development of health infrastructure, making maximum use of food aid under the World Food Program. Program evaluation and reorientation will also be a part of its responsibility.

Special attention will be given to the aid provided to Bolivia, Chile, the Dominican Republic, and Haiti, in particular, for industrial production of low-cost food mixtures of high nutritional value. PAHO will continue to encourage and provide advisory services in the food fortification projects, including salt iodization in countries with endemic goiter, and addition of vitamin A to sugar in Brazil, Chile, El Salvador, and Guatemala.

The research program will be continued on the basis of the projects now in progress, and will be expanded to include studies of other economic and social aspects and their relation to causes and solutions of nutritional and dietary problems prevalent in the Region.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 4,133,014	\$ 4,403,302	\$ 4,484,950	\$ 4,396,002
PER CENT OF TOTAL BUDGET	10.3	8.4	8.1	8.0
TOTAL POSTS	345	347	348	341
CONSULTANT MONTHS	61	72	61	59
FELLOWSHIPS	88	111	103	85
SEMINARS	\$ 37,109	\$ 50,461	\$ 48,600	\$ 35,200
SUPPLIES AND EQUIPMENT	\$ 402,332	\$ 281,570	\$ 295,210	\$ 304,350
GRANTS AND OTHER	\$ 1,196,026	\$ 1,083,823	\$ 1,030,755	\$ 1,020,304

PROJECTS

Headquarters	Costa Rica-4200	Nicaragua-4200	AMRO-4204
Argentina-4203	Cuba-4200	Paraguay-4200	AMRO-4207
Bahamas-4200	Dominican Republic-4200	Peru-4200	AMRO-4211
Barbados-4200	Ecuador-4200	Surinam-4200	AMRO-4212
Bolivia-4200	Ecuador-4202	Trinidad and Tobago-4200	AMRO-4213
Bolivia-4201	Ecuador-4203	United States of	AMRO-4221
Bolivia-4202	French Antilles and	America-4225	AMRO-4230
Brazil-4200	Guiana-4200	Venezuela-4200	AMRO-4233
Brazil-4203	Guyana-4200	West Indies-4200	AMRO-4238
Chile-4200	Haiti-4200	AMRO-4200	AMRO-4247
Chile-4201	Jamaica-4200	AMRO-4201	AMRO-4248
Colombia-4200	Netherlands Antilles-4200	AMRO-4203	AMRO-4249

4300 - MENTAL HEALTH

Objectives

This program deals with projects in mental health as well as alcoholism and drug dependence.

One of the main objectives of the program is to promote the development of national mental health programs, to assess the magnitude and distribution of mental health programs at the national level, to improve the quality of services presently offered, and to expand the coverage in order to reach the majority of the population.

The program also intends to estimate the prevalence of alcoholism and drug dependence in the countries and to promote the development of services for their treatment and prevention.

Strategy

Dissemination of information pertaining to mental health administration, alcoholism, drug dependence, mental retardation, and epilepsy.

Promotion of epidemiological studies, especially in the higher risk groups.

Development of human resources through academic programs and in-service training.

Technical support to the institutions and promotion of their modernization.

Development of community services integrated within the public health system.

Consultation to the national authorities regarding organization of services, teaching and training, evaluation and research.

Review

National mental health offices have been established in most of the countries of the Region in the last 10 years, bringing up to 20 the total number functioning at present. As the control of communicable diseases has become more effective, general and infant mortality rates have decreased and life expectancy has attained approximately 60 years. Mental health, alcoholism, and drug dependence have advanced in the scale of priorities and new programs have been developed. Institutions for the care of the mentally ill have been evaluated in certain countries, and in most of them measures have been taken for their improvement or for the construction of new ones. Outpatient clinics have been set up in most of the countries as an initiation into community mental health activities. In a few instances, community mental health services of a pilot nature have been opened. Despite these initiatives coverage is still restricted to the big cities.

Mental retardation, juvenile epilepsy, and psychiatric disorders of childhood are very common, but services for children are still very scarce and specialized personnel exist in a very limited quantity.

In the last 10 years three seminars on mental health, one on mental health administration, and two on teaching and training of psychiatry have been convened by PAHO. Three working groups on epidemiology of mental disorders, alcoholism, and drug dependence have been held, as well as one on mental retardation.

One international course on alcoholism and another on administration of mental health services have been offered to the countries. In the last five years several national meetings on mental health administration, psychiatric nursing, learning disabilities, alcoholism, and drug dependence have been held with the support of PAHO.

Short courses in basic psychiatry for general practitioners have been offered in five countries, one of them completely organized by nationals.

Two centers of studies on alcoholism have been set up in two countries and a multinational study on attitudes toward drinking and alcoholism has been initiated in six countries. One epidemiological study on epilepsy and another on suicide have been started in four countries.

Proposals

Continuous support will be provided to the national mental health agencies in the development of their programs. Special attention will be paid to the provision of teaching assistance for the planning and evaluation of mental health activities and for the organization of alcoholism and drug dependence programs.

Services of child psychiatry, mental retardation, and juvenile epilepsy will be promoted.

Support of residency programs in psychiatry and assistance to the schools of medicine and nursing in the development of the curricula, further training of their faculties, and exchange of professors will continue.

The program on training of general practitioners in basic psychiatry and management of psychiatric emergencies will be expanded to include two new countries each year.

The two newly created centers on alcoholism in Brazil and Costa Rica will continue receiving assistance from PAHO, particularly in their projects for training and research.

The transformation of custodial psychiatric hospitals into modern institutions open to the communities will be promoted, in order to transform them into centers of community psychiatry.

It is expected that in 1976 the research projects on the epidemiology of alcoholism, epilepsy, and suicide will be terminated.

In order to train high-level mental health officers in basic administration applied to mental health, short courses in these disciplines are proposed for 1976-77.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 338,633	\$ 520,046	\$ 435,520	\$ 437,170
PER CENT OF TOTAL BUDGET	.8	1.0	.8	.8
TOTAL POSTS	9	9	9	8
CONSULTANT MONTHS	59	43	33	30
FELLOWSHIPS	11	12	13	17
SEMINARS	\$ 58,390	\$ 17,917	\$ 9,900	\$ 9,400
SUPPLIES AND EQUIPMENT	\$ 33,158	\$ 49,233	\$ 36,600	\$ 40,950
GRANTS AND OTHER	\$ 22,974	\$ 131,750	\$ 57,200	\$ 46,200

PROJECTS

Headquarters	Jamaica-4300	AMRO-4300	AMRO-4318
Argentina-4300	Paraguay-4300	AMRO-4312	AMRO-4320
Brazil-4300	Peru-4300	AMRO-4313	AMRO-4322
Chile-4300	Uruguay-4300	AMRO-4314	AMRO-4323
Cuba-4300	Venezuela-4301	AMRO-4316	AMRO-4324
	West Indies-4300	AMRO-4317	

4400 - DENTAL HEALTH

Objective

Assist national and local authorities in the development of methodologies to identify the current situation in dentistry in order to develop plans and programs for the implementation of more extensive preventive and curative measures for dental health and to extend the coverage of dental services to greater sectors of the populations.

Strategy

Define dental health policies and create and strengthen the activities of dental divisions within ministries of health. Define methodologies for conducting dental health surveys and develop dental health planning at the national and local levels. Improve basic knowledge of dental health conditions in the Americas and provide means for the exchange of such information. Stimulate administrative studies both operational and applied, related to the provision of dental services and productivity of services in connection with the overall development of dental health systems.

Encourage basic epidemiological investigations relative to the cause, prevalence, and prevention of dental caries, and evaluate the impact on dental health of curative and preventive dental programs.

Extend the fluoridation of water supplies to cities with over 50,000 population, and apply other preventive methods utilizing fluoride where the above measure would be difficult to apply or delayed in installation. Investigate and apply new methods to bring the benefits of fluoride to the population and encourage the production and development of sources of fluoride within the Region.

Improve the quality of materials used in dental practice and establish mechanisms for the control of quality of dental products produced locally or imported by countries in Latin America.

Assist in the development and functional interrelationship between factors affecting the delivery of dental care, namely the development of personnel, equipment, materials, and the effective organization of dental services to improve dental health.

Establish centers related to specific aspects of dentistry which can serve regional purposes for the development of personnel, dissemination of information, initiation of national programs, and research.

Develop a system for the interchange of information and experiences obtained in programs being developed in Latin America and conduct meetings and seminars to make this information available, in addition to pursuing specific areas in need of development.

Review

At the present time no government in any established country has succeeded in providing sufficient dental care, either through private or governmental means, to correct the defects caused by dental disease, and in particular dental caries. Consequently, dental diseases are a major public health problem and the correction of dental defects requires the skill and time of professional personnel, facilities, and equipment. There is a high prevalence and incidence of dental disease, especially in children, and only a limited number of people receive dental services. Studies have shown that 50% of teeth in children are affected by dental caries and at 40 years of age two-thirds of the dentition has been lost. There is a lack of dental personnel and no adequate systems to provide the necessary services: only three countries in Latin America have more than 3.5 dentists per 10,000 inhabitants, and 12 countries do not average even one dentist per 10,000 persons. In the area of prevention only two countries in Latin America provide fluoridated water to more than 30% of the population.

With the establishment of the dental program in the Region of the Americas in 1953, initial emphasis was given to the development and training of dentists in public health for the administration and direction of programs of dental public

health in the countries of Latin America. A course was initiated in São Paulo and subsequent courses in dental public health have been developed in Argentina, Colombia, Mexico, Peru, and Venezuela. At the present time most dental health programs in countries in Latin America include dentists trained in dental public health.

In the area of dental epidemiology the first international course to train dentists in Latin America in this field was held at the School of Public Health in São Paulo, Brazil, in 1967. Subsequently, national health surveys have been conducted in Colombia and Venezuela and additional manpower surveys have been conducted in Chile and Argentina. The National School of Public Health, Colombia, has participated in the WHO program for an international center in dental epidemiology, and an investigation into caries etiology has been initiated in two communities in Colombia. New methodologies for the assessment of dental disease have been tested in Venezuela and Montserrat and designs for the implementation and evaluation of new preventive materials have been applied in six studies using sealant materials in Colombia, Jamaica, Mexico, Peru, and Venezuela.

A review of dental services and dental health manpower has been conducted in the Commonwealth Caribbean and a program for the training of dental auxiliaries has been established in Jamaica. Utilization of dental auxiliary personnel in health services has been encouraged and auxiliaries with expanded functions are actively participating in dental programs in Barbados and Cuba.

A national program for delivery of dental care to rural populations has been developed and implemented in Ecuador and laboratories for experimentation into the use of dental personnel and dental systems and equipment have been initiated in Chile and Venezuela.

Fluoridation of water supplies has been accepted as a simple and efficient method for prevention of dental caries and approval of the Governing Bodies of WHO and PAHO has been documented in appropriate resolutions. A program to encourage the fluoridation of water supplies was initiated in 1967 and 670 professional personnel have been trained in water fluoridation techniques through PAHO/WHO programs. The population in Latin America supplied with fluoridation has increased from 6 to 20 million in the period 1967-73, and national programs have been developed in Colombia and Venezuela, with many major cities in other countries now applying fluoride.

A regional reference center has been established in Venezuela for the control of quality and training of personnel in this field, and other centers are proposed for specific areas in dentistry. An international seminar was held in Panama in 1973 to study dental health programs and to discuss the development of dental programs in the Region in terms of the stated health goals for the Hemisphere.

Proposals

A basic survey into the administrative structure and status of dental health administrations in the various countries of the Region will be conducted and one international center for the training of dental health service administrators will be established. Information on the conduct of basic dental health surveys will be disseminated and the evaluation of the methodology of surveys already conducted in Venezuela and Montserrat will be continued. The investigation into caries etiology in the two communities in Colombia will be continued, as will a short course in dental epidemiology in one country.

The Center on Dental Materials established in Venezuela will be consolidated and programs for control of quality in dental materials will be established in two countries. The methodology for the establishment of national programs, standardization, and quality control of dental materials will be defined and initial classifications and control mechanisms will be developed in two countries.

Dental equipment will be further identified and designed for specialized functions for use in urban and rural areas, and the concept of simplified equipment will be introduced to five additional countries. Systems will be developed for the production and assembly of such basic dental equipment in countries of the Region in order that such equipment can be made available to dental services and the dental profession at reasonable prices. Management programs will be developed for application in dental clinics in one country and an advisory group in dental health systems will be developed.

In the area of fluoridation two short courses, one traveling seminar, and two projects related to the investigation of new methods for the utilization of fluorides will be initiated. Programs in fluoridation will be initiated in two additional countries and existing programs expanded. Advisory services will be provided to water quality and water supply institutions as well as national governments.

Follow-up activity on results of the first international seminar in 1973 will be conducted and an additional seminar related to a working group to solve problems in dental health will be developed.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 189,512	\$ 262,495	\$ 370,600	\$ 435,220
PER CENT OF TOTAL BUDGET	.5	.5	.7	.8
TOTAL POSTS	5	6	6	6
CONSULTANT MONTHS	27	34	57	60
FELLOWSHIPS	-	5	4	9
SEMINARS	\$ -	\$ 6,000	\$ -	\$ 20,700
SUPPLIES AND EQUIPMENT	\$ 11,727	\$ 16,129	\$ 62,500	\$ 64,000
GRANTS AND OTHER	\$ 12,232	\$ 17,926	\$ 9,400	\$ 16,700

PROJECTS

Headquarters	Guyana-4400	Venezuela-4401	AMRO-4410
Argentina-4400	Trinidad and Tobago-4400	AMRO-4400	AMRO-4411
Chile-4401	Uruguay-4400	AMRO-4407	AMRO-4412
	Venezuela-4400	AMRO-4409	

4500 - RADIATION AND ISOTOPES

Objectives

To promote and improve use of radiation and radioactive isotopes in preventive and curative medicine.

To determine the noxious effects of radiation on the population, and apply protective measures against them, encouraging the organization of radiation health services. These objectives are closely related.

In the Final Report of the III Special Meeting of Ministers of Health, a recommendation was made, among other things, to strengthen coordination among the national and international agencies concerned with health and radiation through the establishment of high-level joint committees. Implementation of this recommendation will make possible improved utilization of the meager resources available at the international and country levels.

Strategy

In the field of radiation medicine to:

- Prepare censuses of users and registers of equipment.
- Create, improve or expand national or regional centers for training of technicians in radiology, radiotherapy, and nuclear medicine.
- Distribute Spanish-language textbooks suitable for training of technicians.
- Promote training of technicians in maintenance and repair of equipment.
- Help to improve preparation of physicians specializing in radiology, radiotherapists, specialists in nuclear medicine and radiophysicists.
- Assist in calibrating dosimeters and in measurement of radiation produced by radiotherapy units, either by indirect means (mail service for thermoluminescent dosimetry) or inspection by experts.
- Cooperate with the WHO Secondary Regional Centers for Calibration and Dosimetry and assist them in achieving full return from their work.
- Provide consultative services to governments that desire to establish, expand or improve installations for radio-diagnosis, radiotherapy, or nuclear medicine.
- Promote the design and production at reasonable cost of radiodiagnostic equipment capable of operating without problems in rural areas.

In the field of radiation protection to:

- Help train technical and professional personnel to establish and operate radiation protection services.
- Foster establishment of registers of sources and censuses of users for agriculture and industry (especially nuclear power).
- Promote establishment, improvement, or expansion of national radiation health services.
- Establish, expand, or improve programs to measure environmental radioactivity in the countries of the Region.
- Encourage drafting and enactment of legislation on radiation health.
- Strengthen coordination among national and international agencies concerned with health and radiation through the establishment of high level joint committees.

Review

In the field of radiation medicine no census of radiodiagnostic users or installations has as yet been made. Personnel and facilities are, in general, adequate in capital cities and poor or nonexistent in rural areas. There are not enough schools for training of radiologists-technicians or technicians in radiotherapy and nuclear medicine. The majority of those existing have been trained empirically. Modern textbooks in the Spanish language for instruction of radiologists are lacking.

A large percentage of the equipment is not functioning properly and many countries have neither the personnel nor the funds to have it repaired. In rural areas the situation is serious. There is no radiodiagnostic equipment on the market that is economical, simple, safe, and capable of operating without problems in the rural environment.

Extreme situations are to be found with regard to radiotherapy: very modern lineal accelerators, betatrons, and cobalt units in centers where there are radiophysicists to calibrate them, and antiquated conventional radiotherapy units in outlying zones that have difficult access for inspection by radiophysicists. The number of such experts is inadequate.

Construction of new radiotherapy departments is being planned, and many countries of the Region do not have personnel competent for such planning.

The nuclear medicine field has been adequately developed throughout the Region; however, physicists, technicians, and electronics specialists for repair of instruments are lacking.

A regional reference center has been established in Mexico under WHO/IAEA auspices.

In medicine the use of x-ray equipment in diagnosis is the major cause of human exposure to radiation. Many patients and technical personnel are exposed to unnecessarily high-radiation doses.

Radiation protection service in some countries is rudimentary, or simply does not exist.

In industry high-intensity sources are utilized and serious accidents have been reported. The register of radiation sources used in agriculture and industry is not yet completed.

There are research reactors in Argentina, Brazil, Chile, Colombia, Mexico, and Venezuela, and power reactors in operation or under construction in Argentina, Brazil, and Mexico. The ministries of health must be made aware of the nature and magnitude of these problems.

Radioactive fallout in the atmosphere (and indirectly in water and food) is adding to the other components of human exposure to radiation.

Proposals

In the field of radiation medicine it is planned to continue collection of data to update the registers of radiological installations and censuses of users and to continue assistance to schools for the training of radiology technicians.

In the framework of project Venezuela-4804, National System of Maintenance and Engineering of Health Care Facilities, it is hoped to initiate the teaching of x-ray maintenance and repair technicians. Scholarship holders from the Region will be invited. Mail service for thermoluminescent dosimetry will be expanded to cover more centers and include calibration of conventional radiotherapy units that has not hitherto been possible. When necessary, radiophysicists from WHO and the Secondary Regional Centers for Calibration and Dosimetry will visit the interested institutions. Assistance will also be continued in organizing courses in different subspecialties in the field of radiology. Radiation, medical care, and human resources units can advise in the initial stages of planning radiation installations (siting, selection of equipment, and training of personnel).

It is proposed to produce a manual on planning and installation of radiological services, with special attention to rural areas. A study will also be made on production of radiodiagnostic equipment that will combine economy, simplicity and safety of operation under adverse conditions.

In the field of radiation protection, Argentina, Brazil, Colombia, Guatemala, Panama, Peru, and Venezuela will receive assistance to initiate, expand, or improve their national radiation protection services, within the framework of

contracts and projects set up in each of those countries, and by provision of consultants, fellowships, and visits from PAHO advisers.

In response to the demand in the countries, the network of air-sampling stations in Argentina, Bolivia, Chile, Colombia, Ecuador, Jamaica, Peru, Trinidad and Tobago, and Venezuela, and the milk-sampling stations in Chile, Colombia, Ecuador, Jamaica, and Venezuela will be continued for the purpose of measuring radioactive pollutants.

Organization of regional courses for radiation health inspectors is being planned in some countries of the Region. PAHO aid will consist of the services of advisers on radiation, short-term consultants, and some teaching materials. The countries are expected to provide the expenses of their own candidates from funds allocated for fellowships.

In cooperation with the institutions concerned, the register of radiation sources utilized in agriculture and industry (including nuclear power installations) will be continued.

PAHO will continue to serve as a catalytic agent for research on populations living in areas of high natural radioactivity. It will continue to provide advisory services to the governments with regard to legislation on radiation, and cooperation between the national nuclear energy commissions and the ministries of health will be fostered.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 122,765	\$ 136,030	\$ 147,400	\$ 134,540
PER CENT OF TOTAL BUDGET	.3	.3	.3	.2
TOTAL POSTS	3	3	3	3
CONSULTANT MONTHS	11	11	13	8
FELLOWSHIPS	4	6	6	5
SUPPLIES AND EQUIPMENT	\$ 13,438	\$ 20,000	\$ 17,000	\$ 18,500
GRANTS AND OTHER	\$ -	\$ -	\$ 4,000	\$ -

PROJECTS

Headquarters	Colombia-4500	Panama-4500	AMRO-4500
Argentina-4500	Costa Rica-4500	Peru-4500	AMRO-4507
Brazil-4500	Guatemala-4500	Venezuela-4500	AMRO-4509
			AMRO-4516

4600 - OCCUPATIONAL HEALTH

Objective

Cooperate in achieving the occupational health goals for the decade of the 1970's established at the III Special Meeting of Ministers of Health of the Americas (Santiago, October 1972) and in the reduction of number of deaths, injuries to health, and economic losses in the nations of Latin America and the Caribbean resulting from occupational risks.

Strategy

Provide technical and scientific advisory services to Member Countries through the zone and country offices.

Provide specialized training for manpower needed to develop the national programs.

Promote organization of services capable of efficiently administering programs for the prevention and control of occupational risks.

Review

The number of gainfully employed in Latin America and the Caribbean is approximately 100 million. The characteristics of this population, with a high percentage of individuals in the younger age groups, lead to the assumption that the work force will reach 150 million by the end of the decade. Such a labor force will contain a large proportion of new workers, who are usually more subject to on-the-job accidents.

Comprehensive data on the frequency and gravity of accidents and occupational illness in the Region are not available, but studies made in some countries show that these indices are very high--6 to 10 times higher than those in nations having a longer history in developing preventive programs. Mass employment of workers with relatively poor education and minimum training--as has been the case of those who emigrate from rural villages generally in search of better economic job opportunities in industry and mining--contributes substantially to the situation.

PAHO has cooperated in developing programs to prevent and control occupational hazards since 1961. In that year, a program now coordinated by the Pan American Center for Sanitary Engineering and Environmental Sciences Research was initiated, leading to the creation of the Institute of Occupational Health and Air Pollution Research in Chile, with the assistance of the United Nations Development Programme (UNDP). The Institute initiated regular courses in 1965 to train personnel for specialized professions, which has meant an important contribution in spreading good work techniques and manpower training. This effort was later reinforced with the initiation of graduate courses in Brazil and Mexico, and another for training of health technicians in Jamaica, as well as 15 short courses in 11 universities of nine countries, all of them supported by PAHO.

Additionally, programs carried out in 17 countries have been reviewed and evaluated, and cooperation to expand them has been given by formulating new programs, training personnel, and supplying limited amounts of equipment. Three requests to be presented to the UNDP have been prepared; one covers a project now completed, another is for a project which is in progress, while the third is under study for probable approval. This has made it possible in various countries to come close to the achievement of the goals established for occupational health set out by the III Special Meeting of Ministers of Health of the Americas.

Proposals

It is proposed to continue activities such as advisory services, training of personnel, and organization of services capable of developing and administering active occupational health programs. Plans have been set up to cooperate in the development of at least one occupational health project financed by UNDP, and to obtain approval and implementation of a similar one. Cooperation will be provided to regular professional training courses now being given, and in the initiation of one course at the undergraduate level being planned in another Latin American university. It is also planned to cooperate in carrying out at least one short intensive course each year, and to award two fellowships per year related to this discipline. CEPIS is preparing to provide advisory services and bibliographical technical information to countries requesting such assistance, and expects to contribute to a study on the status of occupational health and to the preparation of evaluation, prevention and control programs in at least one country each year. It is also planned to assist in carrying out occupational health surveys that will facilitate precise definition of the problems and lay the groundwork for preparation of control programs.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 98,546	\$ 175,198	\$ 217,050	\$ 172,450
PER CENT OF TOTAL BUDGET	.2	.3	.4	.3
TOTAL POSTS	3	4	3	3
CONSULTANT MONTHS	11	20	14	13
FELLOWSHIPS	1	5	15	16
SUPPLIES AND EQUIPMENT	\$ 14,193	\$ 24,490	\$ 90,800	\$ 37,400
GRANTS AND OTHER	\$ 39,250	\$ 23,308	\$ 800	\$ 800

PROJECTS

Argentina-4602	Uruguay-4600
Bolivia-4600	Venezuela-4600
Brazil-4602	AMRO-2114
Cuba-4600	AMRO-4618
Peru-4600	AMRO-4620

4700 - FOOD AND DRUG CONTROL

Objectives

Prevention of diseases of food origin and reduction of economic losses due to contamination of food.

Improvement of the availability and quality of food products through the use of appropriate food technology, principally for food of animal origin.

Assistance to Member Governments in assuring that their people receive safe and effective drugs. This government responsibility has become very difficult in recent years because continuing innovations in drug manufacturing procedures have greatly increased the technical problems confronted by the national drug control officials.

Strategy

Define clearly the responsibilities of the health sector in food protection and establish health regulations in the countries of the Hemisphere relating to the production, preparation, processing, industrialization, labeling, distribution, sale, and export of food.

Establish and strengthen services for food registration and quality control within each ministry of health.

Improve or create official laboratories for control and analysis in food protection.

Plan and incorporate in health education programs activities designed to teach the fundamental aspects of food preservation and protection, as well as storage and nutritive value and the conduct, concurrently, of educational programs directed at food industry workers.

Promote, plan, and conduct epidemiologic studies of biological, microbial, and chemical contaminants in food, as related to food production, storage, processing, and distribution, to determine their health significance.

Arrange educational activities for appropriate training of manpower in field and laboratory activities, and food protection, and the training of auxiliary personnel in technology and inspection at all levels of food processing.

Assist in obtaining sufficient financing, in those countries that require it, to enable food control and registration agencies to maintain efficient programs.

Help the governments modernize their drug control laws and develop effective procedures for administering those laws.

Recommend procedures for obtaining the necessary funds to provide the control agencies with sufficient personnel to monitor the volume of drugs consumed in the particular country.

Provide specialized training courses for analysts, inspectors, and law administrators to enable them to deal with the difficult technical problems involved in drug control. In part, this is achieved by establishing reference laboratories for training drug analysts and for developing improved testing procedures.

Review

PAHO has maintained the leading position in the development and establishment of training centers in food protection at various locations in the Americas, principally directed toward detection, analysis, and prevention of contamination of food of animal origin. Technical assistance continues in certain fields, such as food microbiology, in the Pan American Zoonoses Center, and training in laboratory analysis of food has now been strengthened considerably with the creation of the Unified Food Control Laboratory, a UNDP/WHO project.

During the 1970's the growth of the population of Latin America and the Caribbean countries is substantially increasing the demand for food. The manner in which foodstuffs are contaminated by microbial, chemical, and physical agents is complex.

The reduction in the losses caused by contamination has not occurred at the same rate as the increased demand for these products. Although production appears to be sufficient, the amount of meat, for example, available to the consuming public, has actually diminished.

Concerning medicaments, it is obvious that much of the recent success of medical science is based on the use of newly developed drugs. These new drugs have provided great benefits but they have also increased the technical problems facing the drug control agencies.

In general, throughout Latin America and the Caribbean area the national drug control agencies lack the necessary personnel to carry out their inspection responsibilities or to test the volume of drugs that should be examined. In addition, these agencies suffer from lack of modern testing instruments and microbiological and pharmacological testing facilities.

Proposals

The field activities, supported by the staff of Headquarters, the Pan American Zoonoses Center, the Unified Food Control Laboratory, and the Food Hygiene Training Center, will provide technical assistance to the countries in the establishment of epidemiological surveillance, investigation of epidemic outbreaks, and study of ecological factors in food contamination in order to cover the whole chain of events and processes from the farm to the consumer. Emphasis will be placed on the establishment of a central food registry in each, which will be responsible for authorizing the release of food for consumption and/or its control, in order to prevent fraudulent representations of food.

PAHO will continue to provide the governments with advice regarding drug control laws and procedures for improving their organizational arrangements for enforcement of those laws. Particular attention will be paid to the training of drug control personnel.

The Government of Brazil and PAHO will continue to develop the Drug Quality Institute in São Paulo to provide training for drug analysts, drug establishment inspectors, and drug law administrative officials. This project is supported in part with funds from the UNDP.

PAHO will continue to assist the Caribbean countries to establish a regional drug testing laboratory in Jamaica. This laboratory will perform microbiological and pharmacological testing to complement the existing national laboratories that test drugs by chemical procedures.

PAHO will continue to give guidance and assistance in carrying out existing programs, financed in part by the UNDP, for improving the drug testing laboratories of Chile, Mexico, and Venezuela.

In recognition of the great need for training scientists engaged in drug testing, PAHO will continue its arrangements with the U.S. Food and Drug Administration and the Canadian Health Protection Branch to provide training for analysts and inspectors with a command of the English language.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 173,856	\$ 409,973	\$ 966,130	\$ 749,000
PER CENT OF TOTAL BUDGET	.4	.8	1.7	1.4
TOTAL POSTS	8	16	21	21
CONSULTANT MONTHS	7	22	26	31
FELLOWSHIPS	2	10	27	38
SEMINARS	\$ 1,000	\$ 11,000	\$ -	\$ -
SUPPLIES AND EQUIPMENT	\$ 21,004	\$ 87,500	\$ 404,500	\$ 149,500
GRANTS AND OTHER	\$ 7,669	\$ 15,433	\$ 41,800	\$ 29,300

PROJECTS

Brazil-4701	Ecuador-4701	AMRO-4700	AMRO-4716
Chile-4700	Guatemala-4701	AMRO-4703	AMRO-4717
Colombia-4700	Jamaica-4700	AMRO-4708	AMRO-4719
Cuba-4700	Venezuela-4700	AMRO-4715	

4800 - MEDICAL CARE

Objectives

Advise Member Governments on the organization of a comprehensive, preventive, curative and rehabilitation medical care system, within the context of the national health system.

Extend the coverage of medical care services to non-protected population groups by coordinating and improving utilization of manpower resources, and promotion of greater productivity of the services.

Raise the quality of medical services by introducing modern medical technology and perfecting technical and administrative processes in medical care and hospital services.

Train adequate manpower to constitute the multidisciplinary team responsible for hospital administration.

Promote maintenance and conservation of equipment and installations in medical and hospital services.

Assist institutions in developing functional programs and architectural design for the construction of new hospitals, as well as for the modernization and expansion of hospitals and outpatient clinics.

Strategy

The multiplicity of public and private institutions that participate in the delivery of medical care and the lack of interinstitutional coordination within the health sector, are causes that lead to duplication of services, unequal population coverage, and the dissipation of resources.

The Member Countries have adopted various systems to bring about coordination of medical care activities, in particular the medical services of the Ministries of Health with those of the social security system. PAHO is encouraging systematic methodologies which must rely on adequate information, comprehensive planning, and regulatory centralization as the foundations for a national health system in which operational activities are decentralized through a regionalized system, working closely with the training programs for health personnel.

In the field of medical care and hospital administration it is important to recognize the fact that medical technology continues to progress with astonishing rapidity. Hence, transference of this technology must be facilitated if the less industrialized countries of the Region are to keep abreast of the advances and to increase effectiveness of the services by the introduction of modern procedures in the diagnosis and treatment of diseases.

With this objective, the countries of the Region have been encouraged to introduce progressive care of patients with its essential component--intensive care units. This is the basis for restructuring medical and hospital services, in order to concentrate resources on the needs of patients in imminent risk of death, and decentralizing the less complex medical care services to outpatient and domiciliary care in the community.

As a complement to the foregoing, emphasis has been given to technology transference in the field of hospital engineering and maintenance, helping to improve the quality of services through the timely use of properly calibrated medical equipment in efficiently operated installations. This also facilitates protection of the large capital investments in hospital buildings, installations and equipment.

An effort has also been made to increase the productivity of capital investments by introducing organizational methods that contribute to the easy flow of patients and services, not only within the hospital, but also throughout the health region. Control and evaluation of efficiency and effectiveness of the system are facilitated by selection and use of indicators.

Education and training programs for professional personnel will also be organized at different levels of administration to increase the efficiency of medical care systems and productivity of the hospitals that are a part of the system.

Review

The lack of a national and sectoral policy defining the field of action for the health sector and the institutions composing it, their relationships and coverage, as well as its orientation towards the development of the service systems, has been recognized as one of the fundamental impediments to provide all of the population groups with adequate medical care services.

Proposals

Aid will be continued to the Member Governments to organize systems of comprehensive health care with special attention to interinstitutional coordination, regionalization, and establishment of varying levels of care and improvements in administration of the system, aimed at obtaining the greatest possible return from available resources and the highest possible quality in the services delivered.

Cooperation will be provided by strengthening the infrastructure of hospitals through the establishment of unit administration services and overall improvement in the administration of support services (such as cooperative diagnostic, therapeutic, and general hospital services).

Studies will be made on the needs and functional characteristics of hospital resources that are currently required or will have to be established in the future, to amplify the capacity to meet the demand for services. Assistance will be given in functional programming, architectural design, modernization, expansion and construction of new hospitals. Assistance will also be given in establishing basic maintenance services for equipment, installations, and buildings so that the physical resources may return an optimum yield in patient care.

In the countries of Latin America and the Caribbean training of a basic administrative group will continue for each of the 3,050 hospitals with more than 100 beds, for short-term or prolonged hospitalization. Principles and methods of medical care administration will continue to be incorporated in the programs of study of the schools of medicine and health sciences.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 1,320,644	\$ 2,338,202	\$ 1,743,315	\$ 1,379,040
PER CENT OF TOTAL BUDGET	3.3	4.5	3.1	2.5
TOTAL POSTS	43	49	40	31
CONSULTANT MONTHS	56	146	97	77
FELLOWSHIPS	46	110	77	55
SEMINARS	\$ 24,274	\$ 34,400	\$ 20,000	\$ 50,000
SUPPLIES AND EQUIPMENT	\$ 143,790	\$ 66,786	\$ 18,500	\$ 16,350
GRANTS AND OTHER	\$ 178,395	\$ 232,964	\$ 255,850	\$ 229,500

PROJECTS

Headquarters	Cuba-4800	Mexico-4802	West Indies-4809
Argentina-4803	Dominican Republic-4800	Netherlands Antilles-4800	West Indies-4811
Argentina-4804	Ecuador-4800	Nicaragua-4800	West Indies-4812
Bahamas-4810	El Salvador-4800	Nicaragua-4803	West Indies-4813
Barbados-4801	French Antilles and	Panama-4800	AMRO-4800
Belize-4800	Guiana-4800	Paraguay-4800	AMRO-4801
Bolivia-4800	Grenada-4800	Peru-4800	AMRO-4802
Brazil-4800	Grenada-4811	Peru-4804	AMRO-4803
Chile-4800	Grenada-4814	Surinam-4800	AMRO-4804
Chile-4801	Guatemala-4800	Trinidad and Tobago-4800	AMRO-4806
Colombia-4800	Guatemala-4802	Uruguay-4800	AMRO-4813
Colombia-4801	Guyana-4800	Uruguay-4804	AMRO-4815
Colombia-4803	Haiti-4800	Venezuela-4800	AMRO-4816
Costa Rica-4800	Honduras-4800	Venezuela-4804	AMRO-4826
Costa Rica-4801	Honduras-4801	West Indies-4800	AMRO-4831
Costa Rica-4802	Jamaica-4800	West Indies-4808	

4900 - FAMILY HEALTH AND POPULATION DYNAMICS

Objectives

General objectives of this program are as follows:

To reduce the risks of illness and death to which mothers and children are currently exposed, and to promote the welfare of the family.

To promote the attainment of reproductive patterns which will further the achievement of health development goals in the countries of the Region of the Americas.

Specifically, the objectives include the following:

To develop programs to reduce mortality in infants by 40%, in children by 60%, and in mothers by 40%.

To attain coverage of 60% with prenatal care, 60 to 90% with adequate delivery care, and 60% with postpartum care.

To attain coverage of 90% of children under one year, 50 to 70% of children one to four years, and 50% of children over five years of age.

To achieve the institutionalization of family planning services within the health care system of the countries of the Americas; to promote the establishment of policies with regard to family planning in the countries of the Region; to increase the effectiveness and efficiency of management of family planning programs within the health care systems; and to expand the acceptance of family planning by the health service personnel as well as by the community.

To quantify the manpower needs of the maternal and child health and family planning programs and develop plans to meet their requirements.

Strategy

Assist and/or strengthen national health organizations in all countries with technical units responsible for activities in the maternal and child health and family welfare fields.

Develop the program as a continuous whole, including the spectrum from preconception to delivery, to infant and through growth and development as a child, into adolescence and motherhood, in the case of the female.

Adopt a system of regionalization of services based essentially on the principle of multidisciplinary teamwork.

Promote programs of extension of maternal and child health and family welfare.

Create and expand regional and subregional courses for the training of personnel.

Establish, disseminate and interchange technical standards in maternal and child health and family welfare.

Obtain and make available information to decision-making groups in the health sector in the areas of the relationship between patterns of fertility and socioeconomic and health conditions, aspects of the reproductive biology and physiology relevant to fertility regulation, relationships between demographic trends and the development of the health sector and behavioral aspects affecting the practice of voluntary fertility regulation.

Increase the effectiveness and efficiency of management of family planning programs within health care systems, expand the coverage capacity of such programs by providing guidelines, and develop approaches for the improvement of delivery of family planning services and expansion of these services. This will include formulation of proposals for the improvement of management techniques and for upgrading the efficiency of the family planning programs.

Calculate the number of professionals and nonprofessionals needed and provide technical assistance to specific projects for the utilization of methods to determine manpower needs and for the planning of recruitment, training, and continuing education.

Review

The Ministers of Health of the Americas recognized that the population groups most vulnerable to mortality and morbidity are the ones who must rely on the health services provided by government-financed institutions. They recognized also that current coverage and quality of these services is inadequate.

Women of childbearing age and children under 15 years comprise 63% of the population of the Americas. In the last decade there has been some limited progress in maternal and child health care, but rates for maternal mortality are still approximately five to seven times greater in Latin America and the Caribbean than in North America.

Childhood mortality, too, is several times that found in North America, and the causes of these deaths can, for the most part, be reduced.

PAHO, in recognition of these problems, conducts programs in nutrition, nursing, health education, control of communicable diseases, and environmental sanitation, in addition to emphasizing the expansion of coverage and the enhancement of the quality of specific preventive, curative, and rehabilitative actions in the field of maternal and child health and family welfare.

Considerable emphasis has been placed on programs of education for the medical profession, nurses, midwives, and other health personnel, in fields and areas relating to maternal and child health. Seminars and courses on problems related to gastroenteritis, nutrition, and growth and development have been developed, and in recent years have been amplified considerably. Additionally, specific support has been given for the training of persons in the disciplines of obstetrics and pediatrics with much emphasis being placed on the problems of perinatology and reproductive biology. PAHO has supported the development of the Latin American Center for Perinatology as a research and training center in this important area. Research in this institution has centered around the problems relating to so-called "perinatal causes" of death and the hazards and risks attendant upon premature delivery and rupture of the membranes.

The Inter-American Investigation of Mortality in Childhood, a collaborative research project sponsored by PAHO, has provided considerable information with respect to the principle causes of mortality and thereby provides an indicator for many of the steps that must be taken to alleviate the problem in the Hemisphere.

At least one-fifth of the members of the high-risk groups are women in the reproductive age, most of whom would benefit physically and mentally if they adopted healthy reproductive practices. Since these women are the least likely to seek family planning services offered by private physicians or private associations, their only possibility of sharing in the benefits available to more privileged social groups is for the government to provide family planning services through its health system. This action is essential also to achieve some of the goals established by the health sector. Efforts to improve nutrition and reduce mortality or morbidity resulting from childbearing and abortion will be neutralized unless changes are effected in the patterns of the high-risk group.

With assistance from PAHO, governments have taken steps to establish programs in demography, population planning, and family planning. Since 1968, PAHO has provided technical assistance in the field in the development of programs of family planning integrated in the maternal and child health sector. PAHO has served in the role of providing technical assistance, developing training programs including academic fellowships, seminars, and courses, providing supplies and equipment, and assisting in the organization and management of the required technical units according to the governments' requests.

Although the activities have centered primarily in the medical, nursing, and technical fields, PAHO has recognized the requirements in the area of social welfare, which can strengthen the provision of information, and the utilization and distribution of family planning methodology. To this end, it has worked with social care institutions, social workers, and social welfare systems and schools.

An analysis was undertaken by PAHO of the main factors which seemed to impede the institutionalization of maternal and child health and family planning in the official health agencies. These are (1) shortcomings in definition and interpretation of health policies and strategies affecting the development of family planning programs; (2) scarcity and maldistribution of qualified health personnel, inefficient utilization of available health manpower, and limited opportunities for training and continuing education; (3) inadequate program services as well as deficiencies in program management practices affecting services quantitatively and qualitatively; (4) inaccuracy and limited coverage of health statistical systems and underutilization of existing information for policy development, program development, and evaluation; and (5) lack of understanding of the health rationale of family planning and insufficient acceptance by the health community as well as by the community at large.

In recognition of this, PAHO developed a Work Plan in 1974 with specific plans of action relating to (1) information on policy and program development in family planning; (2) manpower development; (3) management of family planning programs; and (4) education, communication, and motivation.

Proposals

This period will see the continuation of the development of the activities begun under the Five-year Work Plan started in 1974. Specific activities will include the development of a program aimed at promoting the development and exchange of information of studies on providing services in maternal and child health and family planning, and on use-effectiveness of various contraceptive methods in different cultural, educational, economic, and geographic settings, with particular reference to the reasons for discontinuance in contraceptive practice.

In addition, an internal task force will be established to study problems relating to the delivery of family planning services, leading to a regional seminar for medical, nursing and health administrators in family planning to introduce and interpret the use of service models as a means of improving family planning service programs. Coupled with this will be strengthening of the program in development of management techniques which would enhance the effectiveness and upgrade efficiency of family planning programs within the health services begun in 1974.

During 1975 it is proposed to hold four intercountry seminars for medical and nursing program administrators, evaluators, statisticians, and senior representatives of the statistics departments of the countries of the Region, to promote knowledge and to exchange information on data systems in maternal and child health and family planning programs.

PAHO will continue support for educational programs, including seminars, courses, and academic fellowships for the training of personnel in the maternal and child health field. Expansion is planned for the program of development of educational components of maternal and child health and family planning programs in the countries of the Region, emphasizing development of technical expertise in audiovisual educational aids for training and motivational programs.

The Work Plan developed in 1974 includes the strengthening of interrelationships between maternal and child health services, social services in the welfare area, programs aimed at youth, and integration with programs of communicable diseases vaccination and immunization, nutrition, nursing, and health education.

A training program for midwives and nurse midwives will be undertaken to strengthen this component of manpower, including development of centers or institutional foci for the conduct of educational activities (see 3200-Nursing).

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 2,881,816	\$ 6,344,669	\$ 8,827,430	\$ 9,059,590
PER CENT OF TOTAL BUDGET	7.2	12.1	15.9	16.6
TOTAL POSTS	51	58	67	67
CONSULTANT MONTHS	77	151	84	68
FELLOWSHIPS	97	162	178	192
SEMINARS	\$ 63,483	\$ 249,126	\$ 198,429	\$ 207,425
SUPPLIES AND EQUIPMENT	\$ 286,023	\$ 1,896,416	\$ 2,289,173	\$ 2,092,487
GRANTS AND OTHER	\$ 1,351,298	\$ 1,833,791	\$ 3,779,371	\$ 4,087,578

PROJECTS

Headquarters	Colombia-6300	Honduras-4900	West Indies-4902
Argentina-4900	Costa Rica-4900	Jamaica-4900	West Indies-4903
Argentina-4901	Cuba-4900	Mexico-4900	AMRO-4900
Argentina-4902	Cuba-4901	Netherlands Antilles-4900	AMRO-4901
Bahamas-4900	Ecuador-3400	Nicaragua-4900	AMRO-4902
Barbados-4900	Ecuador-4900	Panama-4900	AMRO-4903
Belize-4900	Ecuador-4902	Panama-4901	AMRO-4906
Bolivia-4900	Ecuador-4909	Panama-6300	AMRO-4909
Brazil-4900	El Salvador-4903	Paraguay-4900	AMRO-4915
Brazil-4901	French Antilles and	Peru-4901	AMRO-4917
Chile-4900	Guiana-4900	Surinam-4900	AMRO-4918
Chile-4902	Grenada-4901	Trinidad and Tobago-4900	AMRO-4919
Chile-4903	Guatemala-4900	Uruguay-4900	AMRO-4920
Chile-4905	Guatemala-4901	Venezuela-4900	AMRO-4921
Colombia-4900	Guyana-4900	West Indies-4900	AMRO-4922
Colombia-4903	Haiti-4900	West Indies-4901	AMRO-4923
Colombia-4904			

5000 - REHABILITATION

Objectives

The long-term purpose of this program is to ensure that all countries in the Region are encouraged to provide services of medical rehabilitation in one form or another, in accordance with the recommendations of the Ten-year Health Plan for the Americas. The time at which these services can be rationally introduced into each country's health program and the type of professional or allied health worker who should give them vary in accordance with each country's development and attitude, but the final goal is that such services should be accessible to all who need them.

It is, therefore, necessary to ensure that services of medical rehabilitation are available. These include services of physical medicine, physical and occupational therapy (speech, sight, and hearing), and psychological rehabilitation. Services of social and economic rehabilitation must also be available when required, but these are not usually the direct responsibility of health organizations.

Strategy

Achievement of the above aims will be promoted by the provision of advisory services, training courses, seminars, study groups, and fellowship programs.

Review

Curative therapy for an accident or illness patient who has been left alive but incapable, only adds to the community's problems. Unless services of rehabilitation (medical, social, and economic) are available, there will be an increasing number of disabled citizens who must rely upon the assistance of others for their existence.

Medical rehabilitation is the bridge by which such people may return to an independent life and, therefore, the problem under consideration is how to assist, throughout the Region, those people who have been disabled by illness or accident to become as self-sufficient as possible.

Past activities have included the training of psychiatrists, physical and occupational therapists, prosthetists and orthotists, rehabilitation nurses, and speech therapists from 13 countries.

In various programs at different times cooperation has been received from UNDP, United Nations (Bureau of Social and Economic Affairs), UNICEF, ILO and WRF (World Rehabilitation Fund).

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 161,474	\$ 251,880	\$ 161,430	\$ 170,980
PER CENT OF TOTAL BUDGET	.4	.5	.3	.3
TOTAL PGSTS	4	4	3	3
CONSULTANT MONTHS	18	28	21	16
FELLOWSHIPS	4	17	12	13
SEMINARS	\$ 1,718	\$ -	\$ 7,500	\$ -
SUPPLIES AND EQUIPMENT	\$ 3,421	\$ 9,000	\$ 1,000	\$ 3,500
GRANTS AND OTHER	\$ 820	\$ 700	\$ 1,400	\$ -

PROJECTS

Argentina-5000	Mexico-5000
Brazil-5001	Venezuela-5000
Chile-5000	AMRO-5000
Colombia-5001	AMRO-5010
Jamaica-5000	AMRO-5012

5100 - CANCER AND OTHER CHRONIC DISEASES

Objectives

Encourage and support programs for early detection and diagnosis of chronic diseases, especially those that can be favorably affected by such early diagnosis and adequate therapy, giving special attention to the programs for the prevention of malignant neoplasms of the cervico-uterine organs, mammary glands, large intestine, rectum, oral cavity, larynx and skin; hypertension; rheumatic fever, and certain metabolic disorders.

Stimulate and assist in the planning and operation of community-based medical care services for chronic patients which will continue gradually outside the hospital environment.

Cooperate in the obtention of a maximal technical utilization of specialized diagnostic and treatment resources, either through the use of radiotherapy and cardiovascular disease centers, or of intensive care units and clinics for chronic diabetes and rheumatism, among other diseases.

Promote accident prevention, with special attention to improvements in safety conditions for automotive vehicles and highways, industrial practices, and for the home.

Stimulate actions to combat the smoking habit, such as educational programs for the most susceptible sectors of the community; adoption of legislation regulating advertising; restrictions on areas where smoking in public is permitted; and limitation of investments that encourage development of the cigarette industry.

Support epidemiological studies aimed at facilitating better resources planning and bringing about etiological factors; the control of which will facilitate adoption of efficient measures for primary prevention of cancer and other chronic diseases.

Encourage establishment, at the central level of health administration in the countries where the problems are serious, of technical units responsible for formulating policies and standards, and supervising their enforcement.

Strategy

Provide technical assistance, fellowships for training, and limited provision of equipment and supplies to establish laboratories for the study of exfoliative cytology; and organize programs for detection, follow-up and treatment of cervico-uterine cancer and other malignancies, high blood pressure, and rheumatic fever.

Cooperate in community programs for the continuing, progressive, and comprehensive care of chronic patients, especially those suffering from malignancies, cardiovascular diseases, diabetes and chronic rheumatism.

Provide assistance in the training of specialized personnel in all of the operational levels of the control programs.

Foster and support the organization and operation of programs designed to prevent automotive and industrial accidents and those that occur in the home.

Stimulate and assist in the initiation and implementation of programs to combat tobaccoism and other habits injurious to health.

Assist in carrying out epidemiological studies that contribute to the training of specialists, establishment of research centers, and epidemiological surveillance of chronic diseases.

Review

The probability of chronic and degenerative diseases rises sharply after 45 years of age; hence, the progressive "aging" now taking place in the population of the Americas is the underlying motive for the emphasis now being given to this group of diseases. It should be noted that in nine of the 21 countries of the Region, cancer is listed in second or third place among principal causes of death. Moreover, data collected from the quadrennial projections reveal that in the countries of Latin America, while the proportion of deaths from cancer in the total of deaths from well-defined causes was only 2.1 to 4.9% in seven countries with 74.2 million inhabitants, in another seven countries with 40.0 million it ranges from 5.0 to 9.4%; in a third group of seven countries with 117.4 million, it varies from 9.5 to 14.4%; and in the remaining four countries with 34.7 million, from 14.5 to 21.5%. The typology of the countries is very similar with respect to the cardiovascular diseases. In short, and as was pointed out in the Ten-year Health Plan for the Americas, two-thirds of the deaths in the population from 15 to 74 years of age, in the 10 large urban centers of Latin America, can be attributed to the chronic diseases that, in addition to cancer and cardiovascular ailments, include mental illness, alcoholism, diabetes, bronchitis, gastroduodenal ulcers, cirrhosis of the liver and gallbladder disease.

Patients suffering from chronic diseases usually demand prolonged periods of specialized medical care; they require frequent and costly hospitalization and are often incapacitated for prolonged periods, and in general, have a reduced social productivity. Control of these diseases is, at the same time, seriously hampered by the absence of relatively effective methods for initial prevention in the majority of instances. Secondary prevention suffers from a lack of necessary human and material resources that would make possible better utilization of modern technology, and from the deficiency in the administration of medical care resources, lack of defined policies, and the limited influence exerted by the few agencies at the central levels of the countries that are in a position to give guidance and supervision.

Proposals

Technical assistance and support will continue to be provided to the countries in the preparation and execution of control programs to include both primary prevention and care of patients suffering from chronic diseases.

Cooperation will be continued in the design and operation of epidemiological studies directed to research on etiological agents, and the more rational use of available resources.

Epidemiological research on gastric cancer will be initiated in zones of high and low risk that present disparate ecological features.

Assistance in the organization and establishment of a Pan American center of cardiovascular diseases will be continued.

Projects will be established which will provide technical assistance and material support to programs for the control of chronic diseases, cancer, and accidents, adapted to the characteristics and specific needs of the different countries. Such projects will include provision of advisory services by specialized consultants, fellowships for training of personnel, and limited provision of equipment and supplies.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 61,251	\$ 171,687	\$ 198,080	\$ 229,300
PER CENT OF TOTAL BUDGET	.2	.3	.4	.4
TOTAL POSTS	2	4	4	4
CONSULTANT MONTHS	3	13	15	20
FELLOWSHIPS	1	7	9	16
SUPPLIES AND EQUIPMENT	\$ 13,190	\$ 14,500	\$ 19,000	\$ 15,000
GRANTS AND OTHER	\$ 24,316	\$ 31,587	\$ 31,000	\$ 33,000

PROJECTS

Argentina-5100
Brazil-5101
Brazil-5102

Chile-5100
El Salvador-5100
Guatemala-5100

Peru-5101
Uruguay-5100
Venezuela-5100

AMRO-5100
AMRO-5108
AMRO-5109
AMRO-5111

III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

6100 - PUBLIC HEALTH

Objectives

Cooperate with the Member Governments in the planning, education and full utilization of health personnel essential to strengthen and extend health services coverage.

The basic premise that health manpower training constitutes a whole composed of various interrelated elements is adopted in these activities. Such an overall approach is useful because it yields an in-depth view of the problems, and hence entails a search for more effective solutions. This focus emphasizes the importance of interrelation in professions constituting the health sector, rather than consideration of isolated ones. It has been possible in this way to discover that the quantitative and qualitative distribution of students in the different health professions stems from common factors. Recent studies have shown that a considerable percentage of students in the auxiliary careers tried to study medicine, while very few medical students consider going on to other careers. The medical career accordingly becomes the dominant one within the sector, leading to important changes in its internal dynamics, in quantitative and qualitative distribution of personnel, such as the great demand for medical education, and a low demand for careers in nursing and in the intermediate technical careers. This example highlights the importance of considering health manpower education as a single problem.

Multiprofessional and interdisciplinary training and planning in manpower development serves as the balance wheel between the teaching institutions and those who employ, and are examples of activities resulting from this overall approach to the development of human resources. The goal is to prepare a health team that will be truly integrated, both in its educational preparation and in its attitudes and behavior.

This new view of the problem of human resources requires keeping in mind the balance between individual needs and the demands of society.

Strategy

The Ten-year Health Plan for the Americas recommends that each country develop a process of manpower planning as an integrated part of health planning. PAHO has in fact cooperated in recent years with some of the countries (Argentina, Chile, Colombia and Venezuela) in manpower studies that will serve as a basis for planning. At the present time, it is cooperating for the same purpose with the Governments of Costa Rica, Ecuador, Paraguay, and the countries of the Caribbean community.

To examine the most suitable methodology in relation to manpower planning, PAHO, jointly with the Government of Canada, organized the Pan American Conference on Health Manpower Planning, held in Ottawa in September 1973. At this Conference recommendations on manpower planning and its potential impact on medical care systems and on health sciences education in the labor market were presented. Similarly, selected experiences in manpower studies, information recording systems, methods for estimating manpower needs, projections of needs, and simulated models were discussed. Along the same lines, the ministries of health were encouraged to set up manpower development offices that would have, among other duties, responsibility for instituting a continuing dialogue between the health sector and the educational and academic sector, as a base for joint action.

At the III Special Meeting of Ministers of Health of the Americas, held in Santiago, Chile, in October 1972, recommendations were made for the creation of new categories of health personnel and increase of service coverage in the existing ones, especially in the rural areas, according to the conditions in each country.

Review

PAHO cooperates directly with the schools of public health in teaching activities in the field of preventive medicine, and in the countries that do not have a school of public health, these courses are offered by the school of medicine. In these countries, an in-service program is also offered. This program consists of three stages: the first is an intensive basic public health course given over a six-week period, utilizing direct teaching methods based on the actual health problems of each country; the second stage consists of a year of supervised field work, during which time previously selected activities are carried out; they may include teaching of personnel at lower levels under adequate guidance and supervision; finally, in a meeting that may last three days, the trainees are evaluated along with the work done during the course. It is anticipated that, by this means, substantial improvement may be obtained in the operation of health services at the intermediate level, along with a multiplied effect from the training of the remaining health personnel and a better selection of candidates for fellowships in public health at the academic level.

Proposals

Advisory services to public health schools will be continued in reviewing and restructuring their organization and development plans, according to recommendations made at the VII Conference of Schools of Public Health in Latin America, held in Habana, Cuba, October 1971, and the VIII Conference held in Lima, Peru, in February 1974. PAHO will continue to cooperate with the departments of preventive medicine that offer graduate programs.

It is also planned to give special attention to the critical areas of epidemiology, administration, statistics, environmental sciences, maternal and child health, and the social sciences.

Facilities for publication of important research studies will be offered as well as for the exchange of this type of information among the schools of medicine.

In-service training programs will be expanded for professional personnel, especially directed to those countries that do not have schools of public health and whose needs in this field are very great.

In continuation of PAHO's activities to promote development of manpower resources in the English-speaking area of the Caribbean there will be further discussions with officials of the United Nations Development Programme on the development of an education and training program for paramedical personnel.

Consultant services of experts, award of fellowships, limited provision of equipment and supplies, teaching materials, subsidies for teaching activities and research, in some schools, and advisory services by the staff of the Central Office and the zone offices are envisaged for this period.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 433,678	\$ 455,450	\$ 1,866,700	\$ 1,480,400
PER CENT OF TOTAL BUDGET	1.1	.9	3.4	2.7
TOTAL POSTS	9	9	13	13
CONSULTANT MONTHS	27	30	45	44
FELLOWSHIPS	16	28	36	29
SEMINARS	\$ 12,938	\$ 39,000	\$ 29,000	\$ 36,000
SUPPLIES AND EQUIPMENT	\$ 15,756	\$ 6,100	\$ 607,300	\$ 183,750
GRANTS AND OTHER	\$ 47,167	\$ 47,586	\$ 651,800	\$ 655,800

PROJECTS

Argentina-6100	Grenada-6100	Trinidad and Tobago-6100	West Indies-6100
Barbados-6100	Jamaica-6101	Uruguay-6100	West Indies-6101
Belize-6100	Mexico-6100	Uruguay-6103	AMRO-6100
Brazil-6102	Peru-6100	Venezuela-6100	AMRO-6101
Colombia-6100	Peru-6101	Venezuela-6102	AMRO-6113

6200 - MEDICINE

Objective

The objective of this program is to help the Member Countries plan and train the human resources required in the medical and paramedical fields for extending the coverage of services so that the population will be adequately served and there will be a steady improvement in the health services to which the people are entitled.

Strategy

Constant improvement in the common objectives of strengthening teaching institutions and personnel training programs, in both instances by applying the principle of integrating teaching and care through close relations with the existing health services.

Incentives for the promotion of manpower planning as part of health plans, with a view to a regular review of staff needs, training, and utilization.

Collaboration with a view to increasing the efficiency of the teaching and learning process by improving methods and techniques of instruction and training of the teaching staff.

Collaboration in procuring textbooks and teaching materials to meet the requirements of the teaching programs.

Direct improvement of the skills of health personnel by means of fellowships for refresher courses, specialization, and advanced training.

Review

The problems connected with health manpower arise from the teaching system applied in the universities, the distribution of manpower in urban and rural areas, remuneration and incentives, migration, postgraduate training, and the organization of the medical care system. Plans must be made for the training and use of health service personnel by the countries.

Support is ensured for the educational reform in the health sciences sponsored by PAHO and WHO. This reform is all-embracing insofar as there is one single goal to be achieved - health as a biological and social function; it is multidisciplinary in the sense that it looks into normal and pathological phenomena concerning the individual and the community while at the same time systematically applying principles and techniques that explain their origin and make for prevention or cure where applicable; it is multiprofessional, inasmuch as it endeavors to train health professionals and technicians in the university - in a gradual process coordinating the basic clinical and social sciences.

It should be noted that at the present time education programs reflect and depend on the division of the teaching institution into chairs or departments. In many instances this division has helped to create a fragmented picture of health as opposed to one deriving from systematized knowledge. What is actually needed is to organize teaching and learning on the basis of problems and not of disciplines, with the participating teachers, whatever the unit to which they belong, endeavoring to explain to the student everything that makes a function normal or pathological; in other words to furnish him with a synthesis showing him what occurs in nature and not forcing him to create one.

With a view to putting this policy into practice, recommendations have been made for more closely-knit action between the health organs, public and private, and the universities, through a system of regionalization of teaching and care. The health organs contribute and benefit on the educational side, and the universities play a real part in development and welfare. Research, centered on the problems that arise most frequently, represents the springboard of progress for the people. This is what is understood by "community medicine," and is a means of providing teaching, as far as possible, with the resources it needs, while ensuring that teachers and students apply up-to-date methods for the prevention and cure of disease.

Great value is placed on the participation of students of the various health sciences in health service work from the beginning of their studies. Teaching by doing helps the student to grasp abstract ideas, engenders in the future professional a sense of his own worth, and gives him an understanding of real life which purely academic studies and his background do not always provide. The so called "rural service" programs, in which a student before receiving his degree is required to spend one or two years in charge of preventive or curative activities in particular communities, have proved to be a useful adjunct to the student's academic training. They should not be confined to the medical profession but should include dentists, nurses, veterinarians, and other professional disciplines. Naturally, the greater the degree of supervision, that is, the possibility of consultation or referral in respect of particular patients, the better the results. If this is regarded as the first stage in a career in the government service, providing incentives to make good, the prospects for the success of the system and benefit to the country will be all the greater. Clearly the system should form part of the process of coordination between the ministries of health and the universities.

It seems essential to improve information on manpower so that it embraces not only categories, numbers, and status, but also training and experience and availability. This will require precise definition of the functions of the various types of professionals, technicians, and auxiliaries. It should be kept constantly up to date if it is to be of value

in the planning of health and education. Once the responsibilities of each category within the structure of institutions are established, it will be possible to promote community organization to maintain and speed up the health programs.

The growing number of graduates of intermediate education is making itself felt in the student demand for university courses. For fortuitous reasons, a large number of universities are not at present in a position to restrict admissions. This means that the student has to be given guidance, and at the same time new occupations connected with development have to be created. To increase the number of student admissions and improve the quality of teaching, more and better teachers and researchers must be trained in the universities and schools of public health.

The progress achieved in what have been called the "sciences of life" in the last 30 years has been astonishing. It can be attributed to the scientific research carried out by public and private institutions. New views and interpretations of vital phenomena have emerged together with a better understanding of the way they function in human beings and communities, and in consequence, a variety of approaches for dealing with questions which arise frequently. Much of this, including notable discoveries, has taken place in the Americas. Hence health teaching and learning have become more

complex and costly, and postgraduate training, which calls for a knowledge of disciplines belonging to other sciences besides the health sciences, has become more urgent. It is only exceptionally that all these disciplines are taught or practiced in a single university with the thoroughness essential for the training of scientists.

Special emphasis will be laid on the development of modern educational technology, including not only the production of teaching materials, but the training of teachers in handling them and research into their use in constantly developing teaching methods and techniques.

Proposals

Assistance will continue to be given to schools of medicine and health sciences in overhauling their programs, updating the skills of their faculties, and generally improving the entire teaching and learning process.

Technical assistance in this field will continue to be given by PAHO in a fairly flexible form, from support for an individual discipline in a traditional school to the formulation of overall plans for institutional reform, based on integrated schemes. Under this latter heading, support will continue to be given to about 50 institutions spread over 13 countries of the Region, which at their various levels of development adapt to this policy of multiprofessional coordination.

Follow-up to the program of teacher training will include the "annual workshop" in Washington for deans and chiefs of educational departments of schools of health sciences, as well as seminars and short courses given at the schools themselves.

It is felt that these courses should give high priority to the introduction of new educational techniques, making it easier for the teachers to use the resources of other programs in the area. An average of 300 teachers are scheduled for this type of activity during the period.

Another activity started up recently involves the so-called Latin American Centers for Educational Technology on Health (CLATES) now in operation in Rio de Janeiro and Mexico City. These centers are designed to promote educational development, carrying out teacher training, producing educational materials, and undertaking research in educational methodology. The Rio center, with its highly diversified programs, will continue to work on improving programs of self-evaluation of training and clinical simulation, while the Mexico City center will devote its efforts to introducing the "A-36" community medicine program.

Special emphasis will be laid on improving teaching and research in the field of the social sciences as applied to health, through the establishment of programs for utilizing and training teaching personnel in this field and the preparation of teaching materials. It is felt that setting up specialized units for this purpose will make it possible to use alternative models for enlisting the social sciences according to the characteristics of personnel training institutions and centers.

Another component of the program will be the dissemination and sale of teaching materials, including those relating to the textbook program and the program of clinical diagnosis equipment. At this stage an effort will be made to evaluate the acceptability and efficiency of these programs to date.

In addition to these activities, fellowships will continue to be awarded regularly for advanced teacher training, and direct technical assistance will be given to interested institutions.

Manpower planning will become a priority program in the area and should include advice to Member Governments on the installation of offices specializing in these matters; direct compilation of the pertinent data and information; processing and analysis of these data; and, in appropriate cases, interpretation of the studies carried out on supply and demand.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 1,967,361	\$ 2,211,847	\$ 1,987,655	\$ 1,964,150
PER CENT OF TOTAL BUDGET	4.9	4.2	3.6	3.6
TOTAL POSTS	40	42	38	36
CONSULTANT MONTHS	91	97	77	82
FELLOWSHIPS	75	98	92	83
SEMINARS	\$ 125,702	\$ 57,934	\$ 36,900	\$ 35,300
SUPPLIES AND EQUIPMENT	\$ 482,244	\$ 412,328	\$ 339,009	\$ 241,911
GRANTS AND OTHER	\$ 192,832	\$ 419,796	\$ 347,700	\$ 366,155

PROJECTS

Headquarters	Costa Rica-6200	Nicaragua-6200	AMRO-6203
Argentina-6200	Cuba-6200	Panama-6200	AMRO-6204
Belize-6200	Dominican Republic-6201	Paraguay-6200	AMRO-6206
Bolivia-6200	Ecuador-6200	Peru-6200	AMRO-6208
Brazil-6000	Ecuador-6210	Peru-6201	AMRO-6214
Brazil-6200	El Salvador-6200	Surinam-6200	AMRO-6216
Brazil-6225	Guatemala-6200	Uruguay-6200	AMRO-6221
Brazil-6233	Haiti-6200	Uruguay-6201	AMRO-6223
Canada-6201	Honduras-6200	Venezuela-6200	AMRO-6228
Chile-6200	Mexico-6200	AMRO-6000	AMRO-6234
Colombia-6201	Mexico-6233	AMRO-6200	

6300 - NURSING EDUCATION AND TRAINING

Objectives

Cooperate with the Member Countries in strengthening their nursing education programs to achieve the goals set forth in the Ten-year Health Plan for the Americas.

Reach an average of 4.5 nurses and 1.5 nursing auxiliaries per 10,000 population, in the decade 1970-80, and improve the geographic and institutional distribution of this personnel.

Train 360,000 nursing auxiliaries and prepare 125,000 nurses, particularly at the intermediate level.

Provide high quality scientific and teaching material to nursing students, reaching 75% of the students in the program by 1980 and fostering production of teaching materials, especially in the field of self-instruction.

Strategy

Educate nursing personnel by programming manpower production through the creation of an agency at the national level responsible for defining, planning, and coordinating training personnel.

Intensify the production of personnel by training a number of nurses at the university level in the required ratio to produce teachers in nursing, personnel for administrative positions, and staff for highly specialized services.

Establish new programs and restructure existing ones for production of nursing personnel at the intermediate level. It is estimated that such intermediate-level personnel could represent as much as two-thirds of the nursing manpower in a country.

Train auxiliaries by means of a review and analysis of the existing programs for duration and content.

Increase the number of courses offered according to previously identified requirements in each country.

Establish a system of progressive training in courses organized in stages designed to update the training of existing personnel and provide auxiliary personnel (health assistants, outreach workers, children's nurses) with an opportunity to complete a program of studies equivalent to the course for nursing auxiliaries.

Establish necessary conditions to increase the production and improve the quality of instruction.

Establish an equivalence system for programs at the professional level to facilitate admission of students to advanced courses abroad.

Create a regional center offering graduate courses for teachers, administrators and specialists in the various clinical branches of nursing.

Establish centers or programs to develop nursing technology and research.

Carry out a program to produce textbooks for students of nursing.

Foster production and exchange of teaching materials (articles, periodicals, teaching models, and so on).

Review

It is widely recognized that the shortage of nursing personnel in Latin America is one of the obstacles to adequate delivery of health services and their extension, in order to obtain a greater coverage of the population.

The majority of the countries lack a manpower training policy, or an agency, to define, plan, and coordinate training of nursing and midwifery personnel in the content of the national health plans and their manpower development programs. This has resulted in a situation of imbalance between need, demand, production, and absorption of trained personnel.

Current training programs in nursing and midwifery would need to be increased from 10 to 20 times their present level if the goals established for the decade are to be met.

Proposals

Continue to provide advisory services on educational planning, analysis of the training systems, formulation and implementation of educational policies, and systems adjusted to the needs of health services and to the strengthening of teaching institutions.

Based on the study of graduate courses being carried out, plan and coordinate a Latin American network of nursing programs at the graduate level leading to an academic degree, making use of existing resources in the countries and reinforcing them. Create new programs in priority or deficient areas and establish a utilization system to provide the countries with larger numbers of nurses in teaching and in service, with advanced training in different areas of their professions, consonant with health plans of the countries; manpower resources equipped to assist in developing research in nursing; and a system of coordination of programs within a given country that will ensure maximum use of existing resources.

Establish in the nursing units of the two Latin American Centers of Technical Health Education (CLATES) in Mexico and Brazil a network of 20 nursing schools; continue training of teaching personnel in modern educational techniques and in the preparation and production of educational material with emphasis on self-instructive materials. Initially, preference will be given to the development of material related to nursing. However, assistance and attention will also be given to disciplines common to the various health professions, in an effort to define a "core" that may be utilized by students in these professions.

Continue preparation of teachers for the auxiliary programs; develop models and cooperate in studies related to training of this personnel; and produce and exchange educational material for auxiliaries, primarily related to the field of rural assistance.

Make evaluation studies related to the various personnel training programs at the intermediate level and continue to advise in their development.

Encourage research in the educational field primarily related to evaluation, vocational guidance, and preparation of personnel in multidisciplinary centers or institutions. Emphasize preparation of nurses in the field of research at the graduate level. Initiate a project to provide technical assistance in a study of nursing.

Establish an information system that will encourage continuing program evaluation and adjustment.

Continue advisory services and initiate projects on evaluation of nursing programs integrated in the schools of health sciences.

Continue to provide advisory services in technical subjects related to maternal and child care and family planning, as they involve basic, intermediate, and advanced educational programs and training courses for nursing auxiliaries.

Continue assistance to the two maternal and child health and family planning centers (Cali, Colombia, and Panama), offering in each of them a short course for nurses in teaching and in practice, a postbasic course, and an advanced program (master's degree) in the area of maternal and child health with emphasis on nursing in clinical pediatrics.

Continue the educational program for graduate midwives in which training and skills will be supplemented in such aspects as maternal and child health, population dynamics, family planning, communications, health education, community participation, nutrition and family health. All of these are designed to broaden the field of nursing participation in the delivery of health care.

Initiate a training center for professional personnel in nursing-midwifery in the English-speaking area of the Caribbean, so that its graduates may assume their appropriate role in the maternal and child health and family planning programs in their countries.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 340,379	\$ 473,159	\$ 513,132	\$ 679,174
PER CENT OF TOTAL BUDGET	.8	.9	.9	1.2
TOTAL POSTS	9	7	11	12
CONSULTANT MONTHS	32	34	30	24
FELLOWSHIPS	8	11	30	43
SEMINARS	\$ 18,872	\$ 73,100	\$ 75,300	\$ 56,100
SUPPLIES AND EQUIPMENT	\$ 75,065	\$ 105,477	\$ 53,350	\$ 56,600
GRANTS AND OTHER	\$ 16,403	\$ 15,240	\$ 27,000	\$ 117,000

PROJECTS

Headquarters	Grenada-6300	Trinidad and Tobago-6300	AMRO-6310
Bahamas-6300	Guyana-6300	Venezuela-6300	AMRO-6317
Barbados-6300	Jamaica-6300	West Indies-6300	AMRO-6319
Bolivia-6300	Mexico-6300	West Indies-6302	AMRO-6320
Brazil-6305	Panama-6300	West Indies-6303	AMRO-6322
Colombia-6300	Peru-6300	AMRO-6300	AMRO-6324
Costa Rica-6300	Peru-6302	AMRO-6301	AMRO-6325
Ecuador-6300	Surinam-6300	AMRO-6306	

6400 - ENVIRONMENTAL SCIENCES

Objectives

Improve the quality of the environment by forming an adequate corps of professionals, technicians, and auxiliary workers with the knowledge, experience, and administrative capability to assume responsibility for environmental health programs in the countries.

Strengthen the teaching of environmental sciences and their application to national programs in the schools of engineering, public health, and teaching institutions in general.

Strategy

Review and modernize study programs and improve laboratories and other installations required for the teaching of environmental engineering and encourage increased enrollment in existing courses.

Expand activities in training at all levels and develop continuing education programs to promote cooperation and participation of national and international organizations.

Incorporate research activities as a regular component of the teaching process.

Develop a systematic interchange between the professional personnel in the universities and personnel in the operational agencies; and between office and field personnel in national environmental programs to integrate theoretical and practical activities in the work programs.

Promote and encourage communication among teaching institutions in the exchange of technical and research information, through the exchange of publications, visits, and correspondence.

Review

Massive programs to provide water supply and sewerage systems specifically in the decade of the 1960's, the emergence during the same decade of other complex environmental problems related to air, water, soil and work environment, and

the appearance or exacerbation of these problems as a consequence of development programs in the countries, are demanding human resources far beyond the existing manpower pool.

Proposals

PAHO will support activities in the countries through its personnel in the field, the Pan American Center of Sanitary Engineering and Environmental Sciences, and the Central Office. It is anticipated that more than 100 educational activities will be organized to train some 3,500 persons. Staff personnel of PAHO and short-term consultants will provide technical assistance; and fellowships and supplies will be provided under the country projects.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 359,428	\$ 588,686	\$ 456,463	\$ 411,254
PER CENT OF TOTAL BUDGET	.9	1.1	.8	.8
TOTAL POSTS	8	10	9	9
CONSULTANT MONTHS	20	58	42	33
FELLOWSHIPS	10	31	28	25
SEMINARS	\$ 3,445	\$ 2,000	\$ 1,500	\$ 4,500
SUPPLIES AND EQUIPMENT	\$ 68,292	\$ 105,989	\$ 42,894	\$ 21,050
GRANTS AND OTHER	\$ 56,663	\$ 111,645	\$ 91,177	\$ 91,600

PROJECTS

Argentina-6400	Costa Rica-6400	Honduras-6400	Trinidad and Tobago-6400
Belize-6400	Cuba-6400	Jamaica-6400	Uruguay-6400
Bolivia-6400	Dominican Republic-6400	Mexico-6400	Venezuela-6400
Brazil-6400	Ecuador-6400	Nicaragua-6400	Venezuela-6401
Brazil-6401	El Salvador-6400	Panama-6400	AMRO-2114
Chile-6400	Guatemala-6400	Paraguay-6400	AMRO-6400
Colombia-6400	Haiti-6400	Peru-6400	

6500 - VETERINARY MEDICINE EDUCATION

Objectives

To improve veterinary medical education, in accordance with the needs of each country, particularly through strengthening of the schools by assisting in curriculum revision and by modifying teaching methods to be compatible with the new curriculum in contemporary technical surroundings.

To promote, develop, and organize programs for the training of animal health assistants in each country prepared to undertake a major livestock development program.

To expand continuing education activities for governmental and academic veterinary manpower.

Strategy

Train teachers and administrators of schools of veterinary medicine in Latin America in methods of preparing curricula, so they can review and modify them in accordance with the proposals for expanding the capacity of schools of veterinary medicine.

Strengthen the physical and human resources of schools of veterinary medicine, with adequate financing, to permit the recruitment of at least 80% of the professors on a full-time basis, and improve laboratory equipment and material for teaching at reasonable levels of confidence.

Establish postgraduate and continuing education programs.

Promote and collaborate in the development of a greater degree of coordination of the efforts of the ministries of agriculture, education, and health to solve the veterinary manpower problem in the various countries. Collaborate with educational authorities in studies to determine causes of drop-out of the majority of students that enter professional courses.

Review

The need for larger numbers of trained veterinarians (14,000 to be trained) in animal health will be particularly acute. Immediate and sizable financial and technical support will be needed to increase the capacity of the schools for improvement in the quantity and quality of the veterinarians.

Graduate-level training and continuing education programs can be expected to fall behind the need for upgrading the knowledge of presently employed veterinarians. Understaffing of the schools of veterinary medicine will continue in some countries but improve in others.

Although PAHO has followed a program of technical assistance to the schools of veterinary medicine in Latin America for a number of years, in most of the countries programs in veterinary medical education are very limited and lack the capability to meet the targets or achieve the objectives that are set forth in the Ten-year Health Plan for the Americas. The success of the programs for the control of the zoonoses, including foot-and-mouth disease, with the resultant reduction in losses to human health and in the increase in the availability of protein of animal origin, have been greatly handicapped by the shortage of available veterinary medical manpower. Shortages are more acute in personnel trained in the planning of animal health programs, diagnosis, and the reporting of disease prevalence. Concurrent with the demand for veterinarians, constantly increasing as a result of the development of these national programs, the schools of veterinary medicine are working at the maximum limits of their capacity. It will be necessary not only to have a larger number of veterinarians, but they must also be better trained in order to implement the strategy for development in Latin America and increase agricultural production, principally livestock development.

PAHO has provided leadership over the years in the promotion and conduct of seminars, conferences, courses, and advisory study groups in veterinary medical education, particularly in the areas of epidemiology, preventive medicine, veterinary public health, and related subjects. Professors are better qualified as a result of participating in the fellowship program of PAHO and receiving postgraduate degrees and training.

Proposals

To establish and initiate a training program for animal health assistants for the Caribbean region, with the training center located in Guyana. It will be the first official two-year academic program for the training of animal health assistants in the Americas.

To convene advisory study groups at various locations throughout Latin America to review and bring up to date the subject material, teaching-learning process and evaluation of these processes on the various subjects of veterinary medicine related principally to epidemiology, preventive medicine, infectious diseases, public health, and planning of animal health programs.

To have schools of veterinary medicine organize, in collaboration with agricultural and health authorities, courses for the training of auxiliaries needed by the animal health and public health programs in each country.

To improve teaching methods in order to adjust them to the needs of the new curriculum and modern techniques of learning, so the student becomes an active and dynamic element, and not merely a passive recipient of purely informative exposition.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 172,388	\$ 128,620	\$ 138,100	\$ 157,450
PER CENT OF TOTAL BUDGET	.4	.2	.2	.3
TOTAL POSTS	2	2	2	2
CONSULTANT MONTHS	8	12	15	15
FELLOWSHIPS	15	14	17	21
SEMINARS	\$ 19,890	\$ 3,000	\$ 10,400	\$ 10,800
SUPPLIES AND EQUIPMENT	\$ 8,903	\$ 7,350	\$ 9,650	\$ 11,100
GRANTS AND OTHER	\$ -	\$ 2,000	\$ -	\$ 3,000

PROJECTS

Argentina-6500
Bolivia-6500
Chile-6500

Colombia-6500
Ecuador-6500
Guatemala-6500

Mexico-6500
Paraguay-6500
Peru-6500

Venezuela-6500
AMRO-6500
AMRO-6507
AMRO-6508

6600 - DENTAL EDUCATION

Objective

To improve the quality of teaching in dentistry and to increase the availability of adequately trained professional and auxiliary personnel in accordance with national goals.

Strategy

Assist dental schools to review curricula and conduct curriculum revisions, applying the necessary changes in administration and preparation of teaching personnel to implement improved teaching programs. Develop continuing education programs and specialized courses to assist in the strengthening of the teaching of dentistry and establish educational planning units in dental schools.

Produce and make available education materials, programs, and techniques appropriate for the needs of dental education in Latin America and continue the integration of dental education within programs for the health sciences. Design, investigate, and adapt new technologies in education utilizing modern materials, and make such materials available in the languages of the Region.

Stimulate the training of dental auxiliary personnel and educators to train such dental auxiliaries. Create new patterns of dental care delivery utilizing expanded functions carried out by auxiliary personnel and prepare standardized curricula for training such auxiliaries to be available to all countries of the Region. Establish formal organizations or associations for auxiliary personnel, and initiate legislation that will define functions and categories for such personnel. Establish a coordinating program which could interrelate such activities and disseminate appropriate information between countries of the Region.

Conduct surveys to ascertain the status of educational programs in Latin America, and establish centers related to specific areas in dentistry, such as those in dental materials and oral pathology, for the training of personnel.

Review

There are approximately 100 dental schools and 54,000 dentists in Latin America. Most countries of the Region have at least one dental professional training institution, with the exception of the area of the English-speaking Caribbean. There is a shortage of professional and auxiliary personnel to attend to the needs in dental health and only three countries (Argentina, Chile, and Uruguay) have more than 3.5 dentists per 10,000 inhabitants, while 12 countries do not average one dentist per 10,000 inhabitants. The professional dental resources are concentrated in urban areas and few resources for the provision of dental services exist in rural areas. There are approximately 30 training programs for the preparation of auxiliary personnel, but the ratio of auxiliary to professional personnel in dentistry in Latin America is of the order of one to three and is the inverse of that found in more developed areas. With the exception of certain countries, there seems to be little activity to stimulate the intensive formation of auxiliary personnel in dentistry or to disseminate information regarding their adequate utilization.

Systems of dental education have been based on traditional patterns and, although professional personnel have certain community understanding, these concepts have not been extensively applied to the provision of dental care to all sectors of the population. There is a shortage of current information on dentistry and no apparent effective means for intercommunication of this information between training institutions and government agencies.

The initial emphasis in the program has been directed to the revision of curricula and the important interrelationship between training and delivery of service, particularly in connection with the use of personnel, equipment, materials, and their future application in the socioeconomic system. Fellowships and consultants have been provided in the fields of preventive dentistry, public health, epidemiology, dental materials, dental school administration, oral microbiology, and oral pathology. Extensive modifications in the teaching programs of many faculties of dentistry are being effected. Special training courses in oral microbiology have been conducted, as has also an international seminar on dental materials.

Surveys have been conducted to identify the dental schools in Latin America, the dental journals, and the approach to teaching of dental materials in dental schools, together with a survey on the evaluation of the impact of the initial three seminars on dental education. The Latin American Association of Dental Schools (ALAFD) has been established to interrelate the interests of faculties of dentistry within the Region and to improve communications between such faculties.

Dental auxiliary training programs have been developed in four countries, a dental auxiliary training institute constructed and put into operation in conjunction with the Government of Jamaica, and courses have been conducted on the utilization of dental auxiliary personnel. These courses are being directed to the dental profession and to members of government agencies as well as teaching institutions.

Scientific monographs have been prepared in Spanish and distributed to the countries of the Region. Numerous articles from recognized publications have been translated into Spanish and made available to teaching institutions, and an international network of 50 collaborators has been formed to translate and disseminate information relative to new advances in dentistry in the world. One center has been established and two more are in the process of establishment for the development of new educational technology packages for use in dental education and the increased utilization of audiovisual and self-instructional materials. The center in Porto Alegre, Brazil, has already prepared materials in the languages of the Region for use in audiovisual programs.

Proposals

Develop one additional center as a regional center for reference in oral pathology and assist in the development of one new dental faculty and one national dental auxiliary training program.

Provide training for 20 dental administrators in modern management techniques for dental schools and establish one additional training program for professional personnel in the use of auxiliary personnel. Participate in the development of one course in pediatric dentistry to be conducted in Spanish in the United States of America and complete the preparation of three audiovisual courses in fluoridation techniques.

Establish and administer a system for the intensive dissemination of translated and originally prepared material in dentistry in the Region and conduct one seminar on aspects of dental education as a result of activities of a meeting to be held in 1974.

Prepare and distribute four manuals of current dental information and publish an index of current dental literature available in Spanish and Portuguese.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 155,068	\$ 181,324	\$ 191,520	\$ 198,340
PER CENT OF TOTAL BUDGET	.4	.3	.3	.4
TOTAL POSTS	3	4	3	2
CONSULTANT MONTHS	26	19	23	27
FELLOWSHIPS	13	10	15	24
SEMINARS	\$ 6,055	\$ 5,000	\$ 8,000	\$ 8,000
SUPPLIES AND EQUIPMENT	\$ 18,988	\$ 45,844	\$ 24,500	\$ 31,000
GRANTS AND OTHER	\$ 13,830	\$ 6,120	\$ 1,000	\$ -

PROJECTS

Barbados-6600	Ecuador-6600	Panama-6600	AMRO-6600
Bolivia-6600	Guatemala-6600	Paraguay-6600	AMRO-6608
Chile-6600	Jamaica-6600	Peru-6600	AMRO-6611
Colombia-6600	Nicaragua-6600	Venezuela-6600	

6700 - BIOSTATISTICS

Objectives

Expand and strengthen training programs for health statistics, medical records and computer sciences through the Region, aimed at improving the health statistics systems and facilitating better utilization of information.

Reinforce teaching of biostatistics in the programs of the schools of medicine and of public health.

Strategy

Provide technical assistance to the existing national teaching centers and cooperation in organizing new centers to train national personnel at the professional and intermediate levels in biostatistics, medical records, and computer sciences.

Promote organization of auxiliary courses in statistics and medical records.

Review

In the majority of the Latin American countries, trained personnel in biostatistics, medical records, and computer sciences are lacking, especially at the professional level.

The principal problem in implementing the Ten-year Health Plan for the Americas in the field of health statistics arises in obtaining sufficient financial and manpower resources to provide trained personnel to direct, supervise, and evaluate operations of the statistical systems.

The minimum goals established for the decade in relation to manpower training are 300 statisticians at the professional level, 1,000 medical records librarians at the professional level, 4,000 medical records technicians at the intermediate level, 250 intermediate-level biostatisticians, and 40,000 auxiliary workers. It will also be necessary to train 50 professionals in computer sciences and 250 computer programmers.

There is only one course for biostatisticians at the professional level in Latin America. In December 1970 the School of Medicine at the University of Buenos Aires inaugurated a three-year course on health information systems leading to a degree that would train high-level personnel in medical records. Only the first two years of the course have been given.

At the intermediate level, eight countries offer courses that combine the teaching of health statistics and medical records management.

In the majority of countries, courses at the auxiliary level have been organized. In general, there have been short courses with a duration of seven weeks to six months. The content has been limited to collection of statistical data, preparation of information and functions related to management of medical records. In the preceding decade, approximately 1,000 auxiliary workers per year have been trained.

Proposals

It will be necessary to create additional regional training centers to achieve the goals set forth in the Ten-year Health Plan for the Americas. At least three centers for the teaching of biostatistics will be needed, three centers to train medical records librarians, and two in computer sciences, all at the professional level. At the intermediate level, six additional centers will be required to teach maintenance of medical records.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 125,976	\$ 225,580	\$ 264,520	\$ 301,683
PER CENT OF TOTAL BUDGET	.3	.4	.5	.6
TOTAL POSTS	4	10	10	9
CONSULTANT MONTHS	3	10	6	6
FELLOWSHIPS	-	1	-	20
SEMINARS	\$ 8,913	\$ -	\$ -	\$ -
SUPPLIES AND EQUIPMENT	\$ 6,845	\$ 11,747	\$ 25,500	\$ 22,000
GRANTS AND OTHER	\$ 10,000	\$ 3,107	\$ 13,000	\$ 16,000

PROJECTS

Argentina-6700	Ecuador-3500	Venezuela-6707	AMRO-6700
Bolivia-3500	Guatemala-3500	West Indies-3500	AMRO-6707
Colombia-3500	Jamaica-6700	AMRO-3503	AMRO-6708
Costa Rica-6700	Peru-3500	AMRO-3504	AMRO-6712
			AMRO-6713

IV. PROGRAM SERVICES

Administrative support services are not distributed into specific programs since these services are in support of all the technical programs. These services have, therefore, been grouped under this category to facilitate review and administration. The functions and costs involved are related to evaluation and reporting of projects; placement and follow-up of all fellowship awards; editorial services, including visual aids; liaison and public information activities; the library; and computer services.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 1,623,925	\$ 1,973,750	\$ 2,206,860	\$ 2,327,550
PER CENT OF TOTAL BUDGET	4.1	3.8	4.0	4.2
TOTAL POSTS	91	91	94	93
SUPPLIES AND EQUIPMENT	\$ 279,450	\$ 292,500	\$ 308,800	\$ 318,800
GRANTS AND OTHER	\$ 154,603	\$ 160,700	\$ 178,600	\$ 198,400

PROJECTS

Headquarters

V. ADMINISTRATIVE DIRECTION

8100 - EXECUTIVE AND TECHNICAL DIRECTION

Executive and technical direction is involved primarily with the technical content of programs requested by Member Governments rather than with routine day-to-day administration. In order to illustrate this direction, a separate category has been established to show these functions and costs of the Director's office and the office of the Chief of Administration, excluding liaison and public information activities, as distinct from general administrative activities.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 276,353	\$ 310,452	\$ 351,514	\$ 366,276
PER CENT OF TOTAL BUDGET	.7	.6	.6	.7
TOTAL POSTS	12	12	12	12
GRANTS AND OTHER	\$ 6,245	\$ 7,400	\$ 7,500	\$ 7,600

PROJECTS

Headquarters

8200 - ADMINISTRATIVE SERVICES

Administrative services are designed to free program staff for technical services, relieving them of as much administrative detail as possible. Personnel and accounting activities are centralized and budget allotments, other than those that must necessarily be shown in dollars, are issued to program staff in terms of the elements needed to carry out the program. This procedure has facilitated the operation of zone and country offices with minimum administrative staff. This category includes the offices of budget and finance and the offices of management and personnel, as well as the administrative portions of the six Zone Offices.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 1,944,049	\$ 2,355,800	\$ 2,683,450	\$ 2,875,050
PER CENT OF TOTAL BUDGET	4.9	4.5	4.8	5.2
TOTAL POSTS	194	196	198	200

PROJECTS

Headquarters
Zone Offices

8300 - GENERAL EXPENSES

This category includes continuing general supplies, contractual services, equipment, rentals, utilities, and comparable items normally referred to as common services, for Headquarters and the Zone Offices.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 2,047,717	\$ 1,669,090	\$ 2,005,700	\$ 2,222,063
PER CENT OF TOTAL BUDGET	5.1	3.2	3.6	4.1
SUPPLIES AND EQUIPMENT	\$ 181,080	\$ 175,062	\$ 191,910	\$ 210,162
GRANTS AND OTHER	\$ 1,866,637	\$ 1,494,028	\$ 1,813,790	\$ 2,011,901

PROJECTS

Headquarters
Zone Offices

VI. GOVERNING BODIES

The Pan American Health Organization is governed by the Pan American Sanitary Conference, which meets every four years. The Directing Council acts for the Conference in the intervening years. In addition, the Executive Committee of the Directing Council holds two regular meetings every year. By agreement with the World Health Organization, these Governing Bodies also serve as the Regional Committee of the World Health Organization. The category "Governing Bodies" covers the cost of scheduled meetings and supporting staff. The staff also supports other seminars and conferences as time allows. This category is reflected as Part I of the budget document.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 470,078	\$ 496,340	\$ 605,560	\$ 663,400
PER CENT OF TOTAL BUDGET	1.2	1.0	1.1	1.2
TOTAL POSTS	20	20	21	21
SUPPLIES AND EQUIPMENT	\$ 64,585	\$ 61,149	\$ 70,300	\$ 78,500
GRANTS AND OTHER	\$ 111,384	\$ 104,079	\$ 128,600	\$ 147,000

VII. INCREASE TO ASSETS

Under this category is shown the amount for increasing the Working Capital Fund in accordance with Resolution VII of the XI Meeting of the Directing Council. It is shown as Part V of the budget document.

	1973	1974	1975	1976
FUNDS BUDGETED	\$ 400,000	\$ 450,000	\$ 550,000	\$ 600,000
PER CENT OF TOTAL BUDGET	1.0	.9	1.0	1.1
GRANTS AND OTHER	\$ 400,000	\$ 450,000	\$ 550,000	\$ 600,000

SUMMARY

ALL PARTS - ALL FUNDS

1973 - 1974 - 1975 - 1976

	FUND SYMBOL	NUMBER OF POSTS				INVESTMENT			
		1973	1974	1975	1976	1973	1974	1975	1976
						\$	\$	\$	\$
DETAIL BY PART									
PART I ORGANIZATIONAL MEETINGS.....TOTAL		20	20	21	21	470,078	496,340	605,560	663,400
PAHO REGULAR	PR	15	14	15	15	351,367	355,700	416,000	454,800
WHO REGULAR	WR	5	6	6	6	118,711	140,640	189,560	208,600
PART II HEADQUARTERS.....TOTAL		298	294	300	301	6,495,938	6,913,749	7,717,584	8,285,989
PAHO REGULAR	PR	211	207	212	213	4,240,177	4,672,600	5,188,414	5,578,378
GRANTS AND OTHER CONTRIBUTIONS TO PAHO	PG	-	-	-	-	105,335	-	-	-
PAN AMERICAN HEALTH AND EDUCATION FOUNDATION	PH	-	-	-	-	87,794	-	-	-
WHO REGULAR	WR	87	87	88	88	2,062,632	2,241,149	2,529,170	2,707,611
PART III FIELD AND OTHER PROGRAMS.....TOTAL		1,205	1,268	1,273	1,235	30,565,180	42,384,504	44,412,503	42,895,970
PAHO REGULAR	PR	503	534	540	545	12,558,864	14,172,926	15,444,249	17,010,092
PAHO COMMUNITY WATER SUPPLY	PW	10	18	13	10	495,929	1,124,739	425,897	395,755
INCAP AND RELATED GRANTS	PI/PN	254	254	254	254	2,000,035	1,733,523	1,749,480	1,806,980
GRANTS AND OTHER CONTRIBUTIONS TO PAHO	PG	149	122	113	110	3,776,364	3,272,750	2,010,633	1,726,494
PAN AMERICAN HEALTH AND EDUCATION FOUNDATION	PH	41	44	41	36	1,182,045	1,408,036	1,295,159	1,176,195
SPECIAL FUND FOR HEALTH PROMOTION	PK	-	-	-	-	263,133	-	-	-
SPECIAL FUND FOR RESEARCH	PS	-	-	-	-	9,537	3,926	-	-
WHO REGULAR	WR	133	142	147	152	6,701,992	7,383,711	8,053,270	8,533,789
UNITED NATIONS DEVELOPMENT PROGRAM	UNDP	110	116	118	83	3,128,783	8,242,574	7,784,915	4,487,605
UNITED NATIONS FUND FOR POPULATION ACTIVITIES	UNFPA	4	36	46	45	302,510	4,944,426	7,631,950	7,759,060
WHO GRANTS AND OTHER CONTRIBUTIONS	WO	1	2	1	-	145,988	97,893	16,950	-
PART IV SPECIAL FUND FOR HEALTH PROMOTION.....TOTAL		-	-	-	-	250,000	250,000	250,000	250,000
PAHO REGULAR	PR	-	-	-	-	250,000	250,000	250,000	250,000
PART V INCREASE TO ASSETS.....TOTAL		-	-	-	-	400,000	450,000	550,000	600,000
PAHO REGULAR	PR	-	-	-	-	400,000	450,000	550,000	600,000
PART VI PAN AMERICAN FOOT-AND-MOUTH DISEASE CENTER.TOTAL		168	171	177	179	2,036,697	1,996,248	2,127,877	2,256,786
PAHO REGULAR	PR	168	171	177	179	1,767,546	1,871,084	2,054,356	2,256,786
GRANTS AND OTHER CONTRIBUTIONS TO PAHO	PG	-	-	-	-	269,151	125,164	73,521	-
.....TOTAL ALL PARTS.....		1,691	1,753	1,771	1,736	39,967,893	52,240,841	55,413,524	54,702,145

DETAIL BY FUND

PAHO REGULAR	PR	897	926	944	952	19,317,954	21,522,310	23,653,019	25,900,056
PAHO COMMUNITY WATER SUPPLY	PW	10	18	13	10	495,929	1,124,739	425,897	395,755
INCAP AND RELATED GRANTS	PI/PN	254	254	254	254	2,000,035	1,733,523	1,749,480	1,806,980
GRANTS AND OTHER CONTRIBUTIONS TO PAHO	PG	149	122	113	110	4,150,850	3,397,914	2,084,154	1,726,494
PAN AMERICAN HEALTH AND EDUCATION FOUNDATION	PH	41	44	41	36	1,269,839	1,408,036	1,295,159	1,176,195
SPECIAL FUND FOR HEALTH PROMOTION	PK	-	-	-	-	263,133	-	-	-
SPECIAL FUND FOR RESEARCH	PS	-	-	-	-	9,537	3,926	-	-
WHO REGULAR	WR	225	235	241	246	8,883,335	9,765,500	10,772,000	11,450,000
UNITED NATIONS DEVELOPMENT PROGRAM	UNDP	110	116	118	83	3,128,783	8,242,574	7,784,915	4,487,605
UNITED NATIONS FUND FOR POPULATION ACTIVITIES	UNFPA	4	36	46	45	302,510	4,944,426	7,631,950	7,759,060
WHO GRANTS AND OTHER CONTRIBUTIONS	WO	1	2	1	-	145,988	97,893	16,950	-
.....TOTAL ALL FUNDS.....		1,691	1,753	1,771	1,736	39,967,893	52,240,841	55,413,524	54,702,145

PART I: ORGANIZATIONAL MEETINGS - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
470,078	100.0	496,340	100.0	VI. GOVERNING BODIES	605,560	100.0	663,400	100.0
470,078	100.0	496,340	100.0	GRAND TOTAL	605,560	100.0	663,400	100.0
*****	*****	*****	*****	*****	*****	*****	*****	*****

*LESS THAN .05 PER CENT

SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHORT	PART.	AMOUNT		
	\$				\$	\$			\$	\$	\$	\$
1973												
PAHO---PR	351,367	6	9	-	207,222	-	-	-	-	-	64,585	79,560
WHO---WR	118,711	4	1	-	86,887	-	-	-	-	-	-	31,824
TOTAL	470,078	10	10	-	294,109	-	-	-	-	-	64,585	111,384
PERCENT OF TOTAL	100.0				62.6	-	-	-	-	-	13.7	23.7
1974												
PAHO---PR	355,700	5	9	-	213,600	-	-	-	-	-	52,100	90,000
WHO---WR	140,640	4	2	-	117,512	-	-	-	-	-	9,049	14,079
TOTAL	496,340	9	11	-	331,112	-	-	-	-	-	61,149	104,079
PERCENT OF TOTAL	100.0				66.7	-	-	-	-	-	12.3	21.0
1975												
PAHO---PR	416,000	5	10	-	252,100	-	-	-	-	-	60,300	103,600
WHO---WR	189,560	4	2	-	154,560	-	-	-	-	-	10,000	25,000
TOTAL	605,560	9	12	-	406,660	-	-	-	-	-	70,300	128,600
PERCENT OF TOTAL	100.0				67.2	-	-	-	-	-	11.6	21.2
1976												
PAHO---PR	454,800	5	10	-	271,300	-	-	-	-	-	66,500	117,000
WHO---WR	208,600	4	2	-	166,600	-	-	-	-	-	12,000	30,000
TOTAL	663,400	9	12	-	437,900	-	-	-	-	-	78,500	147,000
PERCENT OF TOTAL	100.0				66.0	-	-	-	-	-	11.8	22.2

PAHO-PR-REGULAR BUDGET
 PW-COMMUNITY WATER SUPPLY
 PI-INCAP - REGULAR BUDGET
 PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS
 PG-GRANTS AND OTHER CONTRIBUTIONS
 PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION

PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION
 PS-SPECIAL FUND FOR RESEARCH
 WHO---WR-REGULAR BUDGET
 UNDP-UNITED NATIONS DEVELOPMENT PROGRAM
 UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES
 WU-GRANTS AND OTHER FUNDS

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

PART I: ORGANIZATIONAL MEETINGS - DETAIL

Sec. 1. Conference and Translation Section

Included in this Section are the estimates for the costs of meeting services.

TOTAL		20	20	21	21	TOTAL	267,432	310,740	384,860	413,400	
<u>CONFERENCE SERVICES</u>						SUBTOTAL	PK 180,545	201,600	238,900	255,800	
P-4	ADMIN. SERVICES OFFICER	PR	1	1	1	1	PERSONNEL-POSTS	180,545	201,600	238,900	255,800
	.0201										
P-2	ADMIN. SERVICES OFFICER	PR	1	-	-	-	SUBTOTAL	HR 86,887	109,140	145,960	157,600
	.0204										
P-2	ELECTRONICS TECHNICIAN	PR	1	1	1	1	PERSONNEL-POSTS	86,887	109,140	145,960	157,600
	.0202										
G-7	ADMINISTRATIVE TECHNICIAN	PR	1	1	1	1					
	.0205										
G-6	CLERK	PK	1	1	1	1					
	.0206										
G-4	CLERK	PK	1	1	2	2					
	.0207 .4163										
G-4	SECRETARY	PR	1	1	1	1					
	.0203										
<u>TRANSLATION SERVICES</u>											
P-4	TRANSLATOR REVISER	PR	1	1	1	1					
	.0208										
P-4	TRANSLATOR REVISER	WR	3	3	3	3					
	4.0209 4.0212 4.0214										
P-3	TRANSLATOR	PR	2	2	2	2					
	.0210 .0211										
P-3	TRANSLATOR	WR	1	1	1	1					
	4.3539										
G-8	CLERK	WR	1	1	1	1					
	4.0215										
G-6	CLERK	WR	-	1	1	1					
	4.0018										
G-5	CLERK	PR	1	1	1	1					
	.0216										
G-4	CLERK STENOGRAPHER	PR	3	3	3	3					
	.0217 .1053 .3334										
G-4	SECRETARY	PK	1	1	1	1					
	.3462										

Sec. 2. Meetings of the Pan American Sanitary Conference, Directing Council, and WHO Regional Committee

Included in this section are the estimates for the costs of the meetings of the Pan American Sanitary Conference, Directing Council, and WHO Regional Committee, as well as for the Executive Committee meetings held at the same time.

TOTAL		150,752	155,600	180,700	200,000
SUBTOTAL	PK	118,928	124,100	137,100	149,000
TEMPORARY PERSONNEL		15,569	-	-	-
TRAVEL & TRANSPORTATION		1,036	7,200	8,000	9,000
GOVERNING BODIES DOCS.		57,970	50,000	58,000	64,000
CONFERENCE SERVICES		44,353	66,900	71,100	76,000
SUBTOTAL	WR	31,824	31,500	43,600	51,000
TEMPORARY PERSONNEL		-	2,511	2,700	3,000
TRAVEL & TRANSPORTATION		-	5,861	5,900	6,000
SUPPLIES AND EQUIPMENT		-	9,049	10,000	12,000
CONFERENCE SERVICES		31,824	14,079	25,000	30,000

Sec. 3. Meetings of the Executive Committee

This section contains the estimated cost of the summer meetings of the Executive Committee, which are usually held in Washington. The estimates are based on the assumption that meetings will be held in the Bureau's conference facility.

TOTAL	PK	51,894	30,000	40,000	50,000
TEMPORARY PERSONNEL		3,251	4,000	4,200	5,000
TRAVEL & TRANSPORTATION		6,821	800	1,000	1,500
SUPPLIES AND EQUIPMENT		6,615	2,100	2,300	2,500
CONFERENCE SERVICES		35,207	23,100	32,500	41,000

PART II: HEADQUARTERS - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
662,167	10.3	738,187	10.7	I. PROTECTION OF HEALTH	832,100	10.8	876,500	10.6
559,691	8.7	597,906	8.7	A. COMMUNICABLE DISEASES	671,490	8.7	707,450	8.5
110,221	1.7	111,416	1.6	0100 GENERAL	115,850	1.6	126,150	1.5
251,529	3.9	273,340	4.0	0200 MALARIA	313,140	4.1	332,100	4.0
43,991	.7	48,000	.7	0400 TUBERCULOSIS	50,600	.6	52,600	.6
45,752	.7	50,620	.7	0500 LEPROSY	53,600	.7	56,350	.7
108,198	1.7	114,530	1.7	0700 ZOOZOSES	134,300	1.7	140,250	1.7
102,476	1.6	140,281	2.0	B. ENVIRONMENTAL HEALTH	160,610	2.1	169,050	2.1
102,476	1.6	140,281	2.0	2100 GENERAL	160,610	2.1	169,050	2.1
1,288,229	19.8	1,330,795	19.1	II. PROMOTION OF HEALTH	1,470,245	19.1	1,562,495	18.9
925,962	14.2	952,415	13.7	A. GENERAL SERVICES	1,070,845	13.9	1,143,215	13.8
316,520	4.9	313,045	4.5	3100 GENERAL PUBLIC HEALTH	341,825	4.4	358,545	4.3
48,125	.7	49,090	.7	3200 NURSING	51,960	.7	69,250	.8
39,190	.6	30,180	.4	3300 LABORATORY	48,200	.6	50,550	.6
40,551	.6	48,320	.7	3400 HEALTH EDUCATION	51,400	.7	54,550	.7
335,599	5.2	364,910	5.3	3500 STATISTICS	422,290	5.5	448,550	5.4
145,977	2.2	146,870	2.1	3700 HEALTH PLANNING	155,170	2.0	161,770	2.0
362,267	5.6	378,380	5.4	B. SPECIFIC PROGRAMS	399,400	5.2	419,280	5.1
54,031	.8	71,240	1.0	4200 NUTRITION	76,300	1.0	80,220	1.0
34,796	.5	8,650	.1	4300 MENTAL HEALTH	9,300	.1	10,000	.1
44,260	.7	50,040	.7	4400 DENTAL HEALTH	52,000	.7	54,820	.7
43,556	.7	45,230	.6	4500 RADIATION AND ISOTOPES	47,400	.6	49,740	.6
84,040	1.3	94,500	1.4	4800 PEUICAL CARE	100,400	1.3	104,850	1.3
101,584	1.6	108,720	1.6	4900 FAMILY HEALTH AND POP. DYNAMICS	114,000	1.5	119,650	1.4
145,015	2.2	120,425	1.6	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	127,805	1.6	133,755	1.6
94,251	1.4	67,520	1.0	6200 MEDICINE	71,700	.9	75,250	.9
50,764	.8	52,905	.8	6300 NURSING	56,105	.7	58,505	.7
1,091,901	16.8	1,202,230	17.4	IV. PROGRAM SERVICES	1,351,070	17.5	1,428,850	17.2
1,091,901	16.8	1,202,230	17.4	7100 PROGRAM SERVICES	1,351,070	17.5	1,428,850	17.2
3,308,626	50.9	3,522,112	51.0	V. ADMINISTRATIVE DIRECTION	3,936,364	51.0	4,284,389	51.7
276,353	4.2	310,452	4.5	8100 EXECUTIVE AND TECHNICAL DIRECTION	351,514	4.5	366,276	4.4
1,550,723	23.9	1,948,600	28.2	8200 ADMINISTRATIVE SERVICES	2,213,050	28.7	2,362,550	28.5
1,481,550	22.8	1,263,060	18.3	8300 GENERAL EXPENSES	1,371,800	17.8	1,555,563	18.8
6,495,938	100.0	6,913,749	100.0	GRAND TOTAL	7,717,584	100.0	8,285,989	100.0

*LESS THAN .05 PER CENT

PART II: HEADQUARTERS - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS			SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER
		POSTS PROF.	LOCAL	STC MONTH		ACAD.	SHORT	AMOUNT	PART.	AMOUNT		
	\$				\$	\$			\$	\$	\$	\$
1973												
PAHO--PR	4,240,177	75	136	-	3,207,248	151,719	-	-	-	-	107,908	773,302
PG	105,335	-	-	-	-	-	-	-	-	-	5,414	99,921
PH	87,794	-	-	-	-	-	-	-	-	-	-	87,794
WHO--WR	2,062,632	37	50	-	1,298,681	136,294	-	-	-	-	127,356	500,301
TOTAL	6,495,938	112	186	-	4,505,929	288,013	-	-	-	-	240,678	1,461,318
PERCENT OF TOTAL	100.0				69.4	4.4					3.7	22.5
1974												
PAHO--PR	4,672,600	72	135	-	3,570,350	154,650	-	-	-	-	120,100	827,500
WHO--WR	2,241,149	37	50	-	1,556,132	137,457	-	-	-	-	118,962	428,598
TOTAL	6,913,749	109	185	-	5,126,482	292,107	-	-	-	-	239,062	1,256,098
PERCENT OF TOTAL	100.0				74.1	4.2					3.5	18.2
1975												
PAHO--PR	5,188,414	72	140	-	3,993,463	161,651	-	-	-	-	130,500	902,600
WHO--WR	2,529,170	37	51	-	1,796,321	142,249	-	-	-	-	127,210	463,390
TOTAL	7,717,584	109	191	-	5,789,784	304,100	-	-	-	-	257,710	1,365,990
PERCENT OF TOTAL	100.0				75.0	4.0					3.3	17.7
1976												
PAHO--PR	5,578,378	72	141	-	4,217,515	168,700	-	-	-	-	141,700	1,050,463
WHO--WR	2,707,611	37	51	-	1,918,711	151,700	-	-	-	-	136,262	500,938
TOTAL	8,285,989	109	192	-	6,136,226	320,400	-	-	-	-	277,962	1,551,401
PERCENT OF TOTAL	100.0				74.1	3.9					3.3	18.7
<p>PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO-WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WD-GRANTS AND OTHER FUNDS</p>												

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FUND 1973 1974 1975 1976
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PART II: HEADQUARTERS - DETAIL

Sec. 1. Office of the Director

The Office of the Director is responsible for the operation of the Pan American Sanitary Bureau and the Regional Office for the Americas of the World Health Organization. Included in this Office are the liaison and public relations activities of PAHO.

TOTAL		18	15	15	15	TOTAL	420,767	425,312	463,174	484,126
UG1 DIRECTOR .0001	PK	1	1	1	1					
UG2 DEPUTY DIRECTOR .0002	PK	1	1	1	1	SUBTOTAL	276,510	284,311	309,614	322,915
UG3 ASSISTANT DIRECTOR .0003	PK	1	1	1	1	PERSONNEL-POSTS	241,032	241,511	263,363	274,615
D-2 MEDICAL OFFICER .4071	PK	1	1	1	1	DUTY TRAVEL	22,578	12,000	14,451	15,500
P-1 EDITOR .1046	PK	1	1	1	1	HOSPITALITY	334	400	400	400
G-8 SECRETARY .0008	PK	1	1	1	1	REPRESENTATION ALLOWANCE	3,400	3,400	3,400	3,400
G-7 SECRETARY .0005 .0006 .0007 .0923	PR	4	4	4	4	PUBLIC INFORMATION	6,410	12,000	13,000	14,000
						NEWS RELEASES	2,756	15,000	15,000	15,000
						SUBTOTAL	144,257	141,001	153,580	161,211
LIAISON						PERSONNEL-POSTS	78,955	86,401	96,611	101,311
P-6 MEDICAL OFFICER .3468	PR	1	1	1	1	DUTY TRAVEL	19,515	23,500	25,049	27,000
G-6 SECRETARY .0218	PK	1	1	1	1	HOSPITALITY	1,580	1,500	1,500	1,500
						REPRESENTATION ALLOWANCE	2,600	2,600	2,600	2,600
						PUBLIC INFORMATION	15,392	6,800	6,800	6,800
						NEWS RELEASES	10,310	9,200	10,000	11,000
						WORLD HEALTH DAY	15,905	11,000	11,000	11,000
PUBLIC RELATIONS										
P-4 INFORMATION OFFICER 4.0013	WK	1	1	1	1					
P-2 INFORMATION OFFICER 4.0015	WR	1	1	1	1					
P-1 INFORMATION OFFICER .0016	PR	1	-	-	-					
G-6 CLERK 4.0018	WR	1	-	-	-					
G-5 CLERK .3329	PR	1	1	1	1					
G-4 CLERK .0019	PR	1	-	-	-					

Sec. 2. Technical Services

Ch. 1. Department of Communicable Diseases

This Department is responsible for (1) developing the technical policies of PAHO in communicable disease control; (2) formulating technical guidelines for operating programs and epidemiological services and for developing long-term plans for communicable disease control; (3) collecting, disseminating, and exchanging technical information; (4) stimulating, organizing, and coordinating research, while maintaining close collaboration with research institutes and laboratories in the Region; (5) advising on the technical planning, implementation, and evaluation of field studies and projects; (6) assisting in the training of technical personnel; and (7) organizing regional conferences, seminars, and other meetings.

TOTAL		9	9	9	9	TOTAL	199,964	210,036	224,050	235,100
P-6 CHIEF OF DEPARTMENT .0036	PR	1	1	1	1	SUBTOTAL	110,317	123,650	132,300	138,700
P-5 MEDICAL OFFICER 4.0037 4.0038	WR	2	2	2	2	PERSONNEL-POSTS	103,120	115,300	123,700	129,700
P-5 MED. OFFICER - TUBERCULOSIS .0039	PR	1	1	1	1	DUTY TRAVEL	7,197	8,350	8,600	9,000
G-6 CLERK .0041	PR	1	1	1	1	SUBTOTAL	89,647	86,386	91,750	96,400
G-5 SECRETARY 4.0043	WR	1	1	1	1	PERSONNEL-POSTS	70,435	79,090	83,350	87,400
G-4 SECRETARY .0044 .0045 .0046	PR	3	3	3	3	DUTY TRAVEL	19,212	7,296	8,400	9,000

Ch. 2. Department of Engineering and Environmental Sciences

This Department is responsible for health-related programs in engineering and environmental sciences. These responsibilities include both basic sanitation in rural and urban areas and broader problems of air and water pollution, industrial

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FUND 1973 1974 1975 1976
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hygiene, housing, solid waste disposal, and related activities resulting from industrialization and urbanization. Functions of the Department include development of broad regional objectives, establishment of priorities, and assistance in setting standards, guides, and approaches for the planning, design, operation, management, and financing of necessary sanitary works. The Department encourages, stimulates, and assists with programs to strengthen education, to carry out training courses, and to promote applied research activities. Another function is to assist Member Governments in the development and presentation of soundly conceived projects for submission to international funding agencies, such as banking institutions, the United Nations, and private foundations.

TOTAL		6	6	6	6	TOTAL	102,476	140,261	160,610	169,050
P-6 CHIEF OF DEPARTMENT 4.0047	WR	1	1	1	1					
P-5 SANITARY ENGINEER .0048	PR	1	1	1	1	SUBTOTAL	PR 46,800	46,800	49,700	52,000
P-5 SANITARY ENGINEER 4.2058	WR	1	1	1	1	PERSONNEL-POSTS	46,800	46,800	49,700	52,000
G-6 SECRETARY .0054	PR	1	1	1	1	SUBTOTAL	WR 55,676	93,481	110,910	117,050
G-6 SECRETARY 4.0051	WR	1	1	1	1	PERSONNEL-POSTS	49,136	80,020	96,910	102,050
G-5 SECRETARY 4.2059	WR	1	1	1	1	DUTY TRAVEL	5,940	13,461	14,000	15,000

Ch. 3. Department of Health and Population Dynamics

This Department is responsible for the development of the objectives, plans, policies, and methods for the operation and evaluation of the health and population dynamics, family planning, and maternal and child health programs of PAHO.

TOTAL		4	4	4	4	TOTAL	101,584	108,720	114,000	119,650
P-6 CHIEF OF DEPARTMENT .3537	PR	1	1	1	1	SUBTOTAL	PR 67,400	65,800	68,900	72,400
P-5 MEDICAL OFFICER - MCH 4.0078	WR	1	1	1	1	PERSONNEL-POSTS	58,820	58,000	62,400	65,400
G-4 SECRETARY .0086 .3177	PR	2	2	2	2	DUTY TRAVEL	8,586	7,800	6,500	7,000
						SUBTOTAL	WR 34,178	42,920	45,100	47,250
						PERSONNEL-POSTS	30,106	34,820	36,600	38,250
						DUTY TRAVEL	4,072	8,100	8,500	9,000

Ch. 4. Department of Health Services

This Department is responsible for developing broad regional objectives, plans, and program priorities in the fields of organization and administration of health services, health education, mental health, nutrition, dental health, radiation protection, chronic diseases, cancer control, and other related activities. It develops standards, guides, and procedures for the planning and operation of programs.

TOTAL		16	14	14	14	TOTAL	330,454	330,600	358,100	377,950
P-6 CHIEF OF DEPARTMENT .0074	PR	1	1	1	1	SUBTOTAL	PR 246,221	216,000	227,400	238,700
P-5 DENTAL OFFICER .0079	PR	1	1	1	1	PERSONNEL-POSTS	221,400	191,900	204,200	213,700
P-5 HEALTH EDUCATOR 4.0081	WR	1	1	1	1	DUTY TRAVEL	24,321	24,100	23,200	25,000
P-5 MEDICAL OFFICER 4.0020	WR	1	1	1	1	SUBTOTAL	WR 84,233	114,600	130,700	139,250
P-5 MED. OFF. - MENTAL HEALTH .0077	PR	1	-	-	-	PERSONNEL-POSTS	73,055	88,800	106,600	112,750
P-5 MED. OFF. - NUTR. RESEARCH .3151	PR	1	-	-	-	DUTY TRAVEL	11,178	25,800	24,100	26,500
P-5 MEDICAL OFFICER - NUTRITION .0076	PR	1	1	1	1					
P-5 MED. OFF. - RAD. PROTECTION .0090	PR	1	1	1	1					
G-6 CLERK 4.0082	WR	1	1	1	1					
G-5 SECRETARY .0087 .0092	PR	2	2	2	2					
G-4 SECRETARY .0012 .0083 .3028	PR	3	3	3	3					
G-4 SECRETARY 4.0024 4.0084	WR	2	2	2	2					

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Ch. 5. Department of Health Statistics

This Department is responsible for the collection, processing, analysis, and publication of vital and health statistics for the Region. In order for statistical data to become available for local, national, and international use, consultant services are rendered for the development or improvement of statistical programs in the countries. Also, to improve the quality of statistical data and systems of vital statistics, hospital statistics, notifiable diseases, and statistics of health manpower and facilities, the Department promotes the development of education and training programs in vital and health statistics at professional, intermediate, and auxiliary levels. The Department is responsible for large-scale coordinated research programs and promotes research projects involving the application of statistical and epidemiological methods. Statistical services for the collection and analysis of data are rendered to all departments of PAHO. Through the Computer Science Section, data processing services are also available to all departments, and consultant services on the use of computers in the health field are provided to the countries.

TOTAL		40	41	45	45	TOTAL	654,520	722,330	854,190	919,600
P-6 CHIEF OF DEPARTMENT .0093	PR	1	1	1	1					
P-5 STATISTICIAN .0095	PR	1	1	1	1	SUBTOTAL	PR 536,169	590,800	672,300	721,200
P-4 STATISTICIAN .0100	PK	1	1	1	1	PERSONNEL-POSTS	531,121	584,300	665,300	714,200
P-4 STATISTICIAN 4.0094 4.3629	WR	2	2	2	2	DUTY TRAVEL	7,048	4,500	7,000	7,000
P-3 STATISTICIAN .0096 .0097	PR	2	2	2	2	SUBTOTAL	WR 110,351	131,530	181,890	198,400
P-2 STATISTICIAN .0098 .0103	PR	2	2	2	2	PERSONNEL-POSTS	106,035	123,530	173,890	190,400
P-2 STATISTICIAN 4.0099	WR	1	1	1	1	DUTY TRAVEL	10,316	8,000	8,000	8,000
G-8 STATISTICAL ASSISTANT .0101 .0102	PR	2	2	2	2					
G-8 STATISTICAL ASSISTANT 4.0104	WR	1	1	1	1					
G-6 CLERK .0105 .0108 .4057	PR	3	3	3	3					
G-6 CLERK 4.4103	WR	-	1	1	1					
G-5 CLERK .0106	PK	1	1	1	1					
G-5 SECRETARY 4.0107	WR	1	1	1	1					
G-4 CLERK .0110	PK	1	1	1	1					
G-4 CLERK 4.4104	WR	-	-	1	1					
G-4 SECRETARY .0109	PR	1	1	1	1					
<u>COMPUTER SCIENCE SECTION</u>										
P-5 COMPUTER SCIENTIST .3379	PR	1	1	1	1					
P-4 PROGRAMMER ANALYST .2171	PR	1	1	1	1					
P-3 PROGRAMMER ANALYST .3180	PR	1	1	1	1					
P-3 PROGRAMMER ANALYST 4.3075	WR	1	1	1	1					
P-3 SYSTEMS ANALYST .0180	PR	1	1	1	1					
P-2 PROGRAMMER ANALYST 4.3066	WR	1	1	1	1					
P-1 ADMINISTRATIVE OFFICER .3313	PK	1	1	1	1					
G-8 ADMINISTRATIVE TECHNICIAN .0262 .3867	PK	2	2	2	2					
G-7 ADMINISTRATIVE TECHNICIAN .3094 .3314 .3513 .3628 .3866	PK	5	5	5	5					
G-5 CLERK .3181 .3201 .3202 .3869 4.166 .4167 .4168	PR	4	4	7	7					
G-4 CLERK .3868	PR	1	1	1	1					
G-4 SECRETARY .3514	PR	1	1	1	1					

Ch. 6. Department of Human and Animal Health

This Department is responsible for planning and developing PAHO's efforts in the control of the zoonoses and foot-and-mouth disease and for coordination of health and agricultural activities, including the Pan American Zoonoses Center, Pan American Foot-and-Mouth Disease Center, veterinary public health, food hygiene, veterinary medical education, and zoonoses control.

					FUND	1973	1974	1975	1976					
					-----	-----	-----	-----	-----					
						\$	\$	\$	\$					
TOTAL					TOTAL	108,198	114,530	134,300	140,250					
P-6	CHIEF OF DEPARTMENT	PR	1	1	1	1	SUBTOTAL	PR	68,538	74,200	79,800	83,300		
	.1039													
P-5	VETERINARIAN	WR	1	1	1	1	PERSONNEL-POSTS		58,321	63,000	68,000	71,300		
	4.3290						DUTY TRAVEL		10,217	11,200	11,800	12,000		
G-6	ADMINISTRATIVE ASSISTANT	PK	1	1	1	1	SUBTOTAL	WR	39,660	40,330	54,500	56,950		
	.0042													
G-5	CLERK	PR	1	1	1	1	PERSONNEL-POSTS		32,529	31,830	45,900	48,250		
	.0017						DUTY TRAVEL		7,131	8,500	8,600	8,700		
G-4	SECRETARY	WR	1	1	1	1								
	4.3291													

Ch. 7. Department of Human Resources Development

This Department is responsible for developing broad regional objectives, plans, and program priorities in the field of health manpower requirements, with special emphasis on the training of physicians and related health personnel. It develops standards, guides, and procedures for the planning and operation of educational programs and evaluation of their progress. It promotes the training of faculty for medical schools and schools of public health, with emphasis on improvement in pedagogical skills, on strengthening preventive and social concepts in the curricula, and on administration of the schools. It promotes activities directed toward comprehensive manpower studies and evaluation of teaching programs and institutions. It has responsibility for coordination of all education and training activities of PAHO.

The Department is responsible for the publication in Spanish of a quarterly journal on medical education, with summaries in English, French, and Portuguese. It also serves as the secretariat of the Health Sciences Education Information Center. In addition, this Department administers the fellowship program of PAHO and maintains a close working relationship and coordination with national and international agencies engaged in similar activities.

					TOTAL	23	23	23	23	TOTAL	389,258	406,680	445,660	473,300
					-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
P-6	CHIEF OF DEPARTMENT	WR	1	1	1	1	SUBTOTAL	PR	202,644	219,700	235,800	248,100		
	4.0033													
P-1	TECHNICAL OFFICER	PK	1	1	1	1	PERSONNEL-POSTS		196,944	214,800	230,600	242,600		
	.0124						DUTY TRAVEL		5,700	4,900	5,200	5,500		
G-5	SECRETARY	PR	1	1	1	1	SUBTOTAL	WR	186,614	186,980	209,860	225,200		
	.0035													
P-5	TRAINING OFFICER	WR	1	1	1	1	PERSONNEL-POSTS		182,355	182,980	205,360	220,200		
	4.0059						DUTY TRAVEL		4,259	4,000	4,500	5,000		
P-4	TRAINING OFFICER	PR	1	1	1	1								
	.0056													
P-3	TRAINING OFFICER	PR	3	3	3	3								
	.0058 .3348 .3598													
P-3	TRAINING OFFICER	WR	1	1	1	1								
	4.0057													
P-2	ADMINISTRATIVE OFFICER	WR	1	1	1	1								
	4.0060													
P-1	TECHNICAL ASSISTANT	PR	1	1	1	1								
	.0068													
G-6	CLERK	PR	3	3	3	3								
	.0064 .0065 .0066													
G-6	CLERK	WR	5	5	5	5								
	4.0061 4.0062 4.0063 4.0067													
	4.0069													
G-5	CLERK	PR	2	2	2	2								
	.0071 .0072													
G-5	SECRETARY	PR	1	1	1	1								
	.0070													
G-4	CLERK	WR	1	1	1	1								
	4.0073													

Ch. 8. Department of Malaria Eradication

This Department is responsible for planning and directing PAHO's assistance to Member Governments in the Region in the eradication of malaria. It provides advisory services and develops technical, operational, and administrative guidelines for national malaria eradication programs; maintains liaison with national and international agencies; coordinates cooperative efforts to eradicate malaria from the Americas; and plans and participates in evaluating progress of country programs. The Department is also responsible for the overall programming and analysis of PAHO's research activities on malaria. Continuing contact is kept with research institutions, and information on new techniques or improved methodology resulting from research is distributed.

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Ch. 11. Department of Scientific Communications

This Department had responsibility for the planning, organization, coordination, and supervision of the different services connected with PAHO publications and with providing reference and audiovisual services. These functions have now been transferred to other departments.

TOTAL		2	-	-	-	TOTAL	PR	15,279	-	-	-
P-6 CHIEF OF DEPARTMENT .0122	PR	1	-	-	-	PERSONNEL-POSTS		15,279	-	-	-
G-5 SECRETARY .0125	PR	1	-	-	-						

Ch. 12. Department of Special Technical Services

This Department recommends policy to the Director on new and developmental activities in health planning, health economics, health legislation, health and social welfare, nursing services, laboratory services, and food and drug control. It has the responsibility for the development of objectives, plans, policies, and methods of operation of PAHO in assisting governments to carry out the national health planning process, including economic and financial studies; in training the necessary personnel; and in conducting research in these fields. It guides and supervises the operations of the Pan American Program for Health Planning. It is also responsible for the promotion of coordination of PAHO's internal long-term planning, reporting, and evaluation process. The Department recommends regional objectives in nursing services and education, as well as policies and priorities regarding norms for the provision of services in all phases of nursing. It is responsible for the development of the technical policies of PAHO in the control of drugs. It provides the necessary norms for advisory services in the development of national health laboratories for diagnosis and production in the control of biologicals. The Department is also responsible for advisory services in health legislation and in the health aspects of social welfare.

TOTAL		19	19	19	19	TOTAL		191,950	423,020	466,910	479,200
P-6 CHIEF OF DEPARTMENT .3140	PR	1	1	1	1						
P-5 LABORATORY ADVISER 4.0040	WR	1	1	1	1	SUBTOTAL	PR	316,591	346,900	374,800	383,000
P-5 MEDICAL OFFICER .0010	PR	1	1	1	1	PERSONNEL-POSTS		288,000	306,600	332,100	339,100
P-5 MED. OFF. - HEALTH PLANNING .0009	PR	1	1	1	1	DUTY TRAVEL		28,583	40,300	42,700	43,900
P-5 NURSE 4.0080	WR	1	1	1	1	SUBTOTAL	WR	75,365	76,120	92,110	96,200
P-5 SYSTEMS ANALYST .3200	PR	1	1	1	1	PERSONNEL-POSTS		54,265	66,520	82,110	85,800
P-4 NURSE EDUCATOR .0123	PR	1	1	1	1	DUTY TRAVEL		21,100	9,600	10,000	10,400
P-4 TECHNICAL OFFICER .4201	PR	-	-	-	1						
P-3 REPORTS OFFICER .0021	PR	1	1	1	-						
P-2 ADMINISTRATIVE OFFICER .0023	PR	1	-	-	-						
G-8 ADMINISTRATIVE TECHNICIAN .4202	PR	-	1	1	1						
G-8 TECHNICAL ASSISTANT .3061	PR	1	1	1	1						
G-6 CLERK .3179	PR	1	1	1	1						
G-5 CLERK .0088 .0089	PR	2	2	2	2						
G-5 CLERK 4.0026	WR	1	1	1	1						
G-5 SECRETARY .1071	PR	1	1	1	1						
G-4 SECRETARY .0011 .0025 .0126	PR	3	3	3	3						
G-3 SECRETARY .3635	PR	1	1	1	1						

Sec. 3. Administration

Ch. 1. Office of the Chief

This Office is responsible for planning, organizing, coordinating, and directing a full administrative program for PAHO and the Regional Office of WHO.

	FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
							\$	\$	\$	\$
G-6 ACCOUNTING CLERK .3575	PR	1	1	1	1					
G-6 ACCOUNTING TECHNICIAN .3108	PR	1	1	1	1					
G-6 CLERK .3289 .3574 .3790	PR	3	3	3	3					
G-6 CLERK 4.0177 4.0183	WR	2	2	2	2					
G-5 CLERK .0182 .0186 .0187 .0189 .0192 .2076 .3207 .3573 .3625 .3626 .3639 .3791	PR	12	12	12	12					
G-5 CLERK 4.0184 4.0185 4.0190 4.0191 4.2173	WR	5	5	5	5					
G-5 SECRETARY .0194 .3716	PR	2	2	2	2					
G-4 CLERK .0193 .2077 .2170 .3640 .3792 .3793	PR	6	6	6	6					
G-4 CLERK 4.0188	WR	1	1	1	1					
G-4 SECRETARY .3641	PR	1	1	1	1					

Ch. 3. Department of Management and Personnel

This Department is responsible for (1) conference management, including electronic and audio services; (2) property services, including reproduction, property control, transportation, building management, and maintenance; (3) records, communications, and publications; (4) supply services, including procurement and purchase of medical and administrative supplies for Headquarters and the field, and making purchases on behalf of Member Governments; and (5) personnel management, including recruitment, selection, classification, training, and other related personnel functions.

TOTAL		60	61	63	64	TOTAL	754,127	847,160	987,440	1,065,500
P-6 CHIEF OF DEPARTMENT .4108	PR	1	1	1	1					
P-1 ADMINISTRATIVE OFFICER 4.3105	WR	1	1	1	1	SUBTOTAL	507,829	559,700	649,000	700,800
G-8 ADMINISTRATIVE TECHNICIAN .3454	PR	1	1	1	1	PERSONNEL-POSTS	507,829	559,700	649,000	700,800
G-4 SECRETARY .3560	PR	1	1	1	1	SUBTOTAL	246,298	287,460	338,440	364,700
						PERSONNEL-POSTS DUTY TRAVEL	242,298 4,000	283,860 3,600	334,740 3,700	360,900 3,800

SERVICES AND SUPPLY SECTION

P-4 ADMIN. SERVICES OFFICER .0219	PR	1	1	1	1
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PROPERTY SERVICES

P-2 PROPERTY SERVICES OFFICER 4.0220	WR	1	1	1	1
G-8 BUILDING TECHNICIAN .0221	PR	1	1	1	1
G-7 CLERK .0224	PR	1	1	1	1
G-6 CLERK .0139 .0222	PR	2	2	2	2
G-5 CLERK .0223	PR	1	1	1	1
G-5 SWITCHBOARD OPERATOR .0225	PR	1	1	1	1
G-4 CHAUFFEUR .0230	PR	1	1	1	1
G-4 CLERK 4.0229	WR	1	1	1	1
G-4 SWITCHBOARD OPERATOR .0941 .1066 .4240	PR	2	2	2	3
G-3 CHAUFFEUR .2079	PR	1	1	1	1
G-3 CLERK .0226	PR	1	1	1	1

RECORDS AND COMMUNICATIONS

G-7 ADMINISTRATIVE TECHNICIAN .0232	PR	1	1	1	1
G-5 CLERK .0234 .0235	PR	2	2	2	2
G-5 CLERK 4.0228 4.0233	WR	2	2	2	2
G-4 CLERK .3638	PR	1	1	1	1
G-3 CLERK .0237 .3715	PR	2	2	2	2
G-3 MESSENGER 4.2081	WR	1	1	1	1

SUPPLY UNIT	FUND	1973 1974 1975 1976				FUND	1973 1974 1975 1976			
							\$	\$	\$	\$
P-3 SUPPLY SERVICES OFFICER .0239	PR	1	1	1	1					
P-3 SUPPLY SERVICES OFFICER 4.0238	WR	1	1	1	1					
P-2 SUPPLY SERVICES OFFICER .0204	PR	-	1	1	1					
P-2 SUPPLY SERVICES OFFICER 4.0241 4.0242	WR	2	2	2	2					
P-2 TRANSLATOR .0240	PR	1	1	1	1					
G-6 CLERK .0243 .0246	PR	2	2	2	2					
G-6 CLERK 4.0245 4.0247 4.0249	WR	3	3	3	3					
G-5 CLERK .0248 .2084	PR	2	2	2	2					
G-4 CLERK .2083	PR	1	1	1	1					
G-4 SECRETARY .2082	PR	1	1	1	1					
PERSONNEL SECTION										
P-5 PERSONNEL OFFICER .0250	PR	1	1	1	1					
P-3 PERSONNEL OFFICER .0252	PR	1	1	1	1					
P-2 PERSONNEL OFFICER .0253	PR	1	1	1	1					
P-2 PERSONNEL OFFICER 4.0251 4.0254	WR	2	2	2	2					
P-1 PERSONNEL OFFICER 4.0255	WR	1	1	1	1					
G-8 ADMINISTRATIVE TECHNICIAN 4.0256	WR	1	1	1	1					
G-7 ADMINISTRATIVE TECHNICIAN .3065	PR	1	1	1	1					
G-7 ADMINISTRATIVE TECHNICIAN 4.2172	WR	1	1	1	1					
G-6 CLERK .0259 .2169 .4068	PR	3	3	3	3					
G-6 CLERK 4.0260	WR	1	1	1	1					
G-6 SECRETARY 4.0261	WR	1	1	1	1					
G-5 CLERK .4164	PR	-	-	1	1					
G-5 CLERK 4.0257 4.0258	WR	2	2	2	2					
G-4 CLERK .0263 .2078 .3095 .4165	PR	3	3	4	4					

Sec. 4. Temporary Personnel

The estimate for this section represents the continuation of the need for temporary personnel to replace staff on extended sick or maternity leave and to meet short-term workload requirements for which it would be uneconomical to maintain full-time staff.

TOTAL	16,553	67,350	71,700	76,500
SUBTOTAL	PR 16,553	8,539	10,000	11,500
TEMPORARY PERSONNEL	16,553	8,539	10,000	11,500
SUBTOTAL	WR -	58,811	61,700	65,000
TEMPORARY PERSONNEL	-	58,811	61,700	65,000

Sec. 5. Common Services - Headquarters

The estimates for the various common services for the Washington Office are shown by major expense items in the schedules. Costs are apportioned on a pro rata basis between funds budgeted under PAHO and WHO, except for office equipment, which is charged directly to the appropriate source of funds.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
 \$ \$ \$ \$

		1,636,153	1,423,760	1,550,400	1,753,963
TOTAL					
SUBTOTAL	PR	850,974	903,200	987,600	1,145,563
CONTRACTUAL SERVICES		57,090	49,700	55,700	62,000
DATA PROCESSING COSTS		154,003	160,700	178,600	198,400
PREMISES RENTAL & MAINT.		244,445	290,000	321,500	388,363
EQUIP. RENTAL & MAINT.		51,953	64,100	71,500	79,400
COMMUNICATIONS		198,096	210,400	218,100	259,500
FREIGHT & NON-STAFF INS.		55,270	45,200	49,700	55,200
SUPPLIES AND EQUIPMENT		59,466	62,300	69,300	77,000
EQUIPMENT		30,451	20,000	23,200	25,700
SUBTOTAL	PG	105,335	-	-	-
CONTRACTUAL SERVICES		24,185	-	-	-
PREMISES RENTAL & MAINT.		34,866	-	-	-
EQUIP. RENTAL & MAINT.		8,785	-	-	-
COMMUNICATIONS		24,975	-	-	-
FREIGHT & NON-STAFF INS.		7,110	-	-	-
SUPPLIES AND EQUIPMENT		5,414	-	-	-
SUBTOTAL	PH	87,794	-	-	-
CONTRACTUAL SERVICES		87,794	-	-	-
SUBTOTAL	WR	586,050	520,560	562,800	608,400
CONTRACTUAL SERVICES		50,357	98,385	106,354	114,968
PREMISES RENTAL & MAINT.		210,502	166,059	179,587	194,147
EQUIP. RENTAL & MAINT.		29,848	25,672	32,075	34,673
COMMUNICATIONS		107,327	111,400	120,423	130,178
FREIGHT & NON-STAFF INS.		19,267	23,082	24,551	26,972
SUPPLIES AND EQUIPMENT		62,207	60,193	73,716	79,687
EQUIPMENT		23,542	23,769	25,694	27,775
BUILDING COSTS		79,000	-	-	-

PART III: FIELD AND OTHER PROGRAMS - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
8,946,682	29.4	12,624,671	29.8	I. PROTECTION OF HEALTH	11,228,944	25.5	10,709,325	25.1
5,164,418	17.0	6,027,378	14.2	A. COMMUNICABLE DISEASES	5,770,905	13.2	6,111,572	14.4
710,391	2.3	934,140	2.2	0100 GENERAL	906,986	2.1	1,009,149	2.4
2,008,355	6.6	1,777,429	4.2	0200 MALARIA	1,765,490	4.0	1,813,670	4.2
191,261	.6	181,420	.4	0300 SMALLPOX	131,968	.3	134,314	.3
172,079	.6	235,050	.6	0400 TUBERCULOSIS	178,220	.4	262,000	.6
77,349	.3	123,400	.3	0500 LEPROSY	66,900	.2	84,800	.2
1,101	*	18,000	*	0600 VENEREAL DISEASES	4,400	*	31,200	.1
1,913,457	6.3	2,609,806	6.2	0700 ZOOUSES	2,561,741	5.8	2,552,439	6.0
52,219	.2	58,500	.1	0900 OTHER	66,100	.2	115,100	.3
38,206	.1	89,633	.2	1000 PARASITIC DISEASES	89,100	.2	108,900	.3
3,782,264	12.4	6,597,293	15.6	B. ENVIRONMENTAL HEALTH	5,458,089	12.3	4,597,753	10.7
1,821,276	6.0	3,382,174	8.0	2100 GENERAL	3,166,617	7.1	2,700,650	6.3
1,354,353	4.4	2,676,051	6.3	2200 WATER SUPPLIES	1,751,497	4.0	1,364,923	3.2
549,439	1.8	445,118	1.1	2300 AEDS AEGYPTI ERADICATION	431,525	1.0	414,740	1.0
36,958	.1	45,300	.1	2400 HCUSING	57,200	.1	60,100	.1
20,238	.1	48,650	.1	2500 AIR POLLUTION	51,250	.1	57,340	.1
16,717,718	54.6	24,030,836	56.8	II. PROMOTION OF HEALTH	25,933,134	58.3	25,050,249	58.3
7,598,574	24.8	9,395,734	22.3	A. GENERAL SERVICES	8,760,629	19.7	8,306,237	19.3
4,110,824	13.4	3,825,225	9.0	3100 GENERAL PUBLIC HEALTH	3,807,849	8.6	3,901,577	9.1
631,593	2.1	957,704	2.3	3200 NURSING	930,339	2.1	992,700	2.3
739,361	2.4	1,737,202	4.1	3300 LABORATORY	1,201,925	2.7	817,674	1.9
114,828	.4	160,109	.4	3400 HEALTH EDUCATION	142,140	.3	156,750	.4
636,870	2.1	837,339	2.0	3500 STATISTICS	1,014,181	2.3	1,007,853	2.3
555,863	1.8	834,281	2.0	3600 ADMINISTRATIVE METHODS	770,125	1.7	702,053	1.6
809,235	2.6	1,043,874	2.5	3700 HEALTH PLANNING	894,070	2.0	727,630	1.7
9,119,144	29.8	14,635,102	34.5	B. SPECIFIC PROGRAMS	17,172,505	38.6	16,744,012	39.0
4,078,983	13.3	4,332,062	10.2	4200 NUTRITION	4,408,650	9.9	4,315,782	10.1
303,837	1.0	511,396	1.2	4300 MENTAL HEALTH	426,220	1.0	427,170	1.0
145,252	.5	212,455	.5	4400 DENTAL HEALTH	318,600	.7	380,400	.9
79,209	.3	90,800	.2	4500 RADIATION AND ISOTOPES	100,000	.2	84,800	.2
98,546	.3	175,198	.4	4600 OCCUPATIONAL HEALTH	217,050	.5	172,450	.4
173,856	.6	409,973	1.0	4700 FOOD AND DRUG	966,130	2.2	749,000	1.7
1,236,604	4.0	2,243,702	5.3	4800 MEDICAL CARE	1,642,915	3.7	1,279,190	3.0
2,780,232	9.1	6,235,949	14.7	4900 FAMILY HEALTH AND POP. DYNAMICS	8,713,430	19.4	8,939,940	20.8
161,374	.5	251,880	.6	5000 REHABILITATION	181,430	.4	170,980	.4
61,251	.2	171,687	.4	5100 CANCER & OTHER CHRONIC DISEASES	198,080	.4	229,300	.5
3,409,263	11.1	4,144,247	9.7	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	5,290,285	11.8	5,058,696	11.8
433,678	1.4	455,456	1.1	6100 PUBLIC HEALTH	1,866,700	4.2	1,480,400	3.5
1,873,110	6.1	2,144,327	5.0	6200 MEDICINE	1,915,955	4.3	1,888,900	4.4
289,615	.9	420,254	1.0	6300 NURSING	457,027	1.0	620,669	1.4
359,428	1.2	588,686	1.4	6400 ENVIRONMENTAL SCIENCES	456,463	1.0	411,254	.9
172,388	.6	128,620	.3	6500 VETERINARY MEDICINE	138,100	.3	157,450	.4
155,068	.5	181,324	.4	6600 DENTISTRY	191,520	.4	198,340	.5
125,976	.4	225,580	.5	6700 BIOSSTATISTICS	264,520	.6	301,683	.7
532,024	1.7	771,520	1.8	IV. PROGRAM SERVICES	855,790	1.9	898,700	2.1
532,024	1.7	771,520	1.8	7100 PROGRAM SERVICES	855,790	1.9	898,700	2.1
959,493	3.2	813,230	1.9	V. ADMINISTRATIVE DIRECTION	1,104,300	2.5	1,179,000	2.7
393,326	1.3	407,200	1.0	8200 ADMINISTRATIVE SERVICES	470,400	1.1	512,500	1.2
566,167	1.9	406,030	.9	8300 GENERAL EXPENSES	633,900	1.4	666,500	1.5
30,565,180	100.0	42,384,504	100.0	GRAND TOTAL	44,412,503	100.0	42,895,970	100.0

*LESS THAN .05 PER CENT

PART III: FIELD AND OTHER PROGRAMS - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER	
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHDRT	AMOUNT	PART.			AMOUNT
	\$				\$	\$			\$	\$	\$	\$	
1973													
PAHO--PR	12,558,864	299	204	336	8,222,533	823,528	110	259	911,761	228	201,066	1,050,564	1,349,412
PN	495,929	8	2	127	418,137	13,527	-	-	-	210	40,000	2,459	21,806
PI	358,258	23	88	-	186,490	7,074	-	-	-	-	-	58,505	106,189
PN	1,641,777	13	130	1	708,209	70,408	10	-	67,132	-	-	195,665	600,363
PG	3,776,364	26	123	160	1,081,063	48,913	36	73	206,916	148	206,763	546,177	1,686,532
PH	1,182,045	17	24	14	368,957	50,790	6	-	29,756	85	56,412	388,055	288,075
PK	263,133	-	-	1	224,802	8,857	-	-	-	-	-	7,184	22,290
PS	9,537	-	-	-	-	-	-	-	-	-	2,000	-	7,537
WHO--WR	6,701,992	114	19	390	3,214,910	305,199	219	354	1,498,469	334	234,376	921,154	527,884
UNDP	3,128,783	98	12	324	2,272,650	-	39	38	278,722	-	-	432,944	144,467
UNFPA	302,510	4	-	13	96,557	4,648	1	7	13,815	-	535	87,972	98,983
WO	145,988	1	-	4	30,087	384	-	-	-	-	-	16,855	98,662
TOTAL	30,565,180	603	602	1370	16,824,395	1,333,328	421	731	3,006,571	1005	741,152	3,707,534	4,952,200
PERCENT OF TOTAL	100.0				55.1	4.4			9.8		2.4	12.1	16.2
1974													
PAHO--PR	14,172,926	313	221	393	10,318,826	858,804	54	291	723,442	103	223,534	695,237	1,353,083
PN	1,124,739	17	1	246	998,089	16,250	1	19	36,500	-	27,500	2,000	44,400
PI	346,990	23	88	-	196,690	4,500	-	-	-	-	-	41,790	104,010
PN	1,386,533	13	130	3	757,368	70,169	18	-	71,480	-	-	109,987	381,529
PG	3,272,750	14	108	170	1,188,367	71,997	29	17	142,401	35	211,749	548,154	1,110,082
PH	1,408,036	18	26	6	513,680	52,230	15	34	117,950	-	12,000	257,303	454,873
PS	3,926	-	-	-	-	-	-	-	-	-	-	-	3,926
WHO--WR	7,383,711	118	24	495	3,954,259	333,872	167	366	1,241,590	183	424,456	846,224	583,310
UNDP	8,242,574	103	13	649	4,153,430	154,500	96	221	1,329,882	-	-	2,043,426	561,346
UNFPA	4,944,426	23	13	55	997,512	44,500	24	86	433,155	-	106,754	1,811,739	1,550,766
WO	97,893	2	-	8	44,500	1,750	-	7	10,000	-	-	12,381	29,262
TOTAL	42,384,504	644	624	2025	23,122,721	1,608,572	404	1041	4,106,400	321	1,005,993	6,364,241	6,176,577
PERCENT OF TOTAL	100.0				54.6	3.8			9.7		2.4	15.0	14.5
1975													
PAHO--PR	15,444,249	315	225	366	11,184,669	893,618	62	287	758,366	31	174,825	712,578	1,720,193
PN	425,897	12	1	45	399,897	14,500	1	1	6,000	-	-	-	5,500
PI	360,000	23	88	-	206,525	4,500	-	-	-	-	-	42,000	106,975
PN	1,389,480	13	130	4	758,000	70,000	18	-	71,480	-	-	110,000	380,000
PG	2,010,633	9	104	54	839,943	36,250	36	6	158,800	-	28,500	233,376	713,764
PH	1,295,159	17	24	4	504,700	45,000	15	16	90,400	-	5,000	161,109	488,950
WHO--WR	8,053,270	122	25	525	4,635,955	357,000	175	358	1,270,000	100	307,500	815,635	667,180
UNDP	7,784,915	107	11	369	3,695,153	155,250	97	184	963,614	-	-	2,075,175	895,723
UNFPA	7,631,950	30	16	52	1,243,603	62,000	22	109	437,074	-	163,429	2,243,773	3,432,071
WO	16,950	1	-	-	14,250	750	-	-	-	-	-	-	1,950
TOTAL	44,412,503	649	624	1419	23,532,695	1,638,868	426	961	3,755,734	131	679,254	6,393,646	8,412,306
PERCENT OF TOTAL	100.0				53.0	3.7			8.5		1.5	14.4	18.9
1976													
PAHO--PR	17,010,092	317	228	432	12,050,059	946,542	75	375	1,011,742	56	240,900	839,450	1,921,399
PN	395,755	9	1	43	364,755	14,000	3	1	14,000	-	-	-	3,000
PI	360,000	23	88	-	216,690	4,500	-	-	-	-	-	35,000	103,810
PN	1,446,980	13	130	4	795,500	70,000	18	-	71,480	-	-	110,000	400,000
PG	1,726,494	8	102	34	752,010	28,500	11	-	55,000	-	28,500	173,174	689,310
PH	1,176,195	13	23	4	385,800	32,000	15	20	96,400	-	5,000	149,711	507,284
WHO--WR	8,533,789	124	28	522	5,006,689	370,300	201	424	1,493,800	44	226,600	806,176	628,224
UNDP	4,487,605	73	10	221	2,355,281	112,500	31	120	508,484	-	-	714,324	797,016
UNFPA	7,759,060	29	16	33	1,332,432	68,000	22	118	418,638	-	189,425	2,041,087	3,709,478
TOTAL	42,895,970	609	626	1293	23,261,216	1,646,342	376	1058	3,669,544	100	690,425	4,868,922	8,759,521
PERCENT OF TOTAL	100.0				54.2	3.8			8.6		1.6	11.4	20.4
PAHO-PR-REGULAR BUDGET PN-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO-WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WO-GRANTS AND OTHER FUNDS													

PART III, SECTION 1: ZONE OFFICES - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
380,919	29.7	385,200	34.3	II. PROMOTION OF HEALTH	377,300	27.2	399,100	27.0
380,919	29.7	385,200	34.3	A. GENERAL SERVICES	377,300	27.2	399,100	27.0
380,919	29.7	385,200	34.3	3100 GENERAL PUBLIC HEALTH	377,300	27.2	399,100	27.0
903,293	70.3	736,430	65.7	V. ADMINISTRATIVE DIRECTION	1,008,800	72.8	1,078,000	73.0
337,126	26.2	330,400	29.5	8200 ADMINISTRATIVE SERVICES	374,900	27.1	411,500	27.9
566,167	44.1	406,030	36.2	8300 GENERAL EXPENSES	633,900	45.7	666,500	45.1
1,284,212	100.0	1,121,630	100.0	GRAND TOTAL	1,386,100	100.0	1,477,100	100.0

*LESS THAN .05 PER CENT

SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHORT	AMOUNT	PART.			AMOUNT
1973												
PAHO--PR	1,190,550	8	71	-	657,617	60,428	-	-	-	-	-	472,505
WHO	93,662	-	-	-	-	-	-	-	-	-	-	93,662
TOTAL	1,284,212	8	71	-	657,617	60,428	-	-	-	-	-	566,167
PERCENT OF TOTAL	100.0				51.2	4.7						44.1
1974												
PAHO--PR	1,121,630	8	70	-	657,100	58,500	-	-	-	-	-	406,030
TOTAL	1,121,630	8	70	-	657,100	58,500	-	-	-	-	-	406,030
PERCENT OF TOTAL	100.0				58.6	5.2						36.2
1975												
PAHO--PR	1,386,100	7	70	-	690,700	61,500	-	-	-	-	-	633,900
TOTAL	1,386,100	7	70	-	690,700	61,500	-	-	-	-	-	633,900
PERCENT OF TOTAL	100.0				49.9	4.4						45.7
1976												
PAHO--PR	1,477,100	7	71	-	744,100	66,500	-	-	-	-	-	666,500
TOTAL	1,477,100	7	71	-	744,100	66,500	-	-	-	-	-	666,500
PERCENT OF TOTAL	100.0				50.4	4.5						45.1

PAHO-PR-REGULAR BUDGET
 PW-COMMUNITY WATER SUPPLY
 PI-INCAP - REGULAR BUDGET
 PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS
 PG-GRANTS AND OTHER CONTRIBUTIONS
 PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION

PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION
 PS-SPECIAL FUND FOR RESEARCH
 WHO-WR-REGULAR BUDGET
 UNGP-UNITED NATIONS DEVELOPMENT PROGRAM
 UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES
 WG-GRANTS AND OTHER FUNDS

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

PART III, SECTION 1: ZONE OFFICES - DETAIL

The field operations of PAHO/WHO are under the supervision of six Zone Chiefs, who have jurisdiction over the following zones:

Zone I: The Bahamas, Barbados, the Departments of France in the Americas, Grenada, Guyana, Jamaica, the Netherlands Antilles and Surinam, Trinidad and Tobago, the West Indies and other territories of the United Kingdom, and Venezuela. The Zone Office is located in Caracas, Venezuela.

TOTAL		12	12	12	12	TOTAL	PR	199,964	175,350	186,050	196,350
D-1 CHIEF OF ZONE .0264	PR	1	1	1	1	PERSONNEL-POSTS		124,881	108,900	117,600	126,400
G-7 OFFICE MANAGER .0863	PR	1	1	1	1	DUTY TRAVEL		11,168	12,000	12,000	12,000
G-6 CLERK .3059	PR	1	1	1	1	HOSPITALITY		-	450	450	450
G-6 SECRETARY .0267 .0270	PR	2	2	2	2	COMMON SERVICES		63,915	54,000	56,000	57,500
G-5 CLERK .1069	PR	1	1	1	1						
G-5 SECRETARY .3855	PR	1	1	1	1						
G-4 CLERK .0271 .3213	PR	2	2	2	2						
G-3 CHAUFFEUR .3479	PR	1	1	1	1						
G-2 CLERK .3212	PR	1	1	1	1						
G-2 JANITOR .0272	PR	1	1	1	1						

Zone II: Cuba, Dominican Republic, Haiti, and Mexico. The Zone Office is located in Mexico, D.F., Mexico.

TOTAL		13	13	13	13	TOTAL	PR	177,586	197,680	216,150	228,450
D-1 CHIEF OF ZONE .0273	PR	1	1	1	1	PERSONNEL-POSTS		118,451	121,500	134,200	144,000
P-1 EDITOR .3453	PR	1	1	1	1	DUTY TRAVEL		3,114	9,000	9,500	10,000
G-8 OFFICE MANAGER .0276	PR	1	1	1	1	HOSPITALITY		583	450	450	450
G-6 SECRETARY .0277	PR	1	1	1	1	COMMON SERVICES		55,438	66,730	72,000	74,000
G-5 CLERK .0278	PR	1	1	1	1						
G-5 SECRETARY .0279 .0281 .3496	PR	3	3	3	3						
G-4 CLERK .3687	PR	1	1	1	1						
G-4 RECEPTIONIST .3532	PR	1	1	1	1						
G-3 CHAUFFEUR .0280	PR	1	1	1	1						
G-2 MESSENGER .0282 .3446	PR	2	2	2	2						

Zone III: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. The Zone Office is located in Guatemala City, Guatemala.

TOTAL		13	13	12	12	TOTAL	PR	162,348	172,850	150,850	159,350
D-1 CHIEF OF ZONE .0283	PR	1	1	1	1	PERSONNEL-POSTS		111,743	123,400	99,900	106,900
P-5 MEDICAL OFFICER .0284	PR	1	1	-	-	DUTY TRAVEL		13,357	12,000	12,500	13,000
G-8 OFFICE MANAGER .0285	PR	1	1	1	1	HOSPITALITY		40	450	450	450
G-7 SECRETARY .0287 .0289	PR	2	2	2	2	COMMON SERVICES		37,208	37,000	38,000	39,000
G-6 SECRETARY .0290 .0291 .0892	PR	3	3	3	3						
G-5 SECRETARY .3571	PR	1	1	1	1						
G-4 CLERK .3183	PR	1	1	1	1						
G-2 CHAUFFEUR .0292	PR	1	1	1	1						
G-2 JANITOR .0293	PR	1	1	1	1						
G-2 MESSENGER .3184	PR	1	1	1	1						

PART III, SECTION 2: EDITORIAL SERVICES AND PUBLICATIONS - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
14,321	2.3	18,000	2.0	II. PROMOTION OF HEALTH	19,000	1.9	21,000	2.0
14,321	2.3	18,000	2.0	A. GENERAL SERVICES	19,000	1.9	21,000	2.0
14,321	2.3	18,000	2.0	3500 STATISTICS	19,000	1.9	21,000	2.0
20,544	3.3	19,500	2.2	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	20,500	2.1	22,500	2.2
20,544	3.3	19,500	2.2	6200 MEDICINE	20,500	2.1	22,500	2.2
532,024	85.4	771,520	87.1	IV. PROGRAM SERVICES	855,790	86.4	898,700	86.1
532,024	85.4	771,520	87.1	7100 PROGRAM SERVICES	855,790	86.4	898,700	86.1
56,200	9.0	76,800	8.7	V. ADMINISTRATIVE DIRECTION	95,500	9.6	101,000	9.7
56,200	9.0	76,800	8.7	8200 ADMINISTRATIVE SERVICES	95,500	9.6	101,000	9.7
623,089	100.0	885,820	100.0	GRAND TOTAL	990,790	100.0	1,043,200	100.0

*LESS THAN .05 PER CENT

SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHORT	PART.	AMOUNT		
	\$				\$	\$			\$	\$	\$	\$
1973												
PAHO--PR	582,580	11	21	-	324,935	2,928	-	-	-	-	254,717	-
WHO--WR	40,509	1	3	-	40,509	-	-	-	-	-	-	-
TOTAL	623,089	12	24	-	365,444	2,928	-	-	-	-	254,717	-
PERCENT OF TOTAL	100.0				58.6	.5					40.9	
1974												
PAHO--PR	778,600	14	23	-	555,600	2,000	-	-	-	-	221,000	-
WHO--WR	107,220	1	3	-	62,220	-	-	-	-	-	45,000	-
TOTAL	885,820	15	26	-	617,820	2,000	-	-	-	-	266,000	-
PERCENT OF TOTAL	100.0				69.8	.2					30.0	
1975												
PAHO--PR	874,200	14	23	-	635,200	2,500	-	-	-	-	236,500	-
WHO--WR	116,590	1	3	-	70,590	-	-	-	-	-	46,000	-
TOTAL	990,790	15	26	-	705,790	2,500	-	-	-	-	282,500	-
PERCENT OF TOTAL	100.0				71.2	.3					28.5	
1976												
PAHO--PR	918,700	14	23	-	668,700	3,500	-	-	-	-	246,500	-
WHO--WR	124,500	1	3	-	76,500	-	-	-	-	-	48,000	-
TOTAL	1,043,200	15	26	-	745,200	3,500	-	-	-	-	294,500	-
PERCENT OF TOTAL	100.0				71.5	.3					28.2	

PAHO-PR-REGULAR BUDGET
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 WO-GRANTS AND OTHER FUNDS

PART III, ZONE I - PROGRAM BUDGET

1973		1974		1975		1976		
AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT	
\$ 1,548,188	31.1	\$ 2,476,475	33.5	\$ 1,942,493	25.5	\$ 1,698,178	25.1	
540,346	10.9	712,193	9.7	713,222	9.4	786,451	11.6	
65,556	1.3	87,219	1.2	97,702	1.3	121,044	1.8	
133,007	2.7	96,585	1.3	90,831	1.2	96,369	1.4	
10,000	.2	-	-	-	-	-	-	
8,546	.2	34,164	.5	31,070	.4	47,235	.7	
12,171	.3	20,628	.3	10,572	.1	15,288	.2	
-	-	7,600	.1	836	*	6,063	.1	
305,797	6.1	446,189	6.0	462,087	6.1	465,022	6.9	
888	*	4,140	.1	7,314	.1	20,134	.3	
4,381	.1	15,668	.2	12,810	.2	15,296	.2	
1,007,842	20.2	1,764,282	23.8	1,229,271	16.1	911,727	13.5	
278,276	5.6	365,540	4.9	322,660	4.2	343,453	5.1	
505,883	10.1	1,188,347	16.1	675,789	8.9	350,969	5.2	
211,120	4.2	189,937	2.6	207,017	2.7	194,601	2.9	
8,315	.2	10,191	.1	12,867	.2	13,518	.2	
4,248	.1	10,267	.1	10,938	.1	9,186	.1	
2,877,079	57.5	4,109,233	55.5	3,705,555	48.8	3,454,600	51.5	
1,414,154	28.3	1,832,051	24.8	1,635,760	21.6	1,552,945	23.1	
670,308	13.4	676,680	9.1	656,867	8.6	654,059	9.7	
133,234	2.7	205,525	2.8	216,616	2.8	229,050	3.4	
142,282	2.8	399,253	5.4	330	0.0	270,755	3.2	
48,524	1.0	49,027	.7	3400	0.0	35,432	.6	
115,799	2.3	116,924	1.6	3500	0.0	96,549	1.3	
179,868	3.6	225,132	3.0	3600	0.0	225,363	3.0	
124,139	2.5	159,510	2.2	3700	0.0	154,178	1.9	
1,462,925	29.2	2,277,182	30.7	2,069,795	27.2	1,901,655	28.4	
625,797	12.5	887,032	12.0	4200	0.0	898,054	11.8	
67,271	1.3	86,168	1.2	4300	0.0	96,031	1.3	
24,760	.5	63,862	.8	4400	0.0	177,515	2.3	
9,841	.2	13,540	.2	4500	0.0	12,514	.2	
4,898	.1	6,146	.1	4600	0.0	8,323	.1	
15,224	.3	38,427	.5	4700	0.0	51,357	.7	
423,650	8.5	637,907	8.6	4800	0.0	311,674	4.1	
224,829	4.5	451,721	6.1	4900	0.0	444,348	5.8	
62,410	1.2	77,594	1.0	5000	0.0	53,572	.7	
4,245	.1	14,985	.2	5100	0.0	16,407	.2	
571,456	11.4	817,597	11.0	1,966,872	25.7	1,562,905	23.4	
130,857	2.6	152,835	2.1	6100	0.0	1,356,917	17.8	
185,911	3.7	211,982	2.9	6200	0.0	205,015	2.7	
83,577	1.7	98,393	1.3	6300	0.0	126,722	1.7	
61,487	1.2	223,887	3.0	6400	0.0	125,815	1.6	
72,537	1.5	30,106	.4	6500	0.0	27,226	.3	
26,124	.5	31,841	.4	6600	0.0	49,808	.6	
10,963	.2	68,553	.9	6700	0.0	75,369	1.0	
4,996,723	100.0	7,403,305	100.0	GRAND TOTAL	7,614,920	100.0	6,715,683	100.0

*LESS THAN .05 PER CENT

PART III, ZONE I - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER	
		PROF.	LOCAL	STC MONTH			ACAD.	SHORT	AMOUNT	PART.			AMOUNT
	\$				\$	\$			\$	\$	\$	\$	
1973													
PAHO--PR	1,798,830	19	-	43	1,250,171	149,647	25	49	187,421	-	42,476	88,044	81,071
PW	159,157	2	-	42	132,790	3,707	-	-	-	200	14,220	-	8,440
PN	130,347	-	-	-	56,233	5,586	-	-	5,327	-	-	15,533	47,668
PG	452,411	1	-	1	202,084	17,254	-	-	97,855	-	34,906	37,650	62,662
PH	141,328	-	-	-	79,381	12,305	-	-	2,170	-	6,479	25,377	15,616
PK	28,599	-	-	-	25,238	468	-	-	-	-	-	756	2,117
PS	399	-	-	-	-	-	-	-	-	-	-	-	399
WHO--MR	1,225,601	13	-	33	590,738	73,094	43	72	357,475	18	20,637	91,658	91,999
UNDP	1,015,489	22	4	37	673,533	-	10	7	133,208	-	-	114,392	94,356
UNFPA	42,867	-	-	-	31,486	1,731	-	-	-	-	535	5,013	4,102
WG	1,695	-	-	1	1,695	-	-	-	-	-	-	-	-
TOTAL	4,996,723	57	4	157	3,043,349	263,812	78	128	783,456	218	119,253	378,423	408,430
PERCENT OF TOTAL	100.0				60.9	5.3			15.7		2.4	7.6	8.1
1974													
PAHO--PR	2,133,851	21	-	42	1,632,951	154,132	12	40	127,139	3	25,817	59,799	134,013
PW	272,752	2	-	59	243,802	3,950	-	10	15,000	-	-	-	10,000
PN	110,088	-	-	-	60,134	5,571	-	-	5,675	-	-	8,415	30,293
PG	455,512	-	-	1	207,313	11,213	-	-	57,049	-	61,280	50,252	68,405
PH	249,524	-	-	-	166,689	15,325	-	-	7,764	-	1,158	18,975	39,593
WHO--MR	1,441,970	14	-	51	845,957	84,278	28	62	253,253	33	77,122	84,374	96,986
UNDP	2,374,151	27	3	184	1,208,237	44,942	31	87	426,728	-	-	328,902	365,342
UNFPA	360,707	-	-	6	186,402	13,900	-	7	54,249	-	15,052	47,765	43,339
WG	4,750	-	-	3	4,750	-	-	-	-	-	-	-	-
TOTAL	7,403,305	64	3	346	4,556,235	333,311	71	206	946,877	36	180,429	598,482	747,971
PERCENT OF TOTAL	100.0				61.6	4.5			12.8		2.4	8.1	10.6
1975													
PAHO--PR	2,241,870	31	7	55	1,702,427	152,665	16	39	142,655	4	26,284	60,152	157,687
PW	91,182	2	-	-	87,482	3,700	-	-	-	-	-	-	-
PN	110,321	-	-	-	60,183	5,558	-	-	5,675	-	-	8,735	30,170
PG	263,155	-	-	-	146,511	4,500	-	-	39,000	-	24,360	13,511	35,273
PH	244,402	-	-	-	174,026	17,383	-	-	6,117	-	-	11,170	35,706
WHO--MR	1,554,349	25	2	47	992,839	91,442	26	51	234,415	31	49,042	97,339	89,272
UNDP	2,707,595	25	-	81	1,049,106	46,894	30	21	272,792	-	-	652,523	686,280
UNFPA	402,046	3	-	3	224,160	15,850	-	2	46,140	-	27,006	36,871	52,019
TOTAL	7,614,920	86	9	186	4,436,734	337,992	72	113	746,794	35	126,692	880,301	1,086,407
PERCENT OF TOTAL	100.0				58.3	4.4			9.8		1.7	11.6	14.2
1976													
PAHO--PR	2,465,973	29	7	54	1,781,007	155,386	18	45	181,261	-	36,976	91,654	219,689
PW	54,100	-	-	-	51,700	2,400	-	-	-	-	-	-	-
PN	114,890	-	-	-	63,161	5,558	-	-	5,675	-	-	8,735	31,761
PG	220,988	-	-	-	147,578	4,025	-	-	-	-	24,225	10,197	34,963
PH	79,349	-	-	-	39,423	2,541	-	-	6,328	-	-	9,097	21,960
WHO--MR	1,679,920	24	2	56	1,072,985	89,998	41	68	340,639	-	21,316	92,034	62,948
UNDP	1,707,238	15	-	67	684,535	33,716	9	20	176,335	-	-	230,662	581,990
UNFPA	393,225	3	-	2	243,840	16,825	-	2	50,474	-	29,555	30,056	22,475
TOTAL	6,715,683	71	9	179	4,084,229	310,449	68	135	760,712	-	112,072	472,435	975,786
PERCENT OF TOTAL	100.0				60.8	4.7			11.3		1.7	7.0	14.5

PAHO-PR-REGULAR BUDGET
 PW-COMMUNITY WATER SUPPLY
 PI-INCAP - REGULAR BUDGET
 PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS
 PG-GRANTS AND OTHER CONTRIBUTIONS
 PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION

PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION
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 WG-GRANTS AND OTHER FUNDS

PART III, ZONE I - ZONE ADVISORY SERVICES

		FUND	1973	1974	1975	1976
TOTAL			-	-	29	29
P-5	SANITARY ENGINEER	PR	-	-	1	1
	.0862					
P-5	VETERINARIAN	WR	-	-	1	1
	4.4045					
P-4	ADMIN. METHODS OFFICER	PR	-	-	1	1
	.0917					
P-4	EPIDEMIOLOGIST	WR	-	-	1	1
	4.2042					
P-4	HEALTH EDUCATOR	PR	-	-	1	1
	.0918					
P-4	HEALTH EDUCATUR	UNFPA	-	-	1	1
	4.3702					
P-4	HEALTH PLANNER	PR	-	-	1	1
	.4034					
P-4	HOSPITAL ADMINISTRATOR	WR	-	-	1	1
	4.3580					
P-4	MALARIOLOGIST	PR	-	-	1	1
	.3395					
P-4	MEDICAL OFFICER	PR	-	-	1	1
	.0610					
P-4	MEDICAL OFFICER - NUTRITION	WR	-	-	1	1
	4.0885					
P-4	MED. OFF. - POP. DYNAMICS	WR	-	-	1	1
	4.3209					
P-4	MED. OFF. - POP. DYNAMICS	UNFPA	-	-	1	1
	4.3700					
P-4	NURSE	PR	-	-	1	1
	.0887					
P-4	STATISTICIAN	PR	-	-	1	1
	.0841					
P-3	NURSE EDUCATOR	PR	-	-	1	1
	.0604					
P-3	NURSE MIDWIFE	UNFPA	-	-	1	1
	4.3703					
P-2	SANITARIAN	WR	-	-	2	2
	4.0611 4.0612					
P-1	SANITARIAN	WR	-	-	1	1
	4.0613					
G-6	ADMINISTRATIVE ASSISTANT	PR	-	-	1	1
	.0888					
G-6	SECRETARY	PR	-	-	1	1
	.3211					
G-5	ADMINISTRATIVE ASSISTANT	WR	-	-	1	1
	4.0828					
G-5	CLERK	PR	-	-	1	1
	.2122					
G-5	SECRETARY	PR	-	-	2	2
	.3529 .3671					
G-5	SECRETARY	WR	-	-	1	1
	4.3081					
G-4	SECRETARY	PR	-	-	2	2
	.3402 .3634					
TOTAL			-	-	2	4
CONSULTANT MONTHS		WR	-	-	2	4

BAHAMAS

BACKGROUND DATA

The Bahamas, a former British colony which achieved independence on 10 July 1973, with a population of 168,812 (1970 census), consists of 3,000 islands, cays and rocks (5,382 square miles), of which 13 have settlements (Family Islands). There is a good system of communication, including emergency transportation by air. The main concentration of population is on the island of New Providence with 101,503 inhabitants. Sixty per cent of the population is under 24 years of age. The birth rate (1971) was 28.8 and the crude death rate 6.3. Twenty-eight per cent of deaths were associated with diseases of the cardiovascular system, 17.3% with accidents and violence, and 9.1% with diseases of the digestive system. Fifty point two per cent of all deaths occurred in the age group 15 to 64; 20.7% occurred under 15 years of age. The infant mortality rate was 37.4 and the stillbirth rate 23.2.

Tourism has been an important factor in economic development and has shown steady growth, with over 1.5 million visitors in 1973. The per capita income is \$2,300 and the estimated expenditure on health is \$84 per capita (1973). Thirteen point six per cent of the budget has been directly provided to the Ministry of Health.

PROTECTION OF HEALTH

Communicable Disease Control

Through the immunization requirements of the Ministry of Education, before school entry, high immunization levels are maintained. Improvements are being made in the notification of diseases and in laboratory diagnostic capacity. Epidemiological surveillance is being improved in the Family Islands.

It is recognized that the recent expansion of the livestock industry requires adequate safeguards for the prevention both of zoonoses and of animal diseases.

Environmental Health

The Government has determined the need for a fundamental, new, and total approach to the control of the environment. A new division of the Ministry of Health has been established for this purpose and during the first half of 1974 a comprehensive sector study is being undertaken as the basis for the establishment of a control program, including the necessary legislation and monitoring facilities. Specific attention is being given in 1974 to the development of a solid waste management program for both New Providence and the Family Islands.

PROMOTION OF HEALTH

General Services

Personal health services will be provided through two health complexes centered on existing hospitals, e.g., Princess Margaret (450 beds) and Sandilands Hospitals (430 beds), New Providence, and Rand Memorial (70 beds), Grand Bahamas. Curative and preventive services are being absorbed into the integrated system. The headquarters of the Health Ministry are being reorganized to undertake responsibility for program formulation and auditing, and the executive level has been strengthened by the establishment of the posts of Director of Personal Health Services and Director of Environmental Health.

Managerial reform is in progress at the Princess Margaret Hospital in the areas of laundry, food service and accounting. A central supply system is being established for the Health Ministry.

A comprehensive health information system is being developed, and this is enhanced by the concurrent improvements in general statistical information by the Central Department of Statistics.

The Princess Margaret Hospital is being expanded and modernized, with early emphasis on the development of outpatient and accident treatment facilities.

Specific Programs

Community psychiatry facilities are being expanded and prior attention is being given to the problems of drug and alcohol abuse, for which a comprehensive community education program is in progress. Thirty-nine point nine per cent of admissions to the mental hospital in 1971 were for alcoholism and 2.5% for drug dependence.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

Adequate facilities exist for the preparation of nursing personnel at the basic and assistant level and since 1973 in community nursing. It is Government's intention to centralize future training activities for the health services at the Community College of the Bahamas to be opened in September 1974.

The need for the preparation of management for health services is recognized as a priority, and it is expected that a national will be trained as the Director of Personal Health Services to replace the OPAS medical officer now filling this position.

There will be need to train both medical records and health statistics personnel for the health information system, and national staff of both the divisions of Personal Health Services and Environmental Health are participating in the PAHO/WHO regional program for Continuing Education in Management.

Food service operation needs strengthening through the preparation of three food supervisors overseas, as well as in-service training of all personnel in the new flight tray system.

Staff of the new division of environmental health need both in-service training and reinforcing by the preparation of public health inspectors through a local training course and specialist training in environmental health monitoring for senior personnel.

BAHAMAS - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
11,092	15.5	61,499	26.3	I. PROTECTION OF HEALTH	42,483	12.1	27,165	10.4
632	.9	2,379	1.0	A. COMMUNICABLE DISEASES	2,609	.7	2,746	1.1
632	.9	721	.3	0100 GENERAL	769	.2	825	.3
-	-	480	.2	0600 VENEREAL DISEASES	-	-	-	-
-	-	1,178	.5	0700 ZOOUSES	1,840	.5	1,921	.8
10,460	14.6	59,120	25.3	B. ENVIRONMENTAL HEALTH	39,874	11.4	24,419	9.3
7,005	9.8	50,708	21.7	2100 GENERAL	29,913	8.5	14,747	5.6
857	1.2	5,438	2.3	2200 WATER SUPPLIES	6,576	1.9	6,097	2.3
1,200	1.7	921	.4	2300 AEDES AEGYPTI ERADICATION	981	.3	1,049	.4
926	1.3	1,133	.5	2400 HOUSING	1,431	.4	1,504	.6
472	.6	920	.4	2500 AIR POLLUTION	973	.3	1,022	.4
56,069	78.4	159,521	68.4	II. PROMOTION OF HEALTH	118,383	33.4	89,010	34.0
21,955	30.7	56,603	24.3	A. GENERAL SERVICES	58,960	16.7	56,307	21.5
9,081	12.7	15,312	6.6	3100 GENERAL PUBLIC HEALTH	13,319	3.8	8,700	3.3
3,520	4.9	28,433	12.2	3200 NURSING	31,835	9.0	34,749	13.3
1,550	2.2	3,312	1.4	3500 STATISTICS	3,448	1.0	4,490	1.7
1,343	1.9	3,890	1.7	3600 ADMINISTRATIVE METHODS	4,436	1.2	1,508	.6
6,461	9.0	5,656	2.4	3700 HEALTH PLANNING	5,922	1.7	6,860	2.6
34,114	47.7	102,918	44.1	B. SPECIFIC PROGRAMS	59,423	16.7	32,703	12.5
20,012	28.0	34,874	15.0	4200 NUTRITION	31,538	8.9	20,239	7.7
545	.8	528	.2	4600 OCCUPATIONAL HEALTH	758	.2	800	.3
249	.3	269	.1	4700 FOOD AND DRUG	286	.1	409	.2
13,167	18.4	61,385	26.3	4800 MEDICAL CARE	20,263	5.7	4,068	1.6
-	-	5,387	2.3	4900 FAMILY HEALTH AND POP. DYNAMICS	6,039	1.7	6,624	2.5
141	.2	475	.2	5100 CANCER & OTHER CHRONIC DISEASES	539	.1	559	.2
4,407	6.1	12,299	5.3	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	192,515	54.5	145,689	55.6
-	-	6,568	2.8	6100 PUBLIC HEALTH	187,528	53.1	137,948	52.7
470	.6	861	.4	6200 MEDICINE	934	.3	1,063	.4
3,317	4.6	1,504	.7	6300 NURSING	1,572	.4	4,000	1.5
620	.9	2,166	.9	6400 ENVIRONMENTAL SCIENCES	2,481	.7	2,678	1.0
-	-	1,200	.5	6500 VETERINARY MEDICINE	-	-	-	-
71,568	100.0	233,319	100.0	GRAND TOTAL	353,381	100.0	261,864	100.0

*LESS THAN .05 PER CENT

BAHAMAS - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER	
		POSTS PROF.	LOCAL	STC MONTH		ACAD.	SHORT	AMOUNT	PART.			AMOUNT
	\$				\$	\$		\$	\$	\$	\$	
1973												
PAHO--PR	27,383	-	-	-	21,310	3,564	-	-	-	1,416	496	594
PG	15,150	-	-	1	6,929	255	-	-	4,813	692	149	2,312
PK	1	-	-	-	1	-	-	-	-	-	-	-
WHO--WR	15,554	-	-	2	9,773	597	3	-	2,441	-	1,254	1,489
UNDP	13,480	1	-	2	13,425	-	-	-	-	-	55	-
TOTAL	71,568	1	-	5	51,438	4,421	3	-	7,254	2,108	1,952	4,395
PERCENT OF TOTAL	100.0				71.9	6.2			10.1	3.0	2.7	6.1
1974												
PAHO--PR	69,821	1	-	-	59,541	5,536	-	-	136	-	764	3,844
PG	17,248	-	-	-	8,112	434	-	-	3,225	-	2,015	1,934
PH	9,456	-	-	-	7,800	720	-	-	-	-	120	816
WHO--WR	28,650	-	-	2	16,205	1,510	1	-	4,826	4	208	1,820
UNDP	103,551	2	-	17	78,669	3,000	1	4	20,050	-	375	1,497
UNFPA	4,513	-	-	-	4,013	500	-	-	-	-	-	-
TOTAL	233,319	3	-	19	174,340	11,700	2	4	28,237	4	3,482	9,911
PERCENT OF TOTAL	100.0				74.7	5.0			12.1	2.4	1.5	4.3
1975												
PAHO--PR	71,781	1	-	-	61,976	5,682	-	1	1,699	-	243	2,181
PG	11,112	-	-	-	6,330	180	-	-	2,340	-	1,440	822
PH	10,158	-	-	-	8,190	400	-	-	-	-	180	888
WHO--WR	30,817	-	-	3	22,504	1,614	-	-	4	3,606	556	2,532
UNDP	224,877	2	-	2	50,403	2,625	1	1	20,200	-	75,000	76,649
UNFPA	4,636	-	-	-	4,136	500	-	-	-	-	-	-
TOTAL	353,361	3	-	5	153,539	11,506	1	2	24,239	4	75,074	83,072
PERCENT OF TOTAL	100.0				43.5	3.3			6.8	1.4	21.5	23.5
1976												
PAHO--PR	77,595	1	-	-	62,909	6,193	-	1	2,211	-	1,200	4,580
PG	9,089	-	-	-	6,629	210	-	-	-	-	1,440	810
WHO--WR	28,532	-	-	1	18,687	1,616	1	1	6,300	-	430	1,499
UNDP	141,548	-	-	-	28,253	1,125	1	-	12,988	-	22,207	76,975
UNFPA	5,100	-	-	-	4,600	500	-	-	-	-	-	-
TOTAL	261,864	1	-	1	121,078	9,644	2	2	21,499	-	23,640	83,864
PERCENT OF TOTAL	100.0				46.3	3.7			8.2	1.0	8.6	32.0
<p>PAHO--PR--REGULAR BUDGET PW--COMMUNITY WATER SUPPLY PI--INCAP - REGULAR BUDGET PN--INCAP - GRANTS AND OTHER CONTRIBUTIONS PG--GRANTS AND OTHER CONTRIBUTIONS PH--PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO--PK--SPECIAL FUND FOR HEALTH PROMOTION PS--SPECIAL FUND FOR RESEARCH WHO--WR--REGULAR BUDGET UNDP--UNITED NATIONS DEVELOPMENT PROGRAM UNFPA--UNITED NATIONS FUND FOR POPULATION ACTIVITIES WO--GRANTS AND OTHER FUNDS</p>												

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

BAHAMAS - DETAIL

BAHAMAS-0100, EPIDEMIOLOGY

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	1973	1974	1975	1976
		-	-	769	825
ZONE ADVISORY SERVICES		-	-	769	825

BAHAMAS-0700, VETERINARY PUBLIC HEALTH

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	1973	1974	1975	1976
		-	-	1,840	1,921
ZONE ADVISORY SERVICES		-	-	1,840	1,921

BAHAMAS-2104, ENVIRONMENTAL SERVICES

The purpose of this project is to develop proper management of environmental services in pollution control and collection and disposal of solid wastes in a newly created Department of Environmental Services in the Ministry of Health. The solid waste problem is particularly acute in the Island of New Providence with a population of 109,000 and an estimated 1.5 million tourists annually. The immediate objectives are to develop adequate legislation and regulations; to prepare feasibility studies on various methods of solid waste disposal for six islands; and to make related proposals and conduct training programs.

TOTAL	UNDP	1973	1974	1975	1976	TOTAL	UNDP	1973	1974	1975	1976
		-	1	1	-			-	35,198	17,524	-
P-4 SANITARY ENGINEER 4.4319	UNDP	-	1	1	-	PERSONNEL-POSTS	-	18,500	8,500	-	-
						PERSONNEL-CONSULTANTS	-	12,500	5,000	-	-
						DUTY TRAVEL	-	1,500	1,500	-	-
TOTAL		-	5	2	-	FELLOWSHIPS	-	2,350	2,350	-	-
						MISCELLANEOUS	-	348	174	-	-
CONSULTANT MONTHS	UNDP	-	5	2	-						
TOTAL		-	1	1	-						
FELLOWSHIPS-SHORT TERM	UNDP	-	1	1	-						

BAHAMAS-2300, AEDES AEGYPTI ERADICATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	1973	1974	1975	1976
		-	-	981	1,049
SUBTOTAL	PR	-	-	358	376
ZONE ADVISORY SERVICES		-	-	358	376
SUBTOTAL	WR	-	-	623	673
ZONE ADVISORY SERVICES		-	-	623	673

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
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						\$	\$	\$	\$

BAHAMAS-3110, HEALTH SERVICES

The purpose of the project is to assist reorganization of the Ministry of Health of the Bahamas so that economical, efficient, and adequate coverage is available to all settled areas. The objectives are to assist in the development of personal health services through the establishment of health complexes based on existing general hospitals in New Providence and Grand Bahamas, but serving surrounding groups of islands, with early emphasis on the development of nursing manpower and management, information systems, and capacity for programming, epidemiological surveillance and financing of expanded services.

TOTAL		3	2	3	1	TOTAL	9,081	8,800	6,600	8,700
CONSULTANT MONTHS	PG	1	-	-	-					
CONSULTANT MONTHS	WR	2	2	3	1	SUBTOTAL	PG	2,109	-	-
TOTAL		3	1	-	2	PERSONNEL-CONSULTANTS		2,109	-	-
FELLOWSHIPS-ACADEMIC	WR	3	1	-	1	SUBTOTAL	WR	6,972	8,800	6,600
FELLOWSHIPS-SHORT TERM	WR	-	-	-	1	PERSONNEL-CONSULTANTS		4,531	4,000	6,600
						FELLOWSHIPS		2,441	4,800	-
										2,400
										6,300

BAHAMAS-3200, NURSING SERVICES

The Health Ministry in the Bahamas is reorganizing health services so that economically and sufficiently adequate coverage is available to all settled areas. The objectives of this project are to assist in the improvement of nursing practice and delivery of health care through increasing nursing participation in administrative reform in the Ministry, defining nursing personnel roles and participating in educational programs for the preparation of nursing staff.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	1	1	1	TOTAL	PR	-	24,100	31,384	32,848
P-3 NURSE EDUCATOR	PR	-	1	1	1	PERSONNEL-POSTS		-	22,100	23,200	24,300
.3672						ZONE ADVISORY SERVICES		-	-	4,584	4,848
TOTAL		-	-	1	1	DUTY TRAVEL		-	2,000	2,100	2,200
FELLOWSHIPS-SHORT TERM	PR	-	-	1	1	FELLOWSHIPS		-	-	1,500	1,500

BAHAMAS-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	3,448	4,490
ZONE ADVISORY SERVICES		-	-	3,448	4,490

BAHAMAS-3600, MANAGEMENT OF HEALTH SERVICES

The purpose of this project is to cooperate with the Government in the improvement of its administrative methods and practices in the health sector, with particular emphasis on management of the environment.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	4	4	-	TOTAL	-	2,530	4,436	1,508
PARTICIPANTS	WR	-	4	4	-	SUBTOTAL	PR	-	-	1,436
						ZONE ADVISORY SERVICES		-	-	1,436
						SUBTOTAL	WR	-	2,530	3,000
						PARTICIPANTS		-	2,530	3,000

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$
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BAHAMAS-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		-	-	5,922	6,860
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SUBTOTAL	PR	-	-	4,900	5,096
-----		-----	-----	-----	-----
ZONE ADVISORY SERVICES		-	-	4,900	5,096
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SUBTOTAL	WR	-	-	1,022	1,764
-----		-----	-----	-----	-----
ZONE ADVISORY SERVICES		-	-	1,022	1,764

BAHAMAS-4200, NUTRITION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	719	379
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ZONE ADVISORY SERVICES		-	-	719	379

BAHAMAS-4810, HOSPITAL ADMINISTRATION

The objectives of this project are to assist the Government of the Bahamas in (1) the reorganization of the Princess Margaret Hospital, Sandilands Rehabilitation Centre, and Rand Memorial Hospital to function as the centers of community-oriented, integrated personal health services; (2) the establishment of a system of management for the operation of hospitals, including the development of forms, procedures, and legislation; (3) the development of an effective reporting system to facilitate central government monitoring; and (4) the training required to prepare a national director of personal health services and a medical records librarian.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	-	TOTAL	12,800	60,625	20,263	4,068	
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P-4 HOSPITAL ADMINISTRATOR 4,4013	UNDP	1	1	1	-	SUBTOTAL	WR	-	-	438	468
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TOTAL		2	12	-	-	ZONE ADVISORY SERVICES		-	-	438	468
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
CONSULTANT MONTHS	UNDP	2	12	-	-	SUBTOTAL	UNDP	12,800	60,625	19,825	3,600
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
TOTAL		-	4	1	1	PERSONNEL-POSTS		7,800	14,325	8,025	-
-----		-----	-----	-----	-----	PERSONNEL-CONSULTANTS		5,000	30,000	-	-
FELLOWSHIPS-ACADEMIC	UNDP	-	1	1	1	DUTY TRAVEL		-	1,500	-	-
FELLOWSHIPS-SHORT TERM	UNDP	-	3	-	-	FELLOWSHIPS		-	14,800	11,800	3,600

BAHAMAS-4900, HEALTH AND POPULATION DYNAMICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		-	-	6,039	6,628
-----		-----	-----	-----	-----
SUBTOTAL	WR	-	-	1,403	1,528
-----		-----	-----	-----	-----
ZONE ADVISORY SERVICES		-	-	1,403	1,528
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SUBTOTAL	UNFPA	-	-	4,636	5,100
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ZONE ADVISORY SERVICES		-	-	4,636	5,100

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

\$ \$ \$ \$

BAHAMAS-6300, NURSING EDUCATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	1,572	1,520
ZONE ADVISORY SERVICES	-	-	-	1,292	1,240
DEV. OF HUMAN RESOURCES	-	-	-	280	280

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
<u>TOTAL AMRO PROJECTS</u>	<u>49,687</u>	<u>102,066</u>	<u>251,884</u>	<u>191,068</u>
0101 EPIDEMIOLOGY (ZONE I)	632	721	-	-
0612 VENEREAL DISEASE SEMINARS	-	480	-	-
0701 VETERINARY PUBLIC HEALTH (ZONE I)	-	1,178	-	-
2100 ENVIRONMENTAL SANITATION	6	739	815	789
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,414	16,714	15,678	18,328
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	855	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	750	1,167	1,222
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	3	3,927	4,185	4,401
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	808	-
2301 AEDES AEGYPTI ERADICATION (CARIBBEAN)	1,200	921	-	-
3131 CARIBBEAN HEALTH MINISTERS' CONFERENCE	-	6,512	6,719	-
3201 NURSING (ZONE I)	3,520	4,332	-	-
3216 STANDARDS IN NURSING PRACTICE	-	-	451	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	1	-	1,367
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	934
3501 HEALTH STATISTICS (ZONE I)	1,550	3,312	-	-
3601 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE I)	1,343	1,360	-	-
3701 HEALTH PLANNING AND ORGANIZATION (ZONE I)	5,701	5,656	-	-
3709 MEETING OF MINISTERS OF HEALTH	760	-	-	-
4201 NUTRITION ADVISORY SERVICES (ZONE I)	-	686	-	-
4207 CARIBBEAN FOOD AND NUTRITION INSTITUTE	20,012	34,188	30,819	19,860
4700 FOOD AND DRUG CONTROL	249	269	286	297
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	112
4801 MEDICAL CARE SERVICES (ZONE I)	367	760	-	-
4901 HEALTH AND POPULATION DYNAMICS (ZONE I)	-	5,387	-	-
5100 CHRONIC DISEASES	141	475	539	559
6113 EDUCATION AND TRAINING OF PARAMEDICAL PERSONNEL	-	6,568	187,528	137,948
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	470	861	934	1,063
6301 NURSING EDUCATION (ZONE I)	3,317	1,504	-	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,480
6400 SANITARY ENGINEERING EDUCATION	2	1,255	1,457	1,592
6508 PRGG. TRAIN. ANIM. HEALTH VETER. PUB. HEALTH ASSIST. (CARIBBEAN)	-	1,200	-	-

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	21,881	131,253	101,497	70,796	49,687	102,066	251,884	191,068
PAHO-PR-REGULAR BUDGET	-	24,100	43,098	45,838	27,383	45,721	28,683	31,757
PG-GRANTS & OTHER CONTRIBUT.	2,109	-	-	-	13,041	17,248	11,112	9,089
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	-	9,456	10,158	-
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	1	-	-	-
WHO-WR-REGULAR BUDGET	6,972	11,330	16,414	16,258	8,582	17,360	14,403	12,274
UNDP-UN DEVELOPMENT PROGRAM	12,800	95,823	37,349	3,600	680	7,768	187,528	137,948
UNFPA-UN FUND POPULATION ACT.	-	-	4,636	5,100	-	4,513	-	-

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	71,568	233,319	353,381	261,864
PAHO-PR-REGULAR BUDGET	27,383	69,821	71,781	77,595
PG-GRANTS & OTHER CONTRIBUT.	15,150	17,248	11,112	9,089
PH-PAN AMER. HEALTH & EDUC.FN.	-	9,456	10,158	-
PK-SPECIAL FUND FOR HEALTH PR.	1	-	-	-
WHO-WR-REGULAR BUDGET	15,554	28,690	30,817	28,532
UNDP-UN DEVELOPMENT PROGRAM	13,480	103,591	224,877	141,548
UNFPA-UN FUND POPULATION ACT.	-	4,513	4,636	5,100

BARBADOS

BACKGROUND DATA

Barbados is the most easterly of the West Indian islands and is situated between latitudes 13°2' and 13°20' north of the Equator and longitudes 59°25' and 59°35' west of Greenwich. It has an area of 166 square miles (430 square kilometers). It is mostly a flat coral island with a series of ridges rising to a high point of 1,105 feet near the center of the island. There are no rivers, as rainwater percolates through the soil to form underground channels. The climate is tropical, tempered with year-round northeast trade winds. The temperature shows little variation, the mean ranging from 72° to 86° Fahrenheit. The annual rainfall varies from about 40 inches in some coastal districts to 80 inches in the central ridge area. The rainy season lasts about five months, commencing in June. Humidity is relatively low, especially in the dry season.

Current population is estimated to be 236,000. With a history of over 125 years of government education and a high level of public support, Barbados has the very high literacy rate of nearly 97.4%.

The population is predominantly of African origin with a small minority of European and East Indian origin. Nearly 56.5% are under 25 years of age and 47.5 are under 20. The capital, Bridgetown, has a population of 80,000. The island is very densely populated (1,470 inhabitants to the square mile; 565 to the square kilometer). The occupational distribution of the labor force is estimated as follows: agriculture, 21.2%; public service, 11.8%; manufacturing, 13.3%; other services, including tourism, 18.8%; commerce, 14.5%; the remaining 20.4% covers other sectors such as construction, transport, and communications.

The only means of inland transportation is by roads, of which there is a network of 840 miles, mostly all paved. (There are no rail facilities in the island.) There are two harbors in Bridgetown - a deep water harbor for ocean-going vessels and a "careenage" to accommodate inter-island schooners. A modern international airport handles all types of aircraft.

Telephone and electricity services exist throughout the island. Potable water is available from subterranean sources. Public sewerage does not exist.

Barbados has a mixed economy, with the private sector heavily predominant. There is, however, a growing public sector, arising from the need to strengthen infrastructure in support of economic growth. The gross domestic product for 1972 has been provisionally estimated at EC\$367 million at current prices. The revised figure for 1971 was estimated at EC\$298 million, so the absolute increase in GDP was EC\$69 million. The rate of growth of the GDP in 1972 was 23%, compared with a growth rate of 7% in 1971. Per capita GDP was US\$630 in 1971 and US\$780 in 1972.

The traditional sugar industry, which is still the major contribution to agriculture, has in recent years shown a tendency to decline. However, its contribution to the GDP remains significant (EC\$27.6 million in 1972, or 7.5%). Other domestic agriculture has increased very slowly. In 1972 it accounted for 4.5% of the GDP.

It is estimated that the earnings from the tourist industry is equivalent to that received from the export of goods, thereby contributing directly to about 22.1% of the GDP in 1971. Tourism now outpaces agriculture.

The GDP originating in the manufacturing sector increased from EC\$29.8 million in 1971 to EC\$43.6 million in 1972. This represents an increase of 46%.

The balance of visible trade (in millions of EC dollars) is as follows:

	1969	1970	1971
Exports (FOB)	65.4	69.9	71.0
Imports (CIF)	193.8	233.8	263.0
Trade deficit	128.4	163.9	192.0

Currency: Barbados dollar: US\$1 = EC\$2.08.

PROTECTION OF HEALTH

Communicable Disease Control

The health sector of the Barbados National Development Plan is designed towards (1) improvement in environmental sanitation; (2) reduction of the incidence of leptospirosis, venereal disease and those infectious diseases for which extensive preventive techniques are available; (3) improvement of health care in industry; (4) expansion and integration

of the public health nursing services; (5) improvement of maternal and child health; (6) development of rehabilitation and geriatric services; (7) improvement of the care of the mentally ill; and (8) improvement of the dental health of the community.

Compulsory immunization for diphtheria, tetanus, and poliomyelitis has been introduced by legislation.

Vigilance of the insect vector control program has been maintained at a cost of approximately EC\$350,000 per annum.

Leptospirosis and brucellosis are diseases in animals transmissible to man and prevalent in Barbados. A new program for the control of these diseases will be initiated in 1974. A tripartite agreement between the Government of Barbados, UNDP, and WHO has been signed and will provide for a four-year program involving the recruitment of two veterinarians and a biologist. The Government of Barbados has agreed to establish a veterinary public health unit in the Ministry of Health.

A mass campaign of polio immunization is planned for 1974. PAHO/WHO will assist in this campaign.

Barbados will participate in the development of an epidemiological surveillance unit to be located in Trinidad.

Greater longevity has increased the demand for medical care. Barbados has established a high priority for improvement of the quality of care in the district hospitals. A program for the development of five multipurpose clinics is under consideration with an application pending to the Inter-American Development Bank. The services provided at these clinics will include (1) dental care; (2) MCH services, including family planning; (3) preventive medicine, including health education; (4) clinical outpatient services, including VD and tuberculosis; and (5) mental health services. Cost of the total project is estimated to be about EC\$1.8 million.

Environmental Health

During 1973 a basic course for waterworks employees was developed. A program of training for supervisors has been initiated. Over 90% of the population has access to piped water supply. Considerable wastage of water is experienced on the island, and PAHO/WHO will assist in the conduct of a leak study. The design of the Bridgetown sewerage system and a master plan for the adjoining areas will be completed in April 1974.

A critical situation exists in solid waste management. New legislation is in process to improve the operational efficiency of the Cemeteries and Sanitation Board. A regional project for solid and liquid waste management to be financed by UNDP is in the course of preparation.

Two inspectors trained in occupational health with PAHO assistance will conduct and complete a survey of all Barbados industries in 1974.

A fluoridation program to cover 50% of the Barbados population has been approved by the Cabinet. A project for the recruitment, with UNDP assistance, of a water quality and fluoridation engineer is in process. Likewise, it is anticipated that the first air pollution monitoring station will be operational before midyear. Equipment ordered by PAHO and supplied to the Barbados Government has now arrived.

The organization of the health care delivery system has a high priority in Government planning. Expenditures on health are high, with an estimate of EC\$25 million per annum and expenditure of \$100 (Barbados) per capita. A planning committee with PAHO participation has been established.

Nursing

A considerable amount of data has been collected from a work study of both district and public health nurses. Analysis of this material will be carried out, and additional advisory services in nursing provided.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

The initial report on the development of a regional school for allied health personnel has been presented. UNICEF support for the establishment of an office for the project is virtually secured.

Internal reform of the Ministry of Health is a high priority. Continuing assistance from the administrative methods officer and other Barbados staff has been given to the planning division of the Ministry. An inventory of health care resources has been prepared.

BARBADOS - PROGRAM BUDGET

1973		1974		1975		1976		
AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT	
\$		\$		\$		\$		
80,132	20.9	178,168	30.8	I. PROTECTION OF HEALTH	199,041	27.3	210,172	31.9
26,827	7.0	112,872	19.5	A. COMMUNICABLE DISEASES	146,273	20.4	146,165	22.2
7,438	1.9	11,573	2.0	0100 GENERAL	12,258	1.7	12,633	1.9
611	.2	884	.2	0500 LEPROSY	563	.1	635	.1
-	-	720	.1	0600 VENEREAL DISEASES	88	*	102	*
18,778	4.9	99,555	17.2	0700 ZCONDOSES	134,873	18.5	132,087	20.1
-	-	140	*	0900 OTHER	491	.1	708	.1
53,305	13.9	65,296	11.3	B. ENVIRONMENTAL HEALTH	50,768	6.9	64,007	9.7
23,973	6.3	34,283	5.9	2100 GENERAL	29,141	4.0	39,625	6.0
8,440	2.2	20,851	3.6	2200 WATER SUPPLIES	13,873	1.9	15,366	2.3
19,494	5.1	8,108	1.4	2300 AEDES AEGYPTI ERADICATION	5,347	.7	6,485	1.0
926	.2	1,134	.2	2400 MOCUSING	1,433	.2	1,507	.2
472	.1	920	.2	2500 AIR POLLUTION	974	.1	1,024	.2
257,888	67.5	363,319	62.7	II. PROMOTION OF HEALTH	319,521	43.9	282,066	43.0
144,179	37.7	154,406	26.6	A. GENERAL SERVICES	149,046	20.5	141,311	21.5
95,272	24.9	90,851	15.7	3100 GENERAL PUBLIC HEALTH	93,956	12.9	87,221	13.3
6,063	1.6	16,311	2.8	3200 NURSING	14,411	2.0	15,123	2.3
2,239	.6	2,051	.3	3300 LABORATORY	1,335	.2	1,455	.2
11,388	3.0	11,445	2.0	3400 HEALTH EDUCATION	8,262	1.1	8,772	1.3
5,008	1.3	4,760	.8	3500 STATISTICS	5,243	.7	5,903	.9
9,537	2.5	10,968	1.9	3600 ADMINISTRATIVE METHODS	10,706	1.5	8,322	1.3
14,672	3.8	18,020	3.1	3700 HEALTH PLANNING	15,133	2.1	14,515	2.2
113,709	29.8	208,913	36.1	B. SPECIFIC PROGRAMS	170,475	23.4	140,755	21.5
65,765	17.2	94,319	16.3	4200 NUTRITION	89,181	12.2	73,700	11.2
130	*	900	.1	4300 MENTAL HEALTH	948	.1	1,044	.2
-	-	-	-	4400 DENTAL HEALTH	2,410	.3	2,420	.4
1,453	.4	1,560	.3	4500 RADIATION AND ISOTOPES	1,344	.2	620	.1
545	.1	739	.1	4600 OCCUPATIONAL HEALTH	987	.1	1,062	.2
983	.3	1,074	.2	4700 FOOD AND DRUG	1,136	.2	3,630	.5
31,608	8.3	72,817	12.6	4800 MEDICAL CARE	35,092	4.8	14,329	2.2
10,783	2.8	34,786	6.0	4900 FAMILY HEALTH AND POP. DYNAMICS	36,450	5.0	40,829	6.2
2,162	.6	1,768	.3	5000 REHABILITATION	1,850	.3	2,003	.3
280	.1	950	.2	5100 CANCER & OTHER CHRONIC DISEASES	1,077	.2	1,118	.2
44,896	11.6	38,191	6.5	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	211,718	28.8	164,895	25.1
18,496	4.8	20,508	3.5	6100 PUBLIC HEALTH	168,708	25.8	139,228	21.2
2,070	.5	4,761	.8	6200 MEDICINE	5,374	.7	5,563	.8
4,776	1.2	3,061	.5	6300 NURSING	3,158	.4	5,279	.8
2,428	.6	2,670	.5	6400 ENVIRONMENTAL SCIENCES	3,064	.4	3,318	.5
-	-	1,200	.2	6500 VETERINARY MEDICINE	-	-	-	-
16,300	4.3	4,800	.8	6600 DENTISTRY	9,600	1.3	9,600	1.5
826	.2	1,191	.2	6700 BIOSTATISTICS	1,814	.2	1,907	.3
382,916	100.0	579,678	100.0	GRAND TOTAL	730,280	100.0	657,133	100.0

*LESS THAN .05 PER CENT

BARBADOS - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS			SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER	
		POSTS PROF.	LOCAL	STC MONTH		AMOUNT	ACAD.	SHORT	AMOUNT	PART.			AMOUNT
	\$				\$	\$			\$	\$	\$	\$	
1973													
PAHO--PR	174,003	-	-	6	85,407	10,711	7	11	35,014	-	4,556	12,608	25,047
PW	3,022	-	-	2	3,022	-	-	-	-	-	-	-	-
PN	20,553	-	-	-	8,861	885	-	-	844	-	-	2,450	7,513
PG	34,050	-	-	-	15,729	917	-	-	9,044	-	3,336	653	4,371
PH	19,664	-	-	-	13,813	2,257	-	-	325	-	-	1,366	1,903
PK	2,390	-	-	-	2,379	11	-	-	-	-	-	-	-
WHO--MR	83,900	1	-	-	49,331	5,888	5	-	20,741	-	1,261	1,752	4,927
UNDP	45,049	2	-	3	30,338	-	-	1	12,646	-	-	1,676	387
UNFPA	285	-	-	-	285	-	-	-	-	-	-	-	-
TOTAL	382,916	3	-	11	209,165	20,669	12	12	79,214	-	9,153	20,567	44,148
PERCENT OF TOTAL	100.0				54.6	5.4			20.7		2.4	5.4	11.5
1974													
PAHO--PR	198,167	-	-	8	126,138	10,738	4	3	24,595	3	4,220	2,350	30,126
PW	8,602	-	-	4	8,602	-	-	-	-	-	-	-	-
PN	17,347	-	-	-	9,472	880	-	-	896	-	-	1,327	4,772
PG	40,683	-	-	1	21,039	973	-	-	5,347	-	6,479	3,183	3,662
PH	25,277	-	-	-	16,956	1,534	-	-	833	-	130	1,389	4,435
WHO--MR	98,000	1	-	-	70,392	7,328	1	-	6,753	-	4,361	2,512	6,654
UNDP	165,584	3	-	6	92,524	4,862	-	9	53,759	-	-	11,050	3,389
UNFPA	26,018	-	-	-	17,620	1,400	-	-	3,844	-	1,350	1,172	592
TOTAL	579,678	4	-	19	362,743	27,715	5	12	96,027	3	16,580	22,983	53,630
PERCENT OF TOTAL	100.0				62.6	4.8			16.6		2.9	3.9	9.2
1975													
PAHO--PR	187,882	-	-	10	121,919	9,595	2	5	17,661	4	5,291	2,958	30,458
PN	17,383	-	-	-	9,478	876	-	-	896	-	-	1,378	4,753
PG	20,869	-	-	-	13,013	202	-	-	3,666	-	2,256	168	1,484
PH	26,615	-	-	-	18,126	1,788	-	-	833	-	-	1,346	4,522
WHO--MR	108,872	1	-	-	76,964	7,080	2	-	12,980	-	1,062	3,386	7,400
UNDP	336,236	3	-	6	136,760	5,942	1	3	30,409	-	-	43,722	79,377
UNFPA	32,423	-	-	-	22,041	1,600	-	-	3,940	-	2,616	1,474	752
TOTAL	730,280	4	-	16	398,327	27,165	5	8	70,365	4	11,225	94,432	128,746
PERCENT OF TOTAL	100.0				54.6	3.7			9.7		1.5	12.9	17.6
1976													
PAHO--PR	207,737	-	-	9	128,162	10,119	3	6	24,944	-	3,895	3,816	36,796
PN	18,099	-	-	-	9,947	876	-	-	896	-	-	1,378	5,000
PG	17,681	-	-	-	13,481	329	-	-	-	-	2,256	172	1,443
PH	11,057	-	-	-	5,562	403	-	-	833	-	-	1,128	3,131
WHO--MR	108,612	1	-	-	79,314	7,358	2	-	12,980	-	1,135	3,315	3,930
UNDP	258,780	3	-	2	125,045	5,950	-	2	16,158	-	-	28,632	82,989
UNFPA	35,767	-	-	-	24,405	1,700	-	-	4,334	-	2,878	1,622	828
TOTAL	657,133	4	-	11	385,916	26,723	5	8	60,150	-	10,164	40,063	134,117
PERCENT OF TOTAL	100.0				58.7	4.1			9.2		1.5	6.1	20.4
<p>PAHO--PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO--PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO--MR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WD-GRANTS AND OTHER FUNDS</p>													

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
	\$	\$	\$	\$

BARBADOS - DETAIL

BARBADOS-0100, EPIDEMIOLOGY

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	1973	1974	1975	1976
		-	-	4,995	5,362
ZONE ADVISORY SERVICES		-	-	4,995	5,362

BARBADOS-0700, VETERINARY PUBLIC HEALTH

The purpose of this project was to cooperate with the Government in the formulation, implementation, and evaluation of a national animal health and veterinary public health program for Barbados. The objectives of the program were to study the epidemiology of leptospirosis, including the definition of the prevalent serotype and the sources of infection, and the prevalence of brucellosis. The plan of action included study of the ecology of vectors of leptospirosis, strengthening of the surveillance program, training of technical personnel, and upgrading of a laboratory unit to provide uniform diagnostic methods.

TOTAL	PR	1973	1974	1975	1976
		3	-	-	-
CONSULTANT MONTHS	PR	3	-	-	-
TOTAL	PR	4,988	-	-	-
PERSONNEL-CONSULTANTS		4,988	-	-	-

BARBADOS-0702, ANIMAL AND HUMAN HEALTH

The present veterinary medical and veterinary public health services in Barbados are not capable of controlling or preventing the prevalent zoonoses or other animal diseases. The objective of this project is to develop an organization with capability to control, prevent, and eventually eliminate zoonotic and other animal diseases of human and animal health significance. It is anticipated that funding for this project will be continued under a UNDP project following its acceptance by the participating organizations.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL	UNDP	1973	1974	1975	1976
		2	3	3	3
CONSULTANT MONTHS	UNDP	2	3	3	3
TOTAL		-	81,800	119,716	116,309
P-5 PROJECT MANAGER 4.4131	UNDP	1	1	1	1
P-4 BIOLOGIST 4.4133	UNDP	-	1	1	1
P-4 VETERINARIAN 4.4132	UNDP	1	1	1	1
TOTAL		-	-	2	2
PERSONNEL-POSTS		-	63,000	85,500	85,500
PERSONNEL-CONSULTANTS		-	-	5,000	5,000
DUTY TRAVEL		-	4,500	4,500	4,500
SUPPLIES AND EQUIPMENT		-	9,000	7,600	5,500
FELLOWSHIPS		-	3,700	11,100	6,400
MISCELLANEOUS		-	1,600	1,600	4,800
TOTAL	UNDP	-	81,800	115,300	111,700
FELLOWSHIPS-ACADEMIC	UNDP	-	-	1	-
FELLOWSHIPS-SHORT TERM	UNDP	-	1	1	2

BARBADOS-2100, ENVIRONMENTAL SANITATION

Barbados, with an area of 166 square miles, a population of about 250,000 inhabitants, and moderate natural resources, has a per capita gross national product of \$500, mainly from tourism and industrialization. Last year, there were 270 industries and 180,000 tourists. Land reserved in the past to protect water supplies is now required for development, and the beaches are receiving increasing amounts of contamination. The Government, recognizing the health and economic impact of pollution, has organized (through the Public Health Engineering Unit) programs for the control of building construction, occupational health, water quality, and improvement of solid waste collections and disposal. The design for the Bridgetown Sewerage System was completed at the end of 1973. A program of water fluoridation will be incorporated in the health sector of the new national development plan.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		2	3	3	4	TOTAL		6,729	12,301	16,722	24,844
CONSULTANT MONTHS	PR	2	2	3	4						
CONSULTANT MONTHS	PG	-	1	-	-	SUBTOTAL	PR	4,829	10,300	16,722	24,844
TOTAL		2	2	2	3						
FELLOWSHIPS-ACADEMIC	PR	-	1	-	1	ZONE ADVISORY SERVICES		-	-	6,622	6,944
FELLOWSHIPS-ACADEMIC	WR	1	-	-	-	PERSONNEL-CONSULTANTS		2,607	4,000	6,600	9,600
FELLOWSHIPS-SHORT TERM	PR	1	1	2	2	SUPPLIES AND EQUIPMENT		1,101	-	500	500
						FELLOWSHIPS		1,121	6,300	3,000	7,800
						SUBTOTAL	PG	-	2,001	-	-
						PERSONNEL-CONSULTANTS		-	2,001	-	-
						SUBTOTAL	WR	3,900	-	-	-
						FELLOWSHIPS		3,900	-	-	-

BARBADOS-2201, WATERWORKS ADMINISTRATION

Since 1972 the Waterworks Department (WWD) of Barbados has financed a joint PAHO/Barbados project to modify and strengthen its institutional structure. Its objectives are to improve and/or strengthen the administration, management, and operation of the WWD in order that the country be able to effectively and efficiently provide potable water to the largest number of people from the EC\$11 million it plans to invest in the water sector by 1980. In addition, the Department has started to prepare itself to evolve into an islandwide combined water and sewerage agency at some time in the future.

The WWD is making considerable progress in expanding and modernizing the service, and now about 50% of the population is served by house connections. Billing is computerized, and other commercial operations are also being mechanized. A new water act is under study which will allow a new rate structure and the metering of domestic services, for a property area over 5,000 square feet. This will allow the Government subsidy of about EC\$3 million a year to drop considerably. Preparatory activities to fluoridate the water for 50% of the population are under way. Further assistance is being provided to complete the work of the project and to assist the Government in incorporating the operation of the Bridgetown sewerage systems, and the Department, into a single islandwide agency to develop water resources more efficiently and to develop more equitable water rates.

TOTAL		2	6	2	2	TOTAL		3,022	14,102	5,900	7,800
CONSULTANT MONTHS	PR	-	2	2	2						
CONSULTANT MONTHS	PW	2	4	-	-	SUBTOTAL	PR	-	5,500	5,900	7,800
TOTAL		-	1	1	2						
FELLOWSHIPS-SHORT TERM	PR	-	1	1	2	PERSONNEL-CONSULTANTS		-	4,000	4,400	4,800
						FELLOWSHIPS		-	1,500	1,500	3,000
						SUBTOTAL	PW	3,022	8,602	-	-
						PERSONNEL-CONSULTANTS		3,022	8,602	-	-

BARBADOS-2300, Aedes aegypti ERADICATION

Through this project assistance was provided to the Government of Barbados in continuing the treatment of areas infested with Aedes aegypti and in training personnel in surveillance techniques.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		6,445	-	3,921	4,193
SUBTOTAL	PR	6,445	-	1,432	1,504
ZONE ADVISORY SERVICES		-	-	1,432	1,504
SUPPLIES AND EQUIPMENT		6,445	-	-	-
SUBTOTAL	WR	-	-	2,489	2,689
ZONE ADVISORY SERVICES		-	-	2,489	2,689

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

BARBADOS-3100, HEALTH SERVICES

Barbados is a tropical country of about 250,000 population with a low annual growth rate. The national development plan is geared toward the interrelated goals of diversification of the present economic structure and reduction of the current rate of unemployment. There has been heavy emphasis on human resources development in general and development of the Infrastructure for public services. About 26% of expenditures from UNDP and government sources has been allocated to human resources development, mostly in the health sector.

Within the health sector, emphasis is being placed on institutional development concomitant with the administrative reform programs in the public service. Priority will be given to environmental health programs and to the development of child care and geriatric services as part of the national health plan. The purpose of this project is to cooperate in the development of the plan and the priority areas of activities.

WFP cooperates in this project.

TOTAL		1	1	1	1	TOTAL	82,806	74,040	79,900	78,810
P-5 PAHO/WHO REPRESENTATIVE 4.0916	WR	1	1	1	1	SUBTOTAL	PR 52,411	38,600	42,600	39,800
TOTAL		1	4	5	3	PERSONNEL-CONSULTANTS	1,070	8,000	11,000	7,200
CONSULTANT MONTHS	PR	1	4	5	3	SUPPLIES AND EQUIPMENT	3,367	-	-	-
TOTAL		14	2	2	2	FELLOWSHIPS	27,131	9,600	9,600	9,600
FELLOWSHIPS-ACADEMIC	PR	4	2	2	2	COMMON SERVICES	20,843	21,000	22,000	23,000
FELLOWSHIPS-SHORT TERM	PR	10	-	-	-	SUBTOTAL	WR 30,395	35,440	37,300	39,010
						PERSONNEL-POSTS	28,063	32,940	34,700	36,310
						DUTY TRAVEL	2,332	2,500	2,600	2,700

BARBADOS-3200, DISTRICT NURSING SERVICES

Barbados has an estimated population of 250,000, over 80,000 of whom are in the school-age group. District health care services are inadequate to meet the growing needs of the community, and, for the most part, health personnel are not well trained to carry out care programs, or programs designed to meet these needs. The purpose of this project is to cooperate with the Government in developing an integrated public health nursing service which will include a school health program and a nursing service to provide care to the patient at home, and to provide an in-service education program to prepare nurses for their broadened responsibilities.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	2	2	2	TOTAL	PR -	6,300	7,584	7,848
FELLOWSHIPS-ACADEMIC	PR	-	1	-	-	ZONE ADVISORY SERVICES	-	-	4,584	4,848
FELLOWSHIPS-SHORT TERM	PR	-	1	2	2	FELLOWSHIPS	-	6,300	3,000	3,000

BARBADOS-3400, HEALTH EDUCATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	7,950	8,275
ZONE ADVISORY SERVICES	-	-	7,950	8,275	

BARBADOS-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	4,310	4,490
ZONE ADVISORY SERVICES	-	-	4,310	4,490	

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

BARBADOS-3600, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH

The purpose of this project is to cooperate with the Government in developing its administrative methods and practices in the Ministry of Health. Particular attention will be paid to developing a continuing education program and to cooperating in other projects in aspects related to the development of the infrastructure.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		3	4		TOTAL	PR	2,025	7,492	4,901
PARTICIPANTS	PR	-	3	4	-	-	-	4,667	4,901
					ZONE ADVISORY SERVICES PARTICIPANTS	-	2,025	2,825	-

BARBADOS-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		-	-	4,230	4,900
SUBTOTAL	PR	-	-	3,500	3,640
ZONE ADVISORY SERVICES		-	-	3,500	3,640
SUBTOTAL	WR	-	-	730	1,260
ZONE ADVISORY SERVICES		-	-	730	1,260

BARBADOS-4200, NUTRITION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

UNICEF cooperates in this project.

TOTAL	WR	-	-	1,796	1,893
ZONE ADVISORY SERVICES		-	-	1,796	1,893

BARBADOS-4801, HOSPITAL ADMINISTRATION

This project aims to improve the overall efficiency and cost effectiveness of the health care delivery system of Barbados. Since the vast majority of the expenditures in direct care occur through the Queen Elizabeth Hospital, it is necessary to provide continuing resources for the evolution of a sophisticated and economically effective hospital, as part of an overall integrated health care system which would improve the quality of care and increase population coverage. In addition, collaboration will be given in training personnel, in order to increase and improve utilization of scarce human and material resources.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		3	6	4		TOTAL	22,074	56,873	28,491	6,089
CONSULTANT MONTHS	UNDP	3	6	4	-	SUBTOTAL	7,290	-	-	-
TOTAL		4	8	2	-	FELLOWSHIPS	7,290	-	-	-
FELLOWSHIPS-ACADEMIC	PR	3	-	-	-	SUBTOTAL	-	-	5,691	6,089
FELLOWSHIPS-SHORT TERM	UNDP	1	8	2	-	ZONE ADVISORY SERVICES	-	-	5,691	6,089
						SUBTOTAL	UNDP	14,784	56,873	22,800
						PERSONNEL-CONSULTANTS	6,000	14,000	10,000	-
						FELLOWSHIPS	8,784	42,873	12,800	-

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

BARBADOS-4900, HEALTH AND POPULATION DYNAMICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		1973	1974	1975	1976
		-	-	12,078	13,255
SUBTOTAL	HR	-	-	2,806	3,056
ZONE ADVISORY SERVICES		-	-	2,806	3,056
SUBTOTAL	UNFPA	-	-	9,272	10,199
ZONE ADVISORY SERVICES		-	-	9,272	10,199

BARBADOS-6100, HUMAN RESOURCES DEVELOPMENT

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		1973	1974	1975	1976
	PR	-	-	1,180	1,280
ZONE ADVISORY SERVICES		-	-	1,180	1,280

BARBADOS-6300, NURSING EDUCATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		1973	1974	1975	1976
	PR	-	-	2,358	2,280
ZONE ADVISORY SERVICES		-	-	1,938	1,840
DEV. OF HUMAN RESOURCES		-	-	420	420

BARBADOS-6600, DENTAL EDUCATION

The purpose of this project is to cooperate with the Government of Barbados in the development of a dental program, with emphasis on treatment for schoolchildren, through the training of dental auxiliaries. Special attention has been given to the use of modern and readily installed equipment in health clinics.

TOTAL		1973	1974	1975	1976
	HR	16,300	4,800	9,600	9,600
FELLOWSHIPS-ACADEMIC	HR	16,300	4,800	9,600	9,600

PORTIONS OF INTERCOUNTRY PROJECTS

TOTAL AMRD PROJECTS	1973	1974	1975	1976
	\$	\$	\$	\$
	238,592	327,437	412,057	355,004
0100 EPIDEMIOLOGY	2,591	6,887	7,263	7,271
0101 EPIDEMIOLOGY (ZONE I)	4,108	4,686	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	739	-	-	-
0500 LEPROSY CONTROL	515	884	432	496
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	96	-	131	139
0600 VENEREAL DISEASE CONTROL	-	160	-	102
0612 VENEREAL DISEASE SEMINARS	-	560	-	-
0700 PAN AMERICAN ZOONOSES CENTER	12,070	14,928	15,157	15,778
0701 VETERINARY PUBLIC HEALTH (ZONE I)	1,720	2,827	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	140	-	-

0923 DISEASES PREVENTABLE BY VACCINES	-	-	491	708
2100 ENVIRONMENTAL SANITATION	1,835	759	837	812
2101 SANITARY ENGINEERING (ZONE I)	6,403	6,300	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,421	16,728	15,693	18,350
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	998	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	751	1,167	1,222
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	4,564	5,236	5,580	5,868
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	808	-
2300 AEDES AEGYPTI ERADICATION	383	578	646	692
2301 AEDES AEGYPTI ERADICATION (CARIBBEAN)	11,903	5,526	-	-
2308 ADVISORY COMMITTEE ON DENGUE FEVER	-	720	-	752
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	60	-	-
2311 DENGUE SURVEILLANCE IN THE CARIBBEAN	683	1,224	780	848
3000 COORDINATION WITH FOUNDATIONS	1,280	2,573	3,085	3,518
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,308	3,861	3,125	3,400
3126 OPERATIONS RESEARCH	73	273	229	238
3130 CONFERENCE ON MYCOLOGY	79	1,311	-	-
3131 CARIBBEAN HEALTH MINISTERS' CONFERENCE	7,083	6,248	6,447	-
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,643	2,010	1,170	1,255
3145 EMERGENCY PREPAREDNESS	-	535	-	-
3200 NURSING SERVICES	1,668	2,269	2,423	2,539
3201 NURSING (ZONE I)	3,520	4,332	-	-
3210 HOSPITAL NURSING SERVICES	-	717	1,271	1,409
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	559	1,196	1,119	1,177
3216 STANDARDS IN NURSING PRACTICE	-	-	452	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	2	-	1,367
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	534
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	263	493	310	249
3223 SYSTEMS OF NURSING	53	1,002	1,252	-
3300 LABORATORY SERVICES	803	361	453	484
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,436	1,690	882	971
3400 HEALTH EDUCATION	534	497	312	497
3401 HEALTH EDUCATION (CARIBBEAN)	10,854	10,948	-	-
3500 HEALTH STATISTICS	1,132	725	933	690
3501 HEALTH STATISTICS (ZONE I)	3,876	3,312	-	-
3516 REGIONAL SEMINAR ON DATA PROCESSING	-	723	-	723
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,261	3,061	3,214	3,421
3601 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE I)	5,818	4,420	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,458	1,462	-	-
3700 HEALTH PLANNING	5,083	3,164	3,023	3,335
3701 HEALTH PLANNING AND ORGANIZATION (ZONE I)	5,346	4,040	-	-
3709 MEETING OF MINISTERS OF HEALTH	760	-	-	-
3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	3,483	10,816	7,880	6,280
4200 NUTRITION ADVISORY SERVICES	2	2,081	2,225	2,354
4201 NUTRITION ADVISORY SERVICES (ZONE I)	-	3,430	-	-
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	34,338	34,414	35,164	36,516
4207 CARIBBEAN FOOD AND NUTRITION INSTITUTE	31,354	53,562	48,283	31,115
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	71	222	245	446
4230 NUTRITION TRAINING	-	610	812	1,052
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	81	86
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAI.	-	-	575	238
4300 MENTAL HEALTH	130	900	968	1,044
4411 HUMAN AND MATERIAL RESOURCES IN DENTISTRY	-	-	2,410	2,420
4500 HEALTH ASPECTS OF RADIATION	296	240	252	132
4507 RADIATION HEALTH PROTECTION	1,157	1,320	924	488
4516 PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	168	-
4620 MANAGEMENT OF PESTICIDES	-	210	228	261
4700 FOOD AND DRUG CONTROL	983	1,074	1,136	1,186
4715 FOOD HYGIENE	-	-	-	1,996
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	448
4800 MEDICAL CARE SERVICES	1,187	1,219	1,339	1,507
4801 MEDICAL CARE SERVICES (ZONE I)	4,751	5,879	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,625	2,174	2,891	3,659
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,971	2,672	2,371	3,074
4900 HEALTH AND POPULATION DYNAMICS	9,149	19,755	20,001	22,718
4901 HEALTH AND POPULATION DYNAMICS (ZONE I)	-	10,773	-	-
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	1,504	3,866	3,940	4,334
4915 MATERNAL AND CHILD HEALTH	130	392	431	522
5000 REHABILITATION	2,162	1,768	1,850	2,003
5100 CHRONIC DISEASES	280	950	1,077	1,118
6101 HUMAN RESOURCES PROGRAM IN THE CARIBBEAN	14,603	13,940	-	-
6113 EDUCATION AND TRAINING OF PARAMEDICAL PERSONNEL	3,893	6,568	187,528	137,948
6223 TEACHING OF BEHAVIORAL SCIENCES	1,280	300	-	-
6228 MEDICAL EDUCATION IN THE CARIBBEAN	319	3,600	4,440	4,500
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	471	861	934	1,063
6301 NURSING EDUCATION (ZONE I)	4,422	2,256	-	-
6320 POSTBASIC COURSES IN NURSING	354	805	645	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,481
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	155	518
6400 SANITARY ENGINEERING EDUCATION	1,810	1,757	2,039	2,229
6508 PROG. TRAIN. ANIM. HEALTH VETER. PUB. HEALTH ASSIST. (CARIBBEAN)	-	1,200	-	-
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	248	242	254	296
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	578	949	992	1,035
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*-----PORTIONS OF INTER-COUNTRY PROJECTS-----*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	144,364	252,241	318,223	302,129	238,552	327,437	412,057	355,004
PAHO-PR-REGULAR BUDGET	75,963	62,725	101,028	106,662	98,040	135,442	86,854	101,075
PW-COMMUNITY WATER SUPPLY	3,022	8,602	-	-	-	-	-	-
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	20,553	17,347	17,383	18,099
PG-GRANTS & OTHER CONTRIBUT.	-	2,001	-	-	34,050	38,682	20,869	17,681
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	19,664	25,277	26,615	11,057
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	2,390	-	-	-
WHO-WR-REGULAR BUDGET	50,595	40,240	69,823	73,568	33,305	57,760	39,049	34,444
UNDP-UN DEVELOPMENT PROGRAM	14,784	138,673	138,100	111,700	30,265	26,911	198,136	147,080
UNFPA-UN FUND POPULATION ACT.	-	-	9,272	10,199	285	26,018	23,151	25,568

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	382,916	579,678	730,280	657,133
PAHO-PR-REGULAR BUDGET	174,003	198,167	187,882	207,737
PW-COMMUNITY WATER SUPPLY	3,022	8,602	-	-
PN-INCAP GRANTS & OTHER CONTR.	20,553	17,347	17,383	18,099
PG-GRANTS & OTHER CONTRIBUT.	34,050	40,683	20,869	17,681
PH-PAN AMER. HEALTH & EDUC.FN.	19,664	25,277	26,615	11,057
PK-SPECIAL FUND FOR HEALTH PR.	2,390	-	-	-
WHO-WR-REGULAR BUDGET	83,900	98,000	108,872	108,012
UNDP-UN DEVELOPMENT PROGRAM	45,049	165,584	336,236	258,780
UNFPA-UN FUND POPULATION ACT.	285	26,018	32,423	35,767

FRENCH ANTILLES AND GUIANA

BACKGROUND DATA

The three overseas departments of France in the Western Hemisphere (Martinique, Guadeloupe, and French Guiana) constitute administratively a "région" of the French Republic - "Région Antilles-Guyane." With a population of approximately 350,000 inhabitants for each Antille, and 50,000 inhabitants for French Guiana, each department constitutes an administrative unit headed by a "préfet" designated by the central administration in Paris. The technical aspects of the health sector are coordinated by a regional inspector of health with jurisdiction over the three departments. Each department has its own director of health (and social affairs) who answers to the préfet.

The development plan of France applies also to these departments and there are no external agencies involved in assistance activities.

PROTECTION OF HEALTH

Communicable Disease Control

Morbidity from communicable diseases continues to be a high priority problem in this area. There is no longer transmission of malaria in the Antilles, but there is transmission in the rural areas of French Guiana. The prevalence of schistosomiasis in some areas of Guadeloupe is known to be extremely high, and Aedes aegypti are still present in the three departments in spite of extensive efforts to eradicate this vector.

Environmental Health

The availability of piped drinking water is excellent in all urban areas and quality standards are good and well enforced. The high prevalence of diseases related to unsatisfactory environmental sanitation can probably be explained by the rural origin of patients and by the poor hygiene of some areas where drinking water and good sewerage systems are available.

PROMOTION OF HEALTH

Curative and preventive services are organized on a similar basis as in France and a modern social security system provides financing for services for the indigent population. A legislation similar to the one in France applies.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

The ratio physician/population was French Guiana, 9.5 per 10,000 inhabitants (1970); Martinique, 5.9 per 10,000 (1968); and Guadeloupe, 5.4 per 10,000 (1969).

The number of other professional and auxiliary personnel is also satisfactory. The professionals and some auxiliaries are trained in France, while there is a school of nurses and nurse auxiliaries in each of the departments and a school of midwives in Martinique.

FRENCH ANTILLES AND GUIANA - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
28,519	36.7	35,587	32.8	I. PROTECTION OF HEALTH	37,768	33.7	39,579	33.9
22,093	28.4	24,721	22.8	A. COMMUNICABLE DISEASES	27,408	24.5	29,243	25.1
1,580	2.0	1,802	1.7	0100 GENERAL	1,921	1.7	2,062	1.8
12,992	16.7	10,825	10.0	0200 MALARIA	12,939	11.6	13,454	11.5
607	.4	884	.8	0500 LEPROSY	563	.5	635	.6
-	-	800	.7	0600 VENEREAL DISEASES	132	.1	153	.1
6,675	8.6	8,615	8.0	0700 ZOOSES	9,393	8.4	9,786	8.4
-	-	140	.1	0900 OTHER	490	.4	707	.6
239	.3	1,655	1.5	1000 PARASITIC DISEASES	1,970	1.8	2,446	2.1
6,426	8.3	10,866	10.0	B. ENVIRONMENTAL HEALTH	10,360	9.2	10,336	8.8
915	1.2	4,101	3.8	2100 GENERAL	2,611	2.3	2,729	2.3
-	-	-	-	2200 WATER SUPPLIES	806	.7	-	-
5,511	7.1	6,765	6.2	2300 AEUES AEGYPTI ERADICATION	6,943	6.2	7,607	6.5
47,985	61.8	71,123	65.7	II. PROMOTION OF HEALTH	72,204	64.7	75,997	64.8
15,736	20.3	26,368	24.5	A. GENERAL SERVICES	29,084	22.5	29,234	21.5
5,634	7.2	12,760	11.8	3100 GENERAL PUBLIC HEALTH	10,699	9.6	11,401	9.7
1,525	2.0	3,746	3.5	3200 NURSING	4,757	4.3	3,743	3.2
3,456	4.4	5,000	4.6	3300 LABORATORY	6,200	5.5	6,400	5.5
532	.7	497	.5	3400 HEALTH EDUCATION	311	.3	497	.4
439	.6	281	.3	3500 STATISTICS	363	.3	267	.2
3,394	4.4	4,084	3.8	3600 ADMINISTRATIVE METHODS	2,754	2.5	2,931	2.5
756	1.0	-	-	3700 HEALTH PLANNING	-	-	-	-
32,249	41.5	44,755	41.2	B. SPECIFIC PROGRAMS	47,120	42.2	50,758	43.3
20,556	26.4	20,957	19.3	4200 NUTRITION	22,043	19.7	22,545	19.2
244	.3	269	.2	4700 FOOD AND DRUG	284	.3	409	.4
5,504	7.1	7,573	7.0	4800 MEDICAL CARE	7,965	7.1	9,161	7.8
3,789	4.9	14,189	13.1	4900 FAMILY HEALTH AND POP. DYNAMICS	14,980	13.4	16,641	14.2
2,156	2.8	1,767	1.6	5000 REHABILITATION	1,848	1.7	2,002	1.7
1,256	1.5	1,683	1.5	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	1,816	1.6	1,630	1.3
352	.4	805	.7	6300 NURSING	798	.7	518	.4
904	1.1	878	.8	6400 ENVIRONMENTAL SCIENCES	1,018	.9	1,112	.9
77,760	100.0	108,343	100.0	GRAND TOTAL	111,788	100.0	117,206	100.0
*****	*****	*****	*****	*****	*****	*****	*****	*****

*LESS THAN .05 PER CENT

FRENCH ANTILLES AND GUYANA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS			SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER	
		POSTS PROF.	LOCAL	STC MONTH		AMOUNT	ACAD.	SHORT	AMOUNT	PART.			AMOUNT
	\$				\$	\$		\$	\$	\$	\$	\$	
1973													
PAHO--PR	43,552	-	-	-	21,317	2,676	-	3	4,422	-	1,218	11,926	1,993
PN	12,311	-	-	-	5,311	527	-	-	503	-	-	1,467	4,503
PG	5,394	-	-	-	2,843	125	-	-	1,503	-	324	115	479
PH	4,124	-	-	-	1,771	243	-	-	194	-	-	818	1,098
PK	56	-	-	-	53	3	-	-	-	-	-	-	-
WHO--WR	6,618	-	-	-	4,882	710	-	-	323	-	479	224	-
UNDP	5,421	-	-	-	4,611	-	-	-	331	-	-	409	70
UNFPA	284	-	-	-	284	-	-	-	-	-	-	-	-
TOTAL	77,760	-	-	-	41,072	4,284	-	3	7,276	-	2,026	14,959	8,143
PERCENT OF TOTAL	100.0				52.8	5.5		9.4	2.6		19.2	10.5	
1974													
PAHO--PR	52,666	-	-	-	28,678	2,764	-	5	7,601	-	1,741	8,157	3,720
PN	10,399	-	-	-	5,680	526	-	-	536	-	-	795	2,862
PG	5,529	-	-	-	2,974	72	-	-	89	-	1,346	616	432
PH	6,765	-	-	-	3,208	242	-	-	498	-	129	761	1,927
WHO--WR	18,299	-	-	-	13,020	1,123	-	-	356	-	2,911	665	224
UNDP	3,090	-	-	-	1,710	45	-	-	1,146	-	-	145	44
UNFPA	11,645	-	-	-	6,412	600	-	-	3,844	-	348	293	148
TOTAL	108,393	-	-	-	61,682	5,377	-	5	14,070	-	6,475	11,432	9,357
PERCENT OF TOTAL	100.0				56.9	5.0		13.0	6.0		10.5	8.6	
1975													
PAHO--PR	56,423	-	-	1	33,394	2,960	-	5	7,680	-	1,980	7,313	3,076
PN	10,419	-	-	-	5,684	525	-	-	536	-	-	825	2,849
PG	2,302	-	-	-	1,927	-	-	-	-	-	-	83	292
PH	6,925	-	-	-	3,690	225	-	-	498	-	-	637	1,875
WHO--WR	20,982	-	-	-	16,276	1,336	-	-	364	-	1,062	1,119	825
UNDP	1,358	-	-	-	922	37	-	-	228	-	-	141	30
UNFPA	13,379	-	-	-	7,576	650	-	-	3,940	-	654	369	188
TOTAL	111,788	-	-	1	69,471	5,753	-	5	13,246	-	3,696	10,487	9,135
PERCENT OF TOTAL	100.0				62.2	5.1		11.8	3.3		9.4	8.2	
1976													
PAHO--PR	61,417	-	-	1	37,196	3,126	-	5	7,764	-	1,703	7,865	3,741
PN	10,851	-	-	-	5,965	525	-	-	536	-	-	825	3,000
PG	2,356	-	-	-	1,972	-	-	-	-	-	-	85	299
PH	7,169	-	-	-	3,680	241	-	-	498	-	-	675	1,875
WHO--WR	19,251	-	-	-	15,298	1,361	-	-	364	-	423	1,149	650
UNDP	1,421	-	-	-	1,034	74	-	-	184	-	-	82	47
UNFPA	14,741	-	-	-	8,401	675	-	-	4,334	-	719	405	207
TOTAL	117,206	-	-	1	73,746	6,004	-	5	13,700	-	2,845	11,086	9,825
PERCENT OF TOTAL	100.0				62.9	5.1		11.7	2.4		9.5	8.4	
PAHO-PR-REGULAR BUDGET PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PW-COMMUNITY WATER SUPPLY PS-SPECIAL FUND FOR RESEARCH PI-INCAP - REGULAR BUDGET WHO--WR-REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS UNDP-UNITED NATIONS DEVELOPMENT PROGRAM PG-GRANTS AND OTHER CONTRIBUTIONS UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION WC-GRANTS AND OTHER FUNDS													

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

 \$ \$ \$ \$

FRENCH ANTILLES AND GUIANA - DETAIL

FRENCH ANTILLES AND GUIANA-0100, EPIDEMIOLOGY

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	1,921	2,062
ZONE ADVISORY SERVICES		-	-	1,921	2,062

FRENCH ANTILLES AND GUIANA-0200, MALARIA ERADICATION

No autochthonous cases of malaria were reported in Guadeloupe and Martinique in 1973. However, in French Guiana, which has a population of approximately 51,000, there was an increase, from 192 malaria cases in 1972 to 484 in 1973. The increase affected mainly the interior along the Maroni River bordering Surinam and some areas of the coastland, where there is immigration of laborers from neighboring countries or from areas in attack phase. Adequate measures were taken in areas in consolidation and maintenance phase, and the few foci which appeared there were quickly eliminated. Transmission continues in some parts of the interior in attack phase, where cases of P. falciparum resistant to 4-aminoquinolines were reported.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL	PR	9,682	5,000	10,925	11,210
ZONE ADVISORY SERVICES		-	-	5,925	6,210
SUPPLIES AND EQUIPMENT		9,682	5,000	5,000	5,000

FRENCH ANTILLES AND GUIANA-0700, VETERINARY PUBLIC HEALTH

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	1,840	1,921
ZONE ADVISORY SERVICES		-	-	1,840	1,921

FRENCH ANTILLES AND GUIANA-2100, SANITARY ENGINEERING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	946	992
ZONE ADVISORY SERVICES		-	-	946	992

FRENCH ANTILLES AND GUIANA-2300, Aedes Aegypti ERADICATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		-	-	5,883	6,291
SUBTOTAL	PR	-	-	2,148	2,256
ZONE ADVISORY SERVICES		-	-	2,148	2,256
SUBTOTAL	WR	-	-	3,735	4,035
ZONE ADVISORY SERVICES		-	-	3,735	4,035

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

\$ \$ \$ \$

FRENCH ANTILLES AND GUIANA-3101, FELLOWSHIPS

Fellowships are provided in order to train personnel for the improvement and expansion of health services in the French Antilles and Guiana.

TOTAL		2	3	3	3	TOTAL	PR	1,976	4,500	4,500	4,500
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
FELLOWSHIPS-SHORT TERM	PR	2	3	3	3	FELLOWSHIPS		1,976	4,500	4,500	4,500

FRENCH ANTILLES AND GUIANA-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	382	404
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ZONE ADVISORY SERVICES		-	-	382	404

FRENCH ANTILLES AND GUIANA-3300, LABORATORY SERVICES

The Pasteur Institute in French Guiana is carrying out a research project consisting of a systematic collection of data aimed at better understanding of the transmission, reservoirs, and epidemiology of viral diseases in the tropical rain forest. Emphasis is given to arbovirus, and specifically to dengue and yellow fever virus. Insects are trapped at different locations and pooled by species, and efforts are made to isolate virus from these pools. The purpose of this project is to contribute to a better understanding of the epidemiology of viral diseases in French Guiana.

TOTAL		-	-	1	1	TOTAL	PR	3,456	5,000	6,200	6,400
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
CONSULTANT MONTHS	PR	-	-	1	1	PERSONNEL-CONSULTANTS		-	-	2,200	2,400
TOTAL		1	2	2	2	SUPPLIES AND EQUIPMENT		1,010	2,000	1,000	1,000
FELLOWSHIPS-SHORT TERM	PR	1	2	2	2	FELLOWSHIPS		2,446	3,000	3,000	3,000

FRENCH ANTILLES AND GUIANA-4200, NUTRITION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	359	379
-----		-----	-----	-----	-----
ZONE ADVISORY SERVICES		-	-	359	379

FRENCH ANTILLES AND GUIANA-4800, MEDICAL CARE SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	876	937
-----		-----	-----	-----	-----
ZONE ADVISORY SERVICES		-	-	876	937

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

FRENCH ANTILLES AND GUIANA-4900, HEALTH AND POPULATION DYNAMICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		1973	1974	1975	1976
		-	-	6,039	6,628
SUBTOTAL	WR	-	-	1,403	1,528
ZONE ADVISORY SERVICES		-	-	1,403	1,528
SUBTOTAL	UNFPA	-	-	4,636	5,100
ZONE ADVISORY SERVICES		-	-	4,636	5,100

PORTIONS OF INTERCOUNTRY PROJECTS

TOTAL AMRO PROJECTS	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	62,646	93,843	71,917	75,482
0101 EPIDEMIOLOGY (ZONE I)	1,580	1,802	-	-
0200 MALARIA TECHNICAL ADVISORY SERVICES	1,528	2,065	2,014	2,244
0201 MALARIA ERADICATION (ZONE I)	1,782	3,760	-	-
0500 LEPROSY CONTROL	513	884	432	496
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	94	-	131	139
0600 VENEREAL DISEASE CONTROL	-	240	132	153
0612 VENEREAL DISEASE SEMINARS	-	560	-	-
0700 PAN AMERICAN ZOONOSES CENTER	6,013	7,437	7,553	7,865
0701 VETERINARY PUBLIC HEALTH (ZONE I)	662	1,178	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIUSES (LEPROSY/TUBERCULOSIS)	-	140	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	490	707
1000 PARASITIC DISEASES	227	555	1,050	1,506
1007 SCHISTOSOMIASIS	12	1,100	920	940
2101 SANITARY ENGINEERING (ZONE I)	915	900	-	-
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	997	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	749	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	806	-
2300 AEDES AEGYPTI ERADICATION	432	660	735	786
2301 AEDES AEGYPTI ERADICATION (CARIBBEAN)	4,794	5,526	-	-
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	69	-	-
2311 DENGUE SURVEILLANCE IN THE CARIBBEAN	285	510	325	530
3000 COORDINATION WITH FOUNDATIONS	1,278	2,568	3,080	3,507
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,303	3,853	3,119	3,394
3130 CONFERENCE ON MYCOLOGY	77	1,307	-	-
3145 EMERGENCY PREPAREDNESS	-	542	-	-
3201 NURSING (ZONE I)	294	361	-	-
3210 HOSPITAL NURSING SERVICES	-	715	1,268	1,406
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	547	1,176	1,099	1,156
3215 STUDY ON FACTORS AFFECTING NURSING GROWTH	372	-	-	-
3216 STANDARDS IN NURSING PRACTICE	-	-	450	-
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	524
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	261	493	309	248
3223 SYSTEMS OF NURSING	51	1,001	1,249	-
3400 HEALTH EDUCATION	532	497	311	497
3500 HEALTH STATISTICS	439	281	363	267
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	1,937	2,622	2,754	2,931
3607 MANAGEMENT OF HEALTH SERVICES	1,457	1,462	-	-
3704 MEETING OF MINISTERS OF HEALTH	756	-	-	-
4201 NUTRITION ADVISORY SERVICES (ZONE I)	-	343	-	-
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	20,556	20,614	21,062	21,877
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	48	51
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	574	238
4700 FOOD AND DRUG CONTROL	244	269	284	297
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	112
4800 MEDICAL CARE SERVICES	1,183	1,217	1,336	1,504
4801 MEDICAL CARE SERVICES (ZONE I)	732	1,520	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,623	2,169	2,887	3,652
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,966	2,667	2,366	3,068

4831 STUDY GROUP ON MAINTENANCE SYSTEMS IN LATIN AMERICA	-	-	500	-
4900 HEALTH AND POPULATION DYNAMICS	2,286	4,938	5,001	5,679
4901 HEALTH AND POPULATION DYNAMICS (ZONE I)	-	5,386	-	-
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	1,503	3,865	3,940	4,334
5000 REHABILITATION	2,156	1,767	1,848	2,002
6320 POSTBASIC COURSES IN NURSING	352	805	644	-
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	154	518
6400 SANITARY ENGINEERING EDUCATION	904	878	1,018	1,112

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	15,114	14,500	39,871	41,724	62,646	93,893	71,917	75,482
PAHO-PR-REGULAR BUDGET	15,114	14,500	25,101	25,762	28,438	38,166	31,322	35,655
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	12,311	10,399	10,419	10,851
PG-GRANTS & OTHER CONTRIBUT.	-	-	-	-	5,394	5,529	2,302	2,356
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	4,124	6,765	6,925	7,169
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	56	-	-	-
MHO-MR-REGULAR BUDGET	-	-	10,134	10,862	6,618	18,299	10,848	8,389
UNDP-UN DEVELOPMENT PROGRAM	-	-	-	-	5,421	3,090	1,358	1,421
UNFPA-UN FUND POPULATION ACT.	-	-	4,636	5,100	284	11,645	8,743	9,641

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	77,760	108,393	111,788	117,206
PAHO-PR-REGULAR BUDGET	43,552	52,666	56,423	61,417
PN-INCAP GRANTS & OTHER CONTR.	12,311	10,399	10,419	10,851
PG-GRANTS & OTHER CONTRIBUT.	5,394	5,529	2,302	2,356
PH-PAN AMER. HEALTH & EDUC.FN.	4,124	6,765	6,925	7,169
PK-SPECIAL FUND FOR HEALTH PR.	56	-	-	-
MHO-MR-REGULAR BUDGET	6,618	18,299	20,982	19,251
UNDP-UN DEVELOPMENT PROGRAM	5,421	3,090	1,358	1,421
UNFPA-UN FUND POPULATION ACT.	284	11,645	13,379	14,741

GRENADA

BACKGROUND DATA

Grenada, including Carriacou and Petit Martinique, covers an area of 345.66 square kilometers and supports a population of 103,991 (1972), giving a high density of 302 persons per square kilometer. About one-third reside in the Parish of Saint George, which includes the capital; otherwise the population is evenly distributed throughout the islands. The population under 15 years numbers 44.1%, and 43.3% are in the age-group 15 to 59 years. Women between the ages of 15-44 years constitute 22.6%. The population increase over the decade 1960 to 1970 has been 0.6% per annum. It is estimated that 17,500--mostly young people--emigrated during 1960-70. There has been a steady decline in fertility and birth rate during this period. The rate of natural increase is now estimated at slightly under 2% per annum. Crude birth rate dropped 3% between 1965 and 1969 and fertility 10%. The crude birth rate was 28.26 in 1972.

Percentage literacy of the population is 93%. Gross domestic product (GDP) per capital increased from \$186 in 1964 to \$300 in 1972. Labor force is estimated at 23,100, of whom more than 20% are unemployed.

It is estimated that tourism will grow at 15% per annum, with export agriculture maintaining its present level. On this basis the economy in the 70's should grow by 5% per annum. Tourism, and three export agricultural crops--bananas, cocoa, and nutmeg--form the foundation of Grenada's economy. The GDP increased from \$17.12 million in 1965 to \$23.8 million in 1970.

Government recurrent budget spent on health amounted to 15% in 1970, while 18.1% was spent on education, 8.6% on the economic sector, and only 0.1% on housing. Capital expenditure on health was 2.1%; on education, 20.2%; and on the economic sector, 45.1%. There has been little change in the percentage provision for health over the past five years.

The Government's agricultural plans for the future stress the need to increase local food production and reduce the 28% of total imports payment presently spent on food.

Grenada became a fully independent state on 7 February 1974.

PROTECTION OF HEALTH

Communicable Disease Control

Notification systems are not sufficiently well developed to allow a true assessment of the incidence and prevalence of communicable diseases, but mortality in children under five years comprised 18% of total deaths. Forty-five per cent of deaths in children under one year were due to Group B diseases. Group A diseases were responsible for 29.9% of deaths in children under one year. Less than 25% preschool children attend child welfare clinics and contribute to the lowering of immunization levels in the population at risk. In 1972, 25 new cases of Hansen's disease were notified and the incidence of tuberculosis has declined dramatically in recent years. Venereal disease incidence, particularly gonorrhoea, continues to rise, with 1,900 cases diagnosed in 1972.

An Aedes aegypti eradication program completed its eighth verification cycle, but the total eradication planned by the end of 1973 was not realized. Incidence of malaria remains at zero. A rabies eradication program aimed at breaking transmission in the main host, the mongoose, had had considerable success at the end of 1973. A more intensive immunization program against the common communicable diseases is planned as part of the MCH program, which is being reformulated.

Environmental Health

In 1972, 44% of the urban population was served by house connected water supply, only 20% in rural communities. Houses having easy access in urban areas comprised 56%, and 90% in rural areas (1972).

Twenty-nine per cent of the urban population is connected to sewerage systems; 95% of the total population have sewage systems or latrines.

Water development and sewage disposal programs are currently receiving much attention in certain parts of the island.

Solid waste disposal is poorly developed and receiving some attention, in view of its effect on the Aedes aegypti eradication program.

Improvement of food hygiene and processing of food substances is in need of much attention.

PROMOTION OF HEALTH

The Policy Advisory Committee, with the Minister of Health as Chairman, ordains the health policy of the country and defines priorities. Special efforts will be made to upgrade diagnostic and treatment facilities in the district services. Better diagnostic facilities with an adequate system of records are being developed for hospitals. Re-formulation of MCH programs with inservice education of staff is being planned, particularly in developing postnatal clinics. There is easy access for all to the 27 stations and four health centers where medical services are available. Improvement of administrative management and a program for improvement and maintenance of medical care facilities is being conducted. Laboratory services are being upgraded and an enlightened health education program has been developed for improving community participation in the health sector. A system of medical records abstraction and collation has been established at the main hospital, and a small statistical unit is planned at the Ministry.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

In 1972 Grenada had 29 doctors, a ratio of 3.0 per 10,000 population; only five dentists, a ratio of 0.052; and 130 nurse/midwives, a ratio of 13.0 per 10,000. Nursing auxiliaries numbered 102, a ratio of 10.7 per 10,000. There is one training school for nurses and midwives. Grenada at present has no national veterinarian. Development of human resources with a more equitable distribution of trained staff is a serious problem in Grenada. Allied health personnel are in short supply and training facilities are almost nonexistent.

GRENADA - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
13,460	70.4	131,679	61.0	I. PROTECTION OF HEALTH	105,513	29.0	91,372	31.3
631	3.3	31,415	14.6	A. COMMUNICABLE DISEASES	39,018	10.7	46,745	16.0
631	3.3	721	.3	0100 GENERAL	768	.2	825	.3
-	-	2,256	1.1	0200 MALARIA	3,950	1.1	4,140	1.4
-	-	560	.3	0600 VENEREAL DISEASES	-	-	-	-
-	-	27,878	12.9	0700 ZIUNGUSES	14,300	9.4	41,780	14.3
12,829	67.1	100,264	46.4	B. ENVIRONMENTAL HEALTH	66,495	18.3	44,627	15.3
6,986	36.5	45,369	21.0	2100 GENERAL	42,237	11.6	19,599	6.7
853	4.5	49,160	22.8	2200 WATER SUPPLIES	15,975	4.4	16,216	5.6
3,594	18.8	3,684	1.7	2300 AEDES AEGYPTI ERADICATION	5,883	1.6	6,291	2.2
924	4.8	1,132	.5	2400 HOUSING	1,429	.4	1,501	.5
472	2.5	919	.4	2500 AIR POLLUTION	971	.3	1,020	.3
5,078	26.4	69,757	32.2	II. PROMOTION OF HEALTH	66,680	18.3	54,996	18.8
1,531	7.9	19,304	8.9	A. GENERAL SERVICES	22,166	6.1	20,184	6.9
-	-	12,548	5.8	3100 GENERAL PUBLIC HEALTH	14,247	3.9	10,200	3.5
-	-	2,888	1.3	3200 NURSING	3,506	1.0	5,124	1.8
775	4.0	828	.4	3500 STATISTICS	862	.2	898	.3
-	-	1,020	.5	3600 ADMINISTRATIVE METHODS	1,436	.4	1,508	.5
756	3.9	2,020	.9	3700 HEALTH PLANNING	2,115	.6	2,450	.8
3,547	18.5	50,453	23.3	B. SPECIFIC PROGRAMS	44,514	12.2	34,812	11.9
3,003	15.7	5,130	2.4	4200 NUTRITION	4,623	1.3	2,982	1.0
544	2.8	527	.2	4600 OCCUPATIONAL HEALTH	756	.2	798	.3
-	-	268	.1	4700 FOOD AND DRUG	283	.1	408	.1
-	-	38,667	17.9	4800 MEDICAL CARE	32,275	8.8	23,437	8.0
-	-	5,386	2.5	4900 FAMILY HEALTH AND POP. DYNAMICS	6,039	1.7	6,628	2.3
-	-	475	.2	5100 CANCER & OTHER CHRONIC DISEASES	538	.1	559	.2
617	3.2	14,634	6.8	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	192,890	52.7	145,998	49.9
-	-	8,658	4.0	6100 PUBLIC HEALTH	187,705	51.4	138,139	47.2
-	-	859	.4	6200 MEDICINE	933	.2	1,063	.4
-	-	2,256	1.0	6300 NURSING	2,358	.6	4,758	1.6
617	3.2	1,661	.8	6400 ENVIRONMENTAL SCIENCES	1,894	.5	2,038	.7
-	-	1,200	.6	6500 VETERINARY MEDICINE	-	-	-	-
19,155	100.0	216,070	100.0	GRAND TOTAL	365,083	100.0	292,366	100.0
*****	*****	*****	*****	*****	*****	*****	*****	*****

*LESS THAN .05 PER CENT

GRENADA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHCET	PART.	AMOUNT		
	\$				\$	\$				\$	\$	\$
1973												
PAHO--PR	9,317	-	-	-	7,349	1,111	-	-	-	317	480	60
PG	3,005	-	-	-	1,306	53	-	-	722	104	51	769
WHO--MR	4,793	-	-	-	2,828	330	-	-	-	-	1,232	403
UNDP	2,040	-	-	-	1,875	-	-	-	-	-	165	-
TOTAL	19,155	-	-	-	13,358	1,494	-	-	722	421	1,928	1,232
PERCENT OF TOTAL	100.0				69.8	7.8			3.8	2.2	10.0	6.4
1974												
PAHO--PR	46,766	-	-	-	34,696	2,737	1	1	6,435	-	435	2,463
PW	4,215	-	-	-	4,020	195	-	-	-	-	-	-
PG	5,827	-	-	-	2,181	65	-	-	464	229	1,859	1,009
PH	1,418	-	-	-	1,170	108	-	-	-	-	18	122
WHO--MR	42,362	1	-	-	35,416	3,299	-	-	25	1,550	244	1,786
UNDP	110,969	2	-	9	77,594	3,000	2	2	28,539	-	375	1,461
UNFPA	4,513	-	-	-	4,013	500	-	-	-	-	-	-
TOTAL	216,070	3	-	9	159,092	9,904	3	3	35,463	1,819	2,931	6,841
PERCENT OF TOTAL	100.0				73.6	4.6			16.4	.8	1.4	3.2
1975												
PAHO--PR	48,341	-	-	-	36,628	2,747	1	2	7,998	-	212	756
PW	5,144	-	-	-	4,924	220	-	-	-	-	-	-
PG	3,352	-	-	-	2,089	27	-	-	351	216	-	709
PH	1,524	-	-	-	1,229	135	-	-	-	-	27	133
WHO--MR	53,118	1	-	1	44,197	3,737	-	1	1,500	-	614	2,464
UNDP	248,928	2	-	-	81,878	4,125	1	-	11,450	-	75,000	76,475
UNFPA	4,636	-	-	-	4,136	500	-	-	-	-	-	-
TOTAL	365,083	3	-	1	175,081	11,491	2	3	21,299	822	79,893	80,537
PERCENT OF TOTAL	100.0				48.0	3.2			5.8	.2	20.8	22.0
1976												
PAHO--PR	53,920	-	-	1	37,812	2,952	1	2	8,510	1,200	377	3,069
PW	5,410	-	-	-	5,170	240	-	-	-	-	-	-
PG	3,275	-	-	-	2,268	32	-	-	-	216	-	759
WHO--MR	59,214	1	-	1	46,871	4,045	1	1	6,300	-	500	1,498
UNDP	165,447	1	-	9	54,253	2,625	-	-	9,388	-	22,206	76,975
UNFPA	5,100	-	-	-	4,600	500	-	-	-	-	-	-
TOTAL	292,366	2	-	11	150,974	10,394	2	3	24,198	1,416	23,083	82,301
PERCENT OF TOTAL	100.0				51.6	3.6			8.3	.5	7.9	28.1
<p>PAHO--PR--REGULAR BUDGET PW--COMMUNITY WATER SUPPLY PI--INCAP - REGULAR BUDGET PN--INCAP - GRANTS AND OTHER CONTRIBUTIONS PG--GRANTS AND OTHER CONTRIBUTIONS PH--PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO--PK--SPECIAL FUND FOR HEALTH PROMOTION PS--SPECIAL FUND FOR RESEARCH WHO--MR--REGULAR BUDGET UNDP--UNITED NATIONS DEVELOPMENT PROGRAM UNFPA--UNITED NATIONS FUND FOR POPULATION ACTIVITIES WU--GRANTS AND OTHER FUNDS</p>												

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

 \$ \$ \$ \$

GRENADA - DETAIL

GRENADA-0102, COMMUNICABLE DISEASES

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL	WR	-	-	768	825
-----	-----	-----	-----	-----	-----
ZONE ADVISORY SERVICES		-	-	768	825

GRENADA-0200, MALARIA ERADICATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	3,950	4,140
-----	-----	-----	-----	-----	-----
ZONE ADVISORY SERVICES		-	-	3,950	4,140

GRENADA-0700, VETERINARY PUBLIC HEALTH

The purpose of this project is to cooperate in the strengthening of the rabies control activities being carried out through elimination of the mongoose, reduction of stray dogs, and vaccination of owned dogs, as well as in educational activities to demonstrate the importance of prevention of this disease. The project began in 1973 as West Indies 0700 and is showing positive results.

In addition, personnel of this project assist other islands in the Caribbean in programs of veterinary public health.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	1	1	1	TOTAL	WR	-	26,700	34,300	41,780
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
P-4 VETERINARIAN 4,3858	WR	-	1	1	1	PERSONNEL-POSTS		-	24,700	26,560	28,760
						ZONE ADVISORY SERVICES		-	-	1,840	1,920
TOTAL		-	-	1	1	PERSONNEL-CONSULTANTS		-	-	2,200	2,400
-----	-----	-----	-----	-----	-----	DUTY TRAVEL		-	2,000	2,200	2,400
CONSULTANT MONTHS	WR	-	-	1	1	FELLOWSHIPS		-	-	1,500	6,300
TOTAL		-	-	1	2						
-----	-----	-----	-----	-----	-----						
FELLOWSHIPS-ACADEMIC	WR	-	-	-	1						
FELLOWSHIPS-SHORT TERM	WR	-	-	1	1						

GRENADA-2102, SANITARY DISPOSAL ADVISER, SEWERAGE

The hotel industry in Grenada is expanding at a fast rate. In the localities where the hotels are situated the problem of waste disposal is creating serious health problems. Expert assistance is needed in designing a comprehensive waste water disposal system encompassing the hotels and the residential districts. Upon completion of this initial assignment, further assistance for an additional two years will be needed to alleviate similar problems in the Capital, St. George's.

FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----

FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$
-----	-----	-----	-----	-----

GRENADA-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----
		-	-	3,056	3,232
ZONE ADVISORY SERVICES		-	-	3,056	3,232

GRENADA-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----
		-	-	862	898
ZONE ADVISORY SERVICES		-	-	862	898

GRENADA-3600, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----
		-	-	1,436	1,508
ZONE ADVISORY SERVICES		-	-	1,436	1,508

GRENADA-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----
		-	-	2,115	2,450
SUBTOTAL	PR	-	-	1,750	1,820
ZONE ADVISORY SERVICES		-	-	1,750	1,820
SUBTOTAL	WR	-	-	365	630
ZONE ADVISORY SERVICES		-	-	365	630

GRENADA-4800, MEDICAL CARE AND HOSPITAL ADMINISTRATION

The purpose of this project is to cooperate with the Government in the training of personnel in hospital administration.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL	UNDP	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----
		-	1	-	-
FELLOWSHIPS-SHORT TERM	UNDP	-	1	-	-
SUBTOTAL	WR	-	-	875	937
ZONE ADVISORY SERVICES		-	-	875	937
SUBTOTAL	UNDP	-	4,747	-	-
FELLOWSHIPS		-	4,700	-	-
MISCELLANEOUS		-	47	-	-

FUND	1973	1974	1975	1976

FUND	1973	1974	1975	1976
	\$	\$	\$	\$

GRENADA-4811, HOSPITAL ADMINISTRATION

In Grenada there is the General Hospital with 250 beds, plus other public health institutions with another 430 beds. Technical and medical staff are available, but there is difficulty in obtaining a person with the necessary administrative experience to serve as hospital administrator. Assistance is required in supervising the hospitals and assisting in in-service training while a national is sent abroad for training in hospital administration.

TOTAL		1973	1974	1975	1976	TOTAL	UNDP	1973	1974	1975	1976
		-	1	1	-			-	32,400	31,400	-
P-3 HOSPITAL ADMINISTRATOR 4,4014	UNDP	-	1	1	-	PERSONNEL-POSTS		-	24,500	24,500	-
						DUTY TRAVEL		-	1,500	1,500	-
						FELLOWSHIPS		-	6,400	5,400	-
TOTAL		-	1	1	-						
FELLOWSHIPS-ACADEMIC	UNDP	-	1	1	-						

GRENADA-4814, TRAINING OF PHARMACISTS

The Government intends to upgrade the training of pharmacists so that a standardized system can be developed. Expert assistance is needed for nine months to assist in revising the course for training pharmacists as well as to assist in the reorganization of the services provided.

TOTAL		1973	1974	1975	1976	TOTAL	UNDP	1973	1974	1975	1976
		-	-	-	9			-	-	-	22,500
CONSULTANT MONTHS	UNDP	-	-	-	9	PERSONNEL-CONSULTANTS		-	-	-	22,500

GRENADA-4901, HEALTH AND POPULATION DYNAMICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		1973	1974	1975	1976
		-	-	6,039	6,628
SUBTOTAL	WR	-	-	1,403	1,528
ZONE ADVISORY SERVICES		-	-	1,403	1,528
SUBTOTAL	UNFPA	-	-	4,636	5,100
ZONE ADVISORY SERVICES		-	-	4,636	5,100

GRENADA-6100, HUMAN RESOURCES DEVELOPMENT

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		1973	1974	1975	1976
		-	-	177	192
ZONE ADVISORY SERVICES		-	-	177	192

GRENADA-6300, NURSING EDUCATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		1973	1974	1975	1976
		-	-	2,358	2,200
ZONE ADVISORY SERVICES		-	-	1,938	1,860
DEV. OF HUMAN RESOURCES		-	-	420	420

 PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	19,155	79,868	234,064	183,505
0101 EPIDEMIOLOGY (ZONE I)	631	721	-	-
0201 MALARIA ERADICATION (ZONE I)	-	2,256	-	-
0612 VENEREAL DISEASE SEMINARS	-	560	-	-
0701 VETERINARY PUBLIC HEALTH (ZONE I)	-	1,178	-	-
2100 ENVIRONMENTAL SANITATION	-	615	678	657
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,396	16,691	15,652	18,299
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	855	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	749	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	-	3,927	4,185	4,401
2220 INSTITUTIONAL DEVELOPMENT	-	6,969	8,676	9,368
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	806	-
2230 RURAL WATER SUPPLY AND SANITATION	-	700	728	756
2301 AEDES AEGYPTI ERADICATION (CARIBBEAN)	3,594	3,684	-	-
3131 CARIBBEAN HEALTH MINISTERS' CONFERENCE	-	6,248	6,447	-
3201 NURSING (ZONE I)	-	2,888	-	-
3216 STANDARDS IN NURSING PRACTICE	-	-	450	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	-	-	1,367
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529
3501 HEALTH STATISTICS (ZONE I)	775	828	-	-
3601 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE I)	-	1,020	-	-
3701 HEALTH PLANNING AND ORGANIZATION (ZONE I)	-	2,020	-	-
3709 MEETING OF MINISTERS OF HEALTH	756	-	-	-
4207 CARIBBEAN FOOD AND NUTRITION INSTITUTE	3,003	5,130	4,623	2,982
4700 FOOD AND DRUG CONTROL	-	268	283	296
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	112
4801 MEDICAL CARE SERVICES (ZONE I)	-	1,520	-	-
4901 HEALTH AND POPULATION DYNAMICS (ZONE I)	-	5,386	-	-
5100 CHRONIC DISEASES	-	475	538	559
6101 HUMAN RESOURCES PROGRAM IN THE CARIBBEAN	-	2,091	-	-
6113 EDUCATION AND TRAINING OF PARAMEDICAL PERSONNEL	-	6,567	187,528	137,947
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	-	859	933	1,063
6301 NURSING EDUCATION (ZONE I)	-	2,256	-	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,478
6400 SANITARY ENGINEERING EDUCATION	-	752	872	954
6508 PROG. TRAIN. ANIM. HEALTH VETER. PUB. HEALTH ASSIST. (CARIBBEAN)	-	1,200	-	-

 SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	-	136,202	131,019	108,861	19,155	79,868	234,064	183,505
PAHO-PR-REGULAR BUDGET	-	6,300	23,537	26,526	9,317	40,466	24,804	27,394
PM-COMMUNITY WATER SUPPLY	-	-	-	-	-	4,215	5,144	5,410
PG-GRANTS & OTHER CONTRIBUT.	-	-	-	-	3,005	5,827	3,392	3,275
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	-	1,418	1,524	-
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	-	-	-	-
WHO-WR-REGULAR BUDGET	-	26,700	41,446	49,735	4,793	15,662	11,672	9,479
UNDP-UN DEVELOPMENT PROGRAM	-	103,202	61,400	27,500	2,040	7,767	187,528	137,947
UNFPA-UN FUND POPULATION ACT.	-	-	4,636	5,100	-	4,513	-	-

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	19,155	216,070	365,083	292,366
PAHO-PR-REGULAR BUDGET	9,317	46,766	48,341	53,920
PM-COMMUNITY WATER SUPPLY	-	4,215	5,144	5,410
PG-GRANTS & OTHER CONTRIBUT.	3,005	5,827	3,392	3,275
PH-PAN AMER. HEALTH & EDUC.FN.	-	1,418	1,524	-
WHO-WR-REGULAR BUDGET	4,793	42,362	53,118	59,214
UNDP-UN DEVELOPMENT PROGRAM	2,040	110,969	248,928	165,447
UNFPA-UN FUND POPULATION ACT.	-	4,513	4,636	5,100

GUYANA

BACKGROUND DATA

Guyana is 83,000 square miles (210,000 square kilometers) in area and has a population of approximately 736,000 (1971) distributed unevenly - about 93% in the coastal belt and 7% scattered in the vast hinterland. The population is young; the age group 19 years and under constitutes 56% of the total and the age group 15 years and under 44%. Twenty per cent of the population are women between 15 and 44 years of age and only 3.2% are over 65 years of age. The annual population growth rate has been about 2.5% during the last decade, with the crude birth rate declining slowly (36 per 1,000 in 1971).

The literacy rate is estimated at about 83%, and the per capita gross national product is equivalent to \$362. The labor force is estimated at about 210,000, i.e., 28% of the total population, and the rate of increase in employment between 1965 and 1969 was more than 8 per 1,000. The rate of growth of the economy has been rapid enough to absorb a yearly increase of about 4,000 to 5,000 in the labor force, indicating a significant drop in the percentage of unemployed.

A ten-year national health plan for 1971-80 has been completed and incorporated in the national development plan. The plan defines proposals for the development of the health sector and identifies health program priorities. The emphasis is on the qualitative and quantitative improvement of the health services, particularly through better utilization of available resources and integration of preventive and curative services. The main priorities include strengthening of the health services, particularly in the rural and remote areas; development of human resources; strengthening of the maternal and child health services; improvement in the management of the health services; control of communicable diseases, including the zoonoses; improvement of the nutritional status of the population; and stimulation of community participation.

Life expectancy at birth, based on the 1960 population census data, was computed at 59 years for males and 63 years for females. The estimated crude death rate for 1969 was 6.8 per 1,000 population, as compared with 15.5 per 1,000 in 1946 and 9.6 per 1,000 in 1960. The infant mortality rate has declined to 33.6 per 1,000 live births (1969) from 61.3 per 1,000 in 1960. The maternal mortality rate for 1969 was 6.9 per 10,000 live births. Of the total deaths in 1969, 24.6% were of children under five years. Malnutrition (mild and severe protein-calorie malnutrition) is estimated at 18.2% and per capita calorie and protein availability were, respectively, 2,410 and 62.2 grams (23.1 of animal origin and 39.1 of vegetable origin) in 1970.

PROTECTION OF HEALTH

Communicable Disease Control

Approximately 22.6% of the total deaths during 1969 and 40% of the deaths of children under five years were due to diseases preventable through immunization. Morbidity is considered high. The Government proposes to intensify communicable disease control programs through improved diagnostic, curative, and follow-up services, as well as through adequate immunization and environmental health services. Targets include the eradication of malaria by 1974; the eradication of Aedes aegypti by 1977; and the achievement and maintenance of 80% immunization coverage of the "eligible" population against tetanus, diphtheria, poliomyelitis, whooping cough, tuberculosis, and smallpox. It is proposed to establish an epidemiological surveillance unit in the Ministry of Health and to strengthen recording and reporting systems at all levels. The data on incidence and prevalence of the zoonoses are extremely deficient and surveys are presently under way to identify the extent of the problem. The Government proposes to improve the diagnostic facilities for the zoonoses.

The national health plan objectives also include the improvement of medical care facilities for noncommunicable and chronic diseases.

Environmental Health

The incidence and prevalence of those communicable diseases that could be adequately controlled by the improvement of the environment are relatively high. Approximately 92% of the urban and 32% of the rural population are reported served by a house-connected water supply. Only the central part of Georgetown has a waste disposal system, which serves about 30% of the urban population. The programs of concern include the improvement of water supply both in quantity and quality; the development of sewerage services; and the promotion of adequate drainage. A gradual expansion of these programs is envisaged, with particular emphasis on the improvement of rural water supplies and of sewerage services in the urban areas during the next decade. It is also proposed to expand and improve the sanitary facilities for excreta disposal in the rural areas. The solid waste disposal program is very deficient and an improvement in this area is also envisaged. Improvement of food hygiene services and strengthening of the industrial hygiene programs are also among the objectives of the national health plan.

PROMOTION OF HEALTH

General Services

A reorganization of the administrative structure with two levels of responsibility, national and regional, has been proposed in the national health plan - more effective operational decisions to be made on site, with a more expedient response to the needs of the community. Included in the proposed reorganization is the establishment of five health regions. Regional health services will include a fully equipped and staffed regional hospital to serve as a reference center. Each region will be subdivided into medical districts, which as far as possible will form a complete integrated health unit for the community, with a district hospital equipped to provide basic health services and a network of health centers and health stations for basic and minimum peripheral health services. The medical and nursing care at the district level will be strengthened through the improvement of physical facilities, the provision of adequate equipment and supplies, as well as supporting services - specifically, the expansion of laboratory and diagnostic services and the provision of adequate transport facilities for referral and field supervision.

The plan also proposes the establishment of a planning process in the health sector as an integral part of the socio-economic development plan. A planning unit will be established in the Ministry of Health for periodic evaluation of the health plan, to ascertain the degree of attainment of health objectives and the need for modification of overall health objectives, specific program objectives, order of priority, and level of operation. Improvement of the health statistical system for the collection and efficient utilization of all health data also constitutes a priority. A health statistical unit will be established as an integral part of the Planning Division in the Ministry of Health. The improvement in the management of health services, as well as the updating and formulation of health legislation, are also considered as essential prerequisites for the attainment of all health objectives.

Specific Programs

Strengthening of the maternal and child health services is a high priority. The targets include provision of prenatal coverage to 90% of eligible mothers and immunization coverage to 80% of the eligible child population. A nutrition program will be developed to improve the overall nutrition status of the population and prevent malnutrition in the high risk groups (infant and preschool). Dental health will receive special attention within the general activities of the national health services.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

Shortage of trained technical health manpower is probably the foremost problem affecting the health services. The doctor/population ratio is 2.34 per 10,000; the dentist/population ratio is 0.35; and the nurse/population ratio is 7.63. The shortage is further aggravated by the inequitable distribution of health personnel, and the lack of auxiliary and supporting staff, which leads to poor utilization of trained health manpower and their emigration, owing to relatively less attractive working conditions and terms of employment. Training facilities and opportunities in the country are inadequate and there is a shortage of qualified teachers.

Development of health manpower has been accorded a high priority in the national health plan as well as in the national development plan. It is proposed to establish a training unit in the Ministry of Health, and a training center for the allied health professionals at the University of Guyana. Training needs for different categories of health personnel have been identified for 1973-77 in accordance with the manpower projections in the national health plan.

GUYANA - PROGRAM BUDGET

1 9 7 3		1 9 7 4			1 9 7 5		1 9 7 6	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
300,499	47.7	648,911	60.5	I. PROTECTION OF HEALTH	324,300	35.2	163,572	22.8
62,785	9.9	56,282	5.3	A. COMMUNICABLE DISEASES	59,282	6.4	68,390	9.6
6,554	1.0	11,567	1.1	0100 GENERAL	12,249	1.3	12,623	1.8
36,869	5.9	17,128	1.6	0200 MALARIA	13,987	1.5	14,921	2.1
877	.1	1,284	.1	0500 LEPROSY	775	.1	1,061	.1
-	-	720	.1	0600 VENEREAL DISEASES	88	*	102	*
18,485	2.9	25,443	2.4	0700 ZOOUSES	31,694	3.4	38,976	5.5
-	-	140	*	0900 OTHER	489	.1	707	.1
237,714	37.8	592,629	55.2	B. ENVIRONMENTAL HEALTH	265,018	28.8	95,182	13.2
15,215	2.4	21,756	2.0	2100 GENERAL	18,958	2.1	21,638	3.0
185,182	29.4	545,384	50.8	2200 WATER SUPPLIES	221,670	24.0	48,182	6.7
35,921	5.7	23,439	2.2	2300 AEDS AEGYPTI ERADICATION	21,991	2.4	22,841	3.2
924	.2	1,132	.1	2400 HOUSING	1,429	.2	1,501	.2
472	.1	918	.1	2500 AIR POLLUTION	970	.1	1,020	.1
314,852	50.0	404,913	37.7	II. PROMOTION OF HEALTH	402,328	43.5	400,819	56.1
174,522	27.8	204,254	19.1	A. GENERAL SERVICES	196,500	21.2	191,246	26.9
87,027	13.8	100,411	9.4	3100 GENERAL PUBLIC HEALTH	100,964	10.9	96,489	13.5
37,589	6.0	42,454	4.0	3200 NURSING	36,054	3.9	38,365	5.4
2,230	.4	2,050	.2	3300 LABORATORY	673	.1	724	.1
4,872	.8	497	*	3400 HEALTH EDUCATION	311	*	497	.1
3,453	.6	5,691	.5	3500 STATISTICS	6,104	.7	6,974	1.0
26,478	4.2	35,944	3.4	3600 ADMINISTRATIVE METHODS	38,257	4.1	34,873	4.9
12,873	2.0	17,207	1.6	3700 HEALTH PLANNING	14,097	1.5	13,324	1.9
140,330	22.2	200,659	18.6	B. SPECIFIC PROGRAMS	205,828	22.3	209,573	29.2
85,889	13.6	116,706	10.9	4200 NUTRITION	124,442	13.5	111,216	15.6
-	-	900	.1	4300 MENTAL HEALTH	948	.1	1,044	.1
1,723	.3	6,000	.5	4400 DENTAL HEALTH	5,400	.6	13,000	1.8
663	.1	2,180	.2	4500 RADIATION AND ISOTOPES	897	.1	977	.1
544	.1	667	.1	4600 OCCUPATIONAL HEALTH	907	.1	972	.1
979	.2	1,611	.1	4700 FOOD AND DRUG	1,700	.2	2,451	.3
10,173	1.6	17,357	1.6	4800 MEDICAL CARE	13,534	1.5	15,104	2.1
38,130	6.0	53,046	4.9	4900 FAMILY HEALTH AND POP. DYNAMICS	55,666	6.0	62,303	8.7
2,090	.3	1,717	.2	5000 REHABILITATION	1,797	.2	1,947	.3
139	*	475	*	5100 CANCER & OTHER CHRONIC DISEASES	537	*	559	.1
15,314	2.3	18,801	1.8	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	197,545	21.3	150,546	21.1
3,495	.6	6,567	.6	6100 PUBLIC HEALTH	187,522	20.3	137,940	19.3
1,478	.2	2,859	.3	6200 MEDICINE	3,153	.3	3,313	.5
7,600	1.2	5,200	.5	6300 NURSING	3,018	.3	5,191	.7
1,521	.2	1,787	.2	6400 ENVIRONMENTAL SCIENCES	2,039	.2	2,196	.3
-	-	1,200	.1	6500 VETERINARY MEDICINE	-	-	-	-
820	.1	1,188	.1	6700 BIOSTATISTICS	1,813	.2	1,906	.3
630,665	100.0	1,072,625	100.0	GRAND TOTAL	924,173	100.0	714,937	100.0

*LESS THAN .05 PER CENT

GUYANA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	TRAVEL AMOUNT	FELLOWSHIPS		AMOUNT	PART.	AMOUNT	SUPPLIES AND EQUIPMENT	GRANTS AND OTHER
		POSTS PROF.	LOCAL	STC MONTH			ALAC.	SHORT					
	\$				\$			\$		\$	\$	\$	
1973													
PAHO--PR	201,272	2	-	4	141,290	16,154	1	4	13,523	-	4,883	21,305	4,117
PN	909	-	-	-	829	80	-	-	-	-	-	-	-
PN	20,478	-	-	-	8,922	885	-	-	845	-	-	2,464	7,562
PG	61,589	-	-	-	25,979	2,533	-	-	12,202	-	4,220	11,275	5,378
PH	6,925	-	-	-	2,973	409	-	-	325	-	-	1,374	1,844
PK	2,745	-	-	-	2,641	16	-	-	-	-	-	88	-
WHO--WR	122,731	2	-	1	75,805	9,171	2	1	13,410	-	975	1,936	21,634
UNDP	207,400	5	1	8	108,881	-	1	-	10,190	-	-	26,168	62,361
UNFPA	6,416	-	-	-	6,070	346	-	-	-	-	-	-	-
TOTAL	630,665	9	1	13	372,990	29,556	4	5	50,495	-	10,078	64,610	102,896
PERCENT OF TOTAL	100.0				59.2	4.7			8.0		1.6	10.2	16.3
1974													
PAHO--PR	207,621	2	-	-	154,620	13,714	1	2	6,692	-	2,693	14,670	13,232
PW	4,215	-	-	-	4,020	195	-	-	-	-	-	-	-
PN	17,466	-	-	-	9,541	884	-	-	900	-	-	1,335	4,806
PG	50,553	-	-	-	23,716	1,309	-	-	7,104	-	8,207	5,763	4,454
PH	30,056	-	-	-	20,882	1,894	-	-	837	-	129	1,453	4,861
WHO--WR	159,439	1	-	6	93,155	9,244	3	6	25,371	4	5,978	4,699	20,992
UNDP	563,346	4	-	17	171,930	6,350	6	5	41,268	-	-	33,538	310,260
UNFPA	39,929	-	-	-	27,233	2,200	-	-	5,766	-	2,085	1,757	888
TOTAL	1,072,625	7	-	23	505,097	35,790	10	13	89,936	4	19,072	63,215	359,493
PERCENT OF TOTAL	100.0				47.1	3.3			8.4		1.8	5.9	33.5
1975													
PAHO--PR	266,755	3	-	7	181,930	14,325	4	5	27,257	-	2,554	12,566	27,763
PW	5,144	-	-	-	4,924	220	-	-	-	-	-	-	-
PN	17,504	-	-	-	9,550	681	-	-	900	-	-	1,386	4,787
PG	25,398	-	-	-	15,503	372	-	-	4,836	-	2,976	165	1,546
PH	31,749	-	-	-	22,248	2,238	-	-	837	-	-	1,442	4,984
WHO--WR	125,604	1	-	2	94,341	5,479	-	-	3,016	8	6,422	4,739	7,107
UNDP	402,418	4	-	6	120,278	7,440	3	-	22,806	-	-	76,120	175,774
UNFPA	49,561	-	-	-	33,888	2,500	-	-	5,910	-	3,924	2,211	1,128
TOTAL	924,173	8	-	15	482,662	37,455	7	5	65,562	8	16,776	98,629	223,089
PERCENT OF TOTAL	100.0				52.2	4.1			7.1		1.8	10.7	24.1
1976													
PAHO--PR	297,459	3	-	6	197,301	16,003	4	7	31,424	-	3,170	16,671	32,890
PW	5,410	-	-	-	5,170	240	-	-	-	-	-	-	-
PN	18,230	-	-	-	10,022	681	-	-	900	-	-	1,386	5,041
PG	21,092	-	-	-	16,043	434	-	-	-	-	2,976	169	1,470
PH	11,110	-	-	-	5,589	402	-	-	837	-	-	1,133	3,149
WHO--WR	129,405	1	-	1	96,117	9,717	2	-	12,616	-	904	4,753	5,298
UNDP	177,565	2	-	1	54,037	4,450	-	-	9,755	-	-	23,129	86,188
UNFPA	54,666	-	-	-	37,526	2,650	-	-	6,501	-	4,316	2,432	1,241
TOTAL	714,937	6	-	8	421,805	34,783	6	7	62,033	-	11,366	49,673	135,277
PERCENT OF TOTAL	100.0				59.0	4.9			8.7		1.6	6.9	18.9
<p>PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO--WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WD-GRANTS AND OTHER FUNDS</p>													

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

GUYANA - DETAIL

GUYANA-0100, EPIDEMIOLOGY

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	4,995	5,361
ZONE ADVISORY SERVICES		-	-	4,995	5,361

GUYANA-0200, MALARIA ERADICATION

Since 1971 no areas of Guyana have remained in the attack phase of the malaria program, but antimalaria measures continue to be applied in vulnerable and receptive areas. In 1973 there were 42 cases identified through the examination of 56,420 blood smears; most of the cases were reported along the southwestern frontier, and more than half in one single focus (Karasabai/Karabaicru). The situation compared favorably with that of 1972, when 266 malaria cases were reported. During 1973, with the assistance of PAHO and the USPHS/CDC, the program carried out a serological survey to confirm the eradication of the disease in most of the country.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	-	-	-	TOTAL	PR	2,495	1,800	7,900	8,280
CONSULTANT MONTHS	PR	1	-	-	-	ZONE ADVISORY SERVICES		-	-	7,900	8,280
						PERSONNEL-CONSULTANTS		1,479	-	-	-
						SUPPLIES AND EQUIPMENT		1,016	1,800	-	-

GUYANA-0700, VETERINARY PUBLIC HEALTH

Agriculture and livestock industries have been given top priority in the National Development Plan in Guyana. A survey was initiated in late 1972 to determine the prevalence of animal diseases, including bovine rabies, bovine brucellosis, canine leptospirosis and equine trypanosomiasis. Surveillance of foot-and-mouth disease has been maintained since the 1969 outbreak in the Rupununi area. No human cases of zoonotic diseases were reported during 1970-73. Reporting of diseases is deficient and diagnostic facilities are inadequate. There is a shortage of trained veterinarians and animal health laboratory technicians.

The purpose of the project is to reduce disease and death in the animal population and thereby protect the human population from zoonotic diseases, through the improvement of veterinary services and the control of food consumed by people. A Veterinary Public Health Unit was established in the Ministry of Health at the end of 1972. A modern veterinary diagnostic laboratory will be established during 1974-77. Improvement of the reporting and surveillance system and of the food hygiene program, and development of human resources, are among the specific objectives of the project.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	-	2	2	TOTAL		4,739	6,800	16,588	23,246
CONSULTANT MONTHS	PR	-	-	2	2	SUBTOTAL	PR	4,739	6,800	10,700	17,100
TOTAL		1	2	2	4	PERSONNEL-CONSULTANTS		-	-	4,400	4,800
FELLOWSHIPS-ACADEMIC	PR	-	1	1	1	SEMINAR COSTS		-	500	-	-
FELLOWSHIPS-SHORT TERM	PR	1	1	1	3	SUPPLIES AND EQUIPMENT		760	-	-	3,000
						FELLOWSHIPS		3,979	6,300	6,300	9,300
						SUBTOTAL	WR	-	-	5,888	6,146
						ZONE ADVISORY SERVICES		-	-	5,888	6,146

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

GUYANA-2100, SANITARY ENGINEERING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	6,622	6,944
ZONE ADVISORY SERVICES		-	-	6,622	6,944

GUYANA-2201, WATER AND SEWERAGE CORPORATION

In Guyana 95% of the population lives along the narrow coastal strip below sea level, which causes special problems to drainage and sewage disposal. The expansion of water supply systems began in 1968, with USAID assistance in the East Bank Demerara and East Coast Demerara, CIDA assistance in the Linden area, and self-help programs in other regions. A prefeasibility study of the Georgetown water system (200,000 inhabitants) and sewerage and storm drainage in Georgetown, Linden, and New Amsterdam, assisted by UNDP and PAHO, was initiated in May 1972. At present, only the central part of Georgetown is served by a system of sewerage, which dates back to 1929. In the remaining area, sewage is disposed of through the use of septic tanks and/or pit latrines. Drainage of storm waters in some areas along the coast is a considerable problem which becomes hazardous when septic tanks and pit latrines are flooded. There is a high incidence and prevalence of water-borne diseases. The Guyana Water Authority was created in April 1972 but is not yet fully staffed. The other agencies involved in the administration of water and sewerage systems in the country are three city councils and the Sugar Industry Labour Welfare Fund Committee.

The purpose of this project is to improve water supply, sewage disposal, and storm drainage systems. The specific objectives are to assist in the technico-economic feasibility studies of additional potable water supplies for Greater Georgetown and of sanitary sewerage and storm drainage systems for Georgetown, New Amsterdam, and Linden, and to provide administrative assistance and training of the personnel needed in the establishment of a national water and sewerage authority.

TOTAL		6	4	4	2	TOTAL	UNDP	176,382	530,970	204,300	30,500
P-5 PROJECT MANAGER 4.3881	UNDP	1	1	1	1	PERSONNEL-POSTS		67,500	114,000	69,000	17,000
P-4 CARTOGRAPHER 4.3884	UNDP	1	-	-	-	PERSONNEL-CONSULTANTS		18,500	42,500	15,000	2,500
P-4 MANAGEMENT CONSULTANT 4.4027	UNDP	1	1	1	-	DUTY TRAVEL		-	6,000	6,000	3,000
P-4 SANITARY ENGINEER 4.3882	UNDP	1	1	1	1	CONTRACTUAL SERVICES		59,408	295,592	93,000	-
P-4 SURVEYOR 4.3883	UNDP	1	1	1	-	SUPPLIES AND EQUIPMENT		24,464	31,979	-	-
G-4 SECRETARY 4.4028	UNDP	1	-	-	-	FELLOWSHIPS		3,932	28,018	16,300	-
						MISCELLANEOUS		2,578	12,881	5,000	8,000
TOTAL		8	17	6	1						
CONSULTANT MONTHS	UNDP	8	17	6	1						
TOTAL		1	7	3	-						
FELLOWSHIPS-ACADEMIC	UNDP	1	2	3	-						
FELLOWSHIPS-SHORT TERM	UNDP	-	5	-	-						

GUYANA-2300, Aedes aegypti ERADICATION

For budgetary reasons, Guyana is divided into three areas for the phased program to eradicate Aedes aegypti, vector of urban yellow fever, dengue, and hemorrhagic fever. The attack phase in Area I, comprising Greater Georgetown, parts of the Demerara Coast, and both Banks, began in January 1970. The Aedes aegypti index has been kept relatively low in the area. With the yellow fever virus known to be present in the region of the Brazil/Guyana border, this infestation will continue to pose a threat to the health and economy of the country. The increased traffic between the hinterland and the heavily populated coastal area, following the recent thrust towards development of the interior, has enhanced the potential risk of yellow fever virus reaching the Aedes aegypti-infested coastal districts. Administrative and organizational problems have continued to affect the campaign.

The purpose of the project is to eradicate Aedes aegypti from the country and thereby protect the population from yellow fever, dengue, and hemorrhagic fever. Immediate objectives are to improve the administrative management of the campaign; to provide an adequate number of trained personnel; and to expand the present campaign into a full-scale, countrywide eradication program.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	-	-	TOTAL	16,383	11,500	19,804	20,484
FELLOWSHIPS-SHORT TERM	PR	-	1	-	SUBTOTAL	16,383	11,500	13,580	13,760
					ZONE ADVISORY SERVICES	-	-	3,580	3,760
					SUPPLIES AND EQUIPMENT	16,383	10,000	10,000	10,000
					FELLOWSHIPS	-	1,500	-	-
					SUBTOTAL	-	-	6,224	6,724
					ZONE ADVISORY SERVICES	-	-	6,224	6,724

GUYANA-3100, HEALTH SERVICES

The purpose of the project is to assist the Government of Guyana in the development, implementation, and evaluation of systematically planned health services. Specific objectives include the reorganization of the basic structure of health services for promoting integration of preventive and curative services; improvement of administration and management of health services; improvement of health facilities, including diagnostic services, and promotion of their adequate utilization; strengthening of rural health services; development of human resources; qualitative and quantitative improvement of nursing services; development of health education programs; improvement of health statistics; and assistance towards the revision of health legislation.

UNICEF cooperates in this project.

TOTAL		4	3	3	3	TOTAL	106,441	131,100	136,550	140,440
P-5 PAHO/WHO REPRESENTATIVE	WR	1	1	1	1	SUBTOTAL	37,109	49,730	59,800	102,100
4,0382						PERSONNEL-POSTS	29,449	44,200	46,400	48,600
P-4 HEALTH EDUCATOR	WR	1	-	-	-	PERSONNEL-CONSULTANTS	-	-	11,000	9,600
4,3693						DUTY TRAVEL	2,942	3,000	3,000	3,500
P-3 ADMIN. METHODS OFFICER	PR	1	1	1	1	FELLOWSHIPS	5,116	-	20,400	20,400
.3724						COMMON SERVICES	-	2,530	19,000	20,000
P-3 NURSE	PR	1	1	1	1	SUBTOTAL	69,532	81,370	36,750	38,340
.3448						PERSONNEL-POSTS	38,238	32,000	33,750	35,340
TOTAL		-	4	5	4	PERSONNEL-CONSULTANTS	-	8,000	-	-
CONSULTANT MONTHS	PR	-	-	5	4	DUTY TRAVEL	2,452	2,500	3,000	3,000
CONSULTANT MONTHS	WR	-	4	-	-	FELLOWSHIPS	12,867	23,400	-	-
TOTAL		6	9	7	7	COMMON SERVICES	16,070	15,470	-	-
FELLOWSHIPS-ACADEMIC	PR	1	-	3	3					
FELLOWSHIPS-ACADEMIC	WR	2	3	-	-					
FELLOWSHIPS-SHORT TERM	PR	2	-	4	4					
FELLOWSHIPS-SHORT TERM	WR	1	6	-	-					

GUYANA-3200, NURSING SERVICES

The purpose of this project was to improve the quality of nursing through provision of opportunities for continuing education in order for graduate nurses to develop their teaching, supervisory, and administrative skills. In addition, a corps of nurses was prepared for responsibility for a continuing in-service education program.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		3	-	-	-	TOTAL	15,228	8,876	4,584	4,848
CONSULTANT MONTHS	PR	3	-	-	-	SUBTOTAL	10,917	-	4,584	4,848
TOTAL		1	4	-	-	ZONE ADVISORY SERVICES	-	-	4,584	4,848
FELLOWSHIPS-ACADEMIC	UNDP	-	4	-	-	PERSONNEL-CONSULTANTS	5,527	-	-	-
FELLOWSHIPS-SHORT TERM	PR	1	-	-	-	SUPPLIES AND EQUIPMENT	1,000	-	-	-
						FELLOWSHIPS	4,390	-	-	-
						SUBTOTAL	4,311	8,876	-	-
						FELLOWSHIPS	4,311	8,876	-	-

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

GUYANA-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
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		-	-	5,172	6,286
ZONE ADVISORY SERVICES		-	-	5,172	6,286

GUYANA-3600, MANAGEMENT OF HEALTH SERVICES

The V Caribbean Health Ministers Conference passed Resolution No. 17 highlighting the fact "that in all the countries the health administration, responsible for expenditure of up to 15% of the total Government budget, is the equivalent of a major industrial enterprise and requires the most efficient system of management that can be devised." Accepting the fact that changes in systems and attitudes are needed if the health administrations are to serve adequately the more dynamic governments that have succeeded those of former times, the resolution "requests the Executive Secretary to seek the support of the Pan American Health Organization and other interested agencies for a program of training in health management at the administrative and executive levels."

The purpose of the project is to promote and support necessary changes in the present patterns of management of the health services delivery system to render these consistent with the needs of changing societies and in the context of the overall government plans for socioeconomic development. Specific objectives include adoption of adequate management techniques in the administration of the health services, training of selected top- and intermediate-level personnel in the management process and the use of certain appropriate administrative techniques, the solution of selected problems of health services, and fostering positive attitudes in the personnel responsible for administering these services.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1973	1974	1975	1976
-----		-----	-----	-----	-----
		-	4	8	-
TOTAL		-	4	8	-
-----		-----	-----	-----	-----
PARTICIPANTS	WR	-	4	8	-
		-	-	2,725	10,385
TOTAL		-	-	2,725	10,385
-----		-----	-----	-----	-----
	PR	-	-	5,385	5,655
SUBTOTAL		-	-	5,385	5,655
-----		-----	-----	-----	-----
ZONE ADVISORY SERVICES		-	-	5,385	5,655
-----		-----	-----	-----	-----
SUBTOTAL	WR	-	-	2,725	5,000
-----		-----	-----	-----	-----
PARTICIPANTS		-	-	2,725	5,000

GUYANA-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		1973	1974	1975	1976
-----		-----	-----	-----	-----
		-	-	3,384	3,920
TOTAL		-	-	3,384	3,920
-----		-----	-----	-----	-----
SUBTOTAL	PR	-	-	2,800	2,912
-----		-----	-----	-----	-----
ZONE ADVISORY SERVICES		-	-	2,800	2,912
-----		-----	-----	-----	-----
SUBTOTAL	WR	-	-	584	1,008
-----		-----	-----	-----	-----
ZONE ADVISORY SERVICES		-	-	584	1,008

GUYANA-4200, NUTRITION

A National Nutrition Survey conducted in Guyana in 1971 showed a high prevalence of malnutrition in children under five, including 18.2% with moderate and severe protein-calorie malnutrition. A large percentage of the population appears to suffer from deficiencies in diet, and the intake of animal protein is generally low. Patterns of young child feeding are frequently injurious, especially for infants. Farmers lack information and interest in scientific agriculture. Food and dietary services of hospitals are poor and there is a shortage of trained personnel in nutrition and dietetics.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
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						\$	\$	\$	\$

The purpose of the project is to reduce the current prevalence of advanced malnutrition and to collaborate in the maintenance of the nutrition status necessary for optimum health. Specific objectives are to assist in the establishment of a national food and nutrition policy; to promote coordinated nutrition education by relevant agencies; to strengthen the medical care and rehabilitation services for malnourished children by the incorporation of nutrition activities into the regular operation of health services; to improve food and dietary services in hospitals; and to train health sector personnel in nutrition.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

WFP cooperates in this project.

TOTAL		-	-	1	1	TOTAL	-	-	20,684	28,872	
-----		-----	-----	-----	-----	-----	-----	-----	-----	-----	
P-3 NUTRITIONIST .3083	PR	-	-	1	1	SUBTOTAL	PR	-	-	13,500	21,300
						PERSONNEL-POSTS		-	-	12,500	19,800
						DUTY TRAVEL		-	-	1,000	1,500
						SUBTOTAL	WR	-	-	7,184	7,572
						ZONE ADVISORY SERVICES		-	-	7,184	7,572

GUYANA-4400, DENTAL HEALTH

A small-scale dental survey conducted in Guyana in 1973 revealed a high incidence of dental caries in children; of the six teeth examined, three were carious in children six to eight years old. There are 25 dentists in the country, with a ratio of 0.35 per 10,000 population. The distribution of these dentists and eight dental orderlies is inequitable among counties. Dental treatment provided by the Government for both adults and children is almost exclusively confined to extraction, with very little restorative or prophylactic care.

The purpose of this project is to assist the Government in the improvement and expansion of its dental health services. Specific objectives include provision of trained dental auxiliaries and promotion of dental health through education and preventive measures.

TOTAL		1	2	2	1	TOTAL	WR	1,723	6,000	5,400	13,000
-----		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
CONSULTANT MONTHS	WR	1	2	2	1	PERSONNEL-CONSULTANTS		1,723	4,000	4,400	2,400
						SUPPLIES AND EQUIPMENT		-	2,000	1,000	1,000
TOTAL		-	-	-	2	FELLOWSHIPS		-	-	-	9,600
FELLOWSHIPS-ACADEMIC	WR	-	-	-	2						

GUYANA-4800, MEDICAL CARE SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	6,566	7,026
-----	-----	-----	-----	-----	-----
ZONE ADVISORY SERVICES		-	-	6,566	7,026

GUYANA-4900, HEALTH AND POPULATION DYNAMICS

The purpose of this project was to assist the Ministry of Health in the development of a comprehensive maternal and child health program, integrating family health, school health, nutrition, and cancer control activities.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		6,576	-	19,326	21,209
SUBTOTAL	PG	6,488	-	-	-
SUPPLIES AND EQUIPMENT		6,488	-	-	-
SUBTOTAL	PK	88	-	-	-
SUPPLIES AND EQUIPMENT		88	-	-	-
SUBTOTAL	WR	-	-	4,490	4,890
ZONE ADVISORY SERVICES		-	-	4,490	4,890
SUBTOTAL	UNFPA	-	-	14,836	16,319
ZONE ADVISORY SERVICES		-	-	14,836	16,319

GUYANA-6300, NURSING EDUCATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	1,572	1,520
ZONE ADVISORY SERVICES		-	-	1,292	1,240
DEV. OF HUMAN RESOURCES		-	-	280	280

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRD PROJECTS	300,498	372,854	450,341	387,346
0100 EPIDEMIOLOGY	2,985	6,882	7,254	7,262
0101 EPIDEMIOLOGY (ZONE I)	3,476	4,685	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	493	-	-	-
0200 MALARIA TECHNICAL ADVISORY SERVICES	12,218	4,128	4,027	4,485
0201 MALARIA ERADICATION (ZONE I)	17,815	9,400	-	-
0218 PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS	4,341	1,800	2,060	2,156
0500 LEPROSY CONTROL	513	884	432	696
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	93	-	131	139
0512 TRAINING AND RESEARCH IN LEPROSY AND RELATED DISEASES	271	400	212	426
0600 VENEREAL DISEASE CONTROL	-	160	88	102
0612 VENEREAL DISEASE SEMINARS	-	560	-	-
0700 PAN AMERICAN ZOONOSES CENTER	12,026	14,873	15,106	15,730
0701 VETERINARY PUBLIC HEALTH (ZONE I)	1,720	3,770	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	140	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	489	707
2100 ENVIRONMENTAL SANITATION	1,827	705	777	753
2101 SANITARY ENGINEERING (ZONE I)	6,403	6,300	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,395	16,688	15,650	18,297
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	855	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	748	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	4,559	5,236	5,580	5,868
2220 INSTITUTIONAL DEVELOPMENT	3,388	6,969	8,676	9,368
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	806	-
2230 RURAL WATER SUPPLY AND SANITATION	-	700	728	756
2300 AEDES AEGYPTI ERADICATION	712	1,086	1,212	1,297
2301 AEDES AEGYPTI ERADICATION (CARIBBEAN)	17,973	4,210	-	-
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	113	-	-
2311 DENGUE SURVEILLANCE IN THE CARIBBEAN	853	1,530	975	1,060

3000 COORDINATION WITH FOUNDATIONS	1,278	2,568	3,080	3,507
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,303	3,852	3,118	3,392
3130 CONFERENCE ON MYCOLOGY	77	1,307	-	-
3131 CARIBBEAN HEALTH MINISTERS' CONFERENCE	7,083	6,248	6,447	-
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,636	2,004	1,169	1,250
3145 EMERGENCY PREPAREDNESS	-	532	-	-
3200 NURSING SERVICES	1,665	2,264	2,416	2,533
3201 NURSING (ZONE I)	3,519	4,332	-	-
3210 HOSPITAL NURSING SERVICES	-	695	1,233	1,367
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	553	1,193	1,114	1,172
3215 STUDY ON FACTORS AFFECTING NURSING GROWTH	372	-	-	-
3216 STANDARDS IN NURSING PRACTICE	-	-	450	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	-	-	1,368
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	261	493	309	248
3223 SYSTEMS OF NURSING	50	1,001	1,248	-
3300 LABORATORY SERVICES	799	361	452	481
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,431	1,689	221	243
3400 HEALTH EDUCATION	531	497	311	497
3401 HEALTH EDUCATION (CARIBBEAN)	4,341	-	-	-
3500 HEALTH STATISTICS	1,127	723	932	688
3501 HEALTH STATISTICS (ZONE I)	2,326	4,968	-	-
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,259	3,057	3,212	3,418
3601 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE I)	6,712	5,100	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,457	1,462	-	-
3700 HEALTH PLANNING	5,074	3,162	2,833	3,124
3701 HEALTH PLANNING AND ORGANIZATION (ZONE I)	3,563	3,232	-	-
3709 MEETING OF MINISTERS OF HEALTH	756	-	-	-
3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	3,480	10,813	7,880	6,280
4200 NUTRITION ADVISORY SERVICES	-	2,018	2,160	2,286
4201 NUTRITION ADVISORY SERVICES (ZONE I)	9,934	8,575	-	-
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	34,530	34,632	35,391	36,751
4207 CARIBBEAN FOOD AND NUTRITION INSTITUTE	41,356	70,650	63,689	41,043
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	69	222	244	443
4230 NUTRITION TRAINING	-	609	810	1,051
4247 SURVEILLANCE OF NUTRITIONAL STATUS	-	-	826	453
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	80	85
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	558	232
4300 MENTAL HEALTH	-	900	948	1,044
4500 HEALTH ASPECTS OF RADIATION	197	240	126	264
4507 RADIATION HEALTH PROTECTION	384	1,760	462	488
4509 RADIATION SURVEILLANCE	82	180	225	225
4516 PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	84	-
4620 MANAGEMENT OF PESTICIDES	-	140	152	174
4700 FOOD AND DRUG CONTROL	979	1,611	1,700	1,779
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	672
4800 MEDICAL CARE SERVICES	1,150	1,184	1,300	1,462
4801 MEDICAL CARE SERVICES (ZONE I)	5,482	11,399	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,576	2,108	2,806	3,550
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,965	2,666	2,362	3,066
4831 STUDY GROUP ON MAINTENANCE SYSTEMS IN LATIN AMERICA	-	-	500	-
4900 HEALTH AND POPULATION DYNAMICS	13,712	29,621	30,000	34,072
4901 HEALTH AND POPULATION DYNAMICS (ZONE I)	15,458	17,237	-	-
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	2,255	3,797	5,910	6,501
4915 MATERNAL AND CHILD HEALTH	129	391	430	521
5000 REHABILITATION	2,090	1,717	1,797	1,947
5100 CHRONIC DISEASES	139	475	537	559
6113 EDUCATION AND TRAINING OF PARAMEDICAL PERSONNEL	3,895	6,567	187,522	137,940
6223 TEACHING OF BEHAVIORAL SCIENCES	851	200	-	-
6228 MEDICAL EDUCATION IN THE CARIBBEAN	159	1,800	2,220	2,250
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	468	859	933	1,063
6301 NURSING EDUCATION (ZONE I)	3,316	1,504	-	-
6310 NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,942	2,914	670	690
6320 POSTBASIC COURSES IN NURSING	342	782	626	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,477
6324 TRAIN. OF PROF., ADMINSTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	150	504
6400 SANITARY ENGINEERING EDUCATION	904	878	1,017	1,112
6508 PROG. TRAIN. ANIM. HEALTH VETEK. PUB. HEALTH ASSIST. (CARIBBEAN)	-	1,200	-	-
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	247	241	253	295
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	573	947	992	1,035
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	330,167	699,771	473,832	327,591	300,498	372,854	450,341	387,346
PAHO-PR-REGULAR BUDGET	71,643	69,830	171,615	190,705	129,629	137,791	95,180	106,754
PM-COMMUNITY WATER SUPPLY	-	-	-	-	409	4,215	5,144	5,410
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	20,678	17,466	17,504	18,230
PG-GRANTS & OTHER CONTRIBUT.	6,488	-	-	-	55,101	50,553	25,398	21,092
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	6,925	30,056	31,749	11,110
PK-SPECIAL FUND FOR HEALTH PR.	88	-	-	-	2,657	-	-	-
WHO-WR-REGULAR BUDGET	71,255	90,095	83,081	90,067	51,476	69,344	42,523	39,338
UNDP-UN DEVELOPMENT PROGRAM	180,693	539,846	204,300	30,500	26,707	23,500	198,118	147,065
UNFPA-UN FUND POPULATION ACT.	-	-	14,836	16,319	6,416	39,929	34,725	38,347

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	630,665	1,072,625	924,173	714,937
PAHO-PR-REGULAR BUDGET	201,272	207,621	266,795	297,459
PM-COMMUNITY WATER SUPPLY	909	4,215	5,144	5,410
PN-INCAP GRANTS & OTHER CONTR.	20,678	17,466	17,504	18,230
PG-GRANTS & OTHER CONTRIBUT.	61,589	50,553	25,398	21,092
PH-PAN AMER. HEALTH & EDUC.FN.	6,925	30,056	31,749	11,110
PK-SPECIAL FUND FOR HEALTH PR.	2,745	-	-	-
WHO-WR-REGULAR BUDGET	122,731	159,439	125,604	129,405
UNDP-UN DEVELOPMENT PROGRAM	207,400	563,346	402,418	177,565
UNFPA-UN FUND POPULATION ACT.	6,416	39,929	49,561	54,666

JAMAICA

BACKGROUND DATA

The population of Jamaica (1970 census) was 1,848,512 (43.8% under 15 years of age) with an estimated growth rate of 1.4% per annum and a shift to urban living from 30% in 1960 to 37% in 1970.

However, the rural dwellers are widely dispersed throughout the island and the Government has recognized the need for improved communications as basic to the improvement of social and economic conditions and to counteract the drift to the towns.

The Ministry of Health and Environmental Control is giving emphasis to improved coverage for the total population, irrespective of means or location, through proposals to establish a family doctor service available to all citizens, funded by health insurance, and the widespread utilization of community aides to provide the first level of care and health motivation in rural areas.

The birth rate was 34.9 in 1971 compared with 41.0 in 1961. Thirty-six per cent of females are between the ages of 15 and 44 years (1970). Life expectancy is estimated at 67 years for males and 70 years for females. The crude death rate fell from 8.7 (1961) to 7.4 (1971). The infant mortality rate, which was 48.2 per 1,000 live births in 1961, was 27.1 in 1971. In the same year, deaths in children under five years totalled 19.5% of all deaths. Thirteen point eight per cent of deaths under five years were attributed to malnutrition and 20.5% to gastroenteritis.

The Government has given major emphasis to the development of a food and nutrition policy in 1974, for which assistance is being provided by the Caribbean Food and Nutrition Institute. There is no published national development plan, but the Government has stated that the first priorities are employment, housing, and nutrition. The education system has undergone major reorganization to provide comprehensive coverage, including adult literacy classes and free education, even at the university level. There have been major reforms in agriculture to improve both rural living standards and food production.

The per capita income is \$670, and it is estimated that in 1973 there was a Government expenditure of \$22.20 per capita on health.

PROTECTION OF HEALTH

Communicable Disease Control

The Government is reviewing the notification of communicable diseases and the capacity for laboratory diagnosis as a basis for improving epidemiological surveillance. The post of epidemiologist has been filled and basic information collected on immunizations and notifications through 1973.

The committee reviewing norms and procedures for the integration of maternal and child health service is studying immunization coverage for the preschool child.

The control of leprosy is being decentralized to the parish medical officer of health to improve case finding and rehabilitation, and to facilitate the closure of the Hansen Home (50 patients), with utilization of general hospital in-patient facilities in the future.

Malaria surveillance continues with no positive notifications in 1973.

A national program is in operation to control brucellosis, bovine tuberculosis, leptospirosis, and other zoonoses. A veterinary public health unit has been established in the Ministry of Health and Environmental Control.

Environmental Health

The Government is intent on developing comprehensive control of the environment which historically has been a divided responsibility between several ministries and agencies. Major responsibility is now with the Ministry of Health and Environmental Control, and an Environmental Protection Advisory Council has been formed with PAHO/WHO participation. In-depth studies are planned for water quality management utilizing the Rio Cobre river basin. Both the National Water Authority and the Kingston Water Commission have plans for expansion of water coverage, for which strengthening of management systems is regarded as an important prerequisite.

Control measures against the Aedes aegypti mosquito continue, mainly at the airports and seaports.

PROMOTION OF HEALTH

General Services

A complete reorganization of the health services is in progress, which includes the decentralization of control of the 21 general hospitals (2,575 beds) and five special hospitals, through delegation of authority to regional hospital boards.

Board and hospital management is being reorganized, with development of systems for management and legislation.

Domiciliary and outpatient care is being expanded through the employment of community aides (375 in 1973), who are providing the first level of care, especially in rural areas. Evaluation of the first year's work of community aides in two parishes is forming the basis for their utilization on a national scale.

Private physicians are being encouraged to provide family doctor services, for which a health insurance scheme is proposed. In order to facilitate, in general, the involvement of the private sector and also to raise the general efficiency of the services, laboratory facilities are being increased, outpatient facilities are being expanded, and a new national scheme for the maintenance of equipment and facilities is being implemented with the joint participation of the Ministries of Health and Works.

The reorganization of the central office of the Health Ministry is in progress, with early emphasis on improving the monitoring of delegated services, the general improvement of the health information system as a basis for planning, and medical supply and personnel management.

Specific Programs

Family planning is being integrated in the maternal and child health program and the field staff of the National Family Planning Board are being transferred on 1 April 1974 to the Health Ministry. By 1 October it is expected that norms and procedures will have been developed for this integrated service. Ten regional maternity centers have been opened in 1974 to provide improvement in maternity care, and the existing facilities of the National Family Planning Board are under review for general utilization to improve coverage.

Through a comprehensive process of inpatient screening and the development of appropriate rehabilitation and community psychiatric services, patient load at the Bellevue Mental Hospital has been reduced by 27% in 1973. The World Food Program provided the funds for rehabilitation facilities.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

The continued loss of trained physicians to more developed countries and the concentration of those remaining in the urban areas has led to an overall shortage and ratio as low as 1:17,000 population in some parishes. The problem is being met by providing comprehensive opportunities for medical postgraduate education within Jamaica, improvement of facilities, and the encouragement of participation of the private sector to lighten patient load and improve coverage. Plans are far advanced for the preparation of nurse practitioners with early emphasis on pediatrics, general practice, and psychiatry.

The shortage of nursing personnel is particularly acute for the community services, and the use of community aides is expanding (375 in 1973). There are new proposals for nursing education, by which it will be possible to pass from community aide right through to the highest levels if the appropriate levels of education and experience are obtained.

The shortage of dental officers continues but school dental health service is being reinforced by the annual graduation of 20 dental nurses at the national school.

In 1972 the Government established a school of physical therapy with an average annual intake of 15 students; the first graduates are expected in 1975.

The well-established West Indies School of Public Health continues to produce public health nurses and inspectors for both Jamaica and the Caribbean. As part of the integration of family planning into maternal and child health services, retraining of staff, including 43 educators, is a major undertaking for which the school facilities will be utilized.

At the College of Arts, Science and Technology, courses are now offered in pharmacy and medical technology and, from September 1974, 18 intermediate-level medical records officers will be trained annually.

Ten radiographers are trained annually for the Caribbean area, and it is expected that a nurse anesthetist program will be available for ten nurses beginning in 1974.

Ten animal health assistants with six months inservice training, plus twelve more with three months retraining, were made available in 1974.

JAMAICA - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
183,472	28.6	205,063	23.2	I. PROTECTION OF HEALTH	165,795	16.2	164,698	17.8
79,479	12.4	106,919	12.1	A. COMMUNICABLE DISEASES	59,329	5.8	44,079	4.7
7,674	1.2	10,846	1.2	0100 GENERAL	11,479	1.1	13,355	1.4
1,782	.3	1,880	.2	0200 MALARIA	-	-	-	-
606	.1	884	.1	0500 LEPROSY	563	.1	635	.1
-	-	720	.1	0600 VENEREAL DISEASES	88	*	102	*
69,417	10.8	91,929	10.4	0700 ZOOUSES	45,950	4.5	25,970	2.8
-	-	660	.1	0900 OTHER	1,249	.1	4,017	.4
103,993	16.2	98,144	11.1	B. ENVIRONMENTAL HEALTH	106,466	10.4	120,619	13.1
74,304	11.5	60,003	6.8	2100 GENERAL	66,407	6.5	76,837	8.3
10,492	1.6	22,164	2.5	2200 WATER SUPPLIES	24,369	2.4	25,481	2.8
17,802	2.8	13,927	1.6	2300 AEDS AEGYPTI ERADICATION	13,291	1.3	15,780	1.7
923	.2	1,132	.1	2400 HOUSING	1,429	.1	1,501	.2
472	.1	918	.1	2500 AIR POLLUTION	970	.1	1,020	.1
409,798	63.4	587,518	66.7	II. PROMOTION OF HEALTH	580,800	56.8	525,199	57.1
154,847	24.0	170,562	19.3	A. GENERAL SERVICES	107,135	10.3	162,037	17.7
78,623	12.2	83,825	9.5	3100 GENERAL PUBLIC HEALTH	83,697	8.2	81,037	8.8
6,046	.9	9,976	1.1	3200 NURSING	11,347	1.1	12,060	1.3
2,252	.4	2,059	.2	3300 LABORATORY	1,347	.1	1,464	.2
530	.1	496	.1	3400 HEALTH EDUCATION	309	*	496	.1
17,749	2.7	13,961	1.6	3500 STATISTICS	13,310	1.3	14,200	1.5
35,354	5.5	41,422	4.7	3600 ADMINISTRATIVE METHODS	41,338	4.0	37,496	4.1
14,293	2.2	18,823	2.1	3700 HEALTH PLANNING	15,767	1.6	15,284	1.7
254,951	39.4	416,956	47.4	B. SPECIFIC PROGRAMS	413,665	40.5	363,162	39.4
132,854	20.6	216,092	24.5	4200 NUTRITION	198,268	19.4	131,899	14.3
45,914	7.1	52,575	6.0	4300 MENTAL HEALTH	56,503	5.5	64,304	7.0
3,949	.6	7,846	.9	4400 DENTAL HEALTH	8,650	.9	9,972	1.1
517	.1	640	.1	4500 RADIATION AND ISOTOPES	772	.1	720	.1
544	.1	737	.1	4600 OCCUPATIONAL HEALTH	983	.1	1,059	.1
1,467	.2	21,336	2.4	4700 FOOD AND DRUG	30,445	3.0	28,146	3.0
18,140	2.8	26,154	3.0	4800 MEDICAL CARE	22,230	2.2	25,702	2.8
32,259	5.0	58,609	6.7	4900 FAMILY HEALTH AND POP. DYNAMICS	60,833	5.9	68,457	7.4
19,030	2.9	32,017	3.6	5000 REHABILITATION	33,906	3.3	31,885	3.5
277	*	950	.1	5100 CANCER & OTHER CHRONIC DISEASES	1,075	.1	1,118	.1
52,693	8.0	89,687	10.1	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	277,090	27.0	233,266	25.1
19,654	3.0	23,037	2.6	6100 PUBLIC HEALTH	191,170	18.7	142,067	15.4
12,511	1.9	13,535	1.5	6200 MEDICINE	39,339	3.8	40,184	4.3
11,395	1.8	8,302	.9	6300 NURSING	8,636	.8	10,579	1.1
6,127	.9	4,974	.5	6400 ENVIRONMENTAL SCIENCES	6,755	.7	7,434	.8
264	*	3,953	.4	6500 VETERINARY MEDICINE	3,189	.3	3,322	.3
1,923	.3	699	.1	6600 DENTISTRY	905	.1	2,405	.3
819	.1	15,187	1.7	6700 BIOSTATISTICS	27,054	2.6	27,275	2.9
645,963	100.0	882,268	100.0	GRAND TOTAL	1,023,685	100.0	923,163	100.0

*LESS THAN .05 PER CENT

JAMAICA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER		
		POSTS PROF.	LOCAL	STC MONTH		ACAD.	SHORT	PAKT.	AMOUNT				
	\$				\$				\$	\$	\$		
1973													
PAHO--PR	249,588	3	-	6	186,351	23,582	4	2	23,899	-	6,522	6,887	2,347
PM	908	-	-	-	829	79	-	-	-	-	-	-	-
PG	104,353	-	-	-	46,155	3,464	-	-	31,936	-	7,598	2,199	13,001
PH	12,996	-	-	-	11,032	1,870	-	-	-	-	-	-	94
PK	5,202	-	-	-	4,546	70	-	-	-	-	-	140	446
WHO--NR	192,554	3	-	4	108,506	10,051	4	3	29,541	8	1,915	9,187	33,354
UNDP	73,784	2	-	-	60,403	-	-	-	11,396	-	-	1,602	383
UNFPA	4,883	-	-	-	4,623	260	-	-	-	-	-	-	-
MO	1,695	-	-	1	1,695	-	-	-	-	-	-	-	-
TOTAL	645,963	8	-	11	424,140	39,376	8	5	96,772	8	16,035	20,015	49,625
PERCENT OF TOTAL	100.0				65.7	6.1			15.0		2.5	3.1	7.6
1974													
PAHO--PR	321,674	3	-	10	250,372	23,352	1	7	16,236	-	3,009	8,086	20,619
PM	4,215	-	-	-	4,020	195	-	-	-	-	-	-	-
PG	106,347	-	-	-	53,558	3,232	-	-	20,460	-	15,437	4,489	9,171
PH	60,028	-	-	-	49,168	4,440	-	-	-	-	129	1,046	5,245
WHO--NR	251,624	3	-	8	156,533	11,560	4	4	26,738	8	10,868	7,168	38,757
UNDP	90,738	2	-	-	72,627	3,369	-	-	4,397	-	-	7,558	2,787
UNFPA	42,892	-	-	-	28,820	2,000	-	-	5,766	-	2,780	2,342	1,184
MO	4,750	-	-	3	4,750	-	-	-	-	-	-	-	-
TOTAL	882,268	8	-	21	619,848	46,146	5	11	73,597	8	32,223	30,689	77,763
PERCENT OF TOTAL	100.0				70.3	5.5			8.3		3.6	3.5	8.8
1975													
PAHO--PR	338,722	4	-	5	255,475	25,988	1	3	9,857	-	2,691	11,216	35,495
PM	5,144	-	-	-	4,924	220	-	-	-	-	-	-	-
PG	62,623	-	-	-	39,953	1,110	-	-	14,430	-	8,880	164	2,086
PH	63,933	-	-	-	51,797	5,550	-	-	-	-	-	1,110	5,476
WHO--NR	275,694	3	-	7	171,387	12,597	4	3	31,918	-	7,494	12,556	39,742
UNDP	222,112	2	-	-	56,276	4,439	-	-	6,505	-	-	76,119	78,773
UNFPA	55,457	-	-	-	37,463	2,400	-	-	5,910	-	5,232	2,948	1,504
TOTAL	1,023,685	9	-	12	613,275	50,304	5	6	68,620	-	24,297	104,113	163,076
PERCENT OF TOTAL	100.0				59.9	4.9			6.7		2.4	10.2	15.9
1976													
PAHO--PH	389,856	4	-	6	275,643	24,816	1	3	11,227	-	5,207	20,478	52,485
PM	5,410	-	-	-	5,170	240	-	-	-	-	-	-	-
PG	49,135	-	-	-	37,075	1,295	-	-	-	-	8,880	169	1,716
PH	1,368	-	-	-	1,368	-	-	-	-	-	-	-	-
WHO--NR	269,132	3	-	7	182,810	13,359	4	5	35,668	-	3,228	10,754	23,313
UNDP	147,060	-	-	-	34,537	1,454	-	-	9,753	-	-	23,129	78,187
UNFPA	61,202	-	-	-	41,449	2,600	-	-	6,501	-	5,755	3,243	1,654
TOTAL	923,163	7	-	13	578,052	43,764	5	8	63,149	-	23,070	57,773	157,355
PERCENT OF TOTAL	100.0				62.6	4.8			6.9		2.5	6.2	17.0
PAHO--PR--REGULAR BUDGET PM--COMMUNITY WATER SUPPLY PI--INCAP - REGULAR BUDGET PN--INCAP - GRANTS AND OTHER CONTRIBUTIONS PG--GRANTS AND OTHER CONTRIBUTIONS PH--PAN AMERICAN HEALTH AND EDUCATION FOUNDATION PAHO--PK--SPECIAL FUND FOR HEALTH PROMOTION PS--SPECIAL FUND FOR RESEARCH WHO--NR--REGULAR BUDGET UNDP--UNITED NATIONS DEVELOPMENT PROGRAM UNFPA--UNITED NATIONS FUND FOR POPULATION ACTIVITIES MO--GRANTS AND OTHER FUNDS													

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

JAMAICA - DETAIL

JAMAICA-0100, EPIDEMIOLOGY

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	1973	1974	1975	1976
		-	-	4,226	4,536
ZONE ADVISORY SERVICES		-	-	4,226	4,536

JAMAICA-0200, MALARIA ERADICATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
		-	-	1,975	2,070
ZONE ADVISORY SERVICES		-	-	1,975	2,070

JAMAICA-0700, VETERINARY PUBLIC HEALTH

The prevalent zoonoses in Jamaica are brucellosis, leptospirosis, and bovine tuberculosis. The objectives of this project include the development of a program to make Jamaica self-sufficient in meat and milk production and to eliminate the public health hazards of the zoonoses through improved diagnosis, development of animal health programs, and strengthening of veterinary medical services.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	2	1	1	TOTAL	WR	18,689	7,250	6,866	10,259
CONSULTANT MONTHS	WR	1	2	1	1	ZONE ADVISORY SERVICES		-	-	4,416	4,609
						PERSONNEL-CONSULTANTS		550	4,000	2,200	2,400
TOTAL		3	2	-	2	SUPPLIES AND EQUIPMENT		-	250	250	250
						FELLOWSHIPS		18,139	3,000	-	3,000
FELLOWSHIPS-ACADEMIC	WR	2	-	-	-						
FELLOWSHIPS-SHORT TERM	WR	1	2	-	2						

JAMAICA-0701, ANIMAL HEALTH PROGRAM

The purpose of this project is to develop a national animal health and veterinary public health program with a permanent infrastructure, designed to reduce the incidence of the zoonoses and other animal diseases, avoid loss of animal protein caused by animal diseases, and provide an effective food hygiene program. Assistance will be provided to the Government of Jamaica in determining the immediate requirements of the joint livestock development project with respect to animal health needs; in preparing a long-range national animal health and veterinary public health program; and in planning and establishing a training program for animal health and veterinary public health assistants.

TOTAL		2	2	2	-	TOTAL	UNDP	37,000	67,000	24,000	-
P-5 VETERINARIAN	UNDP	1	1	1	-	PERSONNEL-POSTS		37,000	57,000	20,000	-
4,4052						DUTY TRAVEL		-	3,000	3,000	-
P-4 VETERINARIAN	UNDP	1	1	1	-	SUPPLIES AND EQUIPMENT		-	6,000	-	-
4,4053						MISCELLANEOUS		-	1,000	1,000	-

JAMAICA-2100, WATER SUPPLIES AND ENVIRONMENTAL SANITATION

Environmental protection and pollution control in Jamaica are fragmented over a large number of ministries and agencies. The need to develop proper organization for adequate management of the environment is urgent. More immediate is the need for definition of proper policies, criteria, and organization for the development of an environmental control department in the Ministry of Health and Environmental Control to provide for adequate criteria and monitoring for air, water, and other environmental factors; to promote training and research in environmental trends; and to provide proper leadership and coordination between agencies.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
 --- \$ --- \$ --- \$ --- \$

The purpose of this project is to develop the necessary infrastructure for the environmental control department, to improve existing environmental programs, to accelerate water and sewerage projects, to develop adequate institutional management and human resources at all levels, and to provide adequate coordination between all agencies concerned with environmental quality.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	1	TOTAL	59,096	38,250	54,072	62,144
P-4 SANITARY ENGINEER .0960	PR	1	1	1	1	SUBTOTAL	PR 48,522	38,250	54,072	62,144
TOTAL		2	1	2	3	PERSONNEL-POSTS	23,568	27,100	28,300	29,500
CONSULTANT MONTHS	PR	2	1	2	3	ZONE ADVISORY SERVICES	-	-	6,622	6,944
TOTAL		4	2	3	2	PERSONNEL-CONSULTANTS	3,760	2,000	4,400	7,200
FELLOWSHIPS-ACADEMIC	PR	3	1	1	1	DUTY TRAVEL	2,059	2,100	2,200	2,400
FELLOWSHIPS-ACADEMIC	UNDP	-	-	-	-	SUPPLIES AND EQUIPMENT	1,875	750	4,750	9,800
FELLOWSHIPS-SHORT TERM	PR	1	1	2	1	FELLOWSHIPS	17,260	6,300	7,800	6,300
						SUBTOTAL	UNDP 10,574	-	-	-
						FELLOWSHIPS	10,574	-	-	-

JAMAICA-2202, WATER RESOURCES SURVEY

The objectives of this project are to assist the Government of Jamaica in the establishment of a water quality monitoring network; identification of the quality standards for the network and the data to be collected, including the development of analytical procedures and the training of staff; in-depth studies on project basins or other specified areas where problems of water quality deterioration become apparent; and water quality consideration necessary for both the planning and management programs in the project basins.

TOTAL		1	3	-	-	TOTAL	WD 1,695	4,750	-	-
CONSULTANT MONTHS	WD	1	3	-	-	PERSONNEL-CONSULTANTS	1,695	4,750	-	-

JAMAICA-2204, WATER AND SEWER ADMINISTRATION

As Jamaica strives to increase the potable water coverage, the need for a strong and effective organization becomes urgent. Studies of existing institutions indicate the need for assistance in the technical, management, administrative, and financial areas in order to ensure the quality of service and utilization of financial and human resources which will attract the funds needed to expand coverage.

The purpose of the project is to assist the National Water Authority to review the existing situation; to develop new or revised objectives that will permit achievement of the desired coverage; to develop criteria, policies, and systems; to train people to institutionalize the desired objectives; and to implement them. Manuals of operation will be developed to ensure uniformity in the performance of these services.

TOTAL		-	2	2	3	TOTAL	WR -	3,000	7,000	7,800
FELLOWSHIPS-ACADEMIC	WR	-	-	-	1	SUPPLIES AND EQUIPMENT	-	-	4,000	-
FELLOWSHIPS-SHORT TERM	WR	-	2	2	2	FELLOWSHIPS	-	3,000	3,000	7,800

JAMAICA-2300, AEDS AEGYPTI ERADICATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		-	-	7,842	8,386
SUBTOTAL	PR	-	-	2,864	3,008
ZONE ADVISORY SERVICES		-	-	2,864	3,008
SUBTOTAL	WR	-	-	4,978	5,378
ZONE ADVISORY SERVICES		-	-	4,978	5,378

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

JAMAICA-3100, HEALTH SERVICES

The objectives of this project in Jamaica are (1) to analyze the present organization and administration of the headquarters of the Ministry of Health and to assist in developing a new organizational structure and system of management in keeping with the new policies for the delivery of health care; (2) to analyze the present system for the collection, compilation and utilization of health data, as the basis for developing the necessary information system for the programming and management of health services; (3) to assist in the development of an epidemiologic surveillance system including the training of an epidemiologist, and (4) to strengthen the management and technical effectiveness of community health services through the postgraduate preparation of eight community physicians.

WFP cooperates in this project.

TOTAL		2	2	2	2	TOTAL	88,769	93,200	97,050	101,240
P-5 PAHO/WHO REPRESENTATIVE 4.0924	WR	1	1	1	1	SUBTOTAL	28,574	26,400	27,600	28,800
P-3 ADMIN. METHODS OFFICER .2056	PR	1	1	1	1	PERSONNEL-POSTS	18,435	22,100	23,200	24,300
TOTAL		3	4	4	4	PERSONNEL-CONSULTANTS	5,638	-	-	-
CONSULTANT MONTHS	PR	3	-	-	-	DUTY TRAVEL	4,211	4,300	4,400	4,500
CONSULTANT MONTHS	WR	-	4	4	4	FELLOWSHIPS	290	-	-	-
TOTAL		3	2	2	2	SUBTOTAL	60,195	66,800	69,450	72,440
FELLOWSHIPS-ACADEMIC	WR	2	2	2	2	PERSONNEL-POSTS	29,631	32,000	33,750	35,340
FELLOWSHIPS-SHORT TERM	PR	1	-	-	-	PERSONNEL-CONSULTANTS	-	8,000	8,800	9,600
						DUTY TRAVEL	3,144	3,200	3,300	3,400
						FELLOWSHIPS	7,862	9,600	9,600	9,600
						COMMON SERVICES	19,558	14,000	14,000	14,500

JAMAICA-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	4,584	4,848
ZONE ADVISORY SERVICES		-	-	4,584	4,848

JAMAICA-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	8,620	8,082
ZONE ADVISORY SERVICES		-	-	8,620	8,082

JAMAICA-3600, MANAGEMENT OF HEALTH SERVICES

The Ministry of Health and Environmental Control has the main responsibility for the provision of health care in Jamaica through its 28 government hospitals and 153 health centers and dispensaries. The total hospital bed complement in 1972 was 6,600 located all over the country. The maintenance of these health facilities is the responsibility of the Ministry of Works. It is estimated that the total hospital system has a capital value of approximately J\$72 million and a replacement value of J\$150 million. Using the generally accepted figure of 2.5 to 4.0% of capital value as the average annual cost of maintenance, an annual maintenance budget of J\$2 to J\$3 million would be in order. Amounts provided in the past have fallen well short of this figure.

The major problems affecting planning and maintenance in the health services are as follows: (1) the special critical nature of hospital priorities in planning and maintenance is not sufficiently understood nor accepted by many individuals and agencies involved in planning and maintenance; (2) the planning design of physical facilities, especially in the older hospitals, is inadequate for present-day needs, a situation aggravated by the fact that preventive maintenance has been poor; and (3) not enough thought was given to future expansion of buildings or physical facilities, so the need for more space can only be met by extensive and expensive alterations.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976	
						\$	\$	\$	\$	
TOTAL	8	8	-	-	TOTAL	-	5,700	10,526	5,278	
PARTICIPANTS	WR	8	8	-	-	PR	-	-	5,026	5,278
					SUBTOTAL					
					ZONE ADVISORY SERVICES					
					SUBTOTAL	WR	5,700	5,500	-	
					PARTICIPANTS					
							5,700	5,500	-	

JAMAICA-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	-	-	5,076	5,880
SUBTOTAL	PR	-	4,200	4,368
ZONE ADVISORY SERVICES		-	4,200	4,368
SUBTOTAL	WR	-	876	1,512
ZONE ADVISORY SERVICES		-	876	1,512

JAMAICA-4200, NUTRITION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	3,592	3,786
ZONE ADVISORY SERVICES		-	-	3,592	3,786

JAMAICA-4300, MENTAL HEALTH

This program in Jamaica seeks to develop alternatives to hospitalization as a form of care, to promote community participation in preventive efforts, to modernize the island's only psychiatric hospital by introducing group therapy techniques, and to promote the chronic mental patient's recovery by organizing rehabilitation services involving the patient's active participation, through a cooperative project with the WFP. The preparation of personnel--psychiatrists, nurses, and general practitioners--in cooperation with government and teaching institutions is also being promoted.

TOTAL		2	2	2	2	TOTAL	45,784	51,300	55,160	63,260	
P-4 MEDICAL OFFICER 4,2154	WR	1	1	1	1	SUBTOTAL	PR	14,508	25,100	26,900	32,600
P-4 MEDICAL OFFICER 4,2154	UNDP	-	-	-	-	PERSONNEL-POSTS		7,938	22,100	23,200	24,300
P-3 NURSE .2192	PR	1	1	1	1	DUTY TRAVEL		439	1,000	1,200	1,300
TOTAL		3	1	1	2	SUPPLIES AND EQUIPMENT		351	500	1,000	4,000
FELLOWSHIPS-ACADEMIC	PR	1	-	-	-	FELLOWSHIPS		5,780	1,500	1,500	3,000
FELLOWSHIPS-SHORT TERM	PR	-	1	1	2	SUBTOTAL	WR	26,276	26,200	28,260	30,660
FELLOWSHIPS-SHORT TERM	WR	2	-	-	-	PERSONNEL-POSTS		21,877	24,700	26,560	28,760
						DUTY TRAVEL		859	1,500	1,700	1,900
						FELLOWSHIPS		3,540	-	-	-
						SUBTOTAL	UNDP	5,000	-	-	-
						PERSONNEL-POSTS		5,000	-	-	-

JAMAICA-4700, CARIBBEAN REGIONAL DRUG TESTING LABORATORY

A drug testing laboratory is a necessary part of governmental drug control systems in order to examine medicaments and remove them from the market if they do not have the proper strength, quality and purity. In order to perform its role adequately, the laboratory should be able to test drugs by chemical, microbiological, and pharmacological procedures.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

Barbados, Guyana, Jamaica and Trinidad/Tobago have government laboratories for testing drugs by chemical procedures but not by microbiological or pharmacological procedures. To overcome this deficiency, the governments have agreed to establish the Caribbean Regional Drug Testing Laboratory to perform microbiological and pharmacological tests and thus complement the existing national chemical analytical laboratories. The services of this regional laboratory will be available to all of the Caribbean countries.

TOTAL		-	3	3	3	TOTAL	PR	-	18,500	26,600	23,200
CONSULTANT MONTHS	PR	-	3	3	3	PERSONNEL-CONSULTANTS	-	-	6,000	6,600	7,200
TOTAL		-	5	-	-	FELLOWSHIPS	-	-	7,500	-	-
						GRANTS	-	-	5,000	20,000	16,000
FELLOWSHIPS-SHORT TERM	PR	-	5	-	-						

JAMAICA-4800, MEDICAL CARE AND HOSPITAL ADMINISTRATION

The Government of Jamaica is in the process of decentralizing authority to the regional hospital boards. The implementation of this new policy has revealed serious problems, such as lack of trained management at all levels, lack of information both for management of the individual hospitals and for monitoring by the central ministry, and a totally inadequate maintenance system.

The objectives of the project are (1) to undertake a detailed analysis of the personnel, supply, and financial management of the hospitals and to develop a system for delegation of these functions; (2) to assist in the implementation of a maintenance program through which the ministry would become self-sufficient; (3) to assist in orientation of board members and staff in new procedures and to provide for further education, mainly through in-service training; and (4) to strengthen medical records systems at all hospitals.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		3	2	2	2	TOTAL	WR	7,972	8,800	15,765	17,626
CONSULTANT MONTHS	WR	3	2	2	2	ZONE ADVISORY SERVICES	-	-	-	6,565	7,026
TOTAL		-	1	1	1	PERSONNEL-CONSULTANTS	5,879	4,000	4,400	4,400	4,800
						SUPPLIES AND EQUIPMENT	2,093	-	-	-	-
FELLOWSHIPS-ACADEMIC	WR	-	1	1	1	FELLOWSHIPS	-	4,800	4,800	4,800	4,800
						COURSE COSTS	-	-	-	-	1,000

JAMAICA-4900, HEALTH AND POPULATION DYNAMICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		-	-	14,494	15,906
SUBTOTAL	WR	-	-	3,367	3,667
ZONE ADVISORY SERVICES		-	-	3,367	3,667
SUBTOTAL	UNFPA	-	-	11,127	12,239
ZONE ADVISORY SERVICES		-	-	11,127	12,239

JAMAICA-5000, REHABILITATION

Until the School of Physical Therapy was established with the assistance of this project in 1972, there were no facilities in the Caribbean for the preparation of physical therapists and there were only 33 trained physiotherapists, inadequate for present needs and grossly inadequate if modern rehabilitation programs are to be implemented. The objective of this project in Jamaica is to continue assistance in the establishment of the School, including participation in teaching and the preparation of national tutorial staff in order to prepare 46 physical therapists by 1977.

TOTAL		1	1	1	1	TOTAL	WR	16,940	30,300	32,110	29,940
P-3 PHYSIOTHERAPIST 4,3725	WR	1	1	1	1	PERSONNEL-POSTS	15,970	24,700	26,310	28,240	
TOTAL		-	1	1	-	DUTY TRAVEL	-	800	1,000	1,200	
						SUPPLIES AND EQUIPMENT	970	-	-	-	500
FELLOWSHIPS-ACADEMIC	WR	-	1	1	-	FELLOWSHIPS	-	4,800	4,800	-	

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

 \$ \$ \$ \$

JAMAICA-6101, HUMAN RESOURCES DEVELOPMENT

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	1,180	1,280
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ZONE ADVISORY SERVICES		-	-	1,180	1,280

JAMAICA-6300, NURSING EDUCATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	7,860	7,600
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ZONE ADVISORY SERVICES		-	-	6,460	6,200
DEV. OF HUMAN RESOURCES		-	-	1,400	1,400

JAMAICA-6400, SANITARY ENGINEERING EDUCATION

Few of the personnel working in sanitary engineering and environmental health programs in Jamaica have received special training in these subjects. There is neither a technical school for water and sewage works personnel nor adequate courses in environmental sciences at the University of the West Indies.

The purpose of this project is to improve the training of professionals and technical and auxiliary personnel working in the field, and to foster training programs in the established institutions. Intensive short courses on specific topics of environmental health engineering will be organized at the College of Arts, Science and Technology and at the University of the West Indies. The project will also provide fellowships to lecturers of these institutions so that an adequate training program may be incorporated into their teaching program.

TOTAL		-	-	1	1	TOTAL	WR	4,412	3,000	4,500	5,000
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FELLOWSHIPS-SHORT TERM	WR	-	-	1	1	SUPPLIES AND EQUIPMENT		2,777	-	-	-
						FELLOWSHIPS		-	-	1,500	1,500
						COURSE COSTS		1,635	3,000	3,000	3,500

JAMAICA-6600, DENTAL EDUCATION

This project provided assistance to the Government of Jamaica in the development of a dental auxiliary training school and a program for provision of dental care to schoolchildren.

TOTAL		1	-	-	-	TOTAL	PR	1,517	-	-	-
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CONSULTANT MONTHS	PR	1	-	-	-	PERSONNEL-CONSULTANTS		1,517	-	-	-

JAMAICA-6700, BIOSTATISTICS EDUCATION

A major constraint to the development of health services information systems is the lack of adequate training. The purpose of this project is to provide an ongoing training program as an integral part of the curriculum of an established educational institution qualified to award recognized certificates and diplomas for satisfactory completion of academic requirements.

The immediate objective is to provide a one (academic) year course which is self-contained and will qualify personnel at the first level of trained specialist in health records and statistics. It is planned to extend the training to a 2-3 year program of successively advanced levels to qualify personnel for senior positions and to promote the establishment of a career structure which would minimize the problems resulting from rapid turnover of trained staff.

This program will be based at the College of Arts, Science and Technology (CAST), Kingston, Jamaica. CAST, a Jamaican institution, opens its courses to foreign students, and thus the program will serve the regional needs of the English-speaking Caribbean states and territories.

	FUND				TOTAL	FUND			
	1973	1974	1975	1976		1973	1974	1975	1976
						\$	\$	\$	\$
TOTAL	-	-	1	1	TOTAL	-	14,000	23,300	23,300
P-3	PR	-	-	1	PERSONNEL-POSTS	-	-	19,800	20,800
.3378					PERSONNEL-CONSULTANTS	-	12,000	-	-
TOTAL		6	-	-	DUTY TRAVEL	-	-	1,500	1,500
					SUPPLIES AND EQUIPMENT	-	2,000	2,000	1,000
CONSULTANT MONTHS	PR	-	6	-					

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	364,089	517,218	609,262	513,812
0100 EPIDEMIOLOGY	2,582	6,882	7,253	7,259
0101 EPIDEMIOLOGY (ZONE I)	4,107	3,964	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-
0117 EPIDEMIOLOGICAL MONITORING OF MORBIDITY DATA	-	-	-	1,560
0201 MALARIA ERADICATION (ZONE I)	1,782	1,880	-	-
0500 LEPROSY CONTROL	513	884	432	496
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	93	-	131	139
0600 VENEREAL DISEASE CONTROL	-	160	88	102
0612 VENEREAL DISEASE SEMINARS	-	560	-	-
0700 PAN AMERICAN ZOOSES CENTER	12,008	14,852	15,084	15,711
0701 VETERINARY PUBLIC HEALTH (ZONE I)	1,720	2,827	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	140	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	489	707
0926 ENTEROVIRUS COLLABORATIVE TESTING PROGRAM	-	520	-	960
0929 STRENGTHENING HEPATITIS DIAG. SURVEIL. SERV. IN THE AMERICAS	-	-	-	1,590
0932 PERFORMANCE EVALUATION OF ARBOVIRUS SEROLOGIC DIAGNOSIS	-	-	760	760
2100 ENVIRONMENTAL SANITATION	1,825	705	777	753
2101 SANITARY ENGINEERING (ZONE I)	6,401	6,300	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,391	16,685	15,648	18,295
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	855	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	748	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	4,557	5,236	5,580	5,868
2220 INSTITUTIONAL DEVELOPMENT	3,387	6,969	8,676	9,368
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	805	-
2230 RURAL WATER SUPPLY AND SANITATION	-	700	728	756
2300 AEDES AEGYPTI ERADICATION	2,741	4,181	4,669	4,994
2301 AEDES AEGYPTI ERADICATION (CARIBBEAN)	14,378	7,368	-	-
2308 ADVISORY COMMITTEE ON DENGUE FEVER	-	720	-	1,128
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	434	-	-
2311 DENGUE SURVEILLANCE IN THE CARIBBEAN	683	1,224	780	1,272
3000 COORDINATION WITH FOUNDATIONS	1,277	2,568	3,080	3,507
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,296	3,842	3,110	3,384
3124 OPERATIONS RESEARCH	134	528	441	457
3130 CONFERENCE ON MYCOLOGY	77	1,304	-	-
3131 CARIBBEAN HEALTH MINISTERS' CONFERENCE	7,082	6,248	6,447	-
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,634	2,003	1,169	1,249
3145 EMERGENCY PREPAREDNESS	-	532	-	-
3200 NURSING SERVICES	1,664	2,262	2,413	2,533
3201 NURSING (ZONE I)	3,518	4,332	-	-
3210 HOSPITAL NURSING SERVICES	-	695	1,232	1,366
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	553	1,193	1,112	1,171
3216 STANDARDS IN NURSING PRACTICE	-	-	449	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	-	-	1,365
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	261	493	309	248
3223 SYSTEMS OF NURSING	50	1,001	1,248	-
3300 LABORATORY SERVICES	821	371	465	493
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,431	1,688	882	971
3400 HEALTH EDUCATION	530	496	309	496
3500 HEALTH STATISTICS	1,125	723	932	686
3501 HEALTH STATISTICS (ZONE I)	9,301	9,108	-	-
3513 INTER-AMERICAN INVESTIGATION OF MORTALITY IN CHILDHOOD	7,281	3,007	3,318	3,578
3515 TRAINING IN USE OF COMPUTERS IN HEALTH STATISTICS	42	400	440	480
3516 REGIONAL SEMINAR ON DATA PROCESSING	-	723	-	723
3521 DETERMINATION OF BASIC DATA NEEDED ON DELIVERY OF HEALTH CARE	-	-	-	651
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,259	3,057	3,212	3,418
3601 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE I)	8,949	4,760	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,500	1,505	-	-

3700 HEALTH PLANNING	5,072	3,162	2,831	3,124
3701 HEALTH PLANNING AND ORGANIZATION (ZONE I)	4,988	4,848	-	-
3709 MEETING OF MINISTERS OF HEALTH	756	-	-	-
3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	3,477	10,813	7,880	6,280
4200 NUTRITION ADVISORY SERVICES	2,160	2,018	2,159	2,285
4201 NUTRITION ADVISORY SERVICES (ZONE I)	3,849	2,401	-	-
4207 CARIBBEAN FOOD AND NUTRITION INSTITUTE	123,406	210,815	190,045	122,471
4211 RESEARCH ON PROTEIN-CALORIE MALNUTRITION	2,456	-	-	1,133
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	69	222	244	443
4230 NUTRITION TRAINING	914	636	844	1,097
4247 SURVEILLANCE OF NUTRITIONAL STATUS	-	-	826	453
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	558	231
4300 MENTAL HEALTH	130	900	948	1,044
4316 EPIDEMIOLOGY OF SUICIDES	-	375	395	-
4400 DENTAL HEALTH	955	804	450	540
4409 FLUORIDATION	-	-	3,340	3,964
4411 HUMAN AND MATERIAL RESOURCES IN DENTISTRY	2,994	6,600	4,820	4,840
4412 SEMINAR ON IMPLEMENTATION OF DENTAL HEALTH PROGRAMS	-	442	40	628
4500 HEALTH ASPECTS OF RADIATION	98	120	126	132
4507 RADIATION HEALTH PROTECTION	383	440	462	488
4509 RADIATION SURVEILLANCE	36	80	100	100
4516 PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	84	-
4620 MANAGEMENT OF PESTICIDES	-	210	228	261
4700 FOOD AND DRUG CONTROL	1,467	1,611	1,700	1,779
4715 FOOD HYGIENE	-	1,225	2,145	2,495
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	672
4800 MEDICAL CARE SERVICES	1,149	1,183	1,299	1,462
4801 MEDICAL CARE SERVICES (ZONE I)	5,481	11,398	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,575	2,108	2,804	3,550
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,963	2,665	2,362	3,064
4900 HEALTH AND POPULATION DYNAMICS	18,281	39,494	40,000	45,430
4901 HEALTH AND POPULATION DYNAMICS (ZONE I)	11,594	12,928	-	-
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	2,255	5,797	5,910	6,501
4915 MATERNAL AND CHILD HEALTH	129	390	429	520
5000 REHABILITATION	2,090	1,717	1,796	1,945
5100 CHRONIC DISEASES	277	950	1,075	1,118
6000 MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	2,474	2,552	2,834	2,992
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	1,158	2,530	2,468	2,847
6101 HUMAN RESOURCES PROGRAM IN THE CARIBBEAN	14,601	13,940	-	-
6113 EDUCATION AND TRAINING OF PARAMEDICAL PERSONNEL	3,895	6,567	187,522	137,940
6200 EDUCATION IN HEALTH SCIENCES	3,355	1,644	1,675	1,947
6216 BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,283	2,880	2,817	2,682
6223 TEACHING OF BEHAVIORAL SCIENCES	1,701	400	-	-
6228 MEDICAL EDUCATION IN THE CARIBBEAN	2,231	25,200	31,080	31,500
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	467	859	933	1,063
6301 NURSING EDUCATION (ZONE I)	11,054	7,520	-	-
6320 POSTBASIC COURSES IN NURSING	341	782	626	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,476
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	150	503
6400 SANITARY ENGINEERING EDUCATION	1,098	1,065	1,234	1,350
6500 VETERINARY MEDICINE EDUCATION	-	2,753	2,967	3,127
6507 SEMINARS ON VETERINARY MEDICINE EDUCATION	264	-	222	195
6508 PROG. TRAIN. ANIM. HEALTH VETER. PUB. HEALTH ASSIST. (CARIBBEAN)	-	1,200	-	-
6600 DENTAL EDUCATION	-	-	-	928
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	181	240	560	1,122
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	225	459	345	355
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	246	241	252	294
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	573	946	2,976	3,105
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*-----PORTIONS OF INTER-COUNTRY PROJECTS-----*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	281,874	345,050	414,423	409,351	364,089	537,218	609,262	513,812
PAHO-PR-REGULAR BUDGET	93,121	122,250	192,806	204,508	156,467	199,424	145,916	185,348
PW-COMMUNITY WATER SUPPLY	-	-	-	-	908	4,215	5,144	5,410
PG-GRANTS & OTHER CONTRIBUT.	-	-	-	-	104,353	106,347	62,623	49,135
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	12,996	60,028	63,933	1,368
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	5,202	-	-	-
WHO-MR-REGULAR BUDGET	134,484	151,050	186,490	192,604	58,070	100,574	89,204	76,528
UNDP-UN DEVELOPMENT PROGRAM	52,574	67,000	24,000	-	21,210	23,738	198,112	147,060
UNFPA-UN FUND POPULATION ACT.	-	-	11,127	12,239	4,883	42,892	44,330	48,963
WO-GRANTS & OTHER FUNDS	1,695	4,750	-	-	-	-	-	-

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	645,963	882,268	1,023,685	923,163
PAHO-PR-REGULAR BUDGET	249,588	321,674	338,722	389,856
PW-COMMUNITY WATER SUPPLY	908	4,215	5,144	5,410
PG-GRANTS & OTHER CONTRIBUT.	104,353	106,347	62,623	49,135
PH-PAN AMER. HEALTH & EDUC.FN.	12,996	60,028	63,933	1,368
PK-SPECIAL FUND FOR HEALTH PR.	5,202	-	-	-
WHO-MR-REGULAR BUDGET	192,554	251,624	275,694	269,132
UNDP-UN DEVELOPMENT PROGRAM	73,784	90,738	222,112	147,060
UNFPA-UN FUND POPULATION ACT.	4,883	42,892	55,457	61,202
WO-GRANTS & OTHER FUNDS	1,695	4,750	-	-

NETHERLANDS ANTILLES

BACKGROUND DATA

Socioeconomic Position

The Netherlands Antilles, comprising the islands of Aruba, Bonaire, Curaçao, Saba, St. Eustatius and St. Maarten, has a total area of 992 square kilometers and a population (mid-1972) of 230,824, distributed as follows: Aruba, 61,293; Bonaire, 8,181; Curaçao, 150,008; Saba, 971; St. Eustatius, 1,401; and St. Maarten, 8,970.

The rate of population growth in 1972 was 1%. The per capita gross national product in 1968 was NAfl.1,907 and it is estimated that this has continued rising at a higher rate than the population. The economy hinges largely upon tourism and tourism-related industries, and oil refining in Aruba and Curaçao. Unemployment has risen over recent years owing to automation of the oil refineries. There is a pronounced food production deficit which makes imports essential. The balance of trade has remained stubbornly negative. Consumer prices rose slowly (2% annually) between 1968 and 1970 and more rapidly (6.5% annually) from 1970 to 1973.

It is estimated that more than 95% of the population is literate and that illiteracy among the school-age groups is less than 1%.

National Development

The Netherlands Antilles is an integral part of the Kingdom of the Netherlands, responsible for its own internal affairs. Its development plans and programs, as regards both economic and social infrastructure, have received considerable economic and technical support from the Netherlands Government.

It was recently decided to accelerate the progress toward full independence, which will place greater responsibility and demands on the Federal Government and the local governments of the four geographic areas in which the country's administration is organized.

Health Level and Structure

The country has reached a health level comparable in various aspects with that of industrial countries. The life expectancy at birth in 1972 was 70.3 years for men and 75.5 for women. The general mortality rate for 1972 was 5.1 per 1,000 inhabitants and the infant mortality 23 per 1,000 live births.

The country's hospitals have been operated mainly by private nonprofit organizations. The speeding up of progress toward full independence will result in greater Government participation and in the operation and administration of the medical care establishments. The Government recently stated its interest in designing, setting up, and developing a system of health services that will enable it to meet the demands of the population effectively and efficiently.

PROTECTION OF HEALTH

Communicable Disease Control

The six islands are infested with Aedes aegypti. The vector eradication program was started in 1955 and resumed in 1970 on Aruba, Bonaire, Saba, St. Eustatius, and St. Maarten. Aruba and Bonaire are already free of Aedes aegypti and the local government is carrying out activities to prevent reinfestation. The program is continuing in the attack phase in the other three territories, and Curaçao is still in the preparatory phase.

Environmental Health

In 1960 only 69% of the population of Curaçao and 62% of that of Bonaire had potable water service. Precise data are not available regarding Aruba and St. Maarten. There is no public potable water service on Saba and St. Eustatius. More recent (1972) information indicates that there has been a distinct improvement in the situation in the case of Aruba, Curaçao, and St. Maarten.

The collection and disposal of solid waste are deficient in some of the territories.

PROMOTION OF HEALTH

General Services

The Netherlands Antilles has one long-stay hospital (Curaçao with 919 beds; five short-stay hospitals, (two in Curaçao, one in Aruba, one in Bonaire, and one in St. Maarten with a total of 1,045 beds; two rural hospitals (one in Saba and one in St. Eustatius) with a total of 23 beds; one maternity clinic with 59 beds in Curaçao and eight old people's homes (five in Curaçao and one each in Aruba, Bonaire, and St. Maarten) with a total of 352 beds. Altogether there are 2,389 beds available, or rather more than 10 per 1,000 inhabitants.

There are some 150 practicing doctors in the six islands (one for every 1,549 inhabitants) of whom 98 are general practitioners (one for every 2,355 inhabitants) and 51 are specialists. The number of dentists is 33 (one for every 7,000 inhabitants), while there are also five veterinarians (three in Curaçao, and one each in Aruba and St. Maarten) and 18 midwives, eight of whom are practicing.

The size of the population of some of the territories makes it difficult for each of them to have the same services as the larger territories; this fact, coupled with the distances between the islands, creates difficulties for the provision and acceptance of health services adequate for the entire population. These problems have led the Government to seek a health service system that will provide services satisfactory to the whole population in a rational fashion, particularly as regards the smaller territories.

Specific Programs

Definitive information on the government's priorities regarding programs of this nature is not available at this moment. It is expected that the studies that will be carried out for design of the health service system will help to define these priorities.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

There is a degree of insufficiency of professional staff and technical personnel in the health sector. These are presently trained outside the country. There are no plans for establishing institutions for training such personnel in the country.

NETHERLANDS ANTILLES - PROGRAM BUDGET

1 9 7 3		1 9 7 4			1 9 7 5		1 9 7 6	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
12,531	34.5	25,571	34.4	I. PROTECTION OF HEALTH	28,203	35.1	27,144	29.8
1,200	3.2	2,345	3.2	A. COMMUNICABLE DISEASES	2,320	3.0	2,670	3.0
631	1.7	721	1.0	0100 GENERAL	768	1.0	825	.9
303	.8	443	.6	0500 LEPROSY	283	.4	319	.4
-	-	640	.9	0600 VENEREAL DISEASES	44	.1	51	.1
266	.7	471	.6	0700 ZONCUSES	736	.9	768	.8
-	-	70	.1	0900 OTHER	489	.6	707	.8
11,331	31.3	23,226	31.2	B. ENVIRONMENTAL HEALTH	25,883	32.1	24,474	26.8
914	2.5	3,958	5.1	2100 GENERAL	2,611	3.2	2,729	3.0
-	-	-	-	2200 WATER SUPPLIES	805	1.0	-	-
10,417	28.8	19,268	25.9	2300 AEDS AEGYPTI ERADICATION	22,467	27.9	21,745	23.8
23,343	64.6	46,807	63.0	II. PROMOTION OF HEALTH	51,624	63.9	61,467	66.9
11,807	32.7	25,568	34.4	A. GENERAL SERVICES	26,449	32.8	32,695	35.6
3,650	10.1	14,245	19.2	3100 GENERAL PUBLIC HEALTH	15,450	19.2	20,991	22.9
1,450	4.0	3,743	5.0	3200 NURSING	4,732	5.9	5,083	5.5
530	1.5	496	.7	3400 HEALTH EDUCATION	309	.4	496	.5
1,986	5.5	1,937	2.6	3500 STATISTICS	2,087	2.6	2,063	2.3
3,435	9.5	5,147	6.9	3600 ADMINISTRATIVE METHODS	3,831	4.7	4,062	4.4
756	2.1	-	-	3700 HEALTH PLANNING	-	-	-	-
11,536	31.9	21,239	28.6	B. SPECIFIC PROGRAMS	25,180	31.1	28,772	31.3
-	-	686	.9	4200 NUTRITION	917	1.1	609	.7
-	-	-	-	4400 DENTAL HEALTH	3,340	4.1	3,964	4.3
-	-	140	.2	4600 OCCUPATIONAL HEALTH	152	.2	174	.2
243	.7	268	.4	4700 FOOD AND DRUG	283	.3	408	.4
5,417	15.0	7,476	10.1	4800 MEDICAL CARE	7,334	9.1	9,012	9.8
3,786	10.4	10,952	14.7	4900 FAMILY HEALTH AND POP. DYNAMICS	11,354	14.1	12,661	13.8
2,090	5.8	1,717	2.3	5000 REHABILITATION	1,795	2.2	1,944	2.1
341	.9	1,982	2.6	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	776	1.0	2,979	3.3
341	.9	782	1.0	6300 NURSING	776	1.0	2,979	3.3
-	-	1,200	1.6	6500 VETERINARY MEDICINE	-	-	-	-
36,215	100.0	74,360	100.0	GRAND TOTAL	80,608	100.0	91,590	100.0
=====	=====	=====	=====	=====	=====	=====	=====	=====

*LESS THAN .05 PER CENT

NETHERLANDS ANTILLES - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS			SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHORT	AMOUNT	PART.	AMOUNT		
1973													
PAHO--PR	19,824	-	-	-	15,421	2,091	-	-	-	-	1,204	1,108	-
PG	3,633	-	-	-	1,481	123	-	-	1,503	-	328	104	94
PK	55	-	-	-	53	2	-	-	-	-	-	-	-
WHO--WR	5,480	-	-	-	4,404	420	-	-	-	-	429	167	-
UNDP	6,939	-	-	-	6,435	-	-	-	65	-	-	439	-
UNFPA	284	-	-	-	284	-	-	-	-	-	-	-	-
TOTAL	36,215	-	-	-	28,138	2,636	-	-	1,568	-	1,961	1,818	94
PERCENT OF TOTAL	100.0	-	-	-	77.7	7.3	-	-	4.3	-	5.4	5.0	.3
1974													
PAHO--PR	33,019	-	-	2	27,759	2,335	-	-	-	-	1,738	470	717
PG	3,257	-	-	-	1,094	62	-	-	88	-	1,344	526	143
PH	1,154	-	-	-	924	-	-	-	-	-	129	56	45
WHO--WR	25,291	-	-	-	14,534	1,210	-	4	6,022	-	2,678	623	224
UNDP	2,705	-	-	-	665	-	-	-	1,840	-	-	-	200
UNFPA	8,934	-	-	-	4,003	300	-	-	3,844	-	347	292	148
TOTAL	74,360	-	-	2	48,979	3,907	-	4	11,794	-	6,236	1,967	1,477
PERCENT OF TOTAL	100.0	-	-	2	65.9	5.2	-	15.9	8.4	-	2.6	2.0	2.0
1975													
PAHO--PK	38,676	-	-	3	33,205	2,674	-	-	-	-	1,467	830	440
PH	1,292	-	-	-	1,292	-	-	-	-	-	-	-	-
WHO--WR	30,044	-	-	-	17,009	1,370	1	3	9,330	-	999	1,023	313
UNFPA	10,596	-	-	-	5,096	350	-	-	3,940	-	654	368	188
TOTAL	80,608	-	-	3	56,602	4,394	1	3	13,270	-	3,120	2,221	941
PERCENT OF TOTAL	100.0	-	-	3	70.3	5.5	1	3	16.5	-	3.9	2.7	1.1
1976													
PAHO--PR	45,361	-	-	2	34,410	2,803	-	-	409	-	3,138	1,323	3,278
PH	1,368	-	-	-	1,368	-	-	-	-	-	-	-	-
WHO--WR	33,181	-	-	-	16,238	1,415	2	3	14,130	-	360	1,022	16
UNFPA	11,480	-	-	-	5,641	375	-	-	4,334	-	719	405	206
TOTAL	91,590	-	-	2	57,657	4,593	2	3	18,873	-	4,217	2,750	3,500
PERCENT OF TOTAL	100.0	-	-	2	63.0	5.0	2	3	20.6	-	4.6	3.0	3.8

PAHO-PR-REGULAR BUDGET
 PW-COMMUNITY WATER SUPPLY
 PI-INCAP - REGULAR BUDGET
 PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS
 PG-GRANTS AND OTHER CONTRIBUTIONS
 PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION

PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION
 PS-SPECIAL FUND FOR RESEARCH
 WHO-WR-REGULAR BUDGET
 UNDP-UNITED NATIONS DEVELOPMENT PROGRAM
 UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES
 MC-GRANTS AND OTHER FUNDS

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

NETHERLANDS ANTILLES - DETAIL

NETHERLANDS ANTILLES-0100, EPIDEMIOLOGY

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	768	825
ZONE ADVISORY SERVICES		-	-	768	825

NETHERLANDS ANTILLES-0700, VETERINARY PUBLIC HEALTH

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	736	768
ZONE ADVISORY SERVICES		-	-	736	768

NETHERLANDS ANTILLES-2100, SANITARY ENGINEERING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	946	992
ZONE ADVISORY SERVICES		-	-	946	992

NETHERLAND ANTILLES-2300, Aedes aegypti ERADICATION

Of the six islands which comprise the Netherlands Antilles (Aruba, Bonaire, Curacao, Saba, St. Eustatius, and St. Maarten), the largest and most heavily populated (Curacao) is heavily infested with Aedes aegypti, vector of yellow fever, dengue, and hemorrhagic fever. There have been occasional epidemics of dengue in these islands; the last one to affect the health of the population with consequent economic loss, was in 1963-64. The islands of Aruba, Bonaire, Saba, and St. Eustatius reached negativity and are in the consolidation phase.

The purpose of this project is to eradicate the vector from all six islands of the Netherlands Antilles group and thereby protect the population of about 216,000 from epidemics of diseases carried by Aedes aegypti.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	2	3	2	TOTAL		-	4,000	21,303	20,526
CONSULTANT MONTHS	PR	-	2	3	2	SUBTOTAL	PR	-	4,000	11,970	10,440
						ZONE ADVISORY SERVICES		-	-	5,370	5,640
						PERSONNEL-CONSULTANTS		-	4,000	6,600	4,800
						SUBTOTAL	WR	-	-	9,333	10,086
						ZONE ADVISORY SERVICES		-	-	9,333	10,086

NETHERLANDS ANTILLES-3101, FELLOWSHIPS

Fellowships are provided in order to train personnel for the improvement and expansion of health services in the Netherlands Antilles.

TOTAL		-	4	4	5	TOTAL	WR	-	6,000	9,300	14,100
FELLOWSHIPS-ACADEMIC	WR	-	-	1	2	FELLOWSHIPS		-	6,000	9,300	14,100
FELLOWSHIPS-SHORT TERM	WR	-	4	3	3						

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

NETHERLANDS ANTILLES-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	382	404
ZONE ADVISORY SERVICES		-	-	382	404

NETHERLANDS ANTILLES-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	1,724	1,796
ZONE ADVISORY SERVICES		-	-	1,724	1,796

NETHERLANDS ANTILLES-3600, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	1,077	1,131
ZONE ADVISORY SERVICES		-	-	1,077	1,131

NETHERLANDS ANTILLES-4200, NUTRITION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	359	378
ZONE ADVISORY SERVICES		-	-	359	378

NETHERLANDS ANTILLES-4800, MEDICAL CARE SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	875	937
ZONE ADVISORY SERVICES		-	-	875	937

NETHERLANDS ANTILLES-4900, HEALTH AND POPULATION DYNAMICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		-	-	2,415	2,651
SUBTOTAL	WR	-	-	561	611
ZONE ADVISORY SERVICES		-	-	561	611
SUBTOTAL	UNFPA	-	-	1,854	2,040
ZONE ADVISORY SERVICES		-	-	1,854	2,040

 PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRD PROJECTS	36,215	64,360	40,723	47,082
0101 EPIDEMIOLOGY (ZONE I)	631	721	-	-
0500 LEPROSY CONTROL	257	443	217	249
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	46	-	66	70
0600 VENEREAL DISEASE CONTROL	-	80	44	51
0612 VENEREAL DISEASE SEMINARS	-	560	-	-
0701 VETERINARY PUBLIC HEALTH (ZONE I)	266	471	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	70	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	489	707
2101 SANITARY ENGINEERING (ZONE I)	914	900	-	-
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	855	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	748	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	805	-
2300 AEDES AEGYPTI ERADICATION	377	577	644	689
2301 AEDES AEGYPTI ERADICATION (CARIBBEAN)	9,586	13,815	-	-
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	60	-	-
2311 DENGUE SURVEILLANCE IN THE CARIBBEAN	454	816	520	530
3000 COORDINATION WITH FOUNDATIONS	1,277	2,568	3,080	3,507
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,296	3,841	3,110	3,384
3130 CONFERENCE ON MYCOLOGY	77	1,304	-	-
3145 EMERGENCY PREPAREDNESS	-	532	-	-
3201 NURSING (ZONE I)	586	361	-	-
3210 HOSPITAL NURSING SERVICES	-	695	1,232	1,366
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	553	1,193	1,112	1,171
3216 STANDARDS IN NURSING PRACTICE	-	-	449	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	-	-	1,365
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	261	493	309	248
3223 SYSTEMS OF NURSING	50	1,001	1,248	-
3400 HEALTH EDUCATION	530	496	309	496
3500 HEALTH STATISTICS	437	281	363	267
3501 HEALTH STATISTICS (ZONE I)	1,549	1,656	-	-
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	1,935	2,622	2,754	2,931
3601 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE I)	-	1,020	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,500	1,505	-	-
3709 MEETING OF MINISTERS OF HEALTH	756	-	-	-
4201 NUTRITION ADVISORY SERVICES (ZONE I)	-	686	-	-
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	558	231
4409 FLUORIDATION	-	-	3,340	3,964
4620 MANAGEMENT OF PESTICIDES	-	140	152	174
4700 FOOD AND DRUG CONTROL	243	268	283	296
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	112
4800 MEDICAL CARE SERVICES	1,149	1,183	1,298	1,462
4801 MEDICAL CARE SERVICES (ZONE I)	730	1,520	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,575	2,108	2,804	3,549
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,963	2,665	2,362	3,064
4900 HEALTH AND POPULATION DYNAMICS	2,283	4,934	4,999	5,676
4901 HEALTH AND POPULATION DYNAMICS (ZONE I)	-	2,154	-	-
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	1,503	3,864	3,940	4,334
5000 REHABILITATION	2,090	1,717	1,795	1,944
6320 POSTBASIC COURSES IN NURSING	341	782	626	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,476
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	150	503
6508 PROG. TRAIN. ANIM. HEALTH VETER. PUB. HEALTH ASSIST. (CARIBBEAN)	-	1,200	-	-

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*-----PORTIONS OF INTER-COUNTRY PROJECTS-----*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	-	10,000	39,885	44,508	36,215	64,360	40,723	47,082
PAHO-PR-REGULAR BUDGET	-	4,000	16,099	14,763	19,824	29,019	22,577	30,598
PG-GRANTS & OTHER CONTRIBUT.	-	-	-	-	3,633	3,257	-	-
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	-	1,154	1,292	1,368
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	55	-	-	-
WHO-WR-REGULAR BUDGET	-	6,000	21,932	27,705	5,480	19,291	8,112	5,476
UNDP-UN DEVELOPMENT PROGRAM	-	-	-	-	6,939	2,705	-	-
UNFPA-UN FUND POPULATION ACT.	-	-	1,854	2,040	284	8,934	8,742	9,640

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	36,215	74,360	80,608	91,590
PAHO-PR-REGULAR BUDGET	19,824	33,019	38,676	45,361
PG-GRANTS & OTHER CONTRIBUT.	3,633	3,257	-	-
PH-PAN AMER. HEALTH & EDUC.FN.	-	1,154	1,292	1,368
PK-SPECIAL FUND FOR HEALTH PR.	55	-	-	-
WHO-WR-REGULAR BUDGET	5,480	25,291	30,044	33,181
UNDP-UN DEVELOPMENT PROGRAM	6,939	2,705	-	-
UNFPA-UN FUND POPULATION ACT.	284	8,934	10,596	11,680

SURINAM

BACKGROUND DATA

Surinam has been an equal partner with the Kingdom of the Netherlands since 1954. Foreign affairs and defense remain within the realm of the Kingdom of the Netherlands, but Surinam is fully autonomous in all other matters. The present Government has declared that Surinam shall be independent before the end of 1975.

The country is situated on the northeast coast of South America and has an area of 163,800 km². The total population (385,000 at the last census in 1971) is concentrated in a densely populated coastal belt, with only 7% of the population scattered in the interior. The population growth has been 2.3% per year, mainly due to a very large emigration to Holland (some years up to 2% of the total population). The population under age 15 is 45.7%, and the literacy rate is said to be more than 70%. Life expectancy at birth (1971) was for males 65.1 years and for females 68.8 years. Infant mortality was, in 1971, 39.1.

The per capital gross national product (GNP) was estimated at \$700 in 1970 with a rate of growth of 8.4%. The mining of bauxite provides 30.3% of the GNP.

The Kingdom of the Netherlands allocates approximately N.F.1,400 million (\$140 million) over five years to development assistance for Surinam.

The indicative planning figure (IPF) of the United Nations Development Programme (UNDP) for Surinam is \$2.5 million for 1974/78 and is totally allocated.

The Ministry of Health is responsible for preventive services for the whole country and curative services for the indigent population in the coastal belt. It also subsidizes curative services provided in the deep interior.

In a recently published "Government's Declaration," high priority was given to the formulation of a long-term national health plan and a national health insurance plan. The training of auxiliary personnel, the improvement of preventive care, the provision of inpatient care and emergency service, and the inclusion of private hospitals in the Government's system of health delivery, have also been stated in the "Government's Declaration" as areas to be given attention.

PROTECTION OF HEALTH

Communicable Disease Control

Eighteen point five per cent of the total deaths in 1971 were due to communicable diseases. The reporting system is not well structured and there is underreporting. There are no structured epidemiologic surveillance activities although there is a well-equipped and well-staffed laboratory service. There is no structured vaccination plan for any disease preventable by vaccination, although a large number of immunizations against smallpox, yellow fever, diphtheria, tetanus, and whooping cough are performed.

Tuberculosis is well controlled.

Malaria continues to be transmitted in areas where 9% of the population live. The presence of drug-resistant malaria has complicated the situation and caused an increase of cases in 1973.

Aedes aegypti eradication efforts will continue to be given high priority by the Government.

The prevalence of schistosomiasis in some areas is up to 44% for some villages. An extensive control campaign was initiated in 1973 with assistance from the Dutch Government.

Environmental Health

The urban areas are continuously provided with good quality drinking water. A large UNDP-financed project has prepared the plans for providing drinking water to large segments of the population outside the capital city of Paramaribo. These plans are in the implementation stage and in some areas construction has already begun.

Plans for improving the sewerage and drainage of urban areas have also been prepared.

An environmental sanitation unit has been created under the Directorate of Public Health, and sanitary inspectors have been hired. Water and air pollution control is a stated priority of the Government.

PROMOTION OF HEALTH

General Services

The Government has recognized the drafting of a national health plan and a health insurance plan as one of its highest priorities. The central administration of the Ministry of Health is presently under study and will be reorganized according to the needs of the sector. Job descriptions for all staff positions, as well as training of the administrative personnel, are being planned. The integration of malaria vigilance tasks in the general health services is being implemented. The statistical service of the Ministry of Health is to be strengthened.

Specific Programs

Maternal and Child Health:

There are no structured MCH services; this sector of the population is served within the general health services.

Nutrition:

There are no recent data available on the nutritional status of the population, but the Government is considering conducting a food and nutrition survey in order to formulate a food and nutrition policy.

Weight charts have been introduced in some health establishments but the results have not yet been collated.

Medical Care:

There were 1,260 short-stay hospital beds in Surinam in 1972, 901 of which were in the city of Paramaribo. The Ministry of Health owns 710 of the beds (56% of total), and subsidizes almost all the rest. Plans for the construction of an additional 200 beds are being prepared. The better utilization of the existing beds is also a stated goal of the Ministry.

Mental health, dental health, leprosy, venereal diseases, and rehabilitation will receive special attention within the overall activities of the national health services.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

In 1972 the number of health professionals per 10,000 inhabitants was: physicians, 4.7; dentists, 0.5; qualified nurses, 10; midwives, 1.7; and all nursing personnel, 25. There is only one sanitary engineer in the country. There are only five veterinarians in the country. The local university has a medical school that is now providing complete training to local physicians. Nurses, midwives, and laboratory technicians are also trained locally. It is proposed to centralize the training of all health manpower in a school of health sciences.

SURINAM - PROGRAM BUDGET

1 9 7 3		1 9 7 4			1 9 7 5		1 9 7 6	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
230,130	60.1	214,426	50.9	I. PROTECTION OF HEALTH	189,327	46.4	174,047	40.9
101,847	26.6	95,943	22.8	A. COMMUNICABLE DISEASES	89,778	22.0	94,869	22.3
7,043	1.8	10,846	2.6	0100 GENERAL	11,474	2.8	11,794	2.8
75,208	19.7	53,408	12.7	0200 MALARIA	50,042	12.3	53,333	12.5
302	.1	441	.1	0500 LEPROSY	280	.1	316	.1
-	-	640	.2	0600 VENEREAL DISEASES	44	*	51	*
16,140	4.2	22,438	5.3	0700 ZOOSES	22,824	5.6	23,828	5.6
-	-	70	*	0900 OTHER	489	.1	707	.2
3,154	.8	8,100	1.9	1000 PARASITIC DISEASES	4,620	1.1	4,840	1.1
128,283	33.5	118,483	28.1	B. ENVIRONMENTAL HEALTH	99,549	24.4	79,178	18.6
16,027	4.2	27,353	6.5	2100 GENERAL	21,711	5.3	24,545	5.8
72,832	19.0	49,009	11.6	2200 WATER SUPPLIES	18,174	4.5	20,114	4.7
38,029	9.9	40,071	9.5	2300 AEDES AEGYPTI ERADICATION	57,245	14.0	31,998	7.5
923	.3	1,132	.3	2400 HOUSING	1,424	.4	1,501	.4
472	.1	918	.2	2500 AIR POLLUTION	970	.2	1,020	.2
134,021	35.0	180,606	42.8	II. PROMOTION OF HEALTH	173,149	42.5	192,716	45.3
84,296	22.0	104,430	24.8	A. GENERAL SERVICES	94,890	23.3	108,252	25.4
47,191	12.3	63,945	15.2	3100 GENERAL PUBLIC HEALTH	58,558	14.4	71,738	16.8
4,874	1.3	8,532	2.0	3200 NURSING	9,618	2.4	10,444	2.5
2,250	.6	2,058	.5	3300 LABORATORY	683	.2	735	.2
7,041	1.8	7,064	1.7	3400 HEALTH EDUCATION	5,079	1.2	5,461	1.3
5,001	1.3	4,863	1.1	3500 STATISTICS	5,242	1.3	5,176	1.2
10,468	2.7	11,662	2.8	3600 ADMINISTRATIVE METHODS	10,238	2.5	8,696	2.0
7,471	2.0	6,306	1.5	3700 HEALTH PLANNING	5,272	1.3	6,002	1.4
49,725	13.0	76,176	18.0	B. SPECIFIC PROGRAMS	78,254	19.2	84,464	19.9
34,587	9.0	38,576	9.1	4200 NUTRITION	48,571	9.9	42,438	10.0
544	.2	527	.1	4600 OCCUPATIONAL HEALTH	755	.2	794	.2
243	.1	758	.2	4700 FOOD AND DRUG	1,140	.3	1,406	.3
8,347	2.2	13,562	3.2	4800 MEDICAL CARE	11,545	2.8	12,767	3.0
3,914	1.0	21,036	5.0	4900 FAMILY HEALTH AND POP. DYNAMICS	22,654	5.6	25,111	5.9
2,090	.5	1,717	.4	5000 REHABILITATION	1,794	.4	1,944	.5
18,633	4.9	26,801	6.3	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	45,610	11.1	59,314	13.8
-	-	1,265	.3	6100 PUBLIC HEALTH	1,234	.3	1,423	.3
15,955	4.2	12,781	3.0	6200 MEDICINE	12,823	3.1	14,392	3.4
340	.1	8,582	2.0	6300 NURSING	27,281	6.7	38,939	9.1
1,521	.4	1,786	.4	6400 ENVIRONMENTAL SCIENCES	2,037	.5	2,196	.5
-	-	1,200	.3	6500 VETERINARY MEDICINE	-	-	-	-
817	.2	1,187	.3	6700 BIostatistics	2,235	.5	2,364	.5
382,784	100.0	421,833	100.0	GRAND TOTAL	408,086	100.0	426,077	100.0
*****	*****	*****	*****	*****	*****	*****	*****	*****

*LESS THAN .05 PER CENT

SURINAM - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	TRAVEL AMOUNT	FELLOWSHIPS		AMOUNT	SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHORT		PART.	AMOUNT		
	\$				\$	\$			\$	\$	\$	\$	
1973													
PAHO--PR	167,209	2	-	3	114,912	13,419	2	-	15,752	-	4,851	11,955	6,320
PW	908	-	-	-	829	79	-	-	-	-	-	-	-
PN	20,874	-	-	-	8,922	884	-	-	843	-	-	2,464	7,561
PG	9,780	-	-	-	4,906	170	-	-	1,503	-	1,431	411	1,359
PH	6,923	-	-	-	2,973	409	-	-	324	-	-	1,374	1,843
PK	2,216	-	-	-	2,214	2	-	-	-	-	-	-	-
WHO--WR	90,409	1	-	1	40,469	5,195	-	1	2,253	-	1,415	34,737	1,340
UNDP	84,381	1	1	2	46,985	-	-	-	22,858	-	-	10,180	4,358
UNFPA	284	-	-	-	284	-	-	-	-	-	-	-	-
TOTAL	382,784	4	1	6	222,499	20,158	2	1	43,533	-	7,697	66,121	22,781
PERCENT OF TOTAL	100.0				58.1	5.3			11.4	2.0	17.3	5.9	
1974													
PAHO--PR	211,019	2	-	7	149,766	15,303	2	11	27,036	-	2,548	8,204	10,162
PW	4,215	-	-	-	4,020	195	-	-	-	-	-	-	-
PN	17,464	-	-	-	9,540	883	-	-	900	-	-	1,335	4,806
PG	13,280	-	-	-	6,348	120	-	-	87	-	2,625	2,532	1,568
PH	10,409	-	-	-	4,761	406	-	-	836	-	128	1,149	3,129
WHO--WR	105,649	1	-	2	58,301	6,624	1	6	15,749	3	5,530	16,845	2,594
UNDP	42,739	-	1	1	7,279	129	-	-	4,935	-	-	21,886	8,510
UNFPA	17,058	-	-	-	11,227	1,200	-	-	3,844	-	347	292	148
TOTAL	421,833	3	1	10	251,242	22,660	3	17	53,367	3	11,184	52,243	30,917
PERCENT OF TOTAL	100.0				59.6	5.4			12.7	2.6	12.4	7.3	
1975													
PAHO--PR	222,789	2	-	13	169,001	15,972	1	10	20,356	-	3,190	8,282	7,988
PW	5,144	-	-	-	4,924	220	-	-	-	-	-	-	-
PN	17,501	-	-	-	9,549	881	-	-	900	-	-	1,385	4,786
PG	6,829	-	-	-	5,194	-	-	-	-	-	-	164	1,271
PH	10,753	-	-	-	5,321	377	-	-	836	-	-	1,070	3,149
WHO--WR	123,620	2	-	2	63,423	7,937	1	3	11,944	3	3,199	12,871	4,246
UNDP	2,709	-	-	-	1,844	74	-	-	425	-	-	279	57
UNFPA	18,941	-	-	-	12,541	1,250	-	-	3,940	-	654	368	108
TOTAL	408,086	4	-	15	291,797	24,711	2	13	38,431	3	7,043	24,419	21,685
PERCENT OF TOTAL	100.0				71.5	6.1			9.4	1.7	6.0	5.3	
1976													
PAHO--PR	224,429	1	-	11	160,957	12,183	2	11	27,577	-	3,486	9,369	10,857
PW	5,410	-	-	-	5,170	240	-	-	-	-	-	-	-
PN	18,229	-	-	-	10,022	881	-	-	900	-	-	1,385	5,041
PG	6,954	-	-	-	5,440	-	-	-	-	-	-	168	1,346
PH	11,108	-	-	-	5,588	402	-	-	836	-	-	1,133	3,149
WHO--WR	136,248	2	-	2	97,082	8,503	-	6	11,644	-	1,072	12,780	5,167
UNDP	2,840	-	-	-	2,070	149	-	-	366	-	-	163	92
UNFPA	20,859	-	-	-	13,920	1,275	-	-	4,334	-	719	405	206
TOTAL	426,077	3	-	13	300,249	23,633	2	17	45,657	-	5,277	25,403	25,858
PERCENT OF TOTAL	100.0				70.5	5.5			10.7	1.2	6.0	6.1	
<p>PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO--WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WC-GRANTS AND OTHER FUNDS</p>													

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

 \$ \$ \$ \$

SURINAM - DETAIL

SURINAM-0100, EPIDEMIOLOGY

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	MR	-	-	4,226	4,536
ZONE ADVISORY SERVICES		-	-	4,226	4,536

SURINAM-0200, MALARIA ERADICATION

Surinam has a population of 405,000 inhabitants, of whom 259,000 live in areas considered to be originally malarious. However, 87.6% of that population live in areas which have been cleared from malaria transmission and have reached the maintenance or the consolidation phase of the program. The problem is now restricted to the basins of the Upper Surinam, the Upper Marowijne, the Tapanahony, and the Lawa rivers, with a population of 32,000 inhabitants, or 12.4% of the malarious areas of the country.

The measures applied in the areas in attack phase include spraying with insecticides, although the coverage is far from complete; search and treatment of fever cases; and distribution of medicated salt. The latter had to be reduced due to the detection of a strain of P. falciparum resistant to 4-aminoquinolines. The extent of this problem is under study.

During 1973 there was an epidemic outbreak of malaria on the Tapanahony River, and the number of cases increased from 800 detected in 1972 to 1,948 in 1973, through the examination of a similar number of blood smears (59,600 in 1972 and 59,448 in 1973).

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

UNICEF cooperates in this project.

TOTAL		1	1	1	1	TOTAL	61,670	37,100	45,500	47,770	
P-1 SANITARIAN 4.1048	MR	1	1	1	1	SUBTOTAL	PR	-	-	13,825	14,490
TOTAL		-	1	-	-	ZONE ADVISORY SERVICES		-	-	13,825	14,490
FELLOWSHIPS-SHORT TERM	MR	-	1	-	-	SUBTOTAL	MR	61,670	37,100	31,675	33,280
						PERSONNEL-POSTS		21,260	18,100	19,075	20,580
						DUTY TRAVEL		2,426	2,500	2,600	2,700
						SUPPLIES AND EQUIPMENT		37,984	15,000	10,000	10,000
						FELLOWSHIPS		-	1,500	-	-

SURINAM-0700, VETERINARY PUBLIC HEALTH

A guarantee of availability of sufficient veterinary health services to provide preventive and curative services to herds is necessary if the Government of Surinam is to achieve its aim of developing the cattle population. Manpower is very scarce; there are only six veterinarians and no trained assistant veterinarians. Efforts are being made to improve knowledge and reporting of the animal health situation by improving the diagnostic capacity of the veterinarians through the establishment and equipment of a veterinary diagnostic laboratory.

Surinam is free of foot-and-mouth disease and is taking costly measures to maintain this status. The large population of bats and stray dogs, together with the known presence of rabies virus, causes rabies to be a permanent threat to the human and animal population. The responsibility for food hygiene control is not well defined and adequate legislation is lacking in this field.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

The objectives of this project are to improve knowledge of the prevalence of zoonotic diseases by better diagnosis and reporting; to maintain the country free of foot-and-mouth disease; to prevent an epizootic or epidemic of rabies by prophylactic measures; and to improve food hygiene control.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	1	TOTAL	2,685	5,000	7,748	8,125	
CONSULTANT MONTHS	PR	1	1	1	1	SUBTOTAL	PR	2,685	5,000	3,700	3,900
TOTAL		-	2	1	1	PERSONNEL-CONSULTANTS		2,685	2,000	2,200	2,400
FELLOWSHIPS-SHORT TERM	PR	-	2	1	1	FELLOWSHIPS		-	3,000	1,500	1,500
						SUBTOTAL	WR	-	-	4,048	4,225
						ZONE ADVISORY SERVICES		-	-	4,048	4,225

SURINAM-1000, SCHISTOSOMIASIS

Schistosomiasis has been found to be an important cause of mortality and morbidity in a well-defined geographic area in the coastal part of Surinam. In the same area, a large number of host snails of the *Biomphalaria glabrata* species have been found to be infected. In a school population surveyed, infestation rates as high as 53% have been found.

The objectives of this project are to stop transmission of schistosomiasis in Surinam by locating and treating all persons infected and by molluscicide spraying of the areas where contamination occurs. Provision of piped drinking water and minimization of contact with infected water will aid in the attainment of these objectives.

TOTAL		1	2	1	1	TOTAL	WR	3,143	7,000	3,700	3,900
CONSULTANT MONTHS	WR	1	2	1	1	PERSONNEL-CONSULTANTS		1,433	4,000	2,200	2,400
TOTAL		1	2	1	1	FELLOWSHIPS		1,710	3,000	1,500	1,500
FELLOWSHIPS-SHORT TERM	WR	1	2	1	1						

SURINAM-2100, ENVIRONMENTAL SANITATION

The urbanization and industrialization of Surinam will bring changes in an environment which the Government wishes to make as safe as possible. In accommodating these changes, the fluoridation and chlorination of the water supply of the city of Paramaribo is considered a priority. Air and water pollution are presently within acceptable limits and cause no threat to human health, but legislation and measures are needed to maintain this status.

With assistance from this project, a corps of trained sanitary inspectors with well-defined tasks is to be created and trained according to their functions. The industrial sources of air pollution are to be controlled, and legislation to protect the health of the population is to be drafted.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	1	TOTAL	PR	1,734	6,500	9,376	9,852
CONSULTANT MONTHS	PR	1	1	1	1	ZONE ADVISORY SERVICES		-	-	5,676	5,952
TOTAL		-	3	1	1	PERSONNEL-CONSULTANTS		1,734	2,000	2,200	2,400
FELLOWSHIPS-SHORT TERM	PR	-	3	1	1	FELLOWSHIPS		-	4,500	1,500	1,500

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

SURINAM-2200, WATER SUPPLIES

At present, more than 60% of the population of Surinam does not have safe piped water supplies and has to rely on untreated water from either rainwater cisterns of various surface water sources. There are no municipal sanitary sewer systems in the country. As a result, approximately 60-70% of the people suffer from water-borne diseases and this is reflected in the high rate of worker absenteeism which has reduced the productivity of agriculture and industry.

The purpose of the project is to assist the Government in carrying out the investigation, planning, and design of piped water supply and sewerage systems for communities in the lower Surinam River Basin and the heavily populated coastal area, as well as selected inland communities, including a study of the water supply system of the city of Paramaribo. As a result of this project, it is expected that the Government will have an overall plan of phased development of water supply and sewerage systems on the basis of which future detailed planning can be carried out and budgetary decisions made within the context of national development plans.

TOTAL		2	1	-	-	TOTAL	UNDP	64,035	34,404	-	-
P-5 PROJECT MANAGER	UNDP	1	-	-	-	PERSONNEL-POSTS		27,500	125	-	-
4.3470						PERSONNEL-CONSULTANTS		3,500	4,000	-	-
G-5 SECRETARY	UNDP	1	1	-	-	SUPPLIES AND EQUIPMENT		8,651	21,305	-	-
4.3650						FELLOWSHIPS		20,184	752	-	-
TOTAL		2	1	-	-	LOCAL PERSONNEL COSTS		1,375	-	-	-
						MISCELLANEOUS		2,825	8,222	-	-
CONSULTANT MONTHS	UNDP	2	1	-	-						
TOTAL		-	-	-	-						
FELLOWSHIPS-ACADEMIC	UNDP	-	-	-	-						

SURINAM-2201, RURAL WATER SUPPLY

The Government of Surinam, with assistance from UNICEF, is constructing water supply systems in nine rural communities of Surinam with a projected population in 1985 of 60,000 inhabitants. This is an effort to avoid urban migration of these inhabitants by improving the living conditions in rural areas. PAHO/WHO assists in the technical aspects of the planning and construction and in the training of the needed manpower.

TOTAL		-	-	1	1	TOTAL	WR	-	1,500	2,200	3,900
CONSULTANT MONTHS	WR	-	-	1	1	PERSONNEL-CONSULTANTS		-	-	2,200	2,400
TOTAL		-	1	-	1	FELLOWSHIPS		-	1,500	-	1,500
FELLOWSHIPS-SHORT TERM	WR	-	1	-	1						

SURINAM-2300, AEDES AEGYPTI ERADICATION

The coastal area of Surinam continues to be infested with Aedes aegypti in spite of the efforts and funds invested by the Government and PAHO. Infrastructural problems, lack of funds, and social unrest caused interruptions of the continuity of the project. Roof-gutter breeding of the mosquito species makes the task more difficult. The use of ultra-low-volume spraying is being considered to improve the efficiency of the methods used, and cooperation of the population is being promoted by health education activities.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	-	TOTAL		22,552	23,600	55,803	29,526
P-1 SANITARIAN .0588	PR	1	1	1	-	SUBTOTAL	PR	22,552	23,600	46,470	19,440
TOTAL		-	-	6	2	PERSONNEL-POSTS		15,080	15,600	16,400	-
CONSULTANT MONTHS	PR	-	-	6	2	ZONE ADVISORY SERVICES		-	-	5,370	5,640
TOTAL		-	-	2	2	PERSONNEL-CONSULTANTS		-	-	13,200	4,800
FELLOWSHIPS-SHORT TERM	PR	-	-	2	2	DUTY TRAVEL		2,020	2,000	2,500	-
						SUPPLIES AND EQUIPMENT		5,452	6,000	6,000	6,000
						FELLOWSHIPS		-	-	3,000	3,000
						SUBTOTAL	WR	-	-	9,333	10,086
						ZONE ADVISORY SERVICES		-	-	9,333	10,086

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

SURINAM-3100, HEALTH SERVICES

The objectives of this project are the improvement of the health services of the people of Surinam through improvement of the infrastructure, including information, and of the supportive services, with emphasis on administrative methods; the better utilization of available manpower; the recognition and definition of fields in which multilateral assistance is needed; and the provision of channels for requesting this assistance.

TOTAL		1	1	1	1	TOTAL	PR	41,909	53,700	51,200	63,600
P-4 MEDICAL OFFICER .3308	PR	1	1	1	1	PERSONNEL-POSTS		25,223	27,100	28,300	29,500
						PERSONNEL-CONSULTANTS		1,562	6,000	6,600	9,600
						DUTY TRAVEL		1,867	2,000	2,200	2,400
TOTAL		1	3	3	4	SUPPLIES AND EQUIPMENT		4,628	-	-	-
						FELLOWSHIPS		5,890	15,600	10,800	18,600
CONSULTANT MONTHS	PR	1	3	3	4	COMMON SERVICES		2,739	3,000	3,300	3,500
TOTAL		1	6	5	8						
FELLOWSHIPS-ACADEMIC	PR	1	2	1	2						
FELLOWSHIPS-SHORT TERM	PR	-	4	4	6						

SURINAM-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	3,056	3,232
ZONE ADVISORY SERVICES		-	-	3,056	3,232

SURINAM-3400, HEALTH EDUCATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	4,770	4,965
ZONE ADVISORY SERVICES		-	-	4,770	4,965

SURINAM-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	4,310	4,490
ZONE ADVISORY SERVICES		-	-	4,310	4,490

SURINAM-3600, MANAGEMENT OF HEALTH SERVICES

Deficiencies in the administrative infrastructure of the Ministry of Health is recognized as a limiting factor in the improvement of health care services. The purpose of this project is to assist the Government to improve health care services by strengthening the administrative infrastructure at the central level of the Ministry. The specific objectives include the establishment of a system of proficiency training of administrative personnel, and the streamlining and simplification of the administrative machinery so that routine work is processed more efficiently and rapidly.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
								\$	\$	\$	\$
<u>TOTAL</u>		-	3	3	-	TOTAL		-	2,000	7,026	5,278
PARTICIPANTS	WR	-	3	3	-	SUBTOTAL	PR	-	-	5,026	5,278
						ZONE ADVISORY SERVICES		-	-	5,026	5,278
						SUBTOTAL	WR	-	2,000	2,000	-
						PARTICIPANTS		-	2,000	2,000	-

SURINAM-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

<u>TOTAL</u>		-	-	3,384	3,920
SUBTOTAL	PR	-	-	2,800	2,912
ZONE ADVISORY SERVICES		-	-	2,800	2,912
SUBTOTAL	WR	-	-	584	1,008
ZONE ADVISORY SERVICES		-	-	584	1,008

SURINAM-4200, NUTRITION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

<u>TOTAL</u>	WR	-	-	2,155	2,650
ZONE ADVISORY SERVICES		-	-	2,155	2,650

SURINAM-4800, MEDICAL CARE SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

<u>TOTAL</u>	WR	-	-	4,377	4,684
ZONE ADVISORY SERVICES		-	-	4,377	4,684

SURINAM-4900, HEALTH AND POPULATION DYNAMICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

<u>TOTAL</u>		-	-	13,286	14,581
SUBTOTAL	WR	-	-	3,087	3,362
ZONE ADVISORY SERVICES		-	-	3,087	3,362
SUBTOTAL	UNFPA	-	-	10,199	11,219
ZONE ADVISORY SERVICES		-	-	10,199	11,219

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

SURINAM-6200, MEDICAL EDUCATION

The Medical School of Surinam has been in existence since the beginning of this century. In 1972 it started its first class in basic sciences, which until then had been taught in Holland. There are only 25 part-time teachers on the faculty. The curriculum was adopted from Leyden and is being adapted to the needs of Surinam. There is a need for modernizing teaching techniques.

The purposes of this project are to improve the undergraduate teaching at the Medical School of Surinam and to adjust its curriculum to the needs and resources of the country; to introduce the concept of community health; and to modernize teaching methods.

TOTAL		-	2	2	3	TOTAL	PR	9,830	7,000	7,400	8,700
CONSULTANT MONTHS	PR	-	2	2	3	PERSONNEL-CONSULTANTS	-	4,000	4,400	4,400	7,200
						FELLOWSHIPS	9,830	3,000	3,000	3,000	1,500
TOTAL		1	2	2	1						
FELLOWSHIPS-ACADEMIC	PR	1	-	-	-						
FELLOWSHIPS-SHORT TERM	PR	-	2	2	1						

SURINAM-6300, NURSING EDUCATION

According to the census of nursing personnel taken in Surinam in 1972, there are 960 persons in this category, of whom 437 are graduate nurses or midwives. There are three schools for nurses, one for midwives and one for practical nurses. There are no structured postgraduate courses for nurses, who must go to the Netherlands for postgraduate education. The training of nurses is done in great part by physicians, and the curriculum is copied from the Netherlands. A large number of nursing personnel emigrate to other countries.

The purposes of this project are strengthening of the organization and administration of nursing schools at the auxiliary, professional, and post-basic levels; adaptation of the curriculum to the needs of the health sector and the sociocultural situation of the country; preparation of nurse-tutors; and provision of postgraduate education for nurses in fields relevant to the needs and capabilities of the country.

TOTAL		-	-	1	1	TOTAL	WR	-	7,800	26,507	35,960
P-3 NURSE 4,4074	WR	-	-	1	1	PERSONNEL-POSTS	-	-	17,707	28,760	28,760
						DUTY TRAVEL	-	-	1,000	1,200	1,200
						FELLOWSHIPS	-	7,800	7,800	6,000	6,000
TOTAL		-	3	3	4						
FELLOWSHIPS-ACADEMIC	WR	-	1	1	-						
FELLOWSHIPS-SHORT TERM	WR	-	2	2	4						

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	175,226	236,229	152,062	166,408
0100 EPIDEMIOLOGY	2,582	6,882	7,253	7,258
0101 EPIDEMIOLOGY (ZONE I)	3,476	3,964	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-
0200 MALARIA TECHNICAL ADVISORY SERVICES	3,052	4,128	4,027	4,485
0201 MALARIA ERADICATION (ZONE I)	9,619	11,280	-	-
0218 PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS	867	900	515	1,078
0500 LEPROSY CONTROL	256	441	215	247
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	46	-	65	69
0600 VENEREAL DISEASE CONTROL	-	80	44	51
0612 VENEREAL DISEASE SEMINARS	-	560	-	-
0700 PAN AMERICAN ZOOSES CENTER	12,000	14,846	15,076	15,703
0701 VETERINARY PUBLIC HEALTH (ZONE I)	1,455	2,592	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	70	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	489	707
1007 SCHISTOSOMIASIS	11	1,100	920	940

2100 ENVIRONMENTAL SANITATION	1,825	705	777	753
2101 SANITARY ENGINEERING (ZONE I)	5,486	5,400	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,391	16,685	15,648	18,295
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	855	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	748	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	4,557	3,927	4,185	4,401
2220 INSTITUTIONAL DEVELOPMENT	3,387	6,969	8,676	9,368
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	805	-
2230 RURAL WATER SUPPLY AND SANITATION	-	700	728	756
2300 AEDES AEGYPTI ERADICATION	362	552	617	660
2301 AEDES AEGYPTI ERADICATION (CARIBBEAN)	14,376	13,815	-	-
2308 ADVISORY COMMITTEE ON DENGUE FEVER	-	720	-	752
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	58	-	-
2311 DENGUE SURVEILLANCE IN THE CARIBBEAN	739	1,326	845	1,060
3000 COORDINATION WITH FOUNDATIONS	1,277	2,568	3,080	3,507
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,295	3,839	3,109	3,382
3130 CONFERENCE ON MYCOLOGY	77	1,303	-	-
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,633	2,003	1,169	1,249
3145 EMERGENCY PREPAREDNESS	-	532	-	-
3200 NURSING SERVICES	1,664	2,262	2,413	2,533
3201 NURSING (ZONE I)	2,346	2,888	-	-
3210 HOSPITAL NURSING SERVICES	-	695	1,231	1,366
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	553	1,193	1,112	1,171
3216 STANDARDS IN NURSING PRACTICE	-	-	449	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	-	-	1,365
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	261	493	309	248
3223 SYSTEMS OF NURSING	50	1,001	1,248	-
3300 LABORATORY SERVICES	820	370	463	493
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,430	1,688	220	242
3400 HEALTH EDUCATION	530	496	309	496
3401 HEALTH EDUCATION (CARIBBEAN)	6,511	6,568	-	-
3500 HEALTH STATISTICS	1,125	723	932	686
3501 HEALTH STATISTICS (ZONE I)	3,876	4,140	-	-
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,258	3,057	3,212	3,418
3601 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE I)	6,711	5,100	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,499	1,505	-	-
3700 HEALTH PLANNING	4,933	3,074	1,888	2,082
3701 HEALTH PLANNING AND ORGANIZATION (ZONE I)	1,782	3,232	-	-
3709 MEETING OF MINISTERS OF HEALTH	756	-	-	-
4200 NUTRITION ADVISORY SERVICES	-	2,016	2,158	2,284
4201 NUTRITION ADVISORY SERVICES (ZONE I)	-	1,715	-	-
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	34,518	34,623	35,377	36,745
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	69	222	244	443
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	80	85
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	557	231
4700 FOOD AND DRUG CONTROL	243	268	282	296
4715 FOOD HYGIENE	-	490	858	998
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	112
4800 MEDICAL CARE SERVICES	1,149	1,183	1,298	1,461
4801 MEDICAL CARE SERVICES (ZONE I)	3,653	7,599	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,575	2,106	2,803	3,548
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,970	2,674	2,368	3,074
4831 STUDY GROUP ON MAINTENANCE SYSTEMS IN LATIN AMERICA	-	-	499	-
4900 HEALTH AND POPULATION DYNAMICS	2,282	4,932	4,999	5,676
4901 HEALTH AND POPULATION DYNAMICS (ZONE I)	-	11,850	-	-
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	1,503	3,864	3,940	4,334
4915 MATERNAL AND CHILD HEALTH	129	390	429	520
5000 REHABILITATION	2,090	1,717	1,794	1,944
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	-	1,265	1,234	1,423
6200 EDUCATION IN HEALTH SCIENCES	1,675	1,644	1,675	1,947
6216 BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,282	2,879	2,816	2,682
6223 TEACHING OF BEHAVIORAL SCIENCES	1,701	400	-	-
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	467	858	932	1,063
6320 POSTBASIC COURSES IN NURSING	340	782	625	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,476
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	149	503
6400 SANITARY ENGINEERING EDUCATION	904	877	1,016	1,112
6508 PROG. TRAIN. ANIM. HEALTH VETER. PUB. HEALTH ASSIST. (CARIBBEAN)	-	1,200	-	-
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	246	241	251	294
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	571	946	1,984	2,070

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	207,558	185,604	256,024	259,669	175,226	236,229	152,062	166,408
PAHO-PR-REGULAR BUDGET	78,710	95,800	151,933	140,859	88,499	115,219	70,856	83,570
PW-COMMUNITY WATER SUPPLY	-	-	-	-	908	4,215	5,144	5,410
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	20,674	17,464	17,501	18,229
PG-GRANTS & OTHER CONTRIBUT.	-	-	-	-	9,780	13,280	6,629	6,954
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	6,923	10,409	10,753	11,108
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	2,216	-	-	-
WHO-WR-REGULAR BUDGET	64,813	55,400	93,892	107,591	25,596	50,249	29,728	28,657
UNDP-UN DEVELOPMENT PROGRAM	64,035	34,404	-	-	20,346	8,335	2,709	2,840
UNFPA-UN FUND POPULATION ACT.	-	-	10,199	11,219	284	17,058	8,742	9,640

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	382,784	421,833	408,086	426,077
PAHO-PR-REGULAR BUDGET	167,209	211,019	222,789	224,429
PW-COMMUNITY WATER SUPPLY	908	4,215	5,144	5,410
PN-INCAP GRANTS & OTHER CONTR.	20,674	17,464	17,501	18,229
PG-GRANTS & OTHER CONTRIBUT.	9,780	13,280	6,629	6,954
PH-PAN AMER. HEALTH & EDUC.FN.	6,923	10,409	10,753	11,108
PK-SPECIAL FUND FOR HEALTH PR.	2,216	-	-	-
WHO-WR-REGULAR BUDGET	90,409	105,649	123,620	136,248
UNDP-UN DEVELOPMENT PROGRAM	84,381	42,739	2,709	2,840
UNFPA-UN FUND POPULATION ACT.	284	17,058	18,941	20,859

TRINIDAD AND TOBAGO

BACKGROUND DATA

The island of Trinidad and its sister island Tobago cover an area of 5,128 square kilometers and support a population of approximately one million (1970). Population density is high at 201 per square kilometer. Some 35% of the population live in St. George County, a large urbanized area in the northwest of Trinidad, including the capital, Port of Spain. Population growth has decreased from a rate of 2.9% in 1960 to 1.2% in 1970, and fertility rates have fallen from 192.4 per 1,000 females (15-44) in 1960 to 118.7 in 1970. There has been a vigorous national family planning program since 1968. The birth rate, which was 39.5 in 1960, had fallen to 23.0 in 1972; 42% of the population are under 15 years of age; 40.9% females are between the ages of 15 and 44 years; and 31.4% of the population are below the age of 20 years. Literacy is estimated at 92.5% of the adult population.

The third five-year plan (1969-73) outlined a development strategy which, if successfully implemented, would achieve for the country in 15 years' time full employment, a diversified and greatly strengthened economy, and a greater degree of economic independence. The role of trained manpower was identified as even more important than finance in such a long-term strategy. Education and training, therefore, became a central feature of the development strategy for the 1970's. Training in many aspects of management in both private and public sectors was regarded as an essential feature of this overall strategy.

Life expectancy was computed as 64.1 years for males and 68.1 for females (1970). The crude death rate fell from 8.0 per 1,000 in 1960 to 6.8 in 1971. The infant mortality rate, which was 38.5 per 1,000 live births in 1962, was 28.5 in 1971. The maternal mortality rate, which was 1.9 in 1968, fell to 1.4 in 1972. In 1971, deaths in children under (four) years of age totalled 14% of all deaths.

Results from a recent (1970) household food consumption survey suggest that 31% of the population are not receiving sufficient protein and that 39% are receiving insufficient calories. Average daily per capita consumption was as follows: calories, 2,948; protein intake, 82.5 grams; and proteins of animal origin, 36.4 grams.

In 1973 government expenditure on health amounted to \$27.7 million, giving an expenditure of approximately \$27 per person. There was a two-fold increase in capital expenditures for 1973 compared with 1972, amounting to almost US\$2 million. Approximately 14% of the budget is allocated for health services expenditure.

PROTECTION OF HEALTH

Communicable Disease Control

Diseases that can be prevented by immunization have received much attention as a result of two recent epidemics, of poliomyelitis and of typhoid. Compulsory immunization for poliomyelitis and other diseases has been introduced and is mandatory before admission to nursery and primary school. Control of food handlers through annual compulsory medical examinations and registration, with improved surveillance of typhoid cases and carriers, has been introduced.

With the establishment of a national public health laboratory and plans for an epidemiological unit at the Ministry, epidemiological surveillance is being strengthened. In the first instance, compulsory reporting of specific infectious diseases by telephone to the Ministry has been instituted. Also, the development of a veterinary diagnostic laboratory has provided the tool for surveys of zoonoses in animals to ascertain the incidence of these diseases, which are considered a health hazard in many parts of the Americas.

Vigilance in the insect vector control program for maintaining the country free from malaria and preventing reinfestation with Aedes aegypti continues at a cost of nearly \$500,000 a year.

Tuberculosis control is being developed on ambulatory lines; BCG is to be given to all primary school entrants and revaccination will be provided for those leaving school. Leprosy and venereal disease control and treatment are being strengthened through improved health education, contact tracing, and early treatment.

A screening program for cancer of the cervix uteri has been developed, providing for examination of 12,000 women in 1973, the first year of operation.

Environmental Health

In 1973, 80% of the urban population were served by house connections and 90% had either house connection or easy access to a piped water supply. In rural areas only 37% were served by house connection, and 91% had house connection or easy access. In 1973, 53% of the urban population were served by sewerage systems. In rural areas, 0.5% were served by sewerage systems. Disposal of solid waste in municipalities is poorly developed and in many rural and periurban areas is nonexistent or grossly deficient. The National Water and Sewerage Authority, through fulfilling its annual targets, hopes to provide 100% of urban houses with water connections and to achieve a 50% improvement in rural areas within 10 years. Plans for improvement of sewage and solid waste disposal are being developed for major towns.

PROMOTION OF HEALTH

General Services

The National Health Plan (1967-76) provided for the development of health services on a regional basis. Three regional hospitals, two in Trinidad and one in Tobago, provide increasingly specialized services for the inhabitants of the two islands, who are served by a network of country and district hospitals. Greater emphasis has been placed and will continue to be placed on developing specialist services at the country hospital level, including a rotating system of visiting specialists from regional centers. Coverage and provision of minimal services for the few remote areas in Trinidad will be provided through the use of specially trained allied health professionals, with a system of easy reference to the country or region for special cases.

District health services have been and will continue to be developed according to the Health Plan, on the basis of integrated medical care services; these will be developed in a planned series of pilot areas, nine in all, until the whole country is covered. The third area was being developed in 1973. Strategically placed health centers, numbering 100, provide basic outpatient services. Ambulance transport is available for transportation of cases from the periphery to hospitals when required, and telephonic communication is available in most health service areas.

Specific Programs

Development of medical records systems, initially at regional hospitals and later in the district hospitals, with processing of information at the Ministry of Health, is under way. A national hospital equipment maintenance program is being developed as a priority, needing much input in human and material resources.

The maternal and child health services are being developed as an integrated program with family planning. Apart from providing prenatal and postnatal services for all mothers, and attempting to reduce the 14% of deliveries occurring outside institutions, the Population Council, which is advisory to the maternal and child health/family planning program, has set a target of reducing the birth rate to 19 per 1,000 by 1977. The National Nutritional Council is working towards the development of a national food and nutrition policy, and the Ministry of Health is planning a nutrition unit to improve the community nutrition program and provide better nutritional and dietetic services in hospitals.

Family life education and health education are regarded by the Government as important projects for developing community participation, and awareness in communities of their needs in terms of health services development.

The strengthening of the Statistical Unit at the Ministry and the provision of trained auxiliaries at the peripheral level has been undertaken with a view to allowing realistic planning and programming of health care delivery services. Poor administrative management techniques, particularly at the middle level, have contributed to the problems at the Ministry and institutional levels for many years, and the Government is actively attempting to redress the situation. A new project geared towards senior administrators and top management has been developed to strengthen the administrative management practices in hospitals and district health services.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

Ratios of staff to population in 1973, although not the lowest in the Caribbean area, demonstrate an inequitable distribution, with serious shortages of health manpower in some rural areas. Physicians total 450 (1 per 2,300 population); dentists 52 (1 per 18,000); nurses (nurse/midwife) 2,900 (3 per 1,000); nurses with postgraduate qualifications in public health 95 (1 per 10,000); nursing auxiliaries 700 (1 per 1,430); and veterinarians 18 (1 per 53,000). Improved distribution of present staff, with strengthening of supporting and auxiliary services, is being undertaken. Training courses already exist in some regional and county centers for nurse and assistant nurse training, and public health nurse training. A national program for dental nurse training has been developed, and the Government looks forward to the establishment of a regional training program for allied health professionals in 1974. Medical training and allied health professional training are now under a principal medical officer at the Ministry and a human resource development unit is being organized there. Through a loan from the International Bank for Reconstruction and Development, the Government is improving its training facilities for public health nurses and nurse/midwives, especially in family planning procedures and education. Postgraduate medical training is being developed at Port of Spain Hospital in conjunction with medical staff of the University of the West Indies, and plans are being considered for the training of home economists/nutritionists at the University of the West Indies, St. Augustine.

TRINIDAD AND TOBAGO - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
117,809	22.8	153,813	22.3	I. PROTECTION OF HEALTH	213,902	21.6	231,890	24.2
41,089	7.9	42,823	6.2	A. COMMUNICABLE DISEASES	57,983	5.8	68,126	7.1
16,763	3.2	13,846	2.0	0100 GENERAL	19,979	2.0	25,054	2.6
713	.1	5,640	.8	0200 MALARIA	7,900	.8	8,280	.9
877	.2	1,284	.2	0500 LEPROSY	775	.1	1,061	.1
-	-	720	.1	0600 VENEREAL DISEASES	88	*	102	*
22,620	4.4	20,673	3.0	0700 ZODIHOSES	27,992	2.8	29,612	3.1
116	*	660	.1	0900 OTHER	1,249	.1	4,017	.4
76,720	14.9	110,990	16.1	B. ENVIRONMENTAL HEALTH	155,919	15.8	163,764	17.1
53,724	10.4	54,853	7.9	2100 GENERAL	56,557	5.7	69,237	7.2
8,797	1.7	42,705	6.2	2200 WATER SUPPLIES	86,074	8.7	78,714	8.2
12,804	2.5	11,382	1.7	2300 AEDS AEGYPTI ERADICATION	10,889	1.1	13,292	1.4
923	.2	1,132	.2	2400 HCUSING	1,429	.2	1,501	.2
472	.1	918	.1	2500 AIR POLLUTION	970	.1	1,020	.1
356,009	69.0	492,142	71.2	II. PROMOTION OF HEALTH	567,093	57.0	555,487	58.2
202,748	39.4	212,968	31.0	A. GENERAL SERVICES	195,919	19.7	207,458	21.8
82,563	16.0	93,662	13.6	3100 GENERAL PUBLIC HEALTH	88,230	8.9	94,271	9.9
6,046	1.2	9,254	1.3	3200 NURSING	10,582	1.1	11,255	1.2
34,186	6.6	32,158	4.7	3300 LABORATORY	32,083	3.2	33,535	3.5
530	.1	496	.1	3400 HEALTH EDUCATION	309	*	496	.1
38,483	7.5	24,698	3.6	3500 STATISTICS	13,890	1.4	18,793	2.0
28,212	5.5	35,581	5.2	3600 ADMINISTRATIVE METHODS	36,257	3.6	35,263	3.7
12,728	2.5	17,119	2.5	3700 HEALTH PLANNING	14,568	1.5	13,845	1.4
153,261	29.6	279,174	40.2	B. SPECIFIC PROGRAMS	371,174	37.3	348,029	36.4
90,118	17.4	158,426	22.9	4200 NUTRITION	146,903	14.8	97,662	10.2
128	*	900	.1	4300 MENTAL HEALTH	1,343	.1	1,044	.1
-	-	30,000	4.3	4400 DENTAL HEALTH	139,920	14.1	155,940	16.3
2,002	.4	2,720	.4	4500 RADIATION AND ISOTOPES	1,444	.1	852	.1
544	.1	737	.1	4600 OCCUPATIONAL HEALTH	983	.1	1,059	.1
977	.2	2,836	.4	4700 FOOD AND DRUG	3,845	.4	4,946	.5
13,275	2.6	22,283	3.2	4800 MEDICAL CARE	13,034	1.3	15,108	1.6
43,850	8.5	58,605	8.5	4900 FAMILY HEALTH AND POP. DYNAMICS	60,833	6.1	68,356	7.2
2,090	.4	1,717	.2	5000 REHABILITATION	1,794	.2	1,944	.2
277	*	950	.1	5100 CANCER & OTHER CHRONIC DISEASES	1,075	.1	1,118	.1
42,682	8.2	45,059	6.5	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	212,627	21.4	167,793	17.6
21,473	4.1	23,515	3.4	6100 PUBLIC HEALTH	190,084	19.1	140,804	14.7
4,162	.8	6,502	.9	6200 MEDICINE	7,047	.7	7,510	.8
11,393	2.2	8,302	1.2	6300 NURSING	8,634	.9	10,579	1.1
3,293	.6	1,974	.3	6400 ENVIRONMENTAL SCIENCES	2,255	.2	2,434	.3
-	-	1,200	.2	6500 VETERINARY MEDICINE	-	-	-	-
971	.2	1,432	.2	6600 DENTISTRY	2,004	.2	3,526	.4
1,390	.3	2,134	.3	6700 BIOSTATISTICS	2,803	.3	2,940	.3
516,500	100.0	691,014	100.0	GRAND TOTAL	993,622	100.0	955,170	100.0

*LESS THAN .05 PER CENT

TRINIDAD AND TOBAGO - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER	
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHORT	PART.	AMOUNT			AMOUNT
	\$				\$	\$				\$	\$	\$	
1973													
PAHO--PR	280,477	4	-	14	214,315	20,958	3	4	23,821	-	5,678	2,290	13,415
PW	908	-	-	-	829	79	-	-	-	-	-	-	-
PG	87,111	-	-	-	40,755	3,985	-	-	23,914	-	6,444	2,113	9,900
PH	14,709	-	-	-	12,389	2,101	-	-	-	-	-	116	103
PK	2,845	-	-	-	2,825	20	-	-	-	-	-	-	-
WHO--WR	98,024	-	-	8	47,023	4,589	2	12	34,286	-	1,584	1,874	8,668
UNDP	22,944	-	-	-	17,149	-	-	3	3,920	-	-	1,492	383
UNFPA	9,482	-	-	-	8,963	519	-	-	-	-	-	-	-
TOTAL	516,900	4	-	22	344,248	32,251	5	19	65,941	-	13,706	7,885	32,469
PERCENT OF TOTAL	100.0				66.7	6.2			16.4		2.7	1.5	6.3
1974													
PAHO--PR	311,750	4	-	5	257,325	21,487	-	2	3,936	-	2,413	3,501	23,088
PW	4,215	-	-	-	4,020	195	-	-	-	-	-	-	-
PG	83,955	-	-	-	41,931	2,507	-	-	15,084	-	12,890	4,183	7,360
PH	44,269	-	-	-	36,168	3,240	-	-	-	-	128	848	3,885
PK	115,676	-	-	4	55,885	5,306	4	12	38,569	4	6,884	2,636	6,776
WHO--WR	88,258	1	-	12	59,126	1,869	-	2	9,247	-	-	11,158	6,858
UNDP	42,891	-	-	-	28,819	2,000	-	-	5,766	-	2,780	2,342	1,184
TOTAL	691,014	5	-	21	482,874	36,604	4	16	72,622	4	25,095	24,668	49,151
PERCENT OF TOTAL	100.0				69.9	5.3			10.5		3.6	3.6	7.1
1975													
PAHO--PR	309,944	4	-	3	252,018	21,115	1	2	8,356	-	2,503	2,882	23,075
PW	5,144	-	-	-	4,924	220	-	-	-	-	-	-	-
PG	47,489	-	-	-	27,640	810	-	-	10,530	-	6,480	164	1,865
PH	47,003	-	-	-	38,147	4,050	-	-	-	-	-	810	3,996
PK	125,469	-	-	3	63,934	5,934	5	8	39,341	4	4,532	3,947	7,781
WHO--WR	403,311	2	-	37	185,776	4,439	2	1	17,805	-	-	116,119	79,172
UNDP	55,457	-	-	-	37,663	2,400	-	-	5,910	-	5,232	2,948	1,504
TOTAL	993,822	6	-	43	609,902	36,968	8	11	61,942	4	18,747	126,870	117,393
PERCENT OF TOTAL	100.0				61.4	3.9			8.2		1.9	12.8	11.8
1976													
PAHO--PR	348,185	4	-	7	276,142	22,056	1	3	11,227	-	4,263	5,000	29,497
PW	5,410	-	-	-	5,170	240	-	-	-	-	-	-	-
PG	37,734	-	-	-	28,525	945	-	-	-	-	6,480	168	1,616
PH	1,368	-	-	-	1,368	-	-	-	-	-	-	-	-
PK	140,612	-	-	2	64,916	6,183	7	13	57,551	-	2,386	5,163	4,433
WHO--WR	360,660	2	-	41	194,037	4,654	-	2	17,153	-	-	63,129	81,887
UNDP	61,201	-	-	-	41,449	2,600	-	-	6,501	-	5,755	3,242	1,654
TOTAL	955,170	6	-	50	611,607	36,478	8	18	92,432	-	18,864	76,702	119,087
PERCENT OF TOTAL	100.0				64.0	3.8			9.7		2.0	8.0	12.5

PAHO-PR-REGULAR BUDGET
PW-COMMUNITY WATER SUPPLY
PI-INCAP - REGULAR BUDGET
PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS
PG-GRANTS AND OTHER CONTRIBUTIONS
PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION

PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION
PS-SPECIAL FUND FOR RESEARCH
WHO-WR-REGULAR BUDGET
UNDP-UNITED NATIONS DEVELOPMENT PROGRAM
UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES
WU-GRANTS AND OTHER FUNDS

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

 \$ \$ \$ \$

TRINIDAD AND TOBAGO - DETAIL

TRINIDAD AND TOBAGO-0100, EPIDEMIOLOGY

Analysis of the significance of disease patterns and trends, followed by appropriate activities linking field, laboratory, hospital, and epidemiological control centers would be the next logical step in developing an epidemiological surveillance program suitable and appropriate to the needs of Trinidad and Tobago. The purpose of this project is to assist the Ministry of Health in the development of a national system of epidemiological surveillance sensitive to the significance of disease patterns and trends and capable of acting in a coordinated and programmed manner when required in the interests of controlling and combating disease or suggesting measures for the amelioration of adverse situations in the interests of the health of the community.

The objective is the establishment of a sensitive epidemiological surveillance program, coordinated in a central epidemiological unit, which will provide timely information on disease patterns and trends for use in health planning and programming.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	-	1	1	TOTAL	WR	9,720	3,000	12,726	16,236
CONSULTANT MONTHS	WR	-	-	1	1	ZONE ADVISORY SERVICES	-	-	-	4,226	4,536
TOTAL		4	2	2	4	PERSONNEL-CONSULTANTS	-	-	-	2,200	2,400
						FELLOWSHIPS	9,720	3,000	6,300	6,300	9,300
FELLOWSHIPS-ACADEMIC	WR	-	-	1	1						
FELLOWSHIPS-SHORT TERM	WR	4	2	1	3						

TRINIDAD AND TOBAGO-0200, MALARIA ERADICATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	7,900	8,280
ZONE ADVISORY SERVICES	-	-	-	7,900	8,280

TRINIDAD AND TOBAGO-0700, VETERINARY PUBLIC HEALTH

The problem of animal diseases, especially those transmissible to man, has faced Trinidad for many years. Due to a shortage of professional medical officers, the almost complete absence of trained assistants, and the limited laboratory diagnostic facilities and capabilities, little has been done in quantifying or confirming suspected cases of zoonotic diseases.

Preventive and control measures against zoonotic diseases have not developed at a speed and in a manner likely to have significant effect on the incidence of these diseases. Lack of infrastructure, including field research and a low level of collaboration between technical officers of the ministries concerned, has been largely responsible for this situation.

The purpose of this project is to promote the establishment of a veterinary public health unit within the Ministry of Health and assist in developing effective programs for the prevention, control and eradication of animal diseases, with emphasis on those transmissible to man. The objectives are the establishment of a dynamic veterinary public health unit staffed with suitably trained personnel for the prevention, control and eradication of animal diseases, the development of food protection programs, and the promotion of and assistance in veterinary medical education, which will reduce the incidence of the zoonoses, improve animal health, and contribute to the overall economy of the country.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

FUND 1973 1974 1975 1976					FUND 1973 1974 1975 1976						
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TOTAL		-	-	1	-	TOTAL	WR	8,900	3,000	12,916	13,909
CONSULTANT MONTHS	WR	-	-	1	-	ZONE ADVISORY SERVICES	-	-	-	4,416	4,609
TOTAL		4	2	2	4	PERSONNEL-CONSULTANTS	-	-	-	2,200	-
FELLOWSHIPS-ACADEMIC	WR	2	-	1	1	FELLOWSHIPS	8,900	3,000	-	6,300	9,300
FELLOWSHIPS-SHORT TERM	WR	2	2	1	3						

TRINIDAD AND TOBAGO-0900, POLIOMYELITIS CONTROL

In 1973 the final costs of a 1972 grant for poliomyelitis vaccine were paid.

TOTAL	PH	1973	1974	1975	1976
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SUPPLIES AND EQUIPMENT		116	-	-	-

TRINIDAD AND TOBAGO-2100, ENVIRONMENTAL SANITATION

The basic environmental sanitation problem in Trinidad and Tobago appears to be the lack of trained personnel to effectively assess and cope with the country's environmental health problems, antiquated legislation, and a complete lack of quality standards for control. The purpose of this project is to assist the Environmental Health Engineering Division of the Ministry of Health and the Water and Sewerage Authority to build a sound organizational structure to administer services within the framework of the National Development Plan. The structure should be capable of accurately assessing problems and of planning and implementing a comprehensive program. Minimum quality standards are also needed, with adequate legislative and control practices.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL					TOTAL						
-----					-----						

		1	1	1	1	TOTAL	PR	38,517	33,100	44,222	54,544
P-4 SANITARY ENGINEER	PR	1	1	1	1	PERSONNEL-POSTS		22,369	27,100	28,300	29,500
.3384						ZONE ADVISORY SERVICES		-	-	6,622	6,944
TOTAL		2	1	-	3	PERSONNEL-CONSULTANTS		4,555	2,000	-	7,200
CONSULTANT MONTHS	PR	2	1	-	3	DUTY TRAVEL		429	1,000	1,500	1,600
TOTAL		4	2	3	4	SUPPLIES AND EQUIPMENT		327	-	-	-
FELLOWSHIPS-ACADEMIC	PR	-	-	1	1	FELLOWSHIPS		10,837	3,000	7,800	9,300
FELLOWSHIPS-SHORT TERM	PR	4	2	2	3						

TRINIDAD AND TOBAGO-2201, INSTRUCTION AND TRAINING IN WATER SUPPLIES AND SEWERAGE

The Water and Sewerage Authority is a large public utility. It is an amalgamation of all previous organizations responsible for the provision of water and sewerage services, and has a staff of approximately 3,000. The need for accelerating the training of employees of the Authority is emphasized because of the anticipated improvement and expansion of water (a TT\$48 million construction program is currently under way) and sewerage facilities, as well as the greater degree of sophistication in technology which will result in the development of new sources, which are expected to be financed by the Inter-American Development Bank.

The objectives of this project are (1) to develop training instructors from existing staff to carry out such programs on a continuing basis; and (2) to develop and implement a comprehensive training program as an integral part of the day-to-day operations of the organization.

TOTAL					TOTAL						
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		-	1	2	2	TOTAL	UNDP	-	29,600	70,100	62,500
P-4 SANITARY ENGINEER	UNDP	-	1	2	2	PERSONNEL-POSTS		-	13,500	57,000	57,000
4.4335 4.4336						PERSONNEL-CONSULTANTS		-	-	2,500	2,500
TOTAL		-	-	1	1	DUTY TRAVEL		-	1,500	3,000	3,000
CONSULTANT MONTHS	UNDP	-	-	1	1	SUPPLIES AND EQUIPMENT		-	9,600	-	-
TOTAL		-	-	2	-	FELLOWSHIPS		-	-	7,600	-
FELLOWSHIPS-ACADEMIC	UNDP	-	-	2	-	MISCELLANEOUS		-	5,000	-	-

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
 \$ \$ \$ \$

TRINIDAD AND TOBAGO-2300, AEDES AEGYPTI ERADICATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		1973	1974	1975	1976
		-	-	9,801	10,484
SUBTOTAL	PR	-	-	3,580	3,760
ZONE ADVISORY SERVICES		-	-	3,580	3,760
SUBTOTAL	WR	-	-	6,221	6,724
ZONE ADVISORY SERVICES		-	-	6,221	6,724

TRINIDAD AND TOBAGO-3100, HEALTH SERVICES

The purpose of the project is to advise the Government of Trinidad and Tobago in planning and evaluating health services in the face of increased demands for improved quality and coverage of the community, and within the context of the national health and socioeconomic development plans. The objective is the provision of the highest level of integrated health care services, within the limits of present fiscal restraints, to all members of the community, mainly through better utilization of existing services and upgrading of them where necessary; by calling for a more personal commitment by health staff personnel; and by a more intelligent use of health services through community involvement and education.

TOTAL		1973	1974	1975	1976
		86,211	100,200	98,700	111,600
P-5 PAHO/WHO REPRESENTATIVE .3225	PR	1	1	1	1
P-3 ADMIN. METHODS OFFICER .2055	PR	1	1	1	1
TOTAL		1	4	3	4
CONSULTANT MONTHS	PR	1	4	3	4
TOTAL		6	9	7	9
FELLOWSHIPS-ACADEMIC	PR	3	-	-	-
FELLOWSHIPS-ACADEMIC	WR	-	3	3	4
FELLOWSHIPS-SHORT TERM	WR	3	6	4	5
TOTAL		11,872	23,400	20,400	26,700
PERSONNEL-POSTS		43,259	55,100	57,600	60,100
PERSONNEL-CONSULTANTS		3,611	8,000	4,600	9,600
DUTY TRAVEL		3,168	3,200	3,400	3,700
SUPPLIES AND EQUIPMENT		21	-	-	-
FELLOWSHIPS		12,880	-	-	-
COMMON SERVICES		11,100	10,500	10,700	11,500
SUBTOTAL	WR	11,872	23,400	20,400	26,700
FELLOWSHIPS		11,872	23,400	20,400	26,700

TRINIDAD AND TOBAGO-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		1973	1974	1975	1976
		-	-	3,820	4,040
ZONE ADVISORY SERVICES		-	-	3,820	4,040

TRINIDAD AND TOBAGO-3314, TRINIDAD REGIONAL VIRUS LABORATORY

Infectious diseases are a major cause of mortality and morbidity in the Caribbean. Laboratory services and surveillance information require strengthening and coordination. The Trinidad Regional Virus Laboratory provides the only significant virus facility in the area and has a tradition of surveillance and epidemic investigation. The possible future expansion of the Laboratory is under review, and it has been recommended that a Caribbean epidemiological surveillance center be located there.

The purpose of this project is to reinforce the Laboratory and to assist in the development of a laboratory network and surveillance of infectious diseases in the area.

TOTAL		1973	1974	1975	1976
		31,936	30,100	31,400	32,800
P-4 VIROLOGIST .3909	PR	1	1	1	1
TOTAL		2	-	-	-
CONSULTANT MONTHS	PR	2	-	-	-
PERSONNEL-POSTS		24,281	27,100	28,300	29,500
PERSONNEL-CONSULTANTS		4,765	-	-	-
DUTY TRAVEL		2,890	3,000	3,100	3,300

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

TRINIDAD AND TOBAGO-3500, HEALTH STATISTICS

The development of a health statistics information service in Trinidad and Tobago is making steady progress. Efforts are under way to improve the performance of the data processing unit. Priority is given to the data of immunizations, notifiable communicable diseases, utilization of hospital services, inpatient morbidity, and family planning. Considerable effort is also being made to improve the quality and efficiency of the hospital medical records departments and to establish new medical records services in three district hospitals. Problems of quality of information at its primary source, and of geographical coverage, persist. The registration of vital events and the corresponding data continue to be unduly delayed and the cause of death inadequately recorded.

The purpose of the project is to provide relevant, reliable and timely information for the administration, management and planning of health services. In fulfillment of this, the objectives are to provide assistance with planning, organization and development of a health statistics information service, its operations and procedures, guidelines for analysis, and training of personnel.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		16	4	1	1	TOTAL	29,608	15,800	12,958	17,384
CONSULTANT MONTHS	PR	8	-	-	-					
CONSULTANT MONTHS	WR	8	4	1	1	SUBTOTAL	PR 9,373	-	7,758	7,184
TOTAL		3	3	2	3					
FELLOWSHIPS-ACADEMIC	WR	-	1	-	1	ZONE ADVISORY SERVICES	-	-	7,758	7,184
FELLOWSHIPS-SHORT TERM	WR	3	2	2	2	PERSONNEL-CONSULTANTS	9,373	-	-	-
						SUBTOTAL	WR 20,235	15,800	5,200	10,200
						PERSONNEL-CONSULTANTS	16,441	8,000	2,200	2,400
						FELLOWSHIPS	3,794	7,800	3,000	7,800

TRINIDAD AND TOBAGO-3600, MANAGEMENT OF HEALTH SERVICES

The Prime Minister's Office of Organization and Management of Trinidad and Tobago, in cooperation with the United Nations Development Programme, continues promoting a Government-wide administrative improvement project from which there is a prospect for introducing changes in the health sector.

The purpose of this project is to provide technical assistance concentrated mainly in the following areas: (1) a continuing education program in management of health services in Grenada and in Trinidad and Tobago; (2) participation in the UNDP Administrative Improvement Project; (3) assistance in developing national health policy and nationalization of the goals of the Ten-year Health Plan; (4) assistance in refining specific administrative techniques in the Ministry of Health with particular attention to personnel and supply management, fiscal control, and implementation of the plan for regionalization of the health service delivery system; and (5) development of infrastructure of specific areas as required by other programs.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	4	4	-	TOTAL	-	2,520	8,085	5,655
PARTICIPANTS	WR	-	4	4	-	SUBTOTAL	PR -	-	5,385	5,655
						ZONE ADVISORY SERVICES	-	-	5,385	5,655
						SUBTOTAL	WR -	2,520	2,700	-
						PARTICIPANTS	-	2,520	2,700	-

TRINIDAD AND TOBAGO-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$
TOTAL						-	-	3,384	3,920
SUBTOTAL	PR					-	-	2,800	2,912
ZONE ADVISORY SERVICES						-	-	2,800	2,912
SUBTOTAL	WR					-	-	584	1,008
ZONE ADVISORY SERVICES						-	-	584	1,008

TRINIDAD AND TOBAGO-4200, NUTRITION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	1973	1974	1975	1976
		-	-	3,592	3,786
ZONE ADVISORY SERVICES		-	-	3,592	3,786

TRINIDAD AND TOBAGO-4400, TRAINING SCHOOL FOR DENTAL NURSES

The incidence of dental caries is very high in Trinidad, particularly in schoolchildren. The dentist/population ratio of Trinidad and Tobago is 1:18,000, with a concentration of dentists in the townships. There were 103 dentists in Trinidad in 1962 and only 52 in 1972. Almost the only dental work performed is tooth extraction, both in schools and health centers, and very little dental education or preventive work is possible. There is very little likelihood of providing any sizable increase in the number of dentists within the next five years, and to improve the situation it is imperative that support be provided for the scarce professional by training a cadre of allied health professionals capable of undertaking simple dental training procedures, including filling of teeth and promoting dental health education in schools throughout the country. The dental nurse is a recognized allied health professional.

Following Cabinet approval, the Government of Trinidad and Tobago is establishing a school of dental nursing. To help in this endeavor, a training program is being established for dental nurses to prepare national staff to supplement the work of the professional Government dentist.

TOTAL		1973	1974	1975	1976	TOTAL	UNDP	1973	1974	1975	1976
		-	12	36	40			-	30,000	135,100	151,100
CONSULTANT MONTHS	UNDP	-	12	36	40	PERSONNEL-CONSULTANTS		-	30,000	90,000	100,000
		-	-	1	2	SUPPLIES AND EQUIPMENT		-	-	40,000	40,000
FELLOWSHIPS-SHORT TERM	UNDP	-	-	1	2	FELLOWSHIPS		-	-	3,700	7,400
		-	-	-	-	MISCELLANEOUS		-	-	1,400	3,700

TRINIDAD AND TOBAGO-4800, HOSPITAL ADMINISTRATION AND MEDICAL RECORDS

This project provided assistance to the Government of Trinidad and Tobago in improving medical care services, in improving the organizational structure at the national, regional, and local levels, and in achieving integration of curative and preventive medical care services through adoption of a general policy at the national level.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1973	1974	1975	1976	TOTAL	1973	1974	1975	1976	
		3	2	-	-		3,100	4,922	6,565	7,026	
FELLOWSHIPS-SHORT TERM	UNDP	3	2	-	-	SUBTOTAL	WR	-	-	6,565	7,026
		-	-	-	-	ZONE ADVISORY SERVICES		-	-	6,565	7,026
		-	-	-	-	SUBTOTAL	UNDP	3,100	4,922	-	-
		-	-	-	-	FELLOWSHIPS		3,100	4,850	-	-
		-	-	-	-	MISCELLANEOUS		-	72	-	-

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

\$ \$ \$ \$

TRINIDAD AND TOBAGO-4900, HEALTH AND POPULATION DYNAMICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		-	-	14,494	15,906
-----		-----	-----	-----	-----
SUBTOTAL	WR	-	-	3,367	3,667
-----		-----	-----	-----	-----
ZONE ADVISORY SERVICES		-	-	3,367	3,667
-----		-----	-----	-----	-----
SUBTOTAL	UNFPA	-	-	11,127	12,239
-----		-----	-----	-----	-----
ZONE ADVISORY SERVICES		-	-	11,127	12,239

TRINIDAD AND TOBAGO-6100, HUMAN RESOURCES DEVELOPMENT

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	1,328	1,441
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ZONE ADVISORY SERVICES		-	-	1,328	1,441

TRINIDAD AND TOBAGO-6300, NURSING EDUCATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	7,860	7,600
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ZONE ADVISORY SERVICES		-	-	6,460	6,200
DEV. OF HUMAN RESOURCES		-	-	1,400	1,400

TRINIDAD AND TOBAGO-6400, SANITARY ENGINEERING EDUCATION

In 1973 PAHO cooperated with the University of the West Indies in a short course on environmental pollution, with particular emphasis on oil pollution.

TOTAL		1	-	-	-	TOTAL	PR	1,578	-	-	-
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CONSULTANT MONTHS	PR	1	-	-	-	PERSONNEL-CONSULTANTS		1,578	-	-	-

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	306,814	438,772	508,871	426,959
0100 EPIDEMIOLOGY	2,582	6,882	7,253	7,258
0101 EPIDEMIOLOGY (ZONE I)	3,476	3,984	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-
0117 EPIDEMIOLOGICAL MONITORING OF MORBIDITY DATA	-	-	-	1,560
0201 MALARIA ERADICATION (ZONE I)	713	5,640	-	-
0500 LEPROSY CONTROL	513	884	432	496
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	93	-	131	139
0512 TRAINING AND RESEARCH IN LEPROSY AND RELATED DISEASES	271	400	212	426
0400 VENEREAL DISEASE CONTROL	-	160	88	102
0612 VENEREAL DISEASE SEMINARS	-	560	-	-

0700 PAN AMERICAN ZOOSES CENTER	12,000	14,846	15,076	15,703
0701 VETERINARY PUBLIC HEALTH (ZONE I)	1,720	2,827	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	140	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	489	707
0926 ENTEROVIRUS COLLABORATIVE TESTING PROGRAM	-	520	-	960
0929 STRENGTHENING HEPATITIS DIAG. SURVEIL. SERV. IN THE AMERICAS	-	-	-	1,590
0932 PERFORMANCE EVALUATION OF ARBOVIRUS SEROLOGIC DIAGNOSIS	-	-	760	760
2100 ENVIRONMENTAL SANITATION	1,825	705	777	753
2101 SANITARY ENGINEERING (ZONE I)	6,400	6,300	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,391	16,685	15,648	18,295
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	855	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	748	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	4,557	3,927	4,185	4,401
2220 INSTITUTIONAL DEVELOPMENT	3,387	6,969	8,676	9,368
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	805	-
2230 RURAL WATER SUPPLY AND SANITATION	-	700	728	756
2300 AEDES AEGYPTI ERADICATION	256	391	438	466
2301 AEDES AEGYPTI ERADICATION (CARIBBEAN)	11,980	9,210	-	-
2308 ADVISORY COMMITTEE ON DENGUE FEVER	-	720	-	752
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	41	-	-
2311 DENGUE SURVEILLANCE IN THE CARIBBEAN	568	1,020	650	1,590
3000 COORDINATION WITH FOUNDATIONS	1,277	2,568	3,080	3,507
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,295	3,839	3,109	3,382
3126 OPERATIONS RESEARCH	67	269	225	233
3130 CONFERENCE ON MYCOLOGY	77	1,303	-	-
3131 CARIBBEAN HEALTH MINISTERS' CONFERENCE	7,082	6,248	6,447	-
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,633	2,003	1,169	1,249
3145 EMERGENCY PREPAREDNESS	-	532	-	-
3200 NURSING SERVICES	1,664	2,262	2,413	2,533
3201 NURSING (ZONE I)	3,518	3,610	-	-
3210 HOSPITAL NURSING SERVICES	-	695	1,231	1,366
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	553	1,193	1,112	1,171
3216 STANDARDS IN NURSING PRACTICE	-	-	449	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	-	-	1,368
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	261	493	309	248
3223 SYSTEMS OF NURSING	50	1,001	1,248	-
3300 LABORATORY SERVICES	820	370	463	493
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,430	1,688	220	242
3400 HEALTH EDUCATION	530	496	309	496
3500 HEALTH STATISTICS	1,125	723	932	686
3501 HEALTH STATISTICS (ZONE I)	7,750	7,452	-	-
3516 REGIONAL SEMINAR ON DATA PROCESSING	-	723	-	723
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,581	3,496	3,672	3,908
3601 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE I)	8,053	4,760	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,499	1,506	-	-
3700 HEALTH PLANNING	4,932	3,074	3,304	3,645
3701 HEALTH PLANNING AND ORGANIZATION (ZONE I)	3,563	3,232	-	-
3709 MEETING OF MINISTERS OF HEALTH	756	-	-	-
3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	3,477	10,813	7,880	6,280
4200 NUTRITION ADVISORY SERVICES	-	2,016	2,158	2,284
4201 NUTRITION ADVISORY SERVICES (ZONE I)	-	1,715	-	-
4207 CARIBBEAN FOOD AND NUTRITION INSTITUTE	90,049	153,837	138,682	89,369
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	69	222	244	443
4230 NUTRITION TRAINING	-	636	844	1,096
4247 SURVEILLANCE OF NUTRITIONAL STATUS	-	-	826	453
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	557	231
4300 MENTAL HEALTH	128	900	948	1,044
4316 EPIDEMIOLOGY OF SUICIDES	-	-	395	-
4411 HUMAN AND MATERIAL RESOURCES IN DENTISTRY	-	-	4,820	4,840
4500 HEALTH ASPECTS OF RADIATION	393	360	252	264
4507 RADIATION HEALTH PROTECTION	1,537	2,200	924	488
4509 RADIATION SURVEILLANCE	72	160	100	100
4516 PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	168	-
4620 MANAGEMENT OF PESTICIDES	-	210	228	261
4700 FOOD AND DRUG CONTROL	977	1,611	1,700	1,779
4715 FOOD HYGIENE	-	1,225	2,145	2,495
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	672
4800 MEDICAL CARE SERVICES	1,149	1,183	1,298	1,461
4801 MEDICAL CARE SERVICES (ZONE I)	5,481	11,398	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,575	2,106	2,803	3,548
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,970	2,674	2,368	3,073
4900 HEALTH AND POPULATION DYNAMICS	18,279	39,492	40,000	45,429
4901 HEALTH AND POPULATION DYNAMICS (ZONE I)	23,187	12,927	-	-
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	2,255	5,796	5,910	6,501
4915 MATERNAL AND CHILD HEALTH	129	390	429	520
5000 REHABILITATION	2,090	1,717	1,794	1,944
5100 CHRONIC DISEASES	277	950	1,075	1,118
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	1,155	1,265	1,234	1,423
6101 HUMAN RESOURCES PROGRAM IN THE CARIBBEAN	16,426	15,684	-	-
6113 EDUCATION AND TRAINING OF PARAMEDICAL PERSONNEL	3,892	6,566	187,522	137,940
6200 EDUCATION IN HEALTH SCIENCES	1,675	1,644	1,675	1,947
6223 TEACHING OF BEHAVIORAL SCIENCES	1,701	400	-	-

6228 MEDICAL EDUCATION IN THE CARIBBEAN	319	3,600	4,440	4,500
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	467	858	932	1,063
6301 NURSING EDUCATION (ZONE I)	11,053	7,520	-	-
6320 POSTBASIC COURSES IN NURSING	340	782	625	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,476
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	149	503
6400 SANITARY ENGINEERING EDUCATION	1,098	1,065	1,234	1,350
6508 PROG. TRAIN. ANIM. HEALTH VETER. PUB. HEALTH ASSIST. (CARIBBEAN)	-	1,200	-	-
6600 DENTAL EDUCATION	566	733	819	927
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	180	240	840	2,244
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	225	459	345	355
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	246	241	251	294
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	1,144	1,893	1,984	2,070
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	209,686	252,242	484,951	528,211	306,814	438,772	508,871	426,959
PAHO-PR-REGULAR BUDGET	155,743	140,000	194,353	213,116	124,734	171,750	115,596	135,069
PW-COMMUNITY WATER SUPPLY	-	-	-	-	908	4,215	5,144	5,410
PG-GRANTS & OTHER CONTRIBUT.	-	-	-	-	87,111	83,955	47,489	37,734
PH-PAN AMER. HEALTH & EDUC.FN.	116	-	-	-	14,593	44,269	47,003	1,368
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	2,845	-	-	-
WHO-WR-REGULAR BUDGET	50,727	47,720	74,271	89,256	47,297	67,956	51,198	51,356
UNDP-UN DEVELOPMENT PROGRAM	3,100	64,522	205,200	213,600	19,844	23,736	198,111	147,060
UNFPA-UN FUND POPULATION ACT.	-	-	11,127	12,239	9,482	42,891	44,330	48,962

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	516,500	691,014	993,822	955,170
PAHO-PR-REGULAR BUDGET	280,477	311,750	309,949	348,185
PW-COMMUNITY WATER SUPPLY	908	4,215	5,144	5,410
PG-GRANTS & OTHER CONTRIBUT.	87,111	83,955	47,489	37,734
PH-PAN AMER. HEALTH & EDUC.FN.	14,709	44,269	47,003	1,368
PK-SPECIAL FUND FOR HEALTH PR.	2,845	-	-	-
WHO-WR-REGULAR BUDGET	98,024	115,676	125,469	140,612
UNDP-UN DEVELOPMENT PROGRAM	22,944	88,258	403,311	360,660
UNFPA-UN FUND POPULATION ACT.	9,482	42,891	55,457	61,201

VENEZUELA

BACKGROUND DATA

Socioeconomic Situation

Venezuela, with an area of 912,050 square kilometers, has a population of 10,721,522 inhabitants; of these, 75.7% may be considered urban, that is, settled in cities over 2,000 inhabitants, while the 24.3% considered to be rural live in communities of less than 2,000. The population of Venezuela, made up predominantly of the younger age groups, shows a high rate of sustained growth, ranging around 3.2% annually in the last 10 years.

During 1971 the gross national product experienced a growth rate of 6.0% compared with 1970. The per capita product rose in 1971 to \$1,056, with a growth of 2.3% compared with 1970. The recent increase in the prices of petroleum on the world market makes it likely that the Government's combined revenues will increase from \$4 billion in 1973 to \$8 billion in 1974.

Approximately 83.8% of the population is literate, and 89% of the population from 7 to 13 years of age attend elementary school. The proportion in school declines to 41% of the corresponding population in the case of secondary schools and to 5% at the advanced level. Urban growth is intense, and in the last 30 years the country has been transformed from a predominantly rural nation to one that is mainly urban.

There is a housing shortage calculated in 1970 at 752,751 dwellings, and it is estimated that the construction of 88,000 units annually is required to satisfy the demand arising from the increase in the population.

The country's principal water resources are contaminated by industrial, domestic, and agricultural sources, and treatment programs are limited.

The country does not produce the food it requires and imports cereals, leguminous foods, milk, and fats. A rising price trend has been noted recently, with regard to both wholesale and retail prices, and it is expected to become still more accentuated in the immediate future.

National Development Plan

The general objectives of the IV National Plan, 1970/74, are to achieve an increase in the gross national product of around 6.3% annually, and to bring about reductions in the present rate of unemployment. The Plan's economic policy is directed toward increasing the production of intermediate goods and capital as well as exports, seeking to harmonize the best utilization of capital with the greatest possible absorption of labor. It seeks to promote nontraditional exports and to speed up the process of replacing imports.

The IV National Plan is broken down into sectoral programs, one of which is the health program, which recognizes as a basic objective of the sector the creation and operation of a national health service as a means of ensuring and maintaining improved levels of health and the most equitable distribution of health services.

Health Level and Structure

In spite of being a developing country, the health level attained by Venezuela in the last 20 years is, in many respects, similar to that of developed countries. Indeed, the life expectancy at birth, which was approximately 58 years in 1950, rose to 63 years in 1960 and to 66 years in 1970.

General mortality decreased from 12.6% in 1950 to 8.5% in 1960, and to 6.4% in 1971. Infant mortality improved from 93.8 per 1,000 live births in 1950 to 62.5 in 1960 and to 46.8 in 1969, but went up again to 51.7 in 1972. Mortality in 1972 was 6.0 per 1,000 inhabitants in the age group one to four years, and maternal mortality for 1972 was 0.9 per 1,000 live births. The deaths of those under five years of age represent 37.8% of the total deaths and those of 59 years of age and above, 40.7%.

Proposed Aims of the National Health Policy

In accordance with the stipulation in the IV National Plan, the Government is endeavoring to establish a national health service with the intention of integrating the many institutions of the public sector which furnish health services at present within the framework of a regionalized system of furnishing services.

The sectoral policy will be oriented principally toward regionalization of the administration of health services, reorganization of medical care services, organization of the statistics for the sector, administrative reform, and preparation and implementation of the legal and administrative tools that would govern the functioning of the national health system.

PROTECTION OF HEALTH

Communicable Disease Control

Communicable diseases are responsible for 29.1% of the deaths from known causes and principally affect the population under five years of age, among which two-thirds of all deaths occur. Twenty point five per cent of hospital morbidity from known causes (1969) can be attributed to communicable diseases.

Mortality from infectious and parasitic diseases in 1970 was 107.0 per 100,000 inhabitants; from tuberculosis, 12.1; from typhoid and paratyphoid fever, 0.2; from gastroenteritis, 56.2; and from smallpox, 0.0 per 100,000 inhabitants.

The diseases which are preventable through vaccination contribute 4.5% to the mortality from known causes, the most important being tuberculosis, which principally affects the population group 15 years of age and above; it is followed by measles, tetanus, whooping cough, diphtheria, and poliomyelitis. These diseases, in their entirety, contribute 2.6% for hospital morbidity from known causes.

At present, the Ministry of health and Social Welfare is making efforts to extend throughout the country programs for control of the diseases preventable by vaccination, utilizing the services presently in operation and augmenting the coverage with new ones.

The study and effective control of the zoonoses is of great importance because the effect of these diseases on the economy of the country, as well as the danger they represent to the health of the inhabitants; among these diseases, rabies, brucellosis, equine encephalitis, tuberculosis, leptospirosis, and hydatidosis are rated as important.

Environmental Health

Diseases linked to different degrees of environmental sanitation are responsible for 10.5% of the mortality from known causes. Enteritis and other diarrheal diseases weigh the most heavily in this group. This same group also constituted 8.1% of the hospital morbidity from known causes in 1969, and the primary diseases reported were helminthiasis, diarrhea (in those under two years of age), and dysentery.

Of the population living in localities of 5,000 inhabitants and more, 84% have drinking water services; 49% of this population has sewerage services; 45% of the population in centers of under 5,000 inhabitants have water services and only 2% have sewerage (1970).

The collection and final disposal of solid wastes is faulty, giving rise to soil, water, and food contamination. The Venezuelan environment is subject to deterioration because of the rapid growth of the urban population and industrialization, whose wastes contaminate the environment. The use of pesticides, exposure to ionizing radiation, and atmospheric pollution from carbon monoxide aggravate this situation.

PROMOTION OF HEALTH

General Services

The Bs1,944,857,613 (expenditures for 1973) invested in the health sector do not produce a continuous improvement in health. The present diversity and dispersion of the institutions that take care of health problems, the duplication and lack of integration of the services of the 883 establishments for medical or health care existing in the country, 727 (82%) of which fall under the public sector (186 hospitals, 49 health units, and 492 rural medical stations), are reflected in high costs and low outputs.

The total number of hospital beds in the country is 32,877, of which 28,239 (85.8%) pertain to the public sector. The first of these figures represents three beds for every 1,000 inhabitants. Speaking generally, it should be emphasized that the health care services tend to be concentrated in the large cities and important population centers, and are scanty in the small urban communities and in the rural areas.

A reorganization of the network of health laboratories is now being carried out in order to furnish support for the system of epidemiological surveillance and control of communicable diseases. The development of a national system of maintenance and engineering of health care centers endeavors to control and reduce the accelerated rate of deterioration

of buildings and equipment and to bring about their most effective utilization. It is planned to expand the rehabilitation services in the country and to train personnel in occupational therapy.

There are serious deficiencies in the human resources applied to this sector. There is one physician for each 1,000 inhabitants, but 45% of them are concentrated in Caracas. There is less than one graduate nurse per physician and a great shortage of dentists (3,800, half of them in the Federal District), bioanalysts, medical technologists, and other auxiliary personnel.

The establishment of the National Health Service, starting this year, implies defining a policy having as a basis the following features: (1) universal extension of integral medical care insurance throughout the country and to all social classes; (2) assignment to the Ministry of Health of all health programs in the public sector, with the single exception of the Armed Forces Medical Services; (3) structural and functional reform of the health sector, both in the macroadministrative and microadministrative fields; and (4) bold, immediate, and organic implementation of health regionalization, which should provide the resources necessary to ensure the administrative structure which, from the hierarchical standpoint, includes the base unit composed of the local program areas (85 for the entire country), the subregional units (23), and the regional units (8).

The following strategy is proposed in order to attain the goals set for the ten-year period: the programming base unit, the program areas, and their socioeconomic development and population, will serve as a basis for establishing four levels of care--less developed areas with under 25,000 inhabitants, areas having from 25 to 50,000 inhabitants, areas having between 50 and 100,000 inhabitants, and highly developed areas having 100,000 or more inhabitants.

Specific Programs

Attention will be given to mother and child, prenatal, obstetrical, and pediatric care. Malnutrition constitutes a big problem in certain rural areas of the country where half the population under five years of age is affected to some degree. The nutrition programs are being incorporated into the health services.

Programs will be devised and carried out for the prevention and cure of cardiovascular, perinatal, pulmonary, cerebrovascular, dermatological, and metabolic diseases and cancer, and a special program of research and geriatric care will be carried out.

The dentistry program will be directed toward increasing the fluoridation of the water in urban and rural population centers and toward training a greater number of dentists and auxiliaries. The program for occupational hygiene and job and accident medicine is aimed at preventing and treating diseases and accidents arising from professional and technical tasks and those of workmen.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

The sector's professional structure shows that there are not sufficient personnel at the technical or pre-university level in relation to university-level personnel, thus constituting one of the main problems of human resources for health in Venezuela. The training of human resources, especially at the advanced level, is separate from the health sector and subject almost exclusively to decisions of the education sector. Training for middle-level resources does not have adequate structuring, organization, or recognition.

There are still no systems of information on human resources, and available data, usable immediately, is very limited. There is also a lack of definition of functions and delegation-absorption studies, and definition of the various professional categories, which would make it possible to formulate an effective human resources policy.

In 1971 the Ministry of Health and Social Welfare established the Office for Development of Human Resources for Health, whose functions include research and development, laying down guidelines, technical assistance and advice, coordination and administration of that Ministry's fellowship program.

In 1973 the Ministry of Education and the Ministry of Health created the University Institute for Professional Health Auxiliaries, which will regulate, encourage, and finance the courses for training health personnel at the technical and auxiliary levels.

The AVEFAM and the Ministry of Health and Social Welfare have undertaken studies, analyses, and presentation of solutions to the problems posed in the process of teaching and its constituent elements, as well as actions to improve the administrative process of schools of medicine and health sciences.

VENEZUELA - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
368,745	24.2	523,317	26.2	I. PROTECTION OF HEALTH	351,728	23.0	389,616	27.2
154,035	10.2	202,980	10.2	A. COMMUNICABLE DISEASES	194,098	12.7	248,560	17.4
8,305	.5	12,288	.6	0100 GENERAL	13,016	.9	27,604	1.9
3,306	.2	3,568	.2	0200 MALARIA	2,013	.1	2,241	.2
10,000	.7	-	-	0300 SMALLPOX	-	-	-	-
8,546	.6	34,164	1.7	0400 TUBERCULOSIS	31,070	2.0	47,235	3.3
7,112	.5	13,240	.7	0500 LEPROSY	5,595	.4	9,565	.7
-	-	480	*	0600 VENEREAL DISEASES	116	*	5,298	.4
115,006	7.5	130,807	6.6	0700 ZOOUSES	133,729	8.8	140,750	9.8
772	.1	2,120	.1	0900 OTHER	1,879	.1	7,857	.5
988	.1	5,913	.3	1000 PARASITIC DISEASES	6,220	.4	8,010	.6
214,710	14.0	320,337	16.0	B. ENVIRONMENTAL HEALTH	157,630	10.3	141,056	9.8
15,207	1.0	21,753	1.1	2100 GENERAL	31,157	2.0	50,130	3.5
172,109	11.2	265,877	13.3	2200 WATER SUPPLIES	93,332	6.1	56,710	3.9
25,999	1.7	28,657	1.4	2300 AEDS AEGYPTI ERADICATION	28,542	1.9	31,695	2.2
923	.1	1,132	.1	2400 HOUSING	1,429	.1	1,501	.1
472	*	2,918	.1	2500 AIR POLLUTION	3,170	.2	1,020	.1
842,238	54.7	1,006,047	50.5	II. PROMOTION OF HEALTH	779,673	51.2	731,335	50.9
371,717	24.2	572,991	28.7	A. GENERAL SERVICES	448,520	29.4	372,030	25.9
158,161	10.3	78,472	3.9	3100 GENERAL PUBLIC HEALTH	83,211	5.5	89,877	6.2
35,374	2.3	38,348	1.9	3200 NURSING	44,640	2.9	45,410	3.2
93,953	6.1	353,507	17.7	3300 LABORATORY	227,971	15.0	172,479	12.0
865	.1	1,267	.1	3400 HEALTH EDUCATION	1,153	.1	1,912	.1
5,042	.3	5,158	.3	3500 STATISTICS	4,820	.3	5,481	.4
35,892	2.3	37,787	1.9	3600 ADMINISTRATIVE METHODS	38,739	2.5	13,386	.9
42,430	2.8	58,452	2.9	3700 HEALTH PLANNING	47,986	3.1	43,965	3.1
470,521	30.5	433,056	21.8	B. SPECIFIC PROGRAMS	331,153	21.8	359,305	25.0
114,358	7.4	122,871	6.2	4200 NUTRITION	142,572	9.4	156,327	10.9
11,895	.8	25,443	1.3	4300 MENTAL HEALTH	28,215	1.7	32,645	2.3
19,088	1.2	19,816	1.0	4400 DENTAL HEALTH	17,345	1.1	26,331	1.8
5,206	.3	6,440	.3	4500 RADIATION AND ISOTOPES	8,057	.5	4,045	.3
544	*	877	*	4600 OCCUPATIONAL HEALTH	1,135	.1	14,733	1.0
7,147	.5	8,127	.4	4700 FOOD AND DRUG	10,255	.7	23,351	1.6
258,778	16.8	172,718	8.7	4800 MEDICAL CARE	75,600	5.0	22,086	1.5
21,900	1.4	33,072	1.7	4900 FAMILY HEALTH AND POP. DYNAMICS	31,951	2.1	42,663	3.0
28,612	1.9	33,457	1.7	5000 REHABILITATION	6,994	.5	9,744	.7
2,993	.2	10,235	.5	5100 CANCER & OTHER CHRONIC DISEASES	11,029	.7	27,380	1.9
325,313	21.1	466,539	23.3	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	393,318	25.8	315,159	21.9
39,718	2.6	25,691	1.3	6100 PUBLIC HEALTH	22,604	1.5	23,641	1.6
147,405	9.6	147,624	7.4	6200 MEDICINE	133,192	8.7	142,418	9.9
11,481	.7	16,454	.8	6300 NURSING	37,597	2.5	56,672	3.9
42,031	2.7	203,327	10.2	6400 ENVIRONMENTAL SCIENCES	101,216	6.6	14,076	1.0
72,273	4.7	16,553	.8	6500 VETERINARY MEDICINE	24,037	1.6	24,817	1.7
6,930	.5	24,910	1.2	6600 DENTISTRY	37,299	2.4	41,340	2.9
5,475	.3	31,980	1.6	6700 BIostatistics	37,373	2.5	12,995	.9
1,536,296	100.0	1,995,903	100.0	GRAND TOTAL	1,524,719	100.0	1,436,110	100.0

*LESS THAN .05 PER CENT

VENEZUELA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER		
		POSTS PROF.	LOCAL	STC MONTH		ACAD.	SHORT	PART.	AMOUNT			AMOUNT	
	\$				\$	\$		\$	\$	\$	\$		
1973													
PAHO--PR	440,352	5	-	7	311,292	35,207	3	18	44,581	-	9,021	17,191	23,060
PM	152,502	2	-	40	126,452	3,390	-	-	-	200	14,220	-	8,440
PN	56,131	-	-	-	24,217	2,405	-	-	2,292	-	-	6,688	20,529
PG	70,095	-	-	-	20,358	379	-	-	3,356	-	6,220	18,721	21,061
PH	55,234	-	-	-	16,787	2,012	-	-	1,002	-	6,479	20,329	8,625
PK	11,553	-	-	-	9,166	188	-	-	-	-	-	528	1,671
PS	399	-	-	-	-	-	-	-	-	-	-	-	399
WHO--MR	389,563	2	-	17	131,368	14,249	18	35	206,527	10	11,064	10,858	15,497
UNDP	360,183	9	2	2	254,655	-	2	-	20,081	-	-	68,757	16,690
UNFPA	284	-	-	-	284	-	-	-	-	-	-	-	-
TOTAL	1,536,296	18	2	66	894,579	57,830	23	53	277,839	210	47,004	143,072	115,972
PERCENT OF TOTAL	100.0				58.2	3.8			18.1		3.1	9.3	7.5
1974													
PAHO--PR	449,623	8	-	9	356,003	35,432	2	7	23,916	-	5,249	10,704	18,319
PM	243,075	2	-	55	215,100	2,975	-	10	15,000	-	-	-	10,000
PN	47,412	-	-	-	25,901	2,398	-	-	2,443	-	-	3,623	13,047
PG	89,020	-	-	-	27,375	1,376	-	-	595	-	3,285	21,504	34,885
PH	47,931	-	-	-	15,238	1,065	-	-	4,780	-	128	11,875	14,045
WHO--MR	374,853	4	-	24	204,111	18,098	9	22	91,204	-	20,607	29,200	11,633
UNDP	722,624	8	2	49	365,237	13,449	9	15	101,912	-	-	229,706	12,320
UNFPA	21,365	-	-	-	12,823	1,200	-	-	5,766	-	695	585	296
TOTAL	1,995,903	20	2	137	1,221,788	70,793	20	54	245,616	-	29,964	307,197	114,545
PERCENT OF TOTAL	100.0				61.2	3.5			12.3		1.5	15.4	5.7
1975													
PAHO--PR	496,829	6	-	13	402,484	37,904	2	8	22,232	-	3,730	10,431	20,048
PM	65,462	2	-	-	62,862	2,600	-	-	-	-	-	-	-
PN	47,514	-	-	-	25,922	2,393	-	-	2,443	-	-	3,761	12,995
PG	65,665	-	-	-	27,999	1,500	-	-	-	-	360	12,439	23,767
PH	30,799	-	-	-	12,730	1,025	-	-	3,113	-	-	4,329	9,602
WHO--MR	411,078	5	-	22	241,504	19,323	9	27	93,056	-	10,508	35,824	10,863
UNDP	382,585	5	-	19	221,467	8,034	9	7	67,179	-	-	70,904	14,201
UNFPA	24,787	-	-	-	15,156	1,300	-	-	5,910	-	1,308	737	376
TOTAL	1,524,719	18	-	54	1,309,724	74,079	20	40	193,933	-	15,906	138,425	91,852
PERCENT OF TOTAL	100.0				66.2	4.9			12.7		1.1	9.1	6.0
1976													
PAHO--PR	543,019	5	-	11	409,425	36,668	2	7	35,315	-	6,540	23,030	32,041
PM	27,050	-	-	-	25,850	1,200	-	-	-	-	-	-	-
PN	49,481	-	-	-	27,205	2,393	-	-	2,443	-	-	3,761	13,679
PG	58,397	-	-	-	24,464	525	-	-	-	-	225	9,098	24,085
PH	33,433	-	-	-	13,332	1,093	-	-	3,324	-	-	5,028	10,656
WHO--MR	498,759	4	-	34	275,587	14,764	18	34	153,620	-	10,702	30,929	13,157
UNDP	198,657	3	-	14	102,732	5,964	2	12	55,537	-	-	24,456	9,563
UNFPA	27,314	-	-	-	16,801	1,350	-	-	6,501	-	1,439	810	413
TOTAL	1,436,110	12	-	59	895,396	63,962	22	53	256,740	-	18,906	97,512	103,594
PERCENT OF TOTAL	100.0				62.3	4.5			17.9		1.3	6.8	7.2
<p>PAHO-PR-REGULAR BUDGET PM-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p>													
<p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO-MR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WC-GRANTS AND OTHER FUNDS</p>													

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

VENEZUELA - DETAIL

VENEZUELA-0100, COMMUNICABLE DISEASES

Incomplete information on the prevalent communicable diseases and on the immunity level of the population are factors contributing to weaknesses in epidemiological services. The purpose of this project is to cooperate in the organization of more effective epidemiological surveillance and strengthening of epidemiological services, organization of information systems, and improvement of administration and management in the field of control of communicable diseases.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1973	1974	1975	1976	TOTAL	WR	1973	1974	1975	1976
		-	-	-	4			-	-	5,763	18,786
CONSULTANT MONTHS	WR	-	-	-	4	ZONE ADVISORY SERVICES		-	-	5,763	6,186
		-	-	-	2	PERSONNEL-CONSULTANTS		-	-	-	9,600
TOTAL		-	-	-	2	FELLOWSHIPS		-	-	-	3,000
FELLOWSHIPS-SHORT TERM	WR	-	-	-	2						

VENEZUELA-0200, MALARIA ERADICATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
		-	-	1,580	1,656
ZONE ADVISORY SERVICES		-	-	1,580	1,656

VENEZUELA-0300, SMALLPOX ERADICATION

Assistance was provided to support a regional course on epidemiological surveillance held in Venezuela.

TOTAL	WR	1973	1974	1975	1976
		10,000	-	-	-
COURSE COSTS		10,000	-	-	-

VENEZUELA-0400, TUBERCULOSIS CONTROL

Despite a continuing decline in the last ten years, tuberculosis remains as an important health problem in Venezuela. In 1972, 5,403 cases of tuberculosis in all its forms were reported, equivalent to a rate of 42.6 per 100,000 inhabitants. Of all deaths registered, 1.8% were diagnosed as tuberculosis. The index of infection, according to studies of schoolchildren in Barquisimeto, Cumanacoa and Mérida, varied from 3.8 to 9.0% in children from five to nine years of age, and from 8.7 to 20.0% in those 10 to 14. The Government has, since 1940, been consolidating its programs into the general health services. The program has now entered a phase where it is necessary to evaluate it in depth and to review the effectiveness of all its control activities.

The purpose of this project is to cooperate in the development of a methodology for operational and technical evaluation of an integrated program of control of tuberculosis in its three components: immunization, case finding, and treatment. This method is to be adopted and applied in various regions of the country with emphasis on evaluation of the measures in terms of reduction of the problem rather than on the activities carried out. The project will also carry out training activities in the aspects of the program related to the project.

TOTAL		1973	1974	1975	1976	TOTAL	PR	1973	1974	1975	1976
		-	1	1	1			-	16,500	26,200	27,700
P-4 MEDICAL OFFICER .4008	PR	-	1	1	1	PERSONNEL-POSTS		-	15,000	23,700	24,900
						DUTY TRAVEL		-	1,500	2,500	2,800

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

VENEZUELA-0700, VETERINARY PUBLIC HEALTH

In Venezuela the investigation and control of zoonotic and food-borne diseases is of great importance. The most serious zoonoses are rabies, trypanosomiasis, equine encephalomyelitis, brucellosis, tuberculosis and hydatidosis. In addition to combating these diseases, food-borne diseases causing gastroenteritis must be controlled.

There is only one veterinary diagnostic laboratory in the country and its staff is mainly dedicated to vaccine production and investigation. National control programs for these diseases are minimal in some areas and nonexistent in others. There is an acute shortage of well-qualified veterinary medical manpower, including veterinary auxiliaries. The country has at present 642 veterinarians; 6,000 are needed. Continuing education of veterinarians is limited, and the distribution of the veterinary medical services is not compatible with the geographical occurrences of animal diseases which are causing severe animal losses resulting in serious protein drainage, thereby endangering human health.

The purposes of this project are to promote the development of national programs within the ministries of health and agriculture to bring about control and prevention of these diseases; to provide assistance to the veterinary medical services of the ministries in the design, formulation, preparation, and conduct of these national programs; and to promote continuing education.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		2	2	2	2	TOTAL	9,212	9,500	13,080	13,641
CONSULTANT MONTHS	WR	2	2	2	2	SUBTOTAL	PC	2,185	-	-
TOTAL		-	2	2	2	SEMINAR COSTS		2,185	-	-
FELLOWSHIPS-ACADEMIC	\$	-	-	-	-	SUBTOTAL	WR	7,027	9,500	13,080
FELLOWSHIPS-SHORT TERM	WR	-	2	2	2	ZONE ADVISORY SERVICES		-	-	3,680
	WR	-	2	2	2	PERSONNEL-CONSULTANTS		3,982	4,000	4,400
						SEMINAR COSTS		1,500	2,000	2,000
						SUPPLIES AND EQUIPMENT		775	500	-
						FELLOWSHIPS		770	3,000	3,000

VENEZUELA-0701, VENEZUELAN EQUINE ENCEPHALITIS

There has been no proved, naturally occurring Venezuelan equine encephalitis (VEE) activity in Venezuela since 1970. Because of decreased virus activity, an increasingly susceptible horse, donkey, and human population has developed.

An inactivated vaccine prepared in Venezuela is used on a limited basis, chiefly to protect valuable horses. However, since inactivation is not always complete it presents an epidemiologic threat to equines and humans. There is marked resistance among horse owners and veterinarians to the introduction of the modified, live vaccine (TC-83) which is prepared in the United States and in Mexico. A safe effective VEE vaccine that will prevent another explosive outbreak of encephalitis from affecting horses, donkeys and humans is of the highest priority.

The purposes of this project are to (1) evaluate and refine the methods of vaccine testing now being used; and (2) develop the vaccine or vaccines necessary to protect the several diverse equine populations of Venezuela.

TOTAL		1	1	1	1	TOTAL	PR	42,190	44,000	44,600	47,900
P-5 LABORATORY ADVISER .3667	PR	1	1	1	1	PERSONNEL-POSTS		32,798	33,000	34,400	35,800
TOTAL		1	1	1	1	PERSONNEL-CONSULTANTS		1,199	2,000	2,200	2,400
CONSULTANT MONTHS	PR	1	1	1	1	DUTY TRAVEL		5,706	5,000	5,500	5,700
TOTAL		-	1	-	-	SUPPLIES AND EQUIPMENT		2,487	2,500	2,500	4,000
FELLOWSHIPS-SHORT TERM	PR	-	1	-	-	FELLOWSHIPS		-	1,500	-	-

FUND	1973	1974	1975	1976

FUND	1973	1974	1975	1976
	\$	\$	\$	\$

VENEZUELA-2100, ENVIRONMENTAL SANITATION

The rapid industrialization and population growth facing Venezuela produce major problems of sanitation. The large cities are being surrounded by zones of uncontrolled growth without the basic services of water supply, sewerage, and trash removal or adequate housing. Eighty percent of the urban population has potable water services and 49% sewage disposal services. In the rural zone 65% of the population has potable water supply but only 2% sewerage. Collection and disposal of solid wastes is deficient, giving rise to pollution of water, soil and air. The growing use of pesticides in agriculture is creating contamination of soil, water, and food. Increase in automotive vehicles and in industry, without legislation for efficient control, aggravates the pollution problem.

The purpose of this project is to cooperate with the Government in incorporating environmental sanitation as a basic constituent into national development plans, as well as in planning, executing, and evaluating sanitation programs.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL					TOTAL						
		-	-	-	1		-	-	18,822	35,437	
P-4 SANITARY ENGINEER 4.4075	WR	-	-	-	1						
						SUBTOTAL	PR	-	-	6,622	6,944
TOTAL		-	-	2	-						
CONSULTANT MONTHS	WR	-	-	2	-				6,622	6,944	
						SUBTOTAL	WR	-	-	12,200	28,493
TOTAL		-	-	3	3						
FELLOWSHIPS-ACADEMIC	WR	-	-	1	1	PERSONNEL-POSTS		-	-	-	19,693
FELLOWSHIPS-SHORT TERM	WR	-	-	2	2	PERSONNEL-CONSULTANTS		-	-	4,400	-
						DUTY TRAVEL		-	-	-	1,000
						FELLOWSHIPS		-	-	7,800	7,800

VENEZUELA-2200, WATER SUPPLIES

Estimates show that 70% of the administrative reform planned in the Instituto Nacional de Obras Públicas (including Caracas water system) has been accomplished. Engineering services, operation and maintenance systems, water meters, billing and collection accounting services, and general administrative services have been substantially improved through the implementation of new policies, structures, norms, and procedures and a better attitude toward water works management.

The purposes of this project are (1) to cooperate with the National Institute of Waterworks in the improvement of its policy making, structure, management, and administrative procedures; (2) to study, analyze, and evaluate existing administrative methods for the purpose of recommending the ways and means of establishing new systems which will permit a more efficient development of activities; and (3) to train the personnel responsible for the management and use of the methods and systems which are being recommended.

TOTAL		2	2	2	-	TOTAL	PW	147,958	222,000	39,742	-
P-4 MANAGEMENT CONSULTANT .3578 .4100	PW	2	2	2	-	PERSONNEL-POSTS		37,828	57,000	38,242	-
						PERSONNEL-CONSULTANTS		84,478	138,000	-	-
TOTAL		40	55	-	-	DUTY TRAVEL		2,992	2,000	1,500	-
CONSULTANT MONTHS	PW	40	55	-	-	CONTRACTUAL SERVICES		2,800	-	-	-
						FELLOWSHIPS		-	15,000	-	-
TOTAL		-	10	-	-	PARTICIPANTS		14,220	-	-	-
FELLOWSHIPS-SHORT TERM	PW	-	10	-	-	COURSE COSTS		5,640	10,000	-	-
TOTAL		200	-	-	-						
PARTICIPANTS	PW	200	-	-	-						

VENEZUELA-2300, Aedes aegypti ERADICATION

In the forest areas of Venezuela there are sizable numbers of animal species which constitute a natural reservoir for yellow fever. In 1972 there were yellow fever cases in persons who entered these areas without having been vaccinated. Most of the country's territory is infested with Aedes aegypti, which is resistant to chloride insecticides.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

It is necessary to reinforce epidemiological surveillance in this field and to organize and maintain surveillance of the enzootic and of its behavior, as regards both its geographic mobility and its cyclical manifestations. Activities should focus on study of the ecological behavior and improved identification of the reservoir species, constant observation of the epizootic waves in the enzootic framework, and measures to control and/or eradicate Aedes aegypti.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		2	1	1	1	TOTAL		4,122	2,000	12,001	12,884
CONSULTANT MONTHS	PR	2	1	1	1	SUBTOTAL	PR	4,122	2,000	5,780	6,160
						ZONE ADVISORY SERVICES		-	-	3,580	3,760
						PERSONNEL-CONSULTANTS		4,122	2,000	2,200	2,400
						SUBTOTAL	WR	-	-	6,221	6,724
						ZONE ADVISORY SERVICES		-	-	6,221	6,724

VENEZUELA-2500, AIR POLLUTION

The number of motor vehicles in the Venezuelan cities of Caracas, Maracay, Valencia, and Maracaibo during the year has increased by some 16,000 bringing the total for the four cities up to 320,000. Industries increased during the same period from 7,000 to 8,400. This gives some idea of the increase in the amount of air pollution due to these two factors. In addition, solid wastes are usually burned in the open air, which makes the problem worse.

The aim of the project is to obtain information on the magnitude, characteristics, and trends of air pollution to serve as a basis for a control program and to include the training of professional and technical personnel in this field. For this purpose an agreement was signed in 1967 between the Ministry of Health and Social Welfare, the Central University of Venezuela, and PAHO for the establishment of stations of the Pan American Air Pollution Sampling Network in Venezuelan cities. Five stations are in operation in Caracas, and the Central University of Venezuela recently acquired 10 more stations for installation in the national territory. With the information obtained it will be possible to evaluate pollution levels more efficiently and to adopt control measures.

TOTAL		-	1	1	-	TOTAL		-	2,000	2,200	-
CONSULTANT MONTHS	PR	-	1	1	-	PERSONNEL-CONSULTANTS		-	2,000	2,200	-

VENEZUELA-3100, CONSULTANT SERVICES IN HEALTH

The purpose of this project is to collaborate in the improvement of the level of health, thus arriving at a more positive participation of the people in the integrated development of Venezuela.

This project is directed toward the integral improvement of health services for persons and the development of the infrastructure. Activities will be concentrated essentially in reinforcing the present organization of the sector (improving the systems of administration, information, programming, coordination and evaluation); in expanding coverage, especially in rural areas; in increasing social welfare activities as support to health programs; and in in-service training of professional and auxiliary personnel.

TOTAL		1	1	1	1	TOTAL		146,788	64,100	76,800	75,300
P-5 MEDICAL OFFICER .0265	PR	1	1	1	1	SUBTOTAL	PR	66,427	37,700	48,200	45,900
						PERSONNEL-POSTS		34,348	33,000	34,400	35,800
						PERSONNEL-CONSULTANTS		3,990	2,000	11,000	7,200
						DUTY TRAVEL		2,715	2,700	2,800	2,900
						FELLOWSHIPS		20,374	-	-	-
						SUBTOTAL	WR	80,361	26,400	22,600	29,400
						PERSONNEL-CONSULTANTS		1,910	-	-	-
						SUPPLIES AND EQUIPMENT		-	6,000	7,000	9,000
						FELLOWSHIPS		76,762	20,400	15,600	20,400
						PARTICIPANTS		1,689	-	-	-
						TOTAL		10	-	-	-
PARTICIPANTS	WR	10	-	-	-						

FUND	1973	1974	1975	1976

FUND	1973	1974	1975	1976
	\$	\$	\$	\$

VENEZUELA-3200, NURSING SERVICES

Data on the present status of nursing is incomplete and unreliable, as no national updated information system exists in the nursing field. The ratios per 10,000 inhabitants are estimated to be as follows: nursing personnel, 22.9; nurses, 6.1; and nursing auxiliaries, 16.8.

The Nursing Department of the Venezuelan Ministry of Health has three sections--preventive, curative, and educational--but these operate in isolation. A tentative project for the restructuring of the Nursing Department has been prepared and submitted to the health authorities. Its aim is to improve the present nursing structure at central, regional, sub-regional, and local levels, in the light of actual needs and problems. In-service training of personnel is also included in this project.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	1	TOTAL	PR	28,430	25,300	37,784	39,548
P-3 NURSE .3515	PR	1	1	1	1	PERSONNEL-POSTS		22,753	12,500	19,800	20,800
						ZONE ADVISORY SERVICES		-	-	4,584	4,848
						PERSONNEL-CONSULTANTS		-	4,000	4,400	4,800
						DUTY TRAVEL		1,101	1,000	1,200	1,300
						FELLOWSHIPS		4,576	7,800	7,800	7,800
TOTAL		-	2	2	2						
CONSULTANT MONTHS	PR	-	2	2	2						
TOTAL		2	3	3	3						
FELLOWSHIPS-ACADEMIC	PR	-	1	1	1						
FELLOWSHIPS-SHORT TERM	PR	2	2	2	2						

VENEZUELA-3300, LABORATORY SERVICES

The purpose of this project is to cooperate with the Government in the development of its laboratory services and in the training of personnel.

TOTAL		-	1	1	2	TOTAL	PR	-	3,500	3,700	7,800
CONSULTANT MONTHS	PR	-	1	1	2	PERSONNEL-CONSULTANTS		-	2,000	2,200	4,800
TOTAL		-	1	1	2	FELLOWSHIPS		-	1,500	1,500	3,000
FELLOWSHIPS-SHORT TERM	PR	-	1	1	2						

VENEZUELA-3301, NATIONAL INSTITUTE OF HYGIENE

The program for strengthening of the activities of the National Institute of Hygiene is aimed at achieving the following objectives: (1) producing an impact on the incidence of communicable diseases; (2) increasing quality control testing of foods, drugs, cosmetics and biological products; (3) playing a more active part in health promotion, protection, and restoration; (4) stimulating applied research; (5) training personnel; and (6) modernizing and increasing the capacity for the production of biologicals. With conversion of premises and construction of new ones, acquisition of new equipment with Government and UNDP funds, and recruitment of additional personnel, it has been possible to expand activities in each of the Institute's programs.

TOTAL		3	3	3	3	TOTAL		90,600	345,497	219,320	159,320
P-5 PROJECT MANAGER 4.3910	UNDP	1	1	1	1	SUBTOTAL	PR	1,628	-	-	-
P-4 EXP. IN PRODUCC. OF BIOLOG. 4.3997	UNDP	1	1	1	1	PERSONNEL-CONSULTANTS		1,628	-	-	-
P-4 VIROLOGIST 4.3995	UNDP	1	1	1	1	SUBTOTAL	UNDP	88,972	345,497	219,320	159,320
TOTAL		2	21	9	14						
CONSULTANT MONTHS	PR	1	-	-	-	PERSONNEL-POSTS		30,000	70,500	85,500	40,500
CONSULTANT MONTHS	UNDP	1	21	9	14	PERSONNEL-CONSULTANTS		750	52,250	22,500	35,000
TOTAL		1	15	11	14	DUTY TRAVEL		-	4,500	4,500	4,500
FELLOWSHIPS-ACADEMIC	UNDP	1	4	5	2	SUPPLIES AND EQUIPMENT		56,096	149,933	51,000	21,000
FELLOWSHIPS-SHORT TERM	UNDP	-	11	6	12	FELLOWSHIPS		2,126	60,074	51,200	53,700
						MISCELLANEOUS		-	8,240	4,620	4,620

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
	\$	\$	\$	\$

VENEZUELA-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	3,448	3,592
ZONE ADVISORY SERVICES	-	-		3,448	3,592

VENEZUELA-3600, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH

The main institutions of the public subsector in Venezuela which provide health services are beset by organizational and operational problems in their administrative systems, such as inadequate communications, inefficient coordination, proliferation of information systems, lack of an overall planning process, and defects in the systems of financial management, personnel administration, maintenance, and supplies. These shortcomings not only have a detrimental effect on the efficient operation of these institutions, but also create a serious problem for the establishment of an integrated system of health services.

The purpose of this project is to collaborate in the study, improvement, and accounting of the administrative systems of the Ministry of Health and Public Welfare, of other public institutions providing health services, and of the institutions responsible for training health personnel.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL	1	1	1	-	TOTAL	24,732	28,900	35,985	10,455
P-3 ADMIN. METHODS OFFICER .3668	PR	1	1	1	-	24,732	24,900	31,585	5,655
TOTAL	-	2	2	2		21,965	22,100	23,200	-
CONSULTANT MONTHS	WR	-	2	2	2	-	-	5,385	5,655
						2,767	2,800	3,000	-
						-	4,000	4,400	4,800
						-	4,000	4,400	4,800

VENEZUELA-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	-	-	12,690	14,700
SUBTOTAL	PR	-	-	10,500
ZONE ADVISORY SERVICES	-	-	10,500	10,920
SUBTOTAL	WR	-	-	2,190
ZONE ADVISORY SERVICES	-	-	2,190	3,780

VENEZUELA-4100, MATERNAL AND CHILD HEALTH (renumbered VENEZUELA-4900)

VENEZUELA-4200, NUTRITION

Protein-calorie malnutrition among children under five is the main nutrition problem in Venezuela. A number of surveys have shown that 55.8% of the children studied suffered from some degree of malnutrition (17.7% showed second- or third-degree malnutrition). Protein-calorie malnutrition, alone or in association with gastroenteritis or respiratory diseases, is one of the five major causes of death for children between one and four years of age. The average consumption of calories per capita per day ranges between 1,662 and 2,175; the average protein consumption runs between 59.4 and 73.6 grams, mostly of vegetable origin. The availability of protein of animal origin is 27.0 grams per capita/day, representing approximately 37% of the total protein available.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

\$ \$ \$ \$

The machinery for interinstitutional, intrasectoral, and intersectoral coordination of programs relating to food and nutrition is inadequate. The WFP has been extended, but there are still a number of administrative and technical problems. There have been difficulties in implementing the law requiring salt iodization for human consumption, and goiter still remains a problem in certain areas. There is a shortage of health manpower (both teachers and service personnel) with university qualification in nutrition.

The purpose of the project is to promote the formulation and implementation of a national food and nutrition policy; to continue the development and establishment of a nutrition program integrated with the country's health services; to extend the supplementary feeding and nutrition education program; to improve the teaching of nutrition; and to promote the total iodization of salt for human consumption.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

WFP cooperates in this project.

TOTAL		-	-	1	1	TOTAL	WR	7,288	15,100	39,380	49,305
P-4 MEDICAL OFFICER	WR	-	-	1	1	PERSONNEL-POSTS	-	-	-	18,200	29,540
4.4076						ZONE ADVISORY SERVICES	-	-	-	8,980	9,465
TOTAL		-	2	2	1	PERSONNEL-CONSULTANTS	-	4,000	-	4,400	2,400
						DUTY TRAVEL	-	-	-	1,500	1,600
						FELLOWSHIPS	7,288	11,100	-	6,300	6,300
CONSULTANT MONTHS	WR	-	2	2	1						
TOTAL		-	3	2	2						
FELLOWSHIPS-ACADEMIC	WR	-	2	1	1						
FELLOWSHIPS-SHORT TERM	WR	-	1	1	1						

VENEZUELA-4301, OCCUPATIONAL THERAPY AND MENTAL HEALTH

Although psychiatric services in Venezuela have been diversified in recent years, they continue to be offered for the most part in custodial-type institutions with a high proportion of chronic patients. The network of outpatient and preventive services provided by health units has been expanded, and two psychiatric wards have entered operation in general hospitals. But the problem of long-term inpatients remains to be solved.

The objective of this project is to assist the Government in modernization of psychiatric services, fostering the development of a rehabilitation program for mental patients that emphasizes occupational and industrial therapy. It also seeks to strengthen the preparation of personnel, both through academic programs and through in-service education.

TOTAL		1	1	1	2	TOTAL	WR	819	5,000	3,700	17,400
CONSULTANT MONTHS	WR	1	1	1	2	PERSONNEL-CONSULTANTS	819	2,000	-	2,200	4,800
TOTAL		-	2	1	4	FELLOWSHIPS	-	3,000	-	1,500	12,600
FELLOWSHIPS-ACADEMIC	WR	-	-	-	2						
FELLOWSHIPS-SHORT TERM	WR	-	2	1	2						

VENEZUELA-4400, DENTAL MANPOWER STUDIES

The purpose of this project is improvement of the dental health of the Venezuelan population through application of preventive and curative measures; through coordination of existing resources to improve their utilization and efficiency for a greater number of persons; and through improvement of the administrative systems and training of personnel in planning and programming of services at the local and national levels.

TOTAL		-	-	-	2	TOTAL	WR	-	-	-	11,100
CONSULTANT MONTHS	WR	-	-	-	2	PERSONNEL-CONSULTANTS	-	-	-	-	4,800
TOTAL		-	-	-	2	FELLOWSHIPS	-	-	-	-	6,300
FELLOWSHIPS-ACADEMIC	WR	-	-	-	1						
FELLOWSHIPS-SHORT TERM	WR	-	-	-	1						

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

VENEZUELA-4401, CENTER ON DENTAL MATERIALS

In Venezuela, as in other Latin American countries, the principal problems in the area of dental materials are the absence of a system of quality control; the lack of standardization; the high cost of dental materials; the limited extent to which their manufacture, distribution, and utilization has been studied; and the need for training in this field. No detailed studies have yet been made in Venezuela on the cost, utilization, distribution, and quality of dental materials. The purpose of this project is to establish a dental materials center that will undertake quality control and standardization of dental materials, promote research, and train personnel at all levels.

TOTAL		2	1	1	-	TOTAL	WR	6,632	5,000	3,700	-
CONSULTANT MONTHS	WR	2	1	1	-	PERSONNEL-CONSULTANTS FELLOWSHIPS		6,632	2,000	2,200	-
TOTAL		-	2	1	-			-	3,000	1,500	-
FELLOWSHIPS-SHORT TERM	WR	-	2	1	-						

VENEZUELA-4500, RADIATION PROTECTION

The risk run by persons who operate radiation-emitting equipment, by the patients who receive care, and by the public that is affected indirectly has not yet been determined in Venezuela. It is estimated that 4,000 people are working in this field and that one million patients are exposed to radiation for purposes of medical diagnosis and treatment.

The objectives of this project are to assist in the implementation of a national protection program, including protection for professional, technical, and auxiliary personnel and the general population; to prepare legislation and regulations; to apply protective techniques; to provide dosage monitoring equipment; and to train personnel.

TOTAL		-	1	1	-	TOTAL	WR	2,290	3,500	3,700	-
CONSULTANT MONTHS	WR	-	1	1	-	PERSONNEL-CONSULTANTS FELLOWSHIPS		-	2,000	2,200	-
TOTAL		1	1	1	-			2,290	1,500	1,500	-
FELLOWSHIPS-ACADEMIC	WR	-	-	-	-						
FELLOWSHIPS-SHORT TERM	WR	1	1	1	-						

VENEZUELA-4600, INDUSTRIAL HYGIENE

The increase and diversity of Venezuelan industry in the last few years has produced new and greater problems in the health of the worker. The purpose of this project is to cooperate in a study of the present situation and formulation of a national plan.

TOTAL		-	-	-	1	TOTAL	WR	-	-	-	13,500
CONSULTANT MONTHS	WR	-	-	-	1	PERSONNEL-CONSULTANTS FELLOWSHIPS		-	-	-	2,400
TOTAL		-	-	-	3			-	-	-	11,100
FELLOWSHIPS-ACADEMIC	WR	-	-	-	2						
FELLOWSHIPS-SHORT TERM	WR	-	-	-	1						

VENEZUELA-4700, FOOD AND DRUG CONTROL

In Venezuela the greater part of raw materials for the food industry are produced in the country, complemented by imports that reduce the effectiveness of the food protection system established by the Government. Not all food production is keeping pace with population growth. There are no exact figures but significant losses of nationally produced foods occur, since means of conservation in the field are inadequate. The food industry is being developed in accordance with the general policy of industrialization of the country and is offered various incentives. Sanitation of the industry is supervised by various ministries and municipal councils, among them the Ministerio de Sanidad y Asistencia Social, the Ministerio de Fomento, the Ministerio de Agricultura y Crfa, and the Ministerio del Trabajo.

The purpose of this project is to cooperate with the Ministerio de Sanidad y Asistencia Social and the Universidad Central de Venezuela in training personnel in the administration and planning of veterinary services and in the development of programs that cover production of foods of greatest national importance.

TOTAL		-	-	-	2	TOTAL	WR	-	-	-	11,100
CONSULTANT MONTHS	WR	-	-	-	2	PERSONNEL-CONSULTANTS FELLOWSHIPS		-	-	-	4,800
TOTAL		-	-	-	2			-	-	-	6,300
FELLOWSHIPS-ACADEMIC	WR	-	-	-	1						
FELLOWSHIPS-SHORT TERM	WR	-	-	-	1						

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

VENEZUELA-4800, MEDICAL CARE SERVICES

The considerable human, material, economic, and financial resources assigned to the medical care area in Venezuela are still not being used in an adequate or efficient manner. The basic reason is poor interprofessional and interdisciplinary coordination among the medical and hospital units under the Ministry of Health and Social Welfare and between those units and other organizations. Another reason is the lack of organic and/or functional integration among the many different public and private institutions in the health sector, which prevents the establishment of an administrative mechanism for achieving greater productivity.

Hence, the purpose of this project is to collaborate in the development of a plan of organization and operation of medical care services, designed to improve the coordination and use of human and material resources, thus raising their quality and increasing their productivity and efficiency.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	-	TOTAL	WR	43,769	37,140	38,833	14,005
P-4 MEDICAL OFFICER 4.0600	WR	1	1	1	-	PERSONNEL-POSTS		27,404	25,440	27,320	-
						ZONE ADVISORY SERVICES		-	-	1,313	1,405
						PERSONNEL-CONSULTANTS		6,288	4,000	2,200	4,800
TOTAL		3	2	1	2	DUTY TRAVEL		4,644	4,700	4,800	-
						FELLOWSHIPS		5,433	3,000	3,000	7,800
CONSULTANT MONTHS	WR	3	2	1	2						
TOTAL		2	2	2	3						
FELLOWSHIPS-ACADEMIC	WR	1	-	-	1						
FELLOWSHIPS-SHORT TERM	WR	1	2	2	2						

VENEZUELA-4804, NATIONAL SYSTEM OF MAINTENANCE AND ENGINEERING OF HEALTH CARE FACILITIES

The growing investment in governmental health care facilities (Bs.1.6 billion in 1974), accelerated by the opening of a number of new hospitals in the last five years, has not been supported by commensurate maintenance or sinking fund programs to preserve this investment or to replace equipment or installations as their useful life expires. The accumulated deficit in maintenance is now estimated to be Bs.100 million.

The objectives of this project are aimed towards developing a national maintenance system, which can improve the health care services provided by existing physical facilities and to extend the economical life of the components of these facilities. It provides for collaboration in programming and applying this system to the ministerial hierarchy and the existing institutions. It will also assist in the development of organizational structures and design criteria for better planning of the future health care establishment.

TOTAL		7	6	1	-	TOTAL		187,254	122,375	30,000	-
P-5 HOSPITAL ADMINISTRATOR 4.3902	UNDP	1	1	-	-	SUBTOTAL	PR	6,017	-	-	-
P-5 MAINTENANCE ENGINEER 4.3901	UNDP	1	1	-	-						
P-5 PROJECT MANAGER 4.3898	UNDP	1	1	1	-	SUPPLIES AND EQUIPMENT		1,760	-	-	-
P-5 SPECIAL STUDIES OFFICER 4.3899	UNDP	1	-	-	-	LOCAL PERSONNEL COSTS		4,257	-	-	-
P-5 TRAINING OFFICER 4.3900	UNDP	1	1	-	-	SUBTOTAL	UNDP	181,237	122,375	30,000	-
G SECRETARY 4.3904	UNDP	1	1	-	-	PERSONNEL-POSTS		150,000	97,700	28,500	-
G-3 CHAUFFEUR 4.3903	UNDP	1	1	-	-	PERSONNEL-CONSULTANTS		2,000	500	-	-
						DUTY TRAVEL		-	6,000	1,500	-
						SUPPLIES AND EQUIPMENT		-	500	-	-
TOTAL		1	1	-	-	FELLOWSHIPS		14,945	17,675	-	-
						LOCAL PERSONNEL COSTS		13,700	-	-	-
						MISCELLANEOUS		592	-	-	-
CONSULTANT MONTHS	UNDP	1	1	-	-						
TOTAL		1	4	-	-						
FELLOWSHIPS-ACADEMIC	UNDP	1	2	-	-						
FELLOWSHIPS-SHORT TERM	UNDP	-	2	-	-						

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

VENEZUELA-4901, MATERNAL AND CHILD HEALTH (previously VENEZUELA-4100)

The women in fertile age group (15-44 years) and children under 15 years of age constitute 68.1% of the total population. The risks of illness and death of these groups have remained high. Approximately 35% of children 1-6 years old and 40% of preschoolers suffer from some nutritional deficiencies which also aggravate other pathological conditions.

The objective of the project is to assist in the development of a policy and a program to reduce the health problems of the mothers and children. An intersectorial coordination, particularly of the sectors of education, agriculture and health, will be developed in order to avoid duplication of action and to develop a uniform Government program for the protection of the mothers and children. The project activities include training of personnel, at professional, technical and auxiliary levels; study of the health problems of mothers and children; and improvement of prenatal, natal, and postnatal services, as well as monitoring of growth and development of the children.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1973	1974	1975	1976	TOTAL		1973	1974	1975	1976
		-	-	-	2			-	-	12,078	22,055
CONSULTANT MONTHS	WR	-	-	-	2			-	-	2,806	11,856
TOTAL		-	-	-	2	SUBTOTAL	WR	-	-	2,806	11,856
FELLOWSHIPS--SHORT TERM	WR	-	-	-	2	ZONE ADVISORY SERVICES		-	-	2,806	3,056
						PERSONNEL--CONSULTANTS		-	-	-	4,800
						SUPPLIES AND EQUIPMENT		-	-	-	1,000
						FELLOWSHIPS		-	-	-	3,000
						SUBTOTAL	UNFPA	-	-	9,272	10,199
						ZONE ADVISORY SERVICES		-	-	9,272	10,199

VENEZUELA-5000, REHABILITATION

In Venezuela there are many disabled patients who need rehabilitation treatment for their physical, mental, and social readjustment. There is a lack of accurate statistics on the number and type of these patients; there are only indirect indicators, such as the number of hospital releases of patients who had diseases or accidents requiring rehabilitation.

The new Rehabilitation Service of the Ministry of Health and Social Welfare gave treatment to a total of 7,254 patients in 1970. The human and material resources of the Rehabilitation Service are not sufficient to treat the physically handicapped population. The Ministry's central and regional services have a total of one director for the national rehabilitation program, nine psychiatric physicians in charge of services, 19 physiotherapists, one occupational therapist, four orthopedic and prosthetic technicians, one psychologist, and two social workers. The first orthetic and prosthetic laboratory, in Barquisimeto, was equipped with private funds.

The purpose of this project is to strengthen the Rehabilitation Service in Venezuela by the establishment of the technical sections necessary for the overall readjustment of patients and by training of the necessary medical and technical personnel.

TOTAL		1973	1974	1975	1976	TOTAL		1973	1974	1975	1976
P-3 PROSTHETICS TECHNICIAN 4,3419	WR	1	1	-	-	PERSONNEL--PCSTS		21,054	25,440	-	-
						PERSONNEL--CONSULTANTS		-	2,000	2,200	4,800
						DAILY TRAVEL		2,616	2,800	-	-
TOTAL		-	1	1	2	FELLOWSHIPS		1,952	1,500	3,000	3,000
CONSULTANT MONTHS	WR	-	1	1	2						
TOTAL		2	1	2	2						
FELLOWSHIPS--ACADEMIC	WR	-	-	-	-						
FELLOWSHIPS--SHORT TERM	WR	2	1	2	2						

VENEZUELA-5100, CANCER AND CHRONIC DISEASES

Care of the patient with chronic disease demands a complexity of medical care services which is growing rapidly and systematically. In Venezuela, studies on morbidity show that about 6% of the hospital discharges reported to the Ministry of Health were diagnosed as cancer or cardiovascular diseases, and there is an increase in the number of deaths due to these diseases.

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
	\$	\$	\$	\$

The purpose of this project is to cooperate with the Government in the program of control of chronic diseases and in training personnel.

TOTAL					TOTAL	WR				
		-	-	-	2		-	-	-	12,600
CONSULTANT MONTHS	WR	-	-	-	2		-	-	-	4,800
TOTAL		-	-	-	3		-	-	-	7,800
FELLOWSHIPS-ACADEMIC	WR	-	-	-	1					
FELLOWSHIPS-SHORT TERM	WR	-	-	-	2					

VENEZUELA-6100, SCHOOL OF PUBLIC HEALTH

Owing to the growing demand for public health services in Venezuela, this country continues to be in great need of personnel training in this field. The purpose of this project is to collaborate with the Government of Venezuela in training the skilled personnel required for the efficient handling of health programs by strengthening the School of Public Health; by improving its teaching, operational, administrative, and research capacity, especially in the areas of medical care and epidemiology; and also by providing technical assistance in studies for evaluating its teaching programs.

TOTAL		1	2	2	2	TOTAL	WR	29,603	18,100	15,200	14,100
CONSULTANT MONTHS	WR	1	2	2	2	PERSONNEL-CONSULTANTS		1,092	4,000	4,400	4,800
TOTAL		4	5	5	4	FELLOWSHIPS		28,511	14,100	10,800	9,300
FELLOWSHIPS-ACADEMIC	WR	2	2	1	1						
FELLOWSHIPS-SHORT TERM	WR	2	3	4	3						

VENEZUELA-6102, PROGRAM FOR HUMAN RESOURCES FOR HEALTH

The purpose of this project in Venezuela was to strengthen and develop the program of education and training of human resources for health having regard for the health problems and requirements of the population, in terms of both quality and quantity. This was done through promoting better knowledge of the characteristics of human resources; determining the basic information; developing procedures for the collection, recording, and processing of information; developing planning, programming, and implementation techniques and procedures; developing and proposing standards; promoting the formulation of a national policy, institutional coordination, and other similar projects, both national and international; and improving the fellowships program.

TOTAL	PR	2,000	-	-	-
SEMINAR COSTS		1,000	-	-	-
GRANTS		1,000	-	-	-

VENEZUELA-6200, MEDICAL EDUCATION

The purpose of this project is to collaborate with the Government of Venezuela in formulating and developing programs for training physicians in line with national health policy requirements, for the purpose of integrating the health and educational systems and promoting curriculum flexibility for the coordinated training of the health teams and the advanced training of graduates.

It is proposed to organize national workshops and seminars on medical education, the development of human resources for the health sector, and the teaching of program areas in the health sector, applying multiprofessional and multidisciplinary concepts for the study and implementation of assistant teacher regionalization in its broadest aspects, including follow-up education.

TOTAL		1	1	1	1	TOTAL		69,775	49,600	51,400	53,200
P-4 MEDICAL EDUCATOR .0971	PR	1	1	1	1	SUBTOTAL	PR	55,378	44,800	46,600	48,400
TOTAL		1	2	2	2	PERSONNEL-POSTS		29,334	27,100	28,300	29,500
CONSULTANT MONTHS	PR	1	2	2	2	PERSONNEL-CONSULTANTS		1,463	4,000	4,400	4,800
TOTAL		22	5	5	5	DUTY TRAVEL		4,407	4,400	4,600	4,800
FELLOWSHIPS-ACADEMIC	PR	2	1	1	1	SEMINAR COSTS		368	-	-	-
FELLOWSHIPS-ACADEMIC	WR	-	1	1	1	SUPPLIES AND EQUIPMENT		371	-	-	-
FELLOWSHIPS-SHORT TERM	PR	8	3	3	3	FELLOWSHIPS		19,435	9,300	9,300	9,300
FELLOWSHIPS-SHORT TERM	WR	12	-	-	-	SUBTOTAL	WR	14,397	4,800	4,800	4,800
						FELLOWSHIPS		14,397	4,800	4,800	4,800

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

VENEZUELA-6300, NURSING EDUCATION

Full data do not exist on the Venezuela's nursing resources, nor on the geographical distribution, areas of work, preparation, or functions of such personnel. In the Department of Nursing of the Ministry of Health and Social Welfare, control is exercised over the programs of personnel training conducted at the auxiliary, basic, and postbasic levels, and communication is maintained with the university-level programs.

In 1970, as part of its educational reform plan, the Ministry of Education started the diversified course of intermediate-level education for health care training, in which nursing is included. On completing the three-year course, the candidate is awarded the degree of "Bachelor of Sciences, Major Subject Nursing." Under this program, 364 nurses graduated in 1973 from the 13 schools of nursing.

Three universities are conducting basic nursing courses of four years' duration and supplementary courses for nurses. Until 1973 the School of Public Health conducted an advanced nursing course; henceforth, it will conduct public health courses of three months' duration for nurses occupying administrative posts in preventive services. It has plans for developing courses leading to master's and doctor's degrees in nursing. There are 11 courses of one year's duration for nursing auxiliaries.

The purpose of this project is to prepare and implement a long-term plan for training the nursing personnel needed for the development of health programs.

TOTAL					TOTAL	WR	6,152	7,500	26,000	39,740
P-4 NURSE 4,4046	WR	-	-	1	1		-	-	18,200	29,540
							6,152	6,000	-	2,400
TOTAL		3	3	-	1		-	-	1,500	1,500
CONSULTANT MONTHS	WR	3	3	-	1		-	1,500	6,300	6,300
TOTAL		-	1	2	2					
FELLOWSHIPS-ACADEMIC	WR	-	-	1	1					
FELLOWSHIPS-SHORT TERM	WR	-	1	1	1					

VENEZUELA-6400, SANITARY ENGINEERING EDUCATION

The purpose of the project is to improve the technical knowledge of professionals working in the environmental health program in Venezuela. Short courses will be organized on modern techniques related to sanitary engineering and environmental sciences. The activities will take place at the Central University of Venezuela whose facilities will be used for the future training of engineers, technicians, and auxiliaries, and for applied research.

TOTAL					TOTAL	WR	-	6,000	8,100	6,700
CONSULTANT MONTHS	WR	-	3	3	3		-	6,000	6,600	7,200
TOTAL		-	-	1	1		-	-	1,500	1,500
FELLOWSHIPS-SHORT TERM	WR	-	-	1	1					

VENEZUELA-6401, ENVIRONMENTAL POLLUTION RESEARCH CENTER

The project is designed to carry out research programs in factors affecting the quality of the environment. It will operate under a Consultative Council composed of representatives of universities, the Ministries of Health, Education and Public Works, and leading Government and private entities concerned with the preservation of the environment. An advisory body (Asesoría) will ensure utilization of all available information, both domestic and international. The Office of Legal Affairs and Contracts and chiefs of technical units in air, water, soil quality, dissemination of information, laboratories, and administration, will provide support to the project.

The long-term objectives are the establishment of an integrated research program to protect and improve the quality of the environment in Venezuela; to coordinate and develop the use of human and material resources for this purpose; and to advise the Government on the problems in this area.

The immediate objectives are to establish a Research Center in Environmental Pollution (CISCA); diagnose the present status of environmental quality; carry out or encourage research to determine workable solutions to the problems of environmental pollution, and advise the Government and make recommendations on the manner in which these solutions might be implemented; develop information programs to educate the public in this field; and sponsor seminars, courses, and meetings relating to the problems encountered.

FUND					FUND						
1973 1974 1975 1976					1973 1974 1975 1976						
					:						
					\$ \$ \$ \$						
TOTAL		1	1	1	-	TOTAL	UNDP	37,926	193,033	88,171	-
P-4 PROJECT MANAGER 4.3563	UNDP	1	1	1	-	PERSONNEL-POSTS		30,000	28,500	28,500	-
TOTAL		-	27	10	-	PERSONNEL-CONSULTANTS		-	67,500	25,000	-
CONSULTANT MONTHS	UNDP	-	27	10	-	DUTY TRAVEL		-	1,500	1,500	-
TOTAL		-	5	5	-	SUPPLIES AND EQUIPMENT		7,901	74,150	15,144	-
FELLOWSHIPS-ACADEMIC	UNDP	-	3	4	-	FELLOWSHIPS		-	19,950	13,700	-
FELLOWSHIPS-SHORT TERM	UNDP	-	2	1	-	MISCELLANEOUS		25	1,433	4,327	-

VENEZUELA-6500, VETERINARY MEDICINE EDUCATION

Of the three schools of veterinary medicine in existence, two are of recent formation and are running into difficulties as a result of the shortage of teachers of basic and clinical sciences. The academic personnel have received only a limited training in instructional methods. Research is not yet advanced to a sufficient extent to support the instructional program. More emphasis must be laid on further education and public services. The shortage of veterinarians and auxiliary personnel persists: there are 652 professional veterinarians whereas 1,300 are needed to carry out the programs that have been introduced and to accomplish major goals in human and animal health.

The aim of this project is to raise the standard of training of the veterinarian, increase the number of trained professionals, and restructure curricula to meet the needs of the education program. To achieve this, various national seminars are to be held on the teaching of veterinary medicine, advisory services furnished for the study programs of schools of veterinary medicine, teaching personnel individually trained, and further education and public relations programs organized.

TOTAL					TOTAL						
3 3 3 3					WR 70,190 13,800 20,700 21,300						
CONSULTANT MONTHS	WR	3	3	3	3	PERSONNEL-CONSULTANTS		5,627	6,000	6,600	7,200
TOTAL		9	3	5	5	FELLOWSHIPS		64,563	7,800	14,100	14,100
FELLOWSHIPS-ACADEMIC	WR	7	1	2	2						
FELLOWSHIPS-SHORT TERM	WR	2	2	3	3						

VENEZUELA-6600, DENTAL EDUCATION

There is in Venezuela a substantial shortfall in the numbers of professional, technical, and auxiliary personnel available in the dental field in relation to the growing demand of the population for dental services. There is a new sense of awareness on the part of dental associations and a desire to find new methods of dental care in response to the social demand for these services. Dental schools need to adapt programs of study to present and future needs in order to train competent personnel who can meet the demand and restructure current methods of providing dental services. The dental schools are facing student pressures for admission, and there is also a high proportion of student dropouts and failures.

The purpose of this project is to improve the quality of dental training through a revision of current teaching methods so as to raise the quality and increase the numbers of qualified dental personnel. It will also help to program jointly the supply of and demand for dental manpower at all levels and introduce new methods of providing dental services.

TOTAL					TOTAL						
- 1 1 1					WR 4,916 21,960 34,020 36,440						
P-4 DENTAL OFFICER 4.4239	WR	-	1	1	1	PERSONNEL-POSTS		-	16,960	27,320	29,540
TOTAL		1	1	1	1	PERSONNEL-CONSULTANTS		1,830	2,000	2,200	2,400
CONSULTANT MONTHS	WR	1	1	1	1	DUTY TRAVEL		-	1,500	1,500	1,500
TOTAL		1	1	2	2	FELLOWSHIPS		3,086	1,500	3,000	3,000
FELLOWSHIPS-ACADEMIC	WR	-	-	-	-						
FELLOWSHIPS-SHORT TERM	WR	1	1	2	2						

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
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						\$	\$	\$	\$

VENEZUELA-6707, LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES

The Latin American Center for Classification of Diseases was established in 1955, in collaboration with the Government of Venezuela, to study problems of medical certification of causes of death and to assist in improving medical certification in Latin America. The Center provides instruction and teaching materials for coding diseases and causes of death and serves as a clearing center for problems arising in the application of the Spanish edition of the Manual of the International Classification of Diseases, Injuries and Causes of Death. The staff of the Center participates in the periodic revision of the Classification, and the preparation of the Classification in Spanish and Portuguese.

This project will continue as intercountry project AMRO-6707 after 1975.

TOTAL	-	1	1	-	TOTAL	WR	-	24,660	25,850	-
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P-1 STATISTICIAN	WR	-	1	1	-	PERSONNEL-POSTS	-	18,660	19,650	-
4.2069						DUTY TRAVEL	-	1,000	1,200	-
						SUPPLIES AND EQUIPMENT	-	5,000	5,000	-

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	538,028	678,098	572,752	636,702
0100 EPIDEMIOLOGY	2,582	6,882	7,253	7,258
0101 EPIDEMIOLOGY (ZONE I)	4,738	5,406	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-
0117 EPIDEMIOLOGICAL MONITORING OF MORBIDITY DATA	-	-	-	1,560
0200 MALARIA TECHNICAL ADVISORY SERVICES	1,526	2,064	2,013	2,241
0201 MALARIA ERADICATION (ZONE I)	1,780	1,504	-	-
0400 TUBERCULOSIS CONTROL	3,989	5,278	3,771	4,784
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	3,017	6,600	-	5,640
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	1,540	5,786	-	3,456
0411 STUDY GROUP ON TUBERCULOSIS CONTROL	-	-	1,099	-
0412 REGIONAL COMMITTEE ON EVALUATION OF TUBERCULOSIS PROGRAMS	-	-	-	5,655
0500 LEPROSY CONTROL	2,569	4,420	2,160	2,480
0507 COURSES ON REHABILIT. AND PREVENTION OF DEFORMITIES (LEPROSY)	-	2,820	-	-
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	468	-	655	695
0512 TRAINING AND RESEARCH IN LEPROSY AND RELATED DISEASES	4,075	6,000	3,180	6,390
0600 VENEREAL DISEASE CONTROL	-	320	176	204
0612 VENEREAL DISEASE SEMINARS	-	560	-	-
0613 SURVEILLANCE OF VIRAL AND BACTERIAL VENEREAL DISEASES	-	-	-	5,094
0700 PAN AMERICAN ZOONOSES CENTER	60,110	74,351	75,509	78,629
0701 VETERINARY PUBLIC HEALTH (ZONE I)	1,984	2,356	-	-
0708 RABIES CONTROL	-	600	540	580
0718 SEMINAR ON EPIDEMIOLOGY OF THE ZOONOSES	1,510	-	-	-
0900 PLAGUE CONTROL	772	900	630	660
0919 EVOLUTION AND CONTROL OF MYCOBACTERIUSES (LEPROSY/TUBERCULOSIS)	-	700	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	489	707
0926 ENTEROVIRUS COLLABORATIVE TESTING PROGRAM	-	520	-	960
0929 STRENGTHENING HEPATITIS DIAG. SURVEIL. SERV. IN THE AMERICAS	-	-	-	4,770
0932 PERFORMANCE EVALUATION OF ARBOVIRUS SEROLOGIC DIAGNOSIS	-	-	760	760
1000 PARASITIC DISEASES	755	1,850	3,500	5,020
1007 SCHISTOSOMIASIS	17	1,650	1,380	1,410
1008 CHAGAS' DISEASE	216	2,413	1,340	1,580
2100 ENVIRONMENTAL SANITATION	1,825	705	777	753
2101 SANITARY ENGINEERING (ZONE I)	6,400	6,300	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,391	16,685	15,648	18,295
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	855	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	748	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	4,557	3,927	4,185	4,401
2213 STUDIES AND INVESTIGATION OF WATER RESOURCES	1,644	96	-	-
2220 INSTITUTIONAL DEVELOPMENT	16,945	34,845	43,380	46,840
2223 PUBLIC SERVICES ADMINISTRATION	152	-	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	805	-
2230 RURAL WATER SUPPLY AND SANITATION	-	3,500	3,640	3,780
2300 Aedes Aegypti ERADICATION	9,330	14,229	15,891	16,999
2301 Aedes Aegypti ERADICATION (CARIBBEAN)	11,979	9,210	-	-
2308 ADVISORY COMMITTEE ON DENGUE FEVER	-	720	-	752
2309 STUDY GROUP ON Aedes Aegypti ERADICATION	-	1,478	-	-
2311 DENGUE SURVEILLANCE IN THE CARIBBEAN	568	1,020	650	1,060
3000 COORDINATION WITH FOUNDATIONS	1,357	2,730	3,274	3,729

3110	COORDINATION OF INTERNATIONAL RESEARCH	2,295	3,839	3,109	3,382
3126	OPERATIONS RESEARCH	270	1,055	884	917
3129	RESEARCH TRAINING IN BIOMEDICAL SCIENCES	1,374	226	-	-
3130	CONFERENCE ON MYCOLOGY	77	1,303	-	-
3133	SYMPOSIUM UN PARACOCCIDIOIDOMYCOSIS	896	-	-	-
3137	PROGRAM ON TRAFFIC ACCIDENTS	1,633	2,003	1,169	1,249
3139	PAHO RESEARCH GRANT PROGRAM	4,905	2,650	3,975	5,300
3144	HEALTH LEGISLATION	476	-	-	-
3145	EMERGENCY PREPAREDNESS	-	566	-	-
3200	NURSING SERVICES	1,664	2,262	2,413	2,533
3201	NURSING (ZONE I)	4,398	4,332	-	-
3210	HOSPITAL NURSING SERVICES	-	695	1,231	1,366
3214	DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	553	1,193	1,112	1,171
3216	STANDAKDS IN NURSING PRACTICE	-	875	451	-
3219	CONFERENCE ON PUBLIC HEALTH NURSING	-	1,264	-	-
3220	NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529
3222	TECHNICAL ADVISORY COMMITTEE ON NURSING	276	522	327	263
3223	SYSTEMS OF NURSING	53	1,060	1,322	-
3225	UTILIZATION AND TRAINING OF THE TRADITIONAL BIRTH ATTENDANT	-	845	-	-
3300	LABORATORY SERVICES	820	370	463	493
3316	PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,430	1,688	3,528	3,884
3318	MYCOLOGY RESEARCH AND TRAINING CENTERS	1,103	2,452	960	982
3400	HEALTH EDUCATION	530	496	309	496
3410	TRAINING OF TEACHERS IN HEALTH EDUCATION	335	771	844	916
3500	HEALTH STATISTICS	1,125	723	932	686
3501	HEALTH STATISTICS (ZONE I)	3,876	3,312	-	-
3515	TRAINING IN USE OF COMPUTERS IN HEALTH STATISTICS	41	400	440	480
3516	REGIONAL SEMINAR ON DATA PROCESSING	-	723	-	723
3600	ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	1,935	2,622	2,754	2,931
3601	ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE I)	5,816	4,760	-	-
3607	MANAGEMENT OF HEALTH SERVICES	1,499	1,505	-	-
3700	HEALTH PLANNING	4,930	3,074	3,776	4,165
3701	HEALTH PLANNING AND ORGANIZATION (ZONE I)	8,907	12,120	-	-
3709	MEETING OF MINISTERS OF HEALTH	756	-	-	-
3715	PAN AMERICAN PROGRAM FOR HEALTH PLANNING	27,837	43,258	31,520	25,120
4200	NUTRITION ADVISORY SERVICES	4,317	2,016	2,158	2,284
4201	NUTRITION ADVISORY SERVICES (ZONE I)	7,326	8,575	-	-
4203	INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	93,725	94,005	96,056	99,758
4212	RESEARCH ON NUTRITION ANEMIAS	96	1,557	934	490
4213	IODINE DETERMINATION IN ENDEMIC GOITER	478	-	-	-
4221	SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	69	222	244	443
4230	NUTRITION TRAINING	911	636	844	1,095
4238	NUTRITION RESEARCH	148	760	1,354	2,035
4247	SURVEILLANCE OF NUTRITIONAL STATUS	-	-	826	453
4248	NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	219	233
4249	OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	557	231
4300	MENTAL HEALTH	388	1,800	2,370	3,132
4312	COURSES IN COMMUNITY PSYCHIATRY	184	-	1,340	1,390
4314	EPIDEMIOLOGICAL STUDY ON EPILEPSY	3,088	3,037	4,700	4,100
4316	EPIDEMIOLOGY OF SUICIDES	853	1,500	1,185	-
4317	STUDY GROUP ON TEACHING MENTAL HEALTH IN SCHOOLS OF PUB. HEALTH	-	990	-	-
4318	EPIDEMIOLOGY OF ALCOHOLISM	5,949	12,316	12,120	4,556
4320	SEMINAR ON MENTAL RETARDATION	614	-	-	-
4322	DEVELOPMENT OF PSYCHIATRY AND MENTAL HEALTH LIBRARIES	-	800	800	1,000
4324	ADMINISTRATION OF MENTAL HEALTH SERVICES	-	-	-	1,067
4400	DENTAL HEALTH	954	804	1,005	1,206
4407	DENTAL EPIDEMIOLOGY	2,127	2,600	2,040	1,410
4409	FLUORIDATION	4,126	3,969	4,175	4,955
4410	LABORATORY FOR CONTROL OF DENTAL PRODUCTS	2,256	3,483	1,505	1,250
4411	HUMAN AND MATERIAL RESOURCES IN DENTISTRY	2,993	3,300	4,820	4,840
4412	SEMINAR ON IMPLEMENTATION OF DENTAL HEALTH PROGRAMS	-	680	100	1,570
4500	HEALTH ASPECTS OF RADIATION	492	480	756	792
4507	RADIATION HEALTH PROTECTION	2,306	2,200	2,772	2,928
4509	RADIATION SURVEILLANCE	118	260	325	325
4516	PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	504	-
4620	MANAGEMENT OF PESTICIDES	-	350	380	435
4700	FOOD AND DRUG CONTROL	4,895	3,222	3,402	3,558
4708	FOOD HYGIENE TRAINING CENTER	2,252	2,090	2,352	2,518
4715	FOOD HYGIENE	-	2,205	3,861	4,491
4716	TRAINING IN ANALYSIS OF FOOD AND DRUGS	-	-	640	340
4717	SEMINAR ON FOOD HYGIENE	-	610	-	-
4719	WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	1,344
4800	MEDICAL CARE SERVICES	1,149	1,183	1,298	1,461
4801	MEDICAL CARE SERVICES (ZONE I)	1,096	2,279	-	-
4813	HOSPITAL PLANNING AND ADMINISTRATION	1,575	2,106	2,803	3,548
4815	TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,969	2,673	2,367	3,072
4816	PROGRESSIVE PATIENT CARE	16,025	3,384	-	-
4826	IMPROVEMENT OF MEDICAL CARE ADMINISTRATION LIBRARIES	3,941	1,578	-	-
4831	STUDY GROUP ON MAINTENANCE SYSTEMS IN LATIN AMERICA	-	-	499	-
4900	HEALTH AND POPULATION DYNAMICS	4,567	9,870	10,000	11,356
4901	HEALTH AND POPULATION DYNAMICS (ZONE I)	-	10,772	-	-
4909	EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	2,255	5,796	5,910	6,501
4915	MATERNAL AND CHILD HEALTH	129	390	429	520
4917	CLINICAL AND SOCIAL PEDIATRICS	203	1,635	1,431	1,431
4918	STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,229	-

4920 LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	14,746	4,609	-	-
4922 MATERNAL CHILD HEALTH-FAM. PLAN. CONTIN. EDUC. AND STAFF TRAIN.	-	-	874	800
5000 REHABILITATION	2,090	1,717	1,794	1,944
5010 STUDY GROUP ON HUMAN COMMUNICATIONS	900	-	-	-
5100 CHRONIC DISEASES	694	2,375	2,689	2,795
5108 SURVEY ON SMOKING PATTERNS IN LATIN AMERICA	1,776	510	-	-
5109 CANCER CONTROL	523	7,350	8,340	8,745
5111 STUDY OF THE RELATION BETWEEN GASTRIC CANCER AND NITRATES	-	-	-	3,240
6000 MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	9,280	9,568	10,625	11,218
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	8,115	7,591	7,404	8,541
6200 EDUCATION IN HEALTH SCIENCES	10,068	8,220	8,375	9,735
6216 BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,282	2,879	2,816	2,682
6221 LIBRARY OF MEDICINE	51,020	72,663	53,446	58,342
6223 TEACHING OF BEHAVIORAL SCIENCES	1,701	400	-	-
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	3,279	4,294	6,530	7,441
6300 NURSING EDUCATION	208	840	389	410
6310 NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,942	2,913	670	690
6317 SEMINAR ON NURSING EDUCATION	546	1,468	1,553	1,532
6319 TRAINING OF NURSING AUXILIARIES	293	2,951	3,575	3,351
6320 POSTBASIC COURSES IN NURSING	340	782	625	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,476
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	149	503
6325 EDUCATIONAL TECHNOLOGY IN NURSING	-	-	4,636	7,970
6400 SANITARY ENGINEERING EDUCATION	3,488	3,385	3,924	4,292
6500 VETERINARY MEDICINE EDUCATION	1,644	2,753	2,967	3,127
6507 SEMINARS ON VETERINARY MEDICINE EDUCATION	439	-	370	390
6600 DENTAL EDUCATION	1,153	1,494	1,575	2,142
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	392	500	840	1,870
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	469	956	864	888
6700 BIOSTATISTICS EDUCATION	152	177	-	690
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	2,458	2,409	2,521	2,947
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	2,865	4,734	4,960	5,175
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576
6713 OPERATIONS RESEARCH IN MEDICAL RECORDS	-	-	3,474	3,607

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	998,268	1,317,805	951,967	799,408	538,028	678,098	572,752	636,702
PAHO-PR-REGULAR BUDGET	230,924	200,700	267,219	250,519	209,428	248,923	229,610	292,500
PW-COMMUNITY WATER SUPPLY	147,958	222,000	39,742	-	4,544	21,075	25,720	27,050
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	56,131	47,412	47,514	49,481
PG-GRANTS & OTHER CONTRIBUT.	2,185	-	-	-	67,910	89,020	65,665	58,397
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	55,234	47,931	30,799	33,433
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	11,553	-	-	-
PS-SPECIAL FUND FOR RESEARCH	-	-	-	-	399	-	-	-
MHO-MR-REGULAR BUDGET	309,066	234,200	298,243	379,370	80,497	140,653	112,835	119,389
UNDP-UN DEVELOPMENT PROGRAM	308,135	660,905	337,491	159,320	52,048	61,719	45,094	39,337
UNFPA-UN FUND POPULATION ACT.	-	-	9,272	10,199	284	21,365	15,515	17,115

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	1,536,296	1,995,903	1,524,719	1,436,110
PAHO-PR-REGULAR BUDGET	440,352	449,623	496,829	543,019
PW-COMMUNITY WATER SUPPLY	152,502	243,075	65,462	27,050
PN-INCAP GRANTS & OTHER CONTR.	56,131	47,412	47,514	49,481
PG-GRANTS & OTHER CONTRIBUT.	70,095	89,020	65,665	58,397
PH-PAN AMER. HEALTH & EDUC.FN.	55,234	47,931	30,799	33,433
PK-SPECIAL FUND FOR HEALTH PR.	11,553	-	-	-
PS-SPECIAL FUND FOR RESEARCH	399	-	-	-
MHO-MR-REGULAR BUDGET	389,563	374,853	411,078	498,759
UNDP-UN DEVELOPMENT PROGRAM	360,183	722,624	382,585	198,657
UNFPA-UN FUND POPULATION ACT.	284	21,365	24,787	27,314

WEST INDIES

BACKGROUND DATA

West Indies, for this purpose, describes the English-speaking islands in the Caribbean which are all dependent on the United Kingdom for conducting their external affairs. The islands are Antigua, Dominica, St. Kitts-Nevis-Anguilla, St. Lucia, St. Vincent--which have the status of Associate States--and British Virgin Islands, Cayman Islands, Montserrat, and Turks and Caicos Islands, which are colonies. (Anguilla seceded from the unit of St. Kitts-Nevis-Anguilla in 1967 and is at present being administered separately by Britain, as an interim measure.)

The size of the islands varies tremendously, with some of the islands mentioned above actually being island-groups. The smallest administrative unit is Montserrat, with an area of 32 square miles (83 square kilometers), and the largest is Dominica, whose area is 289 square miles (748 square kilometers). Likewise, the populations vary, from Anguilla with 6,000 to St. Lucia with 101,000. Population density averages 400 per square mile or 154 per square kilometer. Within each island or island-group, from one-third to one-half of the population reside in the major city; the rest are evenly distributed throughout the rest of the territory. Population growth is not a problem and, although there are family planning programs in operation almost everywhere, the objectives of these programs are mainly geared towards the well-being of individual mothers and children rather than toward curbing a rapid growth of population. The population under 15 years is approximately 46% and females between the ages of 15-44 years comprise 20%. The literacy level is high, reaching 93%.

Life expectancy at birth for the former Associate State of Grenada, calculated on the 1960 census data, is 65.6. This figure can probably be taken as representative of the whole area. (No recent information on the other territories is available.) Crude death rates have declined steadily, and vary from 6.5 to 10.8 per 1,000 population. The infant mortality rate is around 40 per 1,000 live births, but varies from 19 to 69.

Tourism and agriculture form the basis of the economy. Tourism is acquiring increasing importance, in some cases equalling or surpassing agriculture as a money-earner. The Cayman Islands, for example, are experiencing an economic boom through a rapid expansion in tourist development and an income and corporate tax-free policy which has encouraged investors, banks, and 2,000 companies to register there. The percentage of the gross national product (GNP) which comes from agriculture varies from 23 to 41% (less in a few cases). As agriculture is largely a seasonal activity, for a large part of the year there is unemployment; persons go to the U.S. Virgin Islands and the United States of America for temporary employment. The domestic agriculture sector (producing food and livestock products for local and regional markets) is underdeveloped and this leads to high levels of imports of food from outside. The plans for the future stress the need to increase local food production and so reduce the amount of imports. There is an oil refinery in Antigua, and feasibility studies have been carried out for construction of refineries in the Caicos Islands. There are a few light industries in the area.

In 1968 a Caribbean Free Trade Association (CARIFTA) was formed. All the English-speaking countries of the Caribbean belong to this. In 1970 the Caribbean Development Bank was opened. In 1973 the CARIFTA countries established a Caribbean Common Market. The objective of these Caribbean bodies is the fostering of development on a regional basis.

Food consumption surveys have been carried out in only two of the countries of the area, and the data are not recent. Examination of the records of child health clinics in many parts of the area record II and III degree malnutrition varying from 3 to 27%.

The government recurrent budget spent on health varies from 10 to 15%. The governments accept the responsibility of providing comprehensive health care to the population. However, the private sector plays a big part.

PROTECTION OF HEALTH

Communicable Disease Control

Infectious and parasitic diseases accounted for about 19% of all deaths in 1969, and for almost 50% of the deaths under five years of age. Epidemics of diseases preventible by vaccines still occur from time to time, for example, poliomyelitis in St. Vincent in 1972. Attention is being given by governments to the management of vaccination programs to ensure an adequate level of protection. In some parts, legislation is being introduced for compulsory immunization against certain diseases before admission to primary school. Plans for the strengthening of epidemiological surveillance include setting up a regional center and improvement of the diagnostic capabilities of laboratories.

Yellow fever remains a threat, since the vector of this disease, the *Aedes aegypti* mosquito, is still present. Since this mosquito is also the vector of dengue, recurrences of epidemics of this disease are likely. All the different governments of the West Indies, with the exception of St. Kitts, have campaigns of *Aedes aegypti* eradication in progress.

Tuberculosis is on the decline. Leprosy and venereal disease control is being strengthened through improved health education and contact tracing. Development of veterinary diagnostic laboratories will enable the incidence of the zoonoses to be known.

Environmental Health

In 1969-70 approximately 42% of the urban and 16% of the rural population had pipe-borne water in their houses. These figures are far below the present goal for the Americas of 80% for urban areas and 50% for rural areas. In addition, the figures do not take into consideration hidden factors, such as 24-hour service under uniform pressure, quality, and reliability. In only two parts of the West Indies--Dominica and St. Lucia--is there a public sewerage system. Other systems of disposal reveal the need for better maintenance and operation. Disposal of solid refuse is unsatisfactory, leading to proliferation of flies, rodents, and so on. Objectives of the governments are expansion of pipe-water services to homes and insurance of quality; safe sewage disposal; and improved collection and disposal of refuse.

PROMOTION OF HEALTH

General Services

The main objective of the governments is improvement in the management of health services, applying modern business principles in order to obtain maximum efficiency in the use of scarce resources. Plans are for continued reorganization of the structure of the services--especially designed for better coordination of activities in the hospital and district services; training in administrative methods; training in elementary statistical methods and planning procedures; and strengthening of the information system by improved quality of information through processing and using the information and by feedback to the source.

Construction and extension of hospitals will continue in some areas. Special attention will be given to maintenance and repair. Physical facilities outside of hospitals will be upgraded, as will the quality of services provided. Where needed, services will be extended, with the objective of providing minimum comprehensive service coverage to all the population. Health education services are being developed.

In most parts of the West Indies, special attention is being given to increasing the coverage and improving the quality of services for mothers and children, since women of child-bearing age and children under 15 years together make up approximately 66% of the population. The services in many cases are being developed as an integrated program with family planning. It is anticipated that progressive reduction in infant mortality rates, maternal mortality rates, and age 1-4 years mortality rates will attest to the better services being given to these population groups.

With reference to medical care and hospital administration, the governments recognize the problems, and efforts are being made to correct the situation. Better utilization of hospital beds, better utilization of trained personnel, and improved hospital management practices are some of the areas being attended to. Gradually, increasing attention will be given to accidents and noncommunicable diseases.

The need for nutrition education and nutrition services is acknowledged. The nutrition program is at present integrated into the maternal and child health programs, and also centered around the dietary services of institutions.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

There is an insufficient number of professional and supporting health staff in the West Indies--sometimes a total absence in certain categories. The ratio of physicians to population varies from 2.3 per 10,000 to 5 per 10,000; nurses from 9.5 per 10,000 to 14 per 10,000. There is an inequitable distribution of staff and, furthermore, the best use is not always made of what staff there is. Nursing schools are being upgraded and training of assistant nurses undertaken. Plans are being made to train auxiliary workers in the fields of dentistry and veterinary medicine. Where no facilities exist in the West Indies, arrangements are being made for regional training.

WEST INDIES - PROGRAM BUDGET

1 9 7 3		1 9 7 4			1 9 7 5		1 9 7 6	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
201,799	29.0	298,441	26.5	I. PROTECTION OF HEALTH	284,433	26.0	178,923	21.3
49,728	7.1	33,514	3.0	A. COMMUNICABLE DISEASES	33,124	3.1	34,858	4.1
8,305	1.2	12,288	1.1	0100 GENERAL	13,016	1.2	13,444	1.6
2,137	.3	1,880	.2	0200 MALARIA	-	-	-	-
876	.1	1,284	.1	0500 LEPROSY	775	.1	1,061	.1
-	-	720	.1	0600 VENEREAL DISEASES	88	*	102	*
38,410	5.5	17,202	1.5	0700 ZODONOSIS	18,756	1.7	19,544	2.3
-	-	140	*	0900 OTHER	489	.1	707	.1
152,071	21.9	264,927	23.5	B. ENVIRONMENTAL HEALTH	251,309	22.9	144,065	17.2
64,006	9.2	41,403	3.7	2100 GENERAL	21,357	2.0	21,637	2.6
46,321	6.7	187,759	16.6	2200 WATER SUPPLIES	194,135	17.7	84,089	10.0
40,349	5.8	33,715	3.0	2300 AEDS AEGYPTI ERADICATION	33,418	3.0	35,818	4.3
923	.1	1,132	.1	2400 HCUSING	1,429	.1	1,501	.2
472	.1	918	.1	2500 AIR POLLUTION	970	.1	1,020	.1
429,798	61.6	727,480	64.5	II. PROMOTION OF HEALTH	574,095	52.1	485,508	57.8
230,816	33.1	284,597	25.2	A. GENERAL SERVICES	251,091	22.8	236,186	28.1
103,106	14.8	110,649	9.8	3100 GENERAL PUBLIC HEALTH	94,496	8.6	82,134	9.8
30,747	4.4	41,840	3.7	3200 NURSING	44,934	4.1	47,690	5.7
1,716	.2	370	*	3300 LABORATORY	463	*	493	*
22,236	3.2	26,769	2.4	3400 HEALTH EDUCATION	19,389	1.8	20,356	2.4
36,313	5.2	51,435	4.6	3500 STATISTICS	41,180	3.7	42,378	5.0
25,755	3.7	37,627	3.3	3600 ADMINISTRATIVE METHODS	37,331	3.4	30,762	3.7
10,943	1.6	15,907	1.4	3700 HEALTH PLANNING	13,248	1.2	12,373	1.5
198,982	28.5	442,883	39.3	B. SPECIFIC PROGRAMS	323,004	29.3	249,322	29.7
58,655	8.4	78,395	7.0	4200 NUTRITION	96,496	8.8	97,498	11.6
9,204	1.3	5,450	.5	4300 MENTAL HEALTH	10,074	.9	10,122	1.2
-	-	-	-	4400 DENTAL HEALTH	450	*	540	.1
544	.1	667	.1	4600 OCCUPATIONAL HEALTH	907	.1	972	.1
2,692	.4	1,611	.1	4700 FOOD AND DRUG	1,700	.2	2,451	.3
59,241	8.5	197,915	17.5	4800 MEDICAL CARE	72,997	6.6	32,486	3.9
66,418	9.5	156,653	13.9	4900 FAMILY HEALTH AND POP. DYNAMICS	137,549	12.5	102,750	12.2
2,090	.3	1,717	.2	5000 REHABILITATION	1,794	.2	1,944	.2
138	*	475	*	5100 CANCER & OTHER CHRONIC DISEASES	537	*	559	.1
65,304	9.4	101,921	9.0	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	240,747	21.9	175,636	20.9
27,621	4.0	37,026	3.3	6100 PUBLIC HEALTH	200,362	18.2	145,127	17.3
1,860	.3	2,200	.2	6200 MEDICINE	2,220	.2	2,250	.2
32,582	4.7	43,145	3.8	6300 NURSING	32,894	3.0	22,587	2.7
2,425	.3	2,664	.2	6400 ENVIRONMENTAL SCIENCES	3,056	.3	3,308	.4
-	-	1,200	.1	6500 VETERINARY MEDICINE	-	-	-	-
816	.1	15,686	1.4	6700 BIOSTATISTICS	2,235	.2	2,364	.3
696,901	100.0	1,127,842	100.0	GRAND TOTAL	1,099,295	100.0	840,067	100.0
*****	*****	*****	*****	*****	*****	*****	*****	*****

*LESS THAN .05 PER CENT

WEST INDIES - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER		
		POSTS PROF.	LUCAL	STC MONTH		ACAD.	SHORT	PART.	AMOUNT				
	\$			\$	\$	\$	\$	\$	\$	\$			
1973													
PAHO--PR	185,853	3	-	3	131,207	20,109	5	7	25,809	-	2,810	1,740	4,118
PG	58,251	1	-	-	35,643	5,244	-	-	7,359	-	4,204	1,859	3,938
PH	20,753	-	-	-	17,643	3,004	-	-	-	-	-	-	106
PK	1,536	-	-	-	1,300	176	-	-	-	-	-	-	-
WHO--WR	215,975	4	-	-	116,489	21,894	9	20	47,953	-	1,515	23,437	4,687
UNDP	193,868	2	-	20	128,976	-	7	5	51,721	-	-	3,447	9,724
UNFPA	20,665	-	-	-	10,409	600	-	-	-	-	535	5,013	4,102
TOTAL	696,901	10	-	23	441,727	51,097	21	30	132,842	-	9,069	39,496	26,675
PERCENT OF TOTAL	100.0				63.4	7.3			19.1		1.3	5.1	3.8
1974													
PAHO--PR	231,725	3	-	1	188,053	22,729	1	2	8,556	-	2,206	2,458	7,723
PG	59,813	-	-	-	18,965	1,263	-	-	4,486	-	7,910	3,582	3,787
PH	12,761	-	-	-	10,414	670	-	-	-	-	128	200	1,083
WHO--WR	222,087	3	-	5	120,803	18,976	5	8	37,620	10	11,588	19,574	5,526
UNDP	480,507	5	-	73	200,870	8,869	13	50	159,635	-	-	13,111	18,016
UNFPA	140,949	-	-	6	41,419	2,000	-	7	15,809	-	4,280	38,690	38,751
TOTAL	1,127,842	11	-	85	668,550	54,513	19	67	226,106	10	26,112	77,675	74,886
PERCENT OF TOTAL	100.0				59.3	4.8			20.1		2.3	6.9	6.6
1975													
PAHO--PR	203,683	2	-	-	154,337	17,683	4	-	19,559	-	2,478	3,219	6,407
PG	17,676	-	-	-	11,263	219	-	-	2,847	-	1,752	164	1,431
PH	13,651	-	-	-	11,256	1,095	-	-	-	-	-	219	1,081
WHO--WR	249,051	4	-	5	161,300	21,030	4	0	30,966	12	9,052	20,704	5,999
UNDP	483,061	5	-	11	193,476	8,939	13	9	95,755	-	-	79,119	103,772
UNFPA	132,173	-	-	3	44,662	2,400	-	2	6,740	-	6,732	25,448	46,191
TOTAL	1,099,295	11	-	19	576,294	51,366	21	17	155,867	12	20,014	128,873	166,881
PERCENT OF TOTAL	100.0				52.4	4.7			14.2		1.8	11.7	15.2
1976													
PAHO--PR	216,995	2	-	-	161,050	10,465	4	-	20,628	-	3,174	3,223	10,455
PG	15,275	-	-	-	11,681	255	-	-	-	-	1,752	168	1,419
PH	1,368	-	-	-	1,368	-	-	-	-	-	-	-	-
WHO--WR	257,574	4	-	4	180,065	21,697	4	5	29,466	-	1,126	21,239	3,981
UNDP	253,260	4	-	-	88,537	7,454	0	4	45,053	-	-	23,129	89,087
UNFPA	95,595	-	-	2	45,048	2,000	-	2	7,134	-	7,255	17,492	16,066
TOTAL	840,067	10	-	6	487,749	50,471	14	11	102,281	-	13,307	65,251	121,008
PERCENT OF TOTAL	100.0				58.1	6.0			12.2		1.6	7.7	14.4
<p>PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO-WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WU-GRANTS AND OTHER FUNDS</p>													

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

 \$ \$ \$ \$

WEST INDIES - DETAIL

WEST INDIES-0100, EPIDEMIOLOGY

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	5,763	6,186
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ZONE ADVISORY SERVICES		-	-	5,763	6,186

WEST INDIES-0200, MALARIA ERADICATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	2,370	2,484
-----	-----	-----	-----	-----	-----
ZONE ADVISORY SERVICES		-	-	2,370	2,484

WEST INDIES-0700, VETERINARY PUBLIC HEALTH

In the countries of the West Indies more than half of the population live in rural areas in contact with domestic and wild animals and are therefore exposed to the zoonoses. These diseases seriously impair economic development by limiting livestock production and also affect human health. Significant progress has been made in the control of rabies in Grenada. It is now necessary to assist other countries in the development of national programs for the control and prevention of all zoonotic diseases. This includes the design, formulation, preparation and execution of programs and assistance in the initiation of training programs for the continuing education of professionals.

This project has been redesignated as Grenada-0700 in 1974.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	-	-	-	TOTAL	WR	24,426	-	3,680	3,841
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
P-4 VETERINARIAN 4,388	WR	1	-	-	-	PERSONNEL-POSTS		22,180	-	-	-
						ZONE ADVISORY SERVICES		-	-	3,680	3,841
						DUTY TRAVEL		1,992	-	-	-
						SUPPLIES AND EQUIPMENT		254	-	-	-

WEST INDIES-2100, SANITARY ENGINEERING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	6,622	6,944
-----	-----	-----	-----	-----	-----
ZONE ADVISORY SERVICES		-	-	6,622	6,944

WEST INDIES-2101, ENVIRONMENTAL SANITATION (MONTSERRAT)

The purpose of this project is to provide training for public health inspectors from Montserrat at the School of Public Health in Jamaica, in order to maintain and improve the sanitation status on the island.

TOTAL		-	1	1	-	TOTAL	UNDP	-	4,900	2,400	-
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
FELLOWSHIPS-ACADEMIC	UNDP	-	1	1	-	FELLOWSHIPS		-	4,900	2,400	-

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

WEST INDIES-2102, SANITARY DISPOSAL ADVISER, SEWERAGE (GRENADA)

In 1973 PAHO cooperated with the Government of Grenada in developing a comprehensive waste water disposal system. The project is being continued as Grenada-2102.

TOTAL	1	-	-	-	TOTAL	UNDP	10,750	-	-	-
P-4 SANITARY ENGINEER 4.4067	UNDP	1	-	-	PERSONNEL-POSTS		10,750	-	-	-

WEST INDIES-2103, SOLID WASTE MANAGEMENT ADVISER (ST. LUCIA)

The Government of St. Lucia is attempting to diversify the economy away from being basically agriculture-oriented. Tourism and small-scale industries are growing in prominence. However, there are increasing problems of disposal of agricultural and domestic solid wastes. In addition, housing developments have been established with no effective means for waste disposal. The purpose of this project is to cooperate with the Government in the planning and development of effective methods for the collection and disposal of solid wastes.

TOTAL	3	3	-	-	TOTAL	UNDP	7,750	7,250	-	-
CONSULTANT MONTHS	UNDP	3	3	-	PERSONNEL-CONSULTANTS		7,750	7,250	-	-

WEST INDIES-2200, WATER SUPPLIES

Although each water utility is at a slightly different stage of development in the six islands of the Eastern Caribbean, they all face similar problems in the areas of organization and administration, planning, education and training, construction, and operation and maintenance of water and sewer systems. The purpose of this project is to help improve the health and socioeconomic conditions of the countries through the provision of adequate quantities of piped, safe water, readily accessible to the user, from facilities operated and maintained by an organization with competency in planning, design, management, and sanitary surveillance of community water supplies, giving due consideration to other essential uses of water resources.

TOTAL	12	18	-	-	TOTAL	UNDP	45,468	90,000	-	-
CONSULTANT MONTHS	UNDP	12	18	-	PERSONNEL-CONSULTANTS		28,500	45,000	-	-
TOTAL		4	30	-	FELLOWSHIPS		16,852	44,500	-	-
					MISCELLANEOUS		116	500	-	-
FELLOWSHIPS-ACADEMIC	UNDP	1	-	-						
FELLOWSHIPS-SHORT TERM	UNDP	3	30	-						

WEST INDIES-2203, WATER UTILITY MANAGEMENT, DEVELOPMENT AND TRAINING

A small-scale project covering Dominica, Grenada, St. Kitts, St. Lucia and St. Vincent has been in operation since 1968. With the assistance of the adviser, preliminary steps are being taken to establish a sound organizational structure staffed with trained personnel for the planning, design, management, operation and maintenance of water supply systems in order to provide potable water in adequate quantities for each of these territories and in conformity with international standards.

The project has now reached the stage where an intensive multidisciplinary team should be deployed to assist in solving the various problem areas. This proposed large-scale project of two years duration would consist of four experts, short-term consultants, 31 fellowships, and equipment.

It is expected that, upon completion of the proposed large-scale project, the water utility services, with a complement of trained personnel and guidelines for the various functions within the authority, will be able to meet the needs of each of the territories in the area of water supplies, especially with regard to construction, operation, maintenance, and surveillance.

FUND					FUND						
1973 1974 1975 1976					1973 1974 1975 1976						
					\$ \$ \$ \$						
TOTAL		-	4	4	4	TOTAL	UNDP	-	89,200	179,600	74,300
P-5 PROJECT MANAGER 4.4333	UNDP	-	1	1	1	PERSONNEL-POSTS	-	-	54,000	114,000	54,000
P-4 ADMIN. METHODS OFFICER 4.4350 4.4351	UNDP	-	2	2	2	PERSONNEL-CONSULTANTS	-	-	17,500	10,000	-
P-4 SANITARY ENGINEER 4.4352	UNDP	-	1	1	1	DUTY TRAVEL	-	-	6,000	6,000	6,900
TOTAL		-	7	4	-	SUPPLIES AND EQUIPMENT	-	-	5,000	3,000	-
CONSULTANT MONTHS	UNDP	-	7	4	-	FELLOWSHIPS	-	-	-	18,600	3,400
TOTAL		-	-	4	1	COURSE COSTS	-	-	4,700	23,000	5,000
FELLOWSHIPS-ACADEMIC	UNDP	-	-	4	1	MISCELLANEOUS	-	-	2,000	5,000	5,900

WEST INDIES-2204, TRAINING IN WATER ADMINISTRATION, PLANT OPERATIONS AND REGULATION (ANTIGUA)

There is at present no water treatment laboratory in Antigua and it is therefore essential that such a laboratory be established in order to ensure logical water quality judgement and proper treatment. Consequently, training in water treatment laboratory technology is required for personnel to be assigned to the planned laboratory. Hundreds of water meters become defective each year, which could be repaired by properly trained staff. There is at present only one person, who has been brought back out of retirement, to do the task. Hence there is a need for training in water meter testing and repairs.

The immediate objectives of this project are the training of the senior technical staff required for the establishment and operation of a water treatment laboratory, and the training of one meter testing and repairs technician to ensure efficient operations at the lowest possible cost.

FUND					FUND						
1973 1974 1975 1976					1973 1974 1975 1976						
TOTAL		-	3	2	2	TOTAL	UNDP	-	7,050	12,150	8,100
FELLOWSHIPS-ACADEMIC	UNDP	-	2	2	2	FELLOWSHIPS	-	-	7,050	12,150	8,100
FELLOWSHIPS-SHORT TERM	UNDP	-	1	-	-						

WEST INDIES-2300, Aedes aegypti ERADICATION

Grenada, St. Vincent, St. Lucia, Dominica, Antigua, Montserrat, St. Kitts/Nevis, the British Virgin Islands, and Anguilla, are all infested, some heavily, with Aedes aegypti, vector of yellow fever, dengue, and hemorrhagic dengue. In some of these islands the Aedes aegypti house index is over 70%. Any outbreaks of the above-mentioned diseases could seriously and collectively harm the tourism-dependent economies of these islands. Budgetary limitations have hindered the start of eradication campaigns in St. Kitts/Nevis and the British Virgin Islands. Heavy traffic by sea and air between these islands provides the potential for easy reinfestation of those areas from which the vector has been eradicated.

The purpose of this project is to eradicate Aedes aegypti from these islands and, on achieving eradication, to maintain them free of the vector until regional eradication has been achieved. Targets for the budget period are to complete the attack phase of campaigns in Grenada, Montserrat, Antigua, St. Vincent, and Dominica; to move into the consolidation phase in St. Lucia; to begin spraying operations in Anguilla and the British Virgin Islands; and to obtain funds for a campaign in St. Kitts/Nevis.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		16,982	10,000	24,703	25,726
SUBTOTAL	PR	-	-	5,370	5,640
ZONE ADVISORY SERVICES		-	-	5,370	5,640
SUBTOTAL	WR	16,982	10,000	19,333	20,086
ZONE ADVISORY SERVICES		-	-	9,333	10,086
SUPPLIES AND EQUIPMENT		16,982	10,000	10,000	10,000

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

WEST INDIES-3100, HEALTH SERVICES

The purpose of this project is to cooperate with the various governments in the West Indies in improving the efficiency of the administrative system; providing better patient care through improvement, where necessary, of the quality and quantity of the nurses; promoting organized health planning; creating new types of health workers where necessary to solve specific problems; and increasing the number of trained personnel. Activities for the budget period include training for nurses, physicians, administrators, and other health personnel; systematic programming of maternal and child health services as a preliminary to overall health planning, and improvement of immunization programs.

UNICEF cooperates in this project.

TOTAL		2	2	2	2	TOTAL	101,342	76,200	79,720	82,060
P-3 ADMIN. METHODS OFFICER 4.2064	PR	1	1	1	1	SUBTOTAL	41,265	24,300	25,500	26,700
P-3 NURSE 4.3670	WR	1	1	1	1					
TOTAL		-	3	3	3	PERSONNEL-POSTS	18,850	22,100	23,200	24,300
						DUTY TRAVEL	2,129	2,200	2,300	2,400
						FELLOWSHIPS	20,286	-	-	-
CONSULTANT MONTHS	WR	-	3	3	3	SUBTOTAL	60,077	51,900	54,220	55,360
TOTAL		35	5	5	4	PERSONNEL-POSTS	17,532	25,200	26,820	28,760
FELLOWSHIPS-ACADEMIC	PR	4	-	-	-	PERSONNEL-CONSULTANTS	-	6,000	6,600	7,200
FELLOWSHIPS-ACADEMIC	WR	6	2	2	2	DUTY TRAVEL	6,536	6,600	6,700	6,800
FELLOWSHIPS-SHORT TERM	PR	6	-	-	-	SUPPLIES AND EQUIPMENT	291	-	-	-
FELLOWSHIPS-SHORT TERM	WR	19	3	3	2	FELLOWSHIPS	35,718	14,100	14,100	12,600

WEST INDIES-3101, HEALTH SERVICES (LEEWARD ISLANDS)

Health conditions of Anguilla, Antigua, the British Virgin Islands, Montserrat, and St. Kitts-Nevis constitute an important problem in the overall development process of these countries, as indicated by a crude death rate of about 8.1; an infant mortality rate of 55.3; 29% of all deaths occur in children under five years of age; and nearly 25% of deaths at all ages are caused by infectious and parasitic diseases. The governments are aware of this situation and of the need for improving the development of health service resources.

The purpose of this project is to assist in training needed personnel, in improving administrative practices, and in modifying the basic structure of health services where necessary, thus ensuring maximum health benefits for the population.

TOTAL		1	1	1	1	TOTAL	32,453	59,000	53,560	54,160
P-4 MEDICAL OFFICER 4.1056	WR	1	1	1	1	PERSONNEL-POSTS	21,179	24,700	26,560	28,760
						PERSONNEL-CONSULTANTS	-	4,000	4,400	2,400
						DUTY TRAVEL	3,284	3,400	3,500	3,600
TOTAL		-	2	2	1	SUPPLIES AND EQUIPMENT	3,295	5,000	5,000	5,300
						FELLOWSHIPS	3,595	21,900	14,100	14,100
CONSULTANT MONTHS	WR	-	2	2	1	COMMON SERVICES	1,000	-	-	-
TOTAL		2	8	5	5					
FELLOWSHIPS-ACADEMIC	WR	1	3	2	2					
FELLOWSHIPS-SHORT TERM	WR	1	5	3	3					

WEST INDIES-3108, HEALTH SERVICES (GRENADA)

The purpose of this project is to advise the Government of Grenada in improving the standard of health care delivery for all the population through optimal use of human and financial resources, control of environmental hazards, and development of the full potential of all health personnel through education and training in administrative management techniques. The objective is the provision of a level of health care service to all the community consistent with present political, financial and development plans and aimed at improving the quality of life and increasing life expectancy. This project has been designated Grenada-3100 in 1974.

TOTAL		2	-	-	-	TOTAL	5,487	-	-	-
FELLOWSHIPS-ACADEMIC	PR	1	-	-	-	FELLOWSHIPS	5,487	-	-	-
FELLOWSHIPS-SHORT TERM	PR	1	-	-	-					

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

WEST INDIES-3112, PUBLIC HEALTH LEGISLATION (TURKS AND CAICOS ISLANDS)

Waste water disposal in the Turks and Caicos Islands has, up to now, been carried out by use of septic tanks or pit latrines and, where water-borne waste disposal has been possible, the shortage of fresh water makes it necessary for salt water to be used. Taking this and the advent of an oil refinery into account, problems concerning sanitation will be accentuated. Similarly, there is the problem of the laws pertaining to the disposal of solid waste, personal hygiene in factories, and so on. The Government needs an adviser for six months to assist in updating existing legislation of drafting new laws as necessary. A fellowship of 12 months is required in public health inspection, with special emphasis on food sanitation.

TOTAL	1973	1974	1975	1976	TOTAL	UNDP	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
	-	6	-	-		UNDP	-	15,000	6,400	-
CONSULTANT MONTHS	UNDP	-	6	-	PERSONNEL-CONSULTANTS	-	15,000	-	-	-
TOTAL	-----	-----	-----	-----	FELLOWSHIPS	-	-	6,400	-	-
	-	-	1	-						
FELLOWSHIPS-ACADEMIC	UNDP	-	-	1						

WEST INDIES-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----
	-	-	-	4,584	4,848
ZONE ADVISORY SERVICES	-	-	-	4,584	4,848

WEST INDIES-3302, MEDICAL LABORATORY TECHNOLOGY (GRENADA)

Training was provided in the Pap smear technique for early detection of cancer.

TOTAL	UNDP	1973	1974	1975	1976
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	896	-	-	-	-
FELLOWSHIPS-SHORT TERM	UNDP	896	-	-	-

WEST INDIES-3400, HEALTH EDUCATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
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	-	-	-	19,080	19,860
ZONE ADVISORY SERVICES	-	-	-	19,080	19,860

WEST INDIES-3500, HEALTH STATISTICS

Health and vital statistics in the Eastern Caribbean are inadequate and unreliable for the purposes of health administration or for research. The underlying cause of the problem is a lack of a systems approach in the production of statistics and the concomitant absence of a viable infrastructure to support the systems. An important contributing factor is the low level of demand for statistics by health officials.

The purpose of the project is to assist in the establishment and maintenance of viable and effective health statistical services in each of the eight countries of the Eastern Caribbean.

Objectives include (1) building and strengthening of a viable infrastructure that could support needed statistical systems, together with training of personnel; (2) standardization of forms and procedures with respect to systems of record-keeping, reporting and statistics on an area-wide basis; and (3) promotion of utilization of statistics by health officials.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
----	-----	-----	-----	-----	----	-----	-----	-----	-----
	\$	\$	\$	\$		\$	\$	\$	\$

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		2	2	1	1	TOTAL	PR	31,314	46,400	40,248	41,692
P-3 MEDICAL RECORDS LIBRARIAN .3378	PR	1	1	-	-	PERSONNEL-POSTS		24,073	34,600	23,200	24,300
P-3 STATISTICIAN .3425	PR	1	1	1	1	ZONE ADVISORY SERVICES		-	-	3,448	3,592
						PERSONNEL-CONSULTANTS		2,621	-	-	-
						DUTY TRAVEL		4,620	7,000	4,000	4,200
						FELLOWSHIPS		-	4,800	9,600	9,600
TOTAL		1	-	-	-						
CONSULTANT MONTHS	PR	1	-	-	-						
TOTAL		-	1	2	2						
FELLOWSHIPS-ACADEMIC	PR	-	1	2	2						

WEST INDIES-3501, HEALTH STATISTICS AND MEDICAL RECORDS (TURKS AND CAICOS ISLANDS)

There is a great need in the Islands to establish a system of medical statistics in order to evaluate current health care and to plan future needs. The purpose of this project is to assist in establishing a medical records unit at the General Hospital and in clinics.

TOTAL		-	6	-	-	TOTAL	UNDP	-	15,500	-	-
CONSULTANT MONTHS	UNDP	-	6	-	-	PERSONNEL-CONSULTANTS		-	15,000	-	-
						SUPPLIES AND EQUIPMENT		-	500	-	-

WEST INDIES-3600, MANAGEMENT OF HEALTH SERVICES

The purpose of this project is to cooperate with the Governments of the West Indies in evaluating the assistance previously provided to different specific areas, in order to determine those areas in which the activities may be best concentrated in the future in accordance with priorities defined by health authorities of the various islands.

Assistance is being addressed to developing a project for the continuing education program in both Barbados and St. Kitts; to developing a health policy based on the goals of the Ten-year Health Plan; and to cooperating with other projects in aspects related to development of infrastructure.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	10	12	-	TOTAL		-	7,500	9,077	1,131
PARTICIPANTS	WR	-	10	12	-	SUBTOTAL	PR	-	-	1,077	1,131
						ZONE ADVISORY SERVICES		-	-	1,077	1,131
						SUBTOTAL	WR	-	7,500	8,000	-
						PARTICIPANTS		-	7,500	8,000	-

WEST INDIES-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		-	-	2,115	2,450
SUBTOTAL	PR	-	-	1,750	1,820
ZONE ADVISORY SERVICES		-	-	1,750	1,820
SUBTOTAL	WR	-	-	365	630
ZONE ADVISORY SERVICES		-	-	365	630

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

\$ \$ \$ \$

WEST INDIES-4200, NUTRITION

Protein-calorie malnutrition in early childhood is the major nutritional problem in all the islands of the Caribbean, and is associated with infectious diseases such as gastroenteritis. Iron-deficiency anemia is also a nutrition problem. Important factors in the persistence of malnutrition are ignorance, lack of awareness of the relationship between nutrition and health, high costs of food, poor sanitation, and inadequate water supplies. There are no defined food and nutrition policies nor organized nutrition programs in the ministries of health. There is a lack or shortage of personnel trained in nutrition and food services.

The objectives of this project are to improve the nutritional status of the population, with emphasis on high-risk groups, and to develop adequate food and nutrition services in institutions concerned with the health and care of individuals.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

UNICEF cooperates in this project.

TOTAL		1	1	2	2	TOTAL	WR	24,305	27,750	55,694	69,272
P-3 NUTRITIONIST	WR	1	1	2	2	PERSONNEL-POSTS		21,376	24,700	44,010	57,000
4.1060 4.3082						ZONE ADVISORY SERVICES		-	-	7,184	7,572
						DUTY TRAVEL		2,788	2,800	4,000	4,200
						SUPPLIES AND EQUIPMENT		141	250	500	500

WEST INDIES-4300, MENTAL HEALTH

Although the eight countries making up the eastern sector of the Caribbean have about two psychiatric beds per 1,000 inhabitants, the services offered are deficient and the institutions are short in qualified personnel. Since a large number of islands have to be served, while the psychiatric hospitals are on only the largest islands, services are poorly distributed, many patients are separated from their normal environment, and there is little follow-up on discharged patients. Since the number of specialists is very limited, several services are run by general practitioners. There is also a shortage of qualified psychiatric nurses, social workers, and occupational therapists.

The objective of this project is to assist the countries of the area in the preparation of personnel, improvement of services, and extension of services to the population that is not now covered. It encourages the in-service training of nurses, aides, and health inspectors; the granting of fellowships for studies abroad in the mental health area; and visits by expert consultants on community psychiatry.

TOTAL		-	1	-	-	TOTAL		9,140	5,000	9,600	9,600
CONSULTANT MONTHS	PR	-	1	-	-	SUBTOTAL	PR	500	5,000	9,600	9,600
TOTAL		2	2	2	2	PERSONNEL-CONSULTANTS		-	2,000	-	-
FELLOWSHIPS-ACADEMIC	PR	-	-	2	2	FELLOWSHIPS		-	3,000	9,600	9,600
FELLOWSHIPS-ACADEMIC	WR	2	-	-	-	GRANTS		500	-	-	-
FELLOWSHIPS-SHORT TERM	PR	-	2	-	-	SUBTOTAL	WR	8,640	-	-	-
						FELLOWSHIPS		8,640	-	-	-

WEST INDIES-4800, MEDICAL CARE AND HOSPITAL ADMINISTRATION

The administrative services of the hospitals in the West Indies lack efficiency. This is due to many factors, such as a shortage of trained supervisory staff, leading to little or no supervision of nursing and other supporting services; lack of trained personnel in certain fields; and little or no use of hospital statistics for planning the services. Further complicating the situation is the fact that fiscal control and personnel control are outside the Ministry of Health. The purpose of this project is to develop modern and efficient organizational structures and administrative procedures and to improve the quality of service through better training programs.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

FUND 1973 1974 1975 1976					FUND 1973 1974 1975 1976						
TOTAL		-	15	1	-	TOTAL	20,283	108,400	49,329	24,405	
CONSULTANT MONTHS	UNDP	-	15	1	-	SUBTOTAL	WR	-	-	9,629	10,305
TOTAL		5	20	10	4	ZONE ADVISORY SERVICES		-	-	9,629	10,305
FELLOWSHIPS-ACADEMIC	UNDP	5	8	4	2	SUBTOTAL	UNDP	20,283	108,400	39,700	14,100
FELLOWSHIPS-SHORT TERM	UNDP	-	12	6	2	PERSONNEL-CONSULTANTS		-	37,500	2,500	-
						SUPPLIES AND EQUIPMENT		-	2,500	-	-
						FELLOWSHIPS		20,283	67,610	37,200	14,100
						MISCELLANEOUS		-	790	-	-

WEST INDIES-4808, HOSPITAL ADMINISTRATION (MONTSERRAT)

The purpose of this project was to provide training for a radiographer at the University of the West Indies, who upon completion of the course will manage the x-ray department of the Glendon Hospital in Montserrat.

TOTAL		-	-	-	-	TOTAL	UNDP	977	-	-	-
FELLOWSHIPS-SHORT TERM	UNDP	-	-	-	-	FELLOWSHIPS		977	-	-	-

WEST INDIES-4809, HOSPITAL ADMINISTRATION (CAYMANS)

The purpose of this project was to cooperate in the establishment of a more adequate system for the procurement, storage, and distribution of medical supplies in the George Town Hospital in Grand Cayman.

TOTAL		5	-	-	-	TOTAL	UNDP	9,900	-	-	-
CONSULTANT MONTHS	UNDP	5	-	-	-	PERSONNEL-CONSULTANTS		9,900	-	-	-

WEST INDIES-4811, HOSPITAL ADMINISTRATION IN GRENADA

In Grenada there is the General Hospital with 250 beds, plus other public health institutions with another 430 beds. Technical and medical staff are available, but there is difficulty in obtaining a person with the necessary administrative experience to serve as hospital administrator. Assistance is required in supervising the hospitals and assisting in in-service training while a national is sent abroad for training in hospital administration.

In 1974 projects related to services to Grenada have been redesignated in a Grenada series.

TOTAL		2	-	-	-	TOTAL	PR	2,106	-	-	-
CONSULTANT MONTHS	PR	2	-	-	-	PERSONNEL-CONSULTANTS		2,106	-	-	-

WEST INDIES-4812, HOSPITAL ADMINISTRATION (ANTIGUA)

The administrative services of Holberton Hospital, the only general hospital in Antigua, lack efficiency. This is due to many factors, the main ones being lack of personnel with formal training in hospital administration, shortage of trained supervisory staff, and little use of hospital statistics for planning the services. The purpose of this project is to improve the administrative structure and practices.

TOTAL		1	1	1	-	TOTAL	UNDP	11,851	66,835	17,200	-
P-4 HOSPITAL ADMINISTRATOR	UNDP	1	1	1	-	PERSONNEL-POSTS		6,800	22,500	15,700	-
4.4015						PERSONNEL-CONSULTANTS		-	30,000	-	-
TOTAL		-	12	-	-	DUTY TRAVEL		-	1,500	1,500	-
CONSULTANT MONTHS	UNDP	-	12	-	-	FELLOWSHIPS		5,051	12,835	-	-
TOTAL		1	4	-	-						
FELLOWSHIPS-ACADEMIC	UNDP	1	1	-	-						
FELLOWSHIPS-SHORT TERM	UNDP	-	3	-	-						

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

WEST INDIES-4813, FELLOWSHIPS IN HOSPITAL MAINTENANCE EQUIPMENT (GRENADA)

Fellowships under this project were completed in 1973.

TOTAL					TOTAL	UNDP	661	-	-	-
FELLOWSHIPS-SHORT TERM	UNDP	-	-	-	FELLOWSHIPS	661	-	-	-	-

WEST INDIES-4900, HEALTH AND POPULATION DYNAMICS

Women of childbearing age and children constitute an average of 67% of the total populations of the countries of the Eastern Caribbean. There is a shortage of physicians for maternal and child health and family planning supervision. Therefore, this service is being conducted primarily by nursing and midwifery personnel, many of whom have not had the benefit of recent refresher training. Governments are expanding their programs to provide comprehensive health care to mothers and children. The purpose of this project, therefore, was to provide nursing-midwifery technical advisory assistance, including training programs, in order to provide for optimal health care of mothers and children and efficient use of nursing-midwifery personnel.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	-	-	-	TOTAL	9,807	-	14,493	15,906
P-3 NURSE MIDWIFE .3703	PG	1	-	-	-	SUBTOTAL	8,995	-	-	-
						PERSONNEL-POSTS	7,269	-	-	-
						DUTY TRAVEL	1,726	-	-	-
						SUBTOTAL	812	-	-	-
						PERSONNEL-POSTS	656	-	-	-
						DUTY TRAVEL	156	-	-	-
						SUBTOTAL	-	-	3,367	3,667
						ZONE ADVISORY SERVICES	-	-	3,367	3,667
						SUBTOTAL	-	-	11,126	12,239
						ZONE ADVISORY SERVICES	-	-	11,126	12,239

*See Special Fund for Health Promotion, Part IV.

WEST INDIES-4901, FAMILY PLANNING PROGRAM, ST. KITTS/NEVIS

The purpose of this program in St. Kitts-Nevis is to assist the Government in extending the availability of family planning services to the population who wish to make use of them in the context of maternal and child health programs, to offer in-service courses and training abroad for professional, technical, and auxiliary personnel, to develop comprehensive health and family life education, and to improve the MCH-FP recording and reporting system.

TOTAL		-	3	1	1	TOTAL	UNFPA	5,417	20,116	21,400	11,900
FELLOWSHIPS-SHORT TERM	UNFPA	-	3	1	1	SEMINAR COSTS	535	1,500	1,500	1,500	1,500
						SUPPLIES AND EQUIPMENT	2,802	9,749	7,500	4,000	4,000
						FELLOWSHIPS	-	5,765	1,400	1,400	1,400
						LOCAL PERSONNEL COSTS	2,080	3,102	11,000	5,000	5,000

WEST INDIES-4902, HEALTH AND POPULATION DYNAMICS IN ST. VINCENT

The Government is concerned about relatively high maternal mortality (1.5:1,000) and high infant mortality (95.1:1,000 in 1969) as well as a high incidence of malnutrition, stillbirths, abortions, prematurity, and teenage pregnancy. The coverage and quality of the maternal and child health care require improvement. A comprehensive plan for the expansion of the maternal and child health program, focusing on the specific health problems, has been prepared.

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

The purpose of this project is to strengthen the maternal and child health program and to make family planning services available to all individuals on a voluntary basis. The project plan of operation includes establishment of family planning clinics in the health services; training of health and community workers, and community education activities.

TOTAL		1973	1974	1975	1976	TOTAL		1973	1974	1975	1976
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	UNFPA	-	6	3	2		UNFPA	-	57,987	40,787	24,662
CONSULTANT MONTHS	UNFPA	-	6	3	2	PERSONNEL-CONSULTANTS	-	12,600	7,200	3,600	
TOTAL		---	---	---	---	SUPPLIES AND EQUIPMENT	-	13,000	9,000	10,250	
---		---	---	---	---	FELLOWSHIPS	-	6,200	1,400	1,400	
	UNFPA	-	4	1	1	COURSE COSTS	-	2,850	2,200	2,200	
FELLOWSHIPS-SHORT TERM	UNFPA	-	4	1	1	LOCAL PERSONNEL COSTS	-	23,337	20,987	7,212	

WEST INDIES-4903, FAMILY PLANNING PROGRAM IN DOMINICA

The program of assistance in family planning to Dominica is a means by which improvement of health care to mothers and children at risk may be enhanced. Unregulated fertility (birth rate 36.6%; 57.8% of first births to mothers under 20 years of age), high percentage of grand multiparae (42.4% of live births in fourth or greater birth order), and a high infant mortality rate (61.9%) illustrate the great need for this service. Results of a nationwide survey in Dominica revealed 89% interest by the general public in utilization of such a service.

The purpose of the project is to continue to develop family planning services as an integral part of a comprehensive maternal and child health program. Training of nursing personnel who provide the primary health care, health and family life education, and nutrition are basic components of the program.

TOTAL	UNFPA	4,233	21,877	16,500	-
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SUPPLIES AND EQUIPMENT		2,211	13,599	6,000	-
LOCAL PERSONNEL COSTS		2,022	8,278	10,500	-

WEST INDIES-6100, DEVELOPMENT OF ALLIED HEALTH MANPOWER (TURKS AND CAICOS ISLANDS)

The purpose of this project is to cooperate with the Government in the training of manpower in health-allied fields. Fellowships are to be provided in laboratory technology, food service operation and supervision, hospital maintenance, radiology, pharmacy, drug dispensing, and parodontistry.

TOTAL		1973	1974	1975	1976	TOTAL		1973	1974	1975	1976
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	UNDP	-	4	3	1		UNDP	-	9,900	11,100	5,300
FELLOWSHIPS-ACADEMIC	UNDP	-	1	1	-	FELLOWSHIPS	-	9,900	11,100	5,300	
FELLOWSHIPS-SHORT TERM	UNDP	-	3	2	1						

WEST INDIES-6101, HUMAN RESOURCES DEVELOPMENT

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	1,740	1,887
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ZONE ADVISORY SERVICES		-	-	1,740	1,887

WEST INDIES-6300, NURSING EDUCATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	15,720	15,200
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ZONE ADVISORY SERVICES		-	-	12,920	12,400
DEV. OF HUMAN RESOURCES		-	-	2,800	2,800

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
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WEST INDIES-6302, TRAINING COURSES FOR AUXILIARY NURSES

For the total population of 10,200 in the Cayman Islands, there are 46 hospital beds and one clinic; all five positions for doctors are filled. Of the available 24 nursing positions, 48% are filled with untrained nursing personnel. Until 1972 no nursing personnel were produced locally. The first course for training nursing assistants was completed in June when 11 participants graduated. Two fellowships were awarded to prepare nurses for teaching and administrative positions.

The purpose of the project is to improve the nursing services and to develop a comprehensive system of nursing. The objective is the development of a local training program to prepare 30 nursing assistants (10-month course) by June 1974 and to train seven professional nurses abroad by 1976.

TOTAL	UNDP	10,135	8,323	-	-
SUPPLIES AND EQUIPMENT		910	83	-	-
COURSE COSTS		7,418	6,840	-	-
MISCELLANEOUS		1,807	1,400	-	-

WEST INDIES-6303, DEVELOPMENT OF NURSING MANPOWER (TURKS AND CAICOS ISLANDS)

Fifty per cent of the present nursing service personnel are untrained. There are proposals to expand the health services as part of the social and economic development of the country. It is impractical to send nursing auxiliaries abroad for training and would create serious problems in the delivery of patient care. The purpose of this project is to provide a continuous in-service education program for all categories of nursing personnel, as well as fellowships in certain nursing specialties.

TOTAL	-	6	6	-	TOTAL	UNDP	-	19,000	16,400	4,400
CONSULTANT MONTHS	UNDP	-	6	6	-	PERSONNEL-CONSULTANTS	-	15,000	15,000	-
TOTAL		-	1	1	2	SUPPLIES AND EQUIPMENT	-	2,300	-	-
						FELLOWSHIPS	-	1,700	1,400	4,400
FELLOWSHIPS-ACADEMIC	UNDP	-	-	-	1					
FELLOWSHIPS-SHORT TERM	UNDP	-	1	1	1					

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	311,218	354,654	379,630	326,237
0100 EPIDEMIOLOGY	2,582	6,882	7,253	7,258
0101 EPIDEMIOLOGY (ZONE I)	4,738	5,406	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-
0201 MALARIA ERADICATION (ZONE I)	2,137	1,880	-	-
0500 LEPROSY CONTROL	513	884	432	496
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	93	-	131	139
0512 TRAINING AND RESEARCH IN LEPROSY AND RELATED DISEASES	270	400	212	426
0600 VENEREAL DISEASE CONTROL	-	160	88	102
0612 VENEREAL DISEASE SEMINARS	-	560	-	-
0700 PAN AMERICAN ZOONOSES CENTER	12,000	14,846	15,076	15,703
0701 VETERINARY PUBLIC HEALTH (ZONE I)	1,984	2,356	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	140	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	489	707
2100 ENVIRONMENTAL SANITATION	1,879	705	777	753
2101 SANITARY ENGINEERING (ZONE I)	6,400	6,300	-	-
2107 ENVIRONMENTAL SANITATION (CARIBBEAN)	30,245	7,500	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,391	16,685	15,648	18,295
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	855	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	748	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	805	-
2300 AEDES AEGYPTI ERADICATION	4,543	6,930	7,740	8,280
2301 AEDES AEGYPTI ERADICATION (CARIBBEAN)	17,971	13,815	-	-
2308 ADVISORY COMMITTEE ON DENGUE FEVER	-	720	-	752

2309	STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	720	-	-
2311	DENGUE SURVEILLANCE IN THE CARIBBEAN	853	1,530	975	1,060
3000	COORDINATION WITH FOUNDATIONS	1,277	2,568	3,080	3,507
3110	COORDINATION OF INTERNATIONAL RESEARCH	2,295	3,839	3,109	3,382
3130	CONFERENCE ON MYCOLOGY	77	1,303	-	-
3131	CARIBBEAN HEALTH MINISTERS' CONFERENCE	3,542	6,248	6,446	-
3137	PROGRAM ON TRAFFIC ACCIDENTS	1,680	2,059	1,201	1,285
3145	EMERGENCY PREPAREDNESS	-	532	-	-
3200	NURSING SERVICES	1,711	2,326	2,481	2,603
3201	NURSING (ZONE I)	4,104	4,332	-	-
3210	HOSPITAL NURSING SERVICES	-	695	1,231	1,366
3214	DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	553	1,193	1,112	1,171
3216	STANDARDS IN NURSING PRACTICE	-	-	449	-
3219	CONFERENCE ON PUBLIC HEALTH NURSING	-	-	-	1,365
3220	NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529
3222	TECHNICAL ADVISORY COMMITTEE ON NURSING	261	493	309	248
3223	SYSTEMS OF NURSING	50	1,001	1,248	-
3300	LABORATORY SERVICES	820	370	463	493
3400	HEALTH EDUCATION	530	496	309	496
3401	HEALTH EDUCATION (CARIBBEAN)	21,706	26,273	-	-
3500	HEALTH STATISTICS	1,125	723	932	686
3501	HEALTH STATISTICS (ZONE I)	3,874	3,312	-	-
3600	ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	1,935	2,622	2,754	2,931
3601	ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE I)	1,342	1,700	-	-
3607	MANAGEMENT OF HEALTH SERVICES	1,499	1,505	-	-
3700	HEALTH PLANNING	4,930	3,074	3,303	3,643
3701	HEALTH PLANNING AND ORGANIZATION (ZONE I)	1,780	2,020	-	-
3709	MEETING OF MINISTERS OF HEALTH	756	-	-	-
3715	PAN AMERICAN PROGRAM FOR HEALTH PLANNING	3,477	10,813	7,880	6,280
4200	NUTRITION ADVISORY SERVICES	-	2,016	2,158	2,284
4201	NUTRITION ADVISORY SERVICES (ZONE I)	9,932	6,174	-	-
4207	CARIBBEAN FOOD AND NUTRITION INSTITUTE	24,347	41,591	37,492	24,160
4221	SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	71	228	251	456
4230	NUTRITION TRAINING	-	636	844	1,095
4249	OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	557	231
4300	MENTAL HEALTH	64	450	474	522
4400	DENTAL HEALTH	-	-	450	540
4620	MANAGEMENT OF PESTICIDES	-	140	152	174
4700	FOOD AND DRUG CONTROL	2,692	1,611	1,700	1,779
4719	WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	672
4800	MEDICAL CARE SERVICES	1,149	1,183	1,298	1,461
4801	MEDICAL CARE SERVICES (ZONE I)	8,770	16,718	-	-
4813	HOSPITAL PLANNING AND ADMINISTRATION	1,575	2,106	2,803	3,548
4815	TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,969	2,673	2,367	3,072
4900	HEALTH AND POPULATION DYNAMICS	18,279	39,492	40,000	45,428
4901	HEALTH AND POPULATION DYNAMICS (ZONE I)	27,050	12,927	-	-
4909	EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	1,503	3,864	3,940	4,334
4915	MATERNAL AND CHILD HEALTH	129	390	429	520
5000	REHABILITATION	2,090	1,717	1,794	1,944
5100	CHRONIC DISEASES	138	475	537	559
6101	HUMAN RESOURCES PROGRAM IN THE CARIBBEAN	23,727	20,560	-	-
6113	EDUCATION AND TRAINING OF PARAMEDICAL PERSONNEL	3,894	6,566	187,522	137,940
6223	TEACHING OF BEHAVIORAL SCIENCES	1,701	400	-	-
6228	MEDICAL EDUCATION IN THE CARIBBEAN	159	1,800	2,220	2,250
6301	NURSING EDUCATION (ZONE I)	22,107	15,040	-	-
6320	POSTBASIC COURSES IN NURSING	340	782	625	-
6322	RESEARCH IN NURSING TEACHING	-	-	-	2,484
6324	TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	149	503
6400	SANITARY ENGINEERING EDUCATION	1,808	1,755	2,035	2,224
6508	PROG. TRAIN. ANIM. HEALTH VETER. PUB. HEALTH ASSIST. (CARIBBEAN)	-	1,200	-	-
6707	LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	245	240	251	294
6708	TRAINING PROGRAM IN HOSPITAL STATISTICS	571	946	1,984	2,070

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	385,683	773,188	719,665	513,830	311,218	354,654	379,630	326,237
PAHO-PR-REGULAR BUDGET	80,672	75,700	131,291	135,322	105,181	156,025	72,392	81,673
PG-GRANTS & OTHER CONTRIBUT.	8,995	-	-	-	49,256	39,813	17,676	15,275
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	20,753	12,761	13,651	1,368
PK-SPECIAL FUND FOR HEALTH PR.	812	-	-	-	724	-	-	-
WHO-WR-REGULAR BUDGET	166,883	156,150	213,611	223,507	49,092	65,937	35,440	34,067
UNDP-UN DEVELOPMENT PROGRAM	118,671	441,358	284,950	106,200	75,197	39,149	198,111	147,060
UNFPA-UN FUND POPULATION ACT.	9,650	99,980	89,813	48,801	11,015	40,969	42,360	46,794

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	696,901	1,127,842	1,099,295	840,067
PAHO-PR-REGULAR BUDGET	185,853	231,725	203,683	216,995
PG-GRANTS & OTHER CONTRIBUT.	58,251	39,813	17,676	15,275
PH-PAN AMER. HEALTH & EDUC.FN.	20,753	12,761	13,651	1,368
PK-SPECIAL FUND FOR HEALTH PR.	1,536	-	-	-
WHO-WR-REGULAR BUDGET	215,975	222,087	249,051	257,574
UNDP-UN DEVELOPMENT PROGRAM	193,868	480,507	483,061	253,260
UNFPA-UN FUND POPULATION ACT.	20,665	140,949	132,173	95,595

PART III, ZONE II - PROGRAM BUDGET

1 9 7 3		1 9 7 4			1 9 7 5		1 9 7 6	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
1,320,487	32.7	1,997,505	29.2	I. PROTECTION OF HEALTH	2,319,226	27.6	2,187,398	26.6
826,100	20.5	872,401	12.8	A. COMMUNICABLE DISEASES	845,208	10.1	907,481	11.0
83,381	2.1	97,534	1.4	0100 GENERAL	101,222	1.2	106,407	1.3
290,501	7.2	252,145	3.7	0200 MALARIA	265,866	3.2	283,180	3.4
26,807	.7	50,125	.7	0400 TUBERCULOSIS	18,636	.2	21,370	.3
15,868	.4	24,516	.4	0500 LEPROSY	14,605	.2	16,940	.2
-	-	1,680	*	0600 VENEREAL DISEASES	924	*	1,071	*
405,632	10.0	437,884	6.4	0700 ZONOSES	434,739	5.2	458,103	5.5
2,873	.1	4,540	.1	0900 OTHER	3,478	*	12,628	.2
1,038	*	3,987	.1	1000 PARASITIC DISEASES	5,738	.1	7,782	.1
496,387	12.2	1,125,104	16.4	B. ENVIRONMENTAL HEALTH	1,474,018	17.5	1,279,917	15.6
191,346	4.7	716,210	10.4	2100 GENERAL	1,075,802	12.7	851,692	10.3
180,246	4.5	282,410	4.1	2200 WATER SUPPLIES	311,742	3.7	336,475	4.1
115,816	2.9	116,228	1.7	2300 AEDS AEGYPTI ERADICATION	74,467	.9	79,130	1.0
4,619	.1	5,663	.1	2400 HOUSING	7,151	.1	7,514	.1
2,360	*	4,593	.1	2500 AIR POLLUTION	4,856	.1	5,106	.1
2,183,128	53.8	4,226,513	61.4	II. PROMOTION OF HEALTH	5,406,063	64.0	5,348,344	64.5
1,283,675	31.7	1,750,189	25.5	A. GENERAL SERVICES	1,350,506	16.0	1,040,948	12.5
567,969	14.0	579,291	8.4	3100 GENERAL PUBLIC HEALTH	599,811	7.1	533,653	6.4
114,282	2.8	180,294	2.6	3200 NURSING	128,585	1.5	125,995	1.5
358,966	8.9	706,705	10.3	3300 LABORATORY	362,704	4.3	142,469	1.7
3,472	.1	5,079	.1	3400 HEALTH EDUCATION	4,623	.1	5,659	.1
49,961	1.2	76,158	1.1	3500 STATISTICS	17,747	.9	62,944	.8
67,253	1.7	67,348	1.0	3600 ADMINISTRATIVE METHODS	64,498	.8	67,647	.8
121,772	3.0	135,314	2.0	3700 HEALTH PLANNING	112,538	1.3	102,581	1.2
899,453	22.1	2,476,324	35.9	B. SPECIFIC PROGRAMS	4,055,557	48.0	4,307,396	52.0
437,876	10.8	411,690	6.0	4200 NUTRITION	408,458	4.8	421,069	5.1
23,761	.6	30,123	.4	4300 MENTAL HEALTH	30,866	.4	25,753	.3
16,493	.4	17,113	.2	4400 DENTAL HEALTH	17,675	.2	20,083	.2
7,249	.2	6,960	.1	4500 RADIATION AND ISOTOPES	8,736	.1	8,060	.1
5,709	.1	12,138	.2	4600 OCCUPATIONAL HEALTH	13,541	.2	14,064	.2
15,045	.4	27,085	.4	4700 FOOD AND DRUG	29,296	.3	34,971	.4
42,152	1.0	58,701	.8	4800 MEDICAL CARE	61,114	.7	69,205	.8
325,554	8.0	1,859,445	27.0	4900 FAMILY HEALTH AND POP. DYNAMICS	3,428,462	40.6	3,654,030	44.2
22,029	.5	45,908	.7	5000 REHABILITATION	49,860	.6	52,335	.6
3,585	.1	7,161	.1	5100 CANCER & OTHER CHRONIC DISEASES	7,529	.1	7,826	.1
546,400	13.5	653,809	9.4	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	712,794	8.4	734,654	8.9
42,168	1.0	83,973	1.2	6100 PUBLIC HEALTH	87,346	1.0	94,846	1.1
330,718	8.2	374,196	5.4	6200 MEDICINE	396,513	4.7	377,617	4.6
48,494	1.2	59,589	.9	6300 NURSING	73,780	.9	88,866	1.1
76,751	1.9	77,424	1.1	6400 ENVIRONMENTAL SCIENCES	91,744	1.1	91,249	1.1
24,426	.6	23,814	.3	6500 VETERINARY MEDICINE	22,791	.3	29,858	.4
6,499	.2	9,638	.1	6600 DENTISTRY	11,010	.1	15,381	.2
17,344	.4	29,175	.4	6700 BIOSTATISTICS	29,610	.3	36,837	.4
4,050,015	100.0	6,877,827	100.0	GRAND TOTAL	8,438,083	100.0	8,270,396	100.0

*LESS THAN .05 PER CENT

PART III, ZONE II - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER	
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHORT	PART.	AMOUNT			
	\$				\$	\$			\$	\$	\$	\$	
1973													
PAHO--PR	1,550,357	23	3	44	1,121,083	89,174	18	30	114,443	-	25,463	124,277	75,917
PW	10,567	-	-	3	10,209	358	-	-	-	-	-	-	-
PN	174,842	-	-	-	75,420	7,497	-	-	7,150	-	-	20,837	63,938
PG	340,110	1	1	6	123,705	6,857	-	-	10,160	-	16,592	104,247	78,549
PH	181,253	-	-	-	27,747	3,884	-	-	3,166	-	1,753	46,591	98,112
PK	44,904	-	-	-	35,310	791	-	-	-	-	-	2,116	6,687
PS	1,191	-	-	-	-	-	-	-	-	-	-	-	1,191
WHO--WR	946,965	4	-	42	336,168	26,083	34	52	228,901	2	41,962	233,959	129,892
UNDP	581,521	14	3	28	374,227	-	1	1	27,323	-	-	165,885	14,086
UNFPA	168,305	3	-	1	54,054	2,917	-	1	1,631	-	-	34,807	74,896
TOTAL	4,050,015	45	7	124	2,157,923	137,561	53	84	392,774	2	85,770	732,719	543,268
PERCENT OF TOTAL	100.0				53.3	3.4			9.7		2.1	18.1	13.4
1974													
PAHO--PR	1,776,625	26	3	29	1,393,386	94,939	4	52	106,407	-	26,821	73,292	81,780
PW	117,422	1	-	26	110,545	2,877	1	-	4,000	-	-	-	-
PN	147,661	-	-	-	80,658	7,473	-	-	7,612	-	-	11,286	40,632
PG	307,108	-	-	3	86,998	3,865	-	-	2,939	-	20,891	77,131	115,284
PH	182,428	-	-	-	39,163	3,895	-	-	9,753	-	516	36,198	92,903
WHO--WR	1,088,267	5	-	57	466,020	35,584	28	42	220,702	-	64,272	197,860	103,829
UNDP	1,528,442	17	3	95	722,836	28,940	14	35	142,893	-	-	611,988	21,785
UNFPA	1,729,874	4	1	16	264,678	6,800	-	15	188,220	-	9,193	931,264	329,719
TOTAL	6,877,827	53	7	226	3,164,284	184,373	47	144	682,526	-	121,693	1,939,019	785,932
PERCENT OF TOTAL	100.0				46.0	2.7			9.9		1.8	28.2	11.4
1975													
PAHO--PR	1,965,586	31	5	29	1,492,111	99,678	6	48	109,650	-	21,712	68,324	174,111
PW	132,103	1	-	31	124,613	2,990	1	-	4,500	-	-	-	-
PN	147,976	-	-	-	80,726	7,454	-	-	7,612	-	-	11,713	40,471
PG	178,822	-	-	-	67,651	1,500	-	-	-	-	360	41,731	67,580
PH	204,845	-	-	-	40,490	3,194	-	-	9,596	-	-	59,422	92,143
WHO--WR	1,165,710	10	2	59	591,272	40,519	27	40	213,754	-	52,330	172,960	94,875
UNDP	1,350,343	17	3	80	725,399	28,589	17	67	229,487	-	-	348,417	18,451
UNFPA	3,292,698	4	1	24	294,537	10,450	-	37	155,136	-	16,242	1,065,186	1,751,187
TOTAL	8,438,083	63	11	223	3,416,799	194,374	91	192	729,735	-	90,644	1,767,713	2,238,818
PERCENT OF TOTAL	100.0				40.5	2.3			8.7		1.1	20.9	26.5
1976													
PAHO--PR	2,062,211	30	5	30	1,576,827	105,159	5	54	140,919	-	30,254	82,237	126,815
PW	145,100	1	-	33	129,520	3,080	3	-	12,500	-	-	-	-
PN	154,098	-	-	-	84,719	7,454	-	-	7,612	-	-	11,713	42,600
PG	179,527	-	-	-	65,944	525	-	-	-	-	225	42,324	70,509
PH	181,185	-	-	-	42,416	3,406	-	-	10,227	-	-	38,132	87,004
WHO--WR	1,185,908	10	2	58	619,121	43,345	24	45	212,269	-	41,181	169,792	100,200
UNDP	858,347	16	3	41	576,042	27,630	5	66	167,417	-	-	62,547	24,711
UNFPA	3,504,020	4	1	14	270,923	11,525	-	37	136,021	-	17,746	1,005,482	2,062,323
TOTAL	8,270,396	61	11	176	3,365,512	202,124	37	202	686,965	-	89,406	1,412,227	2,514,162
PERCENT OF TOTAL	100.0				40.7	2.4			8.3		1.1	17.1	30.4
<p>PAHO--PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO--PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO--WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WO-GRANTS AND OTHER FUNDS</p>													

PART III, ZONE II - ZONE ADVISORY SERVICES

		FUND	1973	1974	1975	1976
TOTAL			-	-	11	11
P-5	EPIDEMIOLOGIST .0845	PR	-	-	1	1
P-5	SANITARY ENGINEER 4.0864	WR	-	-	1	1
P-4	HEALTH PLANNER 4.3674	WR	-	-	1	1
P-4	HOSPITAL ADMINISTRATOR .2188	PR	-	-	1	1
P-4	NURSE .0889	PR	-	-	1	1
P-4	STATISTICIAN 4.0839	WR	-	-	1	1
P-4	VETERINARIAN .3218	PR	-	-	1	1
G-6	SECRETARY .0890	PR	-	-	1	1
G-5	SECRETARY .3875	PR	-	-	1	1
G-5	SECRETARY 4.0865 4.3161	WR	-	-	2	2

CUBA

BACKGROUND DATA

The Republic of Cuba is an archipelago with a surface area of 110,922 square kilometers, consisting of the Island of Cuba (105,007), the Isle of Pines (2,200) and about 1,600 small islands or keys (3,715 square kilometers).

The country, which is 1,250 square kilometers long, is divided into six provinces. The provinces are divided into regions, of which there are 57 in the national territory, and the regions are in turn divided into municipalities, of which there are 395 in the country.

Cuba has 14,872 square kilometers of railroad and a highway and road network of more than 22,300 square kilometers which links most of the localities in the country.

In 1958 the population of Cuba amounted to 6,669,000 inhabitants and has grown at a high rate of 2.1% annually. The estimated population in 1973 was 8,916,000, of whom 60% live in urban areas. Classification by age groups shows that 37.4% of the population is under 15 years of age; 56.5% is in the age group 15-64 years; and 6.1% is in the age group 65 years and more.

At the time of the triumph of the revolution the economically active population amounted to only 1.6 million, and the number of unemployed was estimated at around 700,000 or 30% of the labor force. Fifteen years later unemployment has been eliminated, the male labor force is fully utilized, and there is a high incorporation of women in the labor force.

Parallel with the process of employment creation, the structural changes of the revolution (such as agrarian reform, nationalization of industry, and state monopoly of foreign trade) and the social measures (such as development of educational and health services and improvement of the living conditions of the population) led to a radical redistribution of the national income.

Whereas in 1958 wages and salaries amounted to 1,400 million pesos, in 1973 they were estimated at 3,690 million. Social security payments, which in 1958 were 105 million pesos, amounted in 1973 to about 547 million.

Furthermore, public health and educational services are free.

The share of the economic sectors in the overall social product in 1969 was as follows: agriculture, 17.8%; industry, 43.9%; construction, 6.2%; transportation, 8.2%; communications, 0.8%; and commerce, 22.9%.

In 1969 a total of 19% of the gross national product was earmarked for investments.

Agricultural and Stockraising Sector

Radical social and economic changes have taken place in this sector since the triumph of the revolution. The extraordinary technological backwardness and the exploitation to which farm workers were subject have been overcome.

In 1962 the state agricultural area was 2.9 million hectares. In 1973 it amounted to 5 million.

Whereas in 1958 the total amount of impounded water was 29 million cubic meters, the total estimated impoundment capacity in 1973 was 3,500 million.

In 1962 the citrus fruit crop amounted to 98.1 thousand tons, while in 1973 it was 174.5 thousand.

Between 1960 and 1973, a total of 664,021 timber trees were planted.

In 1962 state production of milk was 192.3 million liters. In 1973 it was 496.6 million.

In 1958 the annual egg production was just over 300 million units, whereas in 1973 the production of the state sector amounted to 1,540 million.

The fish catch in 1958 was 21.9 thousand tons as opposed to 150 thousand in 1973.

Industrial Sector

The economic results achieved in recent years show that this sector has overcome the difficulties imposed by the blockade. Better interindustrial integration has been achieved, as have been higher levels of production in the mechanical, chemical, and building materials industry; food processing and light industry has been developed, as has the power production capacity.

The basic achievements of industry since the revolution are given below:

The production of nickel ore increased from 18,000 tons in 1958 to 37,789 tons in 1972.
 Petroleum production increased from 50.4 thousand tons in 1958 to 112.1 thousand in 1972.
 Steel production rose to 178.0 thousand tons in 1973.
 The production of gray cement increased 2.6 times, from 665,000 tons in 1957 to 1,750,000 tons in 1973.
 The production of stone has increased and amounted to 7.2 million cubic meters in 1973.
 Electricity generation by the public services rose from 1,768 kilowatt hour in 1958 to 4,582 million in 1973.
 Fertilizer production increased 2.3 times, from 270 thousand tons in 1957 to 620.4 thousand in 1972.
 While paper production before 1959 never exceeded 45 thousand tons, in 1972 a total of 103,539 tons of paper and cardboard was produced.
 In 1957 textile production amounted to about 60 million square meters, whereas in 1973 it was 123 million.
 In 1959 the production of leather footwear did not exceed 9 million pairs. In 1973 it amounted to 14.4 million.
 Investments have been made in the dairy industry, including five pasteurization plants, a number of ice-cream factories, and the milk combine which is currently being constructed. The production of ice cream rose from about 2.5 million gallons at the beginning of the past decade to 14.2 million in 1973.
 The production of pasta products increased from 841 tons in 1955 to 52,769 in 1973.
 The production of baby foods increased from 2,832 tons in 1963 to 18,313 in 1973.

Construction Sector

Foremost among the economic results is the progress made in the construction sector, which has undertaken, particularly in recent years, a broad program of investment in housing, school buildings, and dairy farms, as well as large industrial facilities.

The value of the buildings constructed in 1962 amounted to 380.6 million pesos. In 1973 it rose to 1,020 million, i.e., a 2.7-fold increase over 1962.

Transportation Sector

In this sector, noteworthy efforts have also been made to create the internal and external transportation facilities required by the development of the country.

The international merchant marine fleet, which in 1958 comprised 14 units with a dead weight of 58 thousand tons, consisted in 1973 of 49 units with a dead weight of 465.9 thousand.

The cargo landed and dispatched through Cuban ports almost doubled, increasing from 13.2 million tons in 1962 to 22.4 million in 1972.

Foreign Trade

In the 15 years since the triumph of the revolution, radical structural changes have taken place in foreign trade, which geographically has become more international in character and has considerably increased, especially in recent years.

The volume of trade, which in 1959 amounted to 1,310.8 million pesos, totaled 2,012.3 million in 1972.

Health Planning

In this general process of development, high priority has been given to public health in accordance with the social character of our form of government.

The health planning process has the same importance as general development; however, at present the Ministry of Public Health is undertaking a revision of health planning methods with a view to preparing the National Health Plan as an integral part of the Development Plan for the period 1976-1980.

The law establishing the Ministry of Public Health states that it is responsible for studying the health problems of the people and for planning and carrying out health promotion, protection, and recovery activities designed to create optimum conditions for ensuring physical and mental health.

Recently, the Ministry of Public Health was reorganized under a presidential decree and at present consists of five Vice-ministries and the General Economic Division; the Vice-ministries in turn are made up of divisions and departments to each of which special functions are assigned, subject to the provisions of the Organic Regulation of the Ministry which is in preparation. The Ministry of Public Health maintains technical and administrative relations with the other ministries and with the specialized agencies of the Government for the purpose of guiding and coordinating their activities. The Council of Management is the advisory organ of the Ministry.

There has been sustained improvement in the health situation of Cuba, a basic factor in which was the decision of the authorities who took power in January 1959 to integrate the health services, then fragmented and attached to different departments, into a single health system for the whole country.

In 1972 the general mortality rate was 5.6 per 1,000 inhabitants and the child mortality rate had fallen to 28.1 per 1,000 live births, although there were differences between the rates in the capital and those in some of the provinces. The average birth rate was 28.3 per 1,000 inhabitants and ranged from 23.1 in La Habana to 33.4 in the Province of Oriente. Mortality in children under five years of age accounts for 19% of the general mortality, and the maternal mortality rate is 0.5 per 1,000 live births.

To understand the health situation of the Cuban population, it is necessary to take the following factors into account:

- 1) The promulgation and enforcement of the law that specifies the types of care to be given by the unified health service in Cuba.
- 2) The planning of comprehensive care for the entire population of the country on the basis of priorities. Foremost among these are comprehensive maternal and child health, communicable disease control, environmental sanitation (both urban and rural), zoonoses control, and food quality control.
- 3) The organization of a tiered health system, the base of which is the sectors, after which come the areas, regions, provinces, and finally the central level, all of which are harmoniously connected and make up a pyramid in accordance with the basic principles of regionalization.
- 4) The scientific and technical support given by the most developed units to the lesser developed units.

The recent recasting of the National Health Policy (1974) by the Government, in accordance with the recommendations of the III Special Meeting of the Ministry of Health of the Americas, for the purpose of incorporating into it the goals of the Ten-year Health Plan for the Americas in the period 1974-1980, reaffirms that health is the total and absolute responsibility of the Government, an end and a legitimate aspiration of man, and an inalienable right of all, not to mention the fact that it is a basic component of development which, in association with other factors, is conducive to the well-being of the population.

Taking into account the preventive and curative content of health care in the country and the large-scale programs undertaken by the National Health System, the objectives of which have already been achieved by the eradication, in some cases, and the control, in others, of a series of communicable diseases seriously affecting the population of the country; in a substantial reduction in child and maternal mortality; the provision of services to the entire population; and the improvement of the quality of health care through a continuing upgrading of physical and human resources, the National Health Policy has established objectives to be achieved in the period 1974-1980 in the different program areas, namely, an increase in the service coverage, optimization of the health care with which the population is provided and, finally, an increase in life expectancy at birth from 69 years as at present to 71 years in 1980.

Foremost among the priority areas and programs to be continued and intensified under the National Health Policy are the eradication and control of communicable diseases and zoonoses; maternal and child protection; maintenance of a high nutritional level in the population (especially the child population); environmental sanitation; improvement of the regionalized health system; strengthening of the planning system of the Ministry of Public Health; increase, renewal, and maintenance of physical resources; training and advanced training of manpower; and health education.

PROTECTION OF HEALTH

Communicable Disease Control

Great progress has been made in the control of communicable diseases. Malaria, smallpox, and poliomyelitis have been eradicated; diphtheria has been virtually eradicated since, whereas in 1972 there were only three cases in a population of approximately nine million inhabitants; there has been a substantial reduction in tetanus, whooping cough, and measles; the tuberculosis control program under the direction of the general health services has produced promising results; BCG vaccination is given systematically; and chest x-rays of tuberculin-positive cases are taken.

Venereal diseases continue to be a very difficult problem, the control of which calls for a multidisciplinary team as well as community support. Systematic case detection is undertaken, as are treatment and epidemiological surveillance.

The leprosy program is being transferred to the general health services under the appropriate supervision of specialists.

Mortality from diarrheal diseases has fallen to less than 2% of the total deaths in the country, despite the persistence of certain environmental sanitation problems; epidemiological studies are being increased to gain a better knowledge of the interrelations between the reservoirs of pathogenic agents, susceptible individuals, and the environment.

Good results have been obtained in the control of rabies, brucellosis, bovine tuberculosis, equine encephalitis, and leptospirosis.

The national health policy for 1974-1980 provides for the continuation of smallpox, malaria, and poliomyelitis eradication; the eradication of diphtheria, measles, and human rabies; a reduction in the incidence of typhoid and paratyphoid, whooping cough, and tetanus to bring the rates in 1980 down to 1.0, 4.0, and 1.0 per 100,000 inhabitants, respectively; a substantial reduction in the prevalence of leprosy; a reduction in the mortality rates for enteric and acute respiratory diseases and tuberculosis; continuation of the programs for the eradication of brucellosis, bovine tuberculosis and animal rabies; and further studies of equine encephalitis. All of this will be achieved through appropriate immunization, epidemiological surveillance, and control programs.

Environmental Health

Cuba has seriously tackled its water supply and excreta disposal problems but, because of financial difficulties, the environmental health services need to increase their activities.

At the end of 1973, 53.3% of the total population of the country had water service; 85.4% of the urban population and 4.5% of the rural population had such service. At the same date, 40% of the urban population and 3% of the rural population had sewer service, so that the average for the total population was 25.5%. A survey made in 1972 in communities with less than 2,000 inhabitants, of which there are more than 10,000, with a population of 5,453,394 inhabitants, showed that 72.4% of that population had the benefit of solid waste collection and disposal services.

The National Health Policy provides for an intensive program for providing localities of more than 10,000 inhabitants, as well as the new communities which are being built in the country, with water supply and excreta disposal services; for a program for the expansion, reconstruction, and upgrading of the water supply and sewerage services in the country; and for the improvement of the operation and maintenance of all services. It also provides for the expansion and upgrading of refuse collection and disposal services.

Since most of the whole territory is infested by *Aedes aegypti*, according to a recent survey, the health policy provides for the eradication of that vector and the establishment of appropriate surveillance systems.

Special attention will be given to programs for the prevention and control of environmental pollution.

PROMOTION OF HEALTH

General Services

The Cuban health services have reached a high level of development. Nevertheless, the authorities are aware of the fact that both the structure and operation of the services, taking into account the manpower being trained and those already working, make it necessary, as soon as the goal of total coverage by the services has been obtained, to extend and improve the system.

In the period 1974-1980, steps will be taken to improve specified methods and procedures which to some extent interfere with the flow and optimization of the services the national health service provides to the population, bearing in mind the objectives contained in the National Health Policy of increasing the coverage and improving the quality of health care.

For that purpose the planning system of the Ministry of Public Health will be strengthened, vacant positions will be filled, and personnel will be trained through annual health planning courses (two courses have already been held: one in 1972 and the other in 1973). Research will be undertaken on service needs and statisticians will be trained. The five-year health plan, 1976-1980, will be prepared.

It is proposed to improve and increase the activities of the supporting services, especially those in the field of health education, nursing, diagnostic laboratories, and production.

Specific Programs

Maternal and Child Health:

The Government of Cuba has assigned the highest priority to maternal and child care, an area in which appreciable progress has been made in the past decade.

The child mortality rate has been reduced from 44.0 per 1,000 live births in 1969 to 28.1 in 1972, while the target fixed for 1980 is 20.0. This will mean a 55% reduction in the 1969 rate. The maternal mortality rate in 1972 was 0.5 per 1,000 live births, and it is proposed to reduce it to 0.2 by 1980.

It is proposed to achieve these targets and others relating to better maternal and child health, through prompt systematic medical care provided by qualified personnel and health education activities with effective community participation.

Nutrition:

There are no serious problems of protein-calorie malnutrition in the child population of the country. At present, food supplies provide 2,650 calories per capita/day and 64 grams of total protein, of which 29 grams are animal protein. The 1980 target proposed by the national health policy is a supply of 3,000 calories and 100 grams of total proteins, including 60 grams of animal protein, per capita/day.

Breeding programs to improve cattle and hogs and consequently to increase the production of meat and milk are under way; concurrently, a plan for increasing agricultural production is being implemented.

Medical Care:

There are different types of health establishments providing comprehensive care to the entire population through medical posts and polyclinics manned by professional personnel for the rural scattered population and smaller communities; and basic and specialized services which cover 100% of the population either directly or through the referral system.

As a result of the progress made in the public health field, more than 12,000 new inpatient beds and 325 polyclinic beds have been installed. The present ratio of these resources to the population is given below.

The resources currently available and the targets of the National Health Policy are as follows:

<u>Resource</u>	<u>Present Supply</u>
Polyclinics	1.0/30,000 inhabitants
Pediatric beds	1.0/1,000 "
Medical beds	0.8/1,000 "
Surgical beds	0.8/1,000 "
Gyneco-obstetrical beds	0.6/1,000 "
Psychiatric beds	0.7/1,000 "
Other beds	0.9/1,000 "
Total beds	4.8/1,000 "

The national average hospitalization rate in 1973 was 120 per 1,000 inhabitants, and the medical consultation rate, 3.9 per capita. The target is a hospitalization rate of 150 and 6.3 consultations per inhabitant/year in 1980.

A program, already financed, for the construction and renovation of establishments and the purchase of equipment, together with training activities and manpower distribution, will make it possible to achieve those targets.

Because of the high prevalence of dental caries, periodontic disorders, and malocclusions in the population of the country, the authorities will give high priority to dental care, especially for the school-age population, 90% of which is the responsibility of the Ministry of Public Health.

Mental health, occupational health, chronic diseases, and rehabilitation programs will be strengthened in the period 1974-1980.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

The training of professional, technical, and auxiliary health personnel has been given special attention in the country; in addition, there is a policy for distributing available personnel and those undergoing training in accordance with the needs of the regionalized health system.

The supply of health manpower at the end of 1973 and the one that is proposed to achieve by 1980 are as follows:

<u>Resources</u>	<u>1973</u>	<u>1980</u>
Physicians	9.0/10,000	13.5/10,000
Dentists	1.8/10,000	3.0/10,000
Dental Technicians	0.5/10,000	1.3/10,000
Nurses	6.0/10,000	12.0/10,000
Nursing Auxiliaries	12.0/10,000	24.0/10,000

In addition there are various types of technical personnel (such as x-ray, laboratory, and pharmacy), the number of which is adequate to present needs. However, personnel of these types will continue to be trained in order to achieve the targets fixed for 1980 in the various program areas.

For medical education there are medical schools in each of the four universities of the country: La Habana, Las Villas, Camaguey, and Oriente. Teaching is based on the integration of teaching and medical care (study and work) which makes it possible to give students increasing responsibility as they acquire the knowledge and skills to enable them to do such work until the final year, the intern year (sixth year). On completion of their internship, physicians must work for three years in the rural medical service in medical posts and rural hospitals, after which they have a choice of a residency for the purposes of specialization.

This system, which provides for the integration of teaching and work, is being progressively applied to the training of all health professionals.

A program for the continuing education of physicians was recently initiated with a view to keeping them abreast of the scientific and technological advances made in their profession; for that purpose, a center for the production of audio-visual materials and a distribution network are being set up. This program, which is specifically aimed at physicians living at a distance from the main urban centers, will subsequently be extended to other health professionals.

CUBA - PROGRAM BUDGET

1 9 7 3		1 9 7 4			1 9 7 5		1 9 7 6	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
220,050	32.3	238,091	11.0	I. PROTECTION OF HEALTH	189,610	13.3	204,454	18.4
73,937	10.8	86,768	4.0	A. COMMUNICABLE DISEASES	82,153	5.8	92,166	8.3
27,275	4.0	32,885	1.5	0100 GENERAL	28,158	2.0	29,614	2.7
181	*	754	*	0400 TUBERCULOSIS	1,131	.1	4,448	.4
4,254	.6	6,188	.3	0500 LEPROSY	3,941	.3	4,445	.4
-	-	320	*	0600 VENEREAL DISEASES	176	*	204	*
42,227	6.2	45,121	2.1	0700 ZOUNUSES	47,497	3.3	46,258	4.1
-	-	1,500	.1	0900 OTHER	1,250	.1	7,197	.7
146,113	21.5	151,323	7.0	B. ENVIRONMENTAL HEALTH	107,457	7.5	112,288	10.1
24,434	3.6	34,746	1.6	2100 GENERAL	30,026	2.1	33,037	3.0
12,585	1.9	13,405	.6	2200 WATER SUPPLIES	14,388	1.0	13,893	1.3
107,698	15.8	101,120	4.6	2300 AEDES AEGYPTI ERADICATION	60,640	4.2	62,832	5.6
924	.1	1,133	.1	2400 HOUSING	1,431	.1	1,504	.1
472	.1	919	.1	2500 AIR POLLUTION	972	.1	1,022	.1
371,495	54.3	1,826,056	83.0	II. PROMOTION OF HEALTH	1,106,398	77.6	772,754	68.9
251,183	36.7	674,726	30.7	A. GENERAL SERVICES	393,165	27.6	194,369	17.3
116,930	17.1	204,742	9.3	3100 GENERAL PUBLIC HEALTH	121,130	8.5	88,353	7.9
13,258	1.9	19,081	.9	3200 NURSING	18,161	1.3	15,756	1.4
58,158	8.5	390,282	17.8	3300 LABORATORY	204,941	14.4	44,709	4.0
870	.1	1,271	.1	3400 HEALTH EDUCATION	1,158	.1	1,417	.1
10,692	1.6	7,440	.3	3500 STATISTICS	7,346	.5	8,316	.7
8,648	1.3	3,210	.1	3600 ADMINISTRATIVE METHODS	1,836	.1	1,954	.2
42,627	6.2	48,700	2.2	3700 HEALTH PLANNING	38,593	2.7	33,864	3.0
120,312	17.6	1,151,330	52.3	B. SPECIFIC PROGRAMS	713,233	50.0	578,385	51.6
44,768	6.6	43,536	2.0	4200 NUTRITION	46,058	3.2	48,447	4.3
8,842	1.3	13,290	.6	4300 MENTAL HEALTH	12,353	.9	13,694	1.2
4,051	.6	3,895	.2	4400 DENTAL HEALTH	5,033	.4	5,740	.5
484	.1	560	*	4500 RADIATION AND ISOTOPES	672	*	620	.1
3,532	.5	9,468	.4	4600 OCCUPATIONAL HEALTH	9,909	.7	10,173	.9
4,061	.7	11,273	.5	4700 FOOD AND DRUG	11,211	.8	12,324	1.1
9,096	1.3	15,703	.7	4800 MEDICAL CARE	17,351	1.2	19,467	1.7
42,443	6.2	1,050,888	47.4	4900 FAMILY HEALTH AND POP. DYNAMICS	607,722	42.6	464,800	41.5
2,156	.3	1,767	.1	5000 REHABILITATION	1,848	.1	2,302	.2
279	*	950	*	5100 CANCER & OTHER CHRONIC DISEASES	1,076	.1	1,118	.1
91,031	13.4	132,832	6.0	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	131,457	9.1	142,128	12.7
4,641	.7	5,061	.2	6100 PUBLIC HEALTH	4,936	.3	5,694	.5
65,385	9.6	102,451	4.7	6200 MEDICINE	43,602	6.6	45,410	8.5
5,333	.8	8,909	.4	6300 NURSING	11,533	.8	16,863	1.5
7,866	1.2	6,478	.3	6400 ENVIRONMENTAL SCIENCES	6,960	.5	7,338	.7
1,998	.3	2,754	.1	6500 VETERINARY MEDICINE	3,264	.2	3,518	.3
1,460	.2	2,247	.1	6600 DENTISTRY	2,152	.1	3,122	.3
4,348	.6	4,932	.2	6700 BIOSTATISTICS	9,010	.6	10,183	.9
682,576	100.0	2,196,979	100.0	GRAND TOTAL	1,427,465	100.0	1,119,336	100.0

*LESS THAN .05 PER CENT

CUBA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER		
		POSTS PROF.	LOCAL	STC MONTH		ACAD.	SHORT	PAK.	AMOUNT				
	\$				\$				\$	\$	\$		
1973													
PAHO--PR	210,989	-	-	6	115,692	13,003	7	9	27,346	-	8,844	31,693	14,411
PN	20,527	-	-	-	8,853	881	-	-	840	-	-	2,447	7,506
PG	27,195	-	-	-	7,069	150	-	-	1,191	-	1,202	7,744	9,839
PH	14,251	-	-	-	3,913	570	-	-	494	-	877	3,166	5,271
PS	392	-	-	-	-	-	-	-	-	-	-	-	392
WHO--WR	290,506	-	-	8	61,725	4,739	13	12	76,549	-	12,762	130,139	4,572
UNDP	118,391	2	1	1	93,350	-	-	-	9,446	-	-	13,639	1,956
UNFPA	285	-	-	-	285	-	-	-	-	-	-	-	-
TOTAL	682,576	2	1	15	290,887	19,343	20	21	115,866	-	23,705	186,828	43,947
PERCENT OF TOTAL	100.0				42.6	2.8			17.0		3.5	27.7	6.4
1974													
PAHO--PR	217,807	-	-	8	128,346	11,252	1	24	42,540	-	7,698	17,879	10,092
PN	17,335	-	-	-	9,469	878	-	-	894	-	-	1,325	4,769
PG	31,617	-	-	-	10,329	162	-	-	423	-	2,145	9,190	9,668
PH	16,578	-	-	-	5,798	575	-	-	1,749	-	129	2,986	5,341
WHO--WR	371,674	1	-	15	112,546	7,660	17	11	103,201	-	12,572	121,977	13,718
UNDP	509,099	1	1	52	200,814	2,560	9	3	46,718	-	-	252,700	6,307
UNFPA	1,032,869	-	-	-	95,940	-	-	-	148,122	-	-	731,934	56,823
TOTAL	2,196,979	2	1	75	562,942	23,087	27	38	343,647	-	22,544	1,138,041	106,718
PERCENT OF TOTAL	100.0				25.6	1.1			15.6		1.0	51.8	4.9
1975													
PAHO--PR	227,587	-	-	8	132,293	10,476	1	24	42,114	-	6,316	20,012	16,376
PN	17,370	-	-	-	9,475	875	-	-	894	-	-	1,375	4,751
PG	14,090	-	-	-	9,050	-	-	-	-	-	-	1,382	3,658
PH	20,101	-	-	-	5,712	376	-	-	1,672	-	-	2,483	9,858
WHO--WR	347,463	1	-	14	122,559	8,736	17	12	106,117	-	10,200	55,480	14,371
UNDP	224,832	1	1	33	139,652	2,441	3	-	22,912	-	-	54,393	5,384
UNFPA	576,022	-	-	-	53,505	-	-	-	82,606	-	-	408,222	31,689
TOTAL	1,427,465	2	1	55	472,246	22,954	21	36	256,315	-	16,516	573,347	86,087
PERCENT OF TOTAL	100.0				33.1	1.6			18.0		1.1	40.2	6.0
1976													
PAHO--PR	259,431	-	-	8	143,723	10,804	1	24	47,618	-	7,999	25,272	24,015
PN	18,087	-	-	-	9,943	875	-	-	894	-	-	1,375	5,000
PG	14,217	-	-	-	9,383	-	-	-	-	-	-	1,039	3,795
PH	24,882	-	-	-	5,960	400	-	-	1,882	-	-	3,071	13,549
WHO--WR	313,713	1	-	14	127,215	9,039	9	12	69,487	-	6,950	86,623	14,399
UNDP	58,644	1	1	4	39,911	2,430	-	1	2,636	-	-	2,987	10,680
UNFPA	430,362	-	-	-	39,975	-	-	-	61,718	-	-	304,993	23,676
TOTAL	1,119,336	2	1	26	376,130	23,548	10	37	184,235	-	14,949	425,360	95,114
PERCENT OF TOTAL	100.0				33.6	2.1			16.5		1.3	38.0	8.5

PAHO-PR-REGULAR BUDGET
 PW-COMMUNITY WATER SUPPLY
 PI-INCAP - REGULAR BUDGET
 PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS
 PG-GRANTS AND OTHER CONTRIBUTIONS
 PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION

PAHO-PR-SPECIAL FUND FOR HEALTH PROMOTION
 PS-SPECIAL FUND FOR RESEARCH
 WHO--WR-REGULAR BUDGET
 UNDP-UNITED NATIONS DEVELOPMENT PROGRAM
 UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES
 WU-GRANTS AND OTHER FUNDS

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

CUBA - DETAIL

CUBA-0100, COMMUNICABLE DISEASE CONTROL

The purpose of this project in Cuba is to reduce morbidity and mortality from tuberculosis, tetanus, diphtheria, whooping cough, measles, and infectious hepatitis in urban and rural areas through efforts that are integrated with the nationwide health services. Although intensive immunization programs have reduced the incidence of communicable disease in recent years, problems with hepatitis, diarrheal diseases, venereal diseases, tuberculosis, and tetanus persist.

Immunization of the susceptible population is continuing, and coverage of at least 80% of the population is being systematically maintained by the Government in a program that is part of the general health services. Morbidity and mortality from such communicable diseases as poliomyelitis, whooping cough, tetanus, and measles have been reduced to a minimum. The integrated services are reducing the tuberculosis rate considerably. Malaria and smallpox have been eradicated. Epidemiological surveillance programs and education of the people by mass organization are under way. An intensive effort to control venereal diseases is also being conducted, together with a medico-social research project being advised by PAHO. Since the only cases of tetanus are among persons over 60 years of age, that is the group at which the program aims.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

UNICEF cooperates in this project.

TOTAL		1	1	1	1	TOTAL		14,100	15,000	20,900	21,310
CONSULTANT MONTHS	WR	1	1	1	1						
TOTAL		5	4	4	4	SUBTOTAL	PR	-	10,000	14,700	14,910
FELLOWSHIPS--SHORT TERM	PR	-	4	4	4	ZONE ADVISORY SERVICES		-	-	4,700	4,910
FELLOWSHIPS--SHORT TERM	WR	5	-	-	-	SUPPLIES AND EQUIPMENT		-	4,000	4,000	4,000
						FELLOWSHIPS		-	6,000	6,000	6,000
						SUBTOTAL	WR	14,100	5,000	6,200	6,400
						PERSONNEL--CONSULTANTS		2,551	2,000	2,200	2,400
						SUPPLIES AND EQUIPMENT		4,069	3,000	3,000	3,000
						FELLOWSHIPS		7,480	-	-	-
						DEV. OF HUMAN RESOURCES		-	-	1,000	1,000

CUBA-0700, ZONOOSES CONTROL

Human rabies is in the course of disappearance and animal rabies has been significantly reduced as a result of control programs. The incidence of brucellosis amongst livestock and humans is low. Bovine tuberculosis has almost been eradicated and leptospirosis research programs are being undertaken with domesticated and wild animals. Programs for the eradication and control of the zoonoses are being intensified and integrated with veterinary public health plans. Canine immunization programs are being improved and the problems of the mongoose and the chiroptera, brucellosis immunization, and the control of tuberculosis, equine encephalitis, and leptospirosis, are not being neglected.

Human rabies has been reduced to isolated cases and systematic immunization continues under the direction of the health and veterinary services. The program for the eradication of brucellosis in hogs and cattle is continuing, and a national commission to combat brucellosis has been formed and is being supported by animal and human health agencies, the universities, and the National Institute of Veterinary Medicine. The number of positive reactors in tuberculosis has been reduced and serological sample surveys of equine encephalitis have been undertaken.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	2	2	2	TOTAL		12,945	10,500	17,270	14,790
CONSULTANT MONTHS	PR	-	2	2	2						
CONSULTANT MONTHS	WR	1	-	-	-	SUBTOTAL	PR	10	10,500	14,270	14,790
TOTAL		4	3	3	3	ZONE ADVISORY SERVICES		-	-	3,370	3,490
FELLOWSHIPS--ACADEMIC	PR	2	-	-	-	PERSONNEL--CONSULTANTS		-	4,000	4,400	4,800
FELLOWSHIPS--ACADEMIC	WR	-	-	-	-	SUPPLIES AND EQUIPMENT		10	2,000	2,000	2,000
FELLOWSHIPS--SHORT TERM	PR	2	3	3	3	FELLOWSHIPS		-	4,500	4,500	4,500

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976	
						\$	\$	\$	\$	
					SUBTOTAL	WR	12,935	-	3,000	-
					PERSONNEL-CONSULTANTS		806	-	-	-
					SEMINAR COSTS		3,564	-	3,000	-
					FELLOWSHIPS		8,565	-	-	-

CUBA-2100, ENVIRONMENTAL SANITATION

This project seeks to strengthen efforts in Cuba to improve environmental health conditions, the collection and disposal of solid waste, and techniques of pesticide and vector control. Solid waste collection and disposal systems have been considerably improved. There has been progress in laboratory techniques of pesticide control. Eight monitoring stations have been set up, and the goal of 30 by next year is expected to be reached.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		2	2	1	1	TOTAL	WR	5,775	8,500	17,680	18,332
CONSULTANT MONTHS	WR	2	2	1	1	ZONE ADVISORY SERVICES	-	-	-	8,980	9,432
TOTAL		-	2	3	3	PERSONNEL-CONSULTANTS	4,090	4,000	2,200	2,400	2,400
						SUPPLIES AND EQUIPMENT	1,685	1,500	2,000	2,000	2,000
						FELLOWSHIPS	-	3,000	4,500	4,500	4,500
FELLOWSHIPS-SHORT TERM	WR	-	2	3	3						

CUBA-2200, WATER SUPPLIES

Water supply problems still exist in Cuba, particularly in large cities, while the rural population, through a continuing educational effort, is being instructed in the processes of disinfecting drinking water. New communities have been provided with modern water supply systems, of which there are already more than 500 in rural areas. New legislation will make it possible to increase the number of water supply systems, particularly in rural areas. The preparation of professional and auxiliary personnel will be fostered.

TOTAL		-	1	1	1	TOTAL	WR	9,969	11,800	12,000	12,200
CONSULTANT MONTHS	WR	-	1	1	1	PERSONNEL-CONSULTANTS	-	-	2,000	2,200	2,400
TOTAL		4	3	3	3	SUPPLIES AND EQUIPMENT	2,599	2,000	2,000	2,000	2,000
						FELLOWSHIPS	7,370	7,800	7,800	7,800	7,800
FELLOWSHIPS-ACADEMIC	WR	1	1	1	1						
FELLOWSHIPS-SHORT TERM	WR	3	2	2	2						

CUBA-2300, Aedes aegypti ERADICATION

Cuba's infestation with Aedes aegypti poses a constant threat of epidemics of the diseases transmitted by this vector. The program conducted by the general health services has made slow progress. In 1973 the program was evaluated, after which the Plan of Operation was adjusted and the operational strategy changed.

TOTAL	WR	95,580	80,000	40,000	40,000
SUPPLIES AND EQUIPMENT		95,580	80,000	40,000	40,000

CUBA-3100, HEALTH SERVICES

The purpose of this project is to guarantee and perfect the structure and functioning of the health services in Cuba; to raise the levels of administration by means of cost-efficiency studies; and to increase the specialized services throughout the country according to well-detailed priorities. As is known, the entire country is covered by health services. Today there is one physician per 1,100 inhabitants; good nursing coverage; and medium-level technicians in excess of 45,000, which makes a higher level of medical attention possible.

With the technical assistance of PAHO a course in experimental design for 18 high level officials of the Ministry of Health was given.

FUND 1973 1974 1975 1976					FUND 1973 1974 1975 1976					
TOTAL		1	1	1	1	TOTAL	105,267	190,861	109,200	74,310
P-5 PAHO/WHO REPRESENTATIVE 4.0423	WR	-	1	1	1	SUBTOTAL	PR 30,610	-	-	-
P-5 PAHO/WHO REPRESENTATIVE 4.0423	UNDP	1	-	-	-	PERSONNEL-CONSULTANTS	5,692	-	-	-
TOTAL		3	4	4	4	DUTY TRAVEL	310	-	-	-
CONSULTANT MONTHS	PR	3	-	-	-	SUPPLIES AND EQUIPMENT	5,349	-	-	-
CONSULTANT MONTHS	WR	-	4	4	4	FELLOWSHIPS	15,852	-	-	-
TOTAL		15	15	15	7	COMMON SERVICES	3,407	-	-	-
FELLOWSHIPS-ACADEMIC	PR	4	-	-	-	SUBTOTAL	WR 41,448	106,090	109,200	74,310
FELLOWSHIPS-ACADEMIC	WR	8	10	10	2	PERSONNEL-POSTS	-	32,940	34,700	36,310
FELLOWSHIPS-SHORT TERM	WR	3	5	5	5	PERSONNEL-CONSULTANTS	-	8,000	8,800	9,600
						DUTY TRAVEL	-	2,650	3,200	3,300
						SUPPLIES AND EQUIPMENT	11,249	5,000	5,000	5,000
						FELLOWSHIPS	30,199	55,500	55,500	17,100
						COMMON SERVICES	-	2,000	2,000	3,000
						SUBTOTAL	UNDP 33,209	84,771	-	-
						PERSONNEL-POSTS	30,000	-	-	-
						SUPPLIES AND EQUIPMENT	195	84,771	-	-
						FELLOWSHIPS	3,014	-	-	-

CUBA-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL					
	PR	-	-	11,800	9,860
ZONE ADVISORY SERVICES		-	-	9,675	8,160
DEV. OF HUMAN RESOURCES		-	-	2,125	1,700

CUBA-3300, LABORATORY SERVICES

The purpose of this project is to cooperate with the Government of Cuba in the improvement of the National Institute of Hygiene, Epidemiology, and Microbiology, which has responsibility for setting standards, for teaching, and for controlling 77 laboratories distributed throughout the country. The objectives of the 1970-79 decade include training of 198 microbiologists, 65 chemists, and 185 technicians; the creation of 154 diagnostic laboratories; the organization of services for taking care of laboratory animals; the revision of laboratory techniques and methods presently in use; and the investigation of epidemiological and microbiological problems as they arise.

TOTAL					TOTAL					
		1	1	1	1	WR	13,133	8,000	8,200	8,400
CONSULTANT MONTHS	WR	1	1	1	1	PERSONNEL-CONSULTANTS	2,194	2,000	2,200	2,400
TOTAL		3	2	2	2	SUPPLIES AND EQUIPMENT	1,154	3,000	3,000	3,000
FELLOWSHIPS-ACADEMIC	WR	2	-	-	-	FELLOWSHIPS	9,785	3,000	3,000	3,000
FELLOWSHIPS-SHORT TERM	WR	1	2	2	2					

CUBA-3301, MODERNIZATION OF LABORATORY SERVICES

During 1973 a program for the selective production of biologicals was drawn up in Cuba. Purchase orders for necessary equipment have been issued; key personnel have been recruited and proper training programs initiated; and one Bilthoven fermentor has been installed. Due to unavoidable delays at the onset of the project, the entire plan had to be rephased.

The working plan for 1974 includes the continuation of recruitment and training of personnel, the preparation of technical and administrative manuals, the establishment of a progressive plan of operations which will allow for the selective introduction of new vaccines, and the increase in production of those vaccines presently being manufactured.

FUND 1973 1974 1975 1976					FUND 1973 1974 1975 1976						
TOTAL		2	2	2	2	TOTAL	UNDP	41,708	377,823	191,817	30,975
P-5 PROJECT MANAGER 4.3648	UNDP	1	1	1	1	PERSONNEL-POSTS		30,000	33,500	33,500	11,000
G-4 SECRETARY 4.3917	UNDP	1	1	1	1	PERSONNEL-CONSULTANTS		2,000	130,000	83,000	10,000
TOTAL		1	52	33	4	DUTY TRAVEL		-	1,500	1,500	1,500
CONSULTANT MONTHS	UNDP	1	52	33	4	SUPPLIES AND EQUIPMENT		9,708	-164,123	50,892	-
TOTAL		-	12	3	1	FELLOWSHIPS		-	44,500	22,000	1,900
FELLOWSHIPS-ACADEMIC	UNDP	-	9	3	-	MISCELLANEOUS		-	4,200	925	6,575
FELLOWSHIPS-SHORT TERM	UNDP	-	3	-	1						

CUBA-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	1973	1974	1975	1976
		-	-	5,973	6,426
ZONE ADVISORY SERVICES		-	-	5,973	6,426

CUBA-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	1973	1974	1975	1976
		-	-	8,180	8,760
ZONE ADVISORY SERVICES		-	-	8,180	8,760

CUBA-4100, MATERNAL AND CHILD HEALTH (renumbered CUBA-4901)

CUBA-4200, NUTRITION

Statistics show that 2,500 calories and 63 grams of protein were available daily per capita in Cuba in 1966. No nationwide food intake surveys have, however, been conducted in recent years. An anthropometric survey of children under six years of age conducted in Havana province in 1970 showed 25% suffering from first degree malnutrition and 5% with second degree malnutrition. Studies of the school-age population in 1973 showed that there are still localities where the prevalence of goiter runs higher than 10%. The Government attaches high priority to problems of nutrition, including research into endemic goiter and diabetes.

The purpose of this project is to cooperate in the formulation and implementation of a food and nutrition policy through periodic surveys to determine the nutritional status of the population and its food habits; in the coordination of the various entities administering the supply and distribution of food; in the training of specialized personnel in nutrition and related sciences to strengthen the technical units at various levels that are responsible for the planning, implementation, and evaluation of nutrition programs; in the establishment of a university-level school of nutrition and dietetics; and in assisting with the nutrition and feeding programs being carried out in the country.

TOTAL					TOTAL						
		-	1	1	1			10,032	4,500	4,700	4,900
CONSULTANT MONTHS	PR	-	1	1	1						
TOTAL		-	1	1	1	SUBTOTAL	PR	5,210	4,500	4,700	4,900
FELLOWSHIPS-ACADEMIC	UNDP	-	-	-	-	PERSONNEL-CONSULTANTS		-	2,000	2,200	2,400
FELLOWSHIPS-SHORT TERM	PR	-	1	1	1	SEMINAR COSTS		5,210	-	-	-
						SUPPLIES AND EQUIPMENT		-	1,000	1,000	1,000
						FELLOWSHIPS		-	1,500	1,500	1,500
						SUBTOTAL	UNDP	4,822	-	-	-
						SUPPLIES AND EQUIPMENT		55	-	-	-
						FELLOWSHIPS		4,767	-	-	-

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

CUBA-4300, MENTAL HEALTH

The purpose of this project in Cuba is to identify the prevailing mental health problems and to study the needs and to ascertain the human and material resources available for the provision of care and preventive and rehabilitation services and for personnel training and research. It is proposed to increase mental health coverage by training specialists and general practitioners to meet emergency and basic psychiatric problems with community support. Specialists in mental retardation have been added to the National Mental Health Group. Roundtables and meetings of specialists with nurses and other health workers have been held to discuss problems in social psychiatry. A study to evaluate psychiatric care in Camaguez Province has been conducted. Outpatient care is being promoted in day hospitals and dispensaries. In collaboration with PAHO, a training program in basic psychiatry has been started for general practitioners, and literature and audiovisual instructional equipment have been furnished for two centers.

TOTAL		2	1	1	1	TOTAL	PR	6,940	6,500	6,700	7,900
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
CONSULTANT MONTHS	PR	2	1	1	1	PERSONNEL-CONSULTANTS		3,928	2,000	2,200	2,400
TOTAL		-----	-----	-----	-----	SEMINAR COSTS		-	1,000	1,000	1,000
-----		-----	-----	-----	-----	SUPPLIES AND EQUIPMENT		3,012	2,000	2,000	3,000
FELLOWSHIPS-SHORT TERM	PP	-	1	1	1	FELLOWSHIPS		-	1,500	1,500	1,500

CUBA-4600, INDUSTRIAL HYGIENE

This project tries to strengthen the programs of industrial hygiene in Cuba through the education of specialized professionals and the training of technicians.

As part of this process, surveys will be carried out to identify the seriousness of occupational risks in industry, and loss prevention procedures will be initiated. Installation of air sampling stations and personnel training will be continued.

TOTAL		-	1	1	1	TOTAL	PR	2,988	8,800	9,000	9,200
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
CONSULTANT MONTHS	PP	-	1	1	1	PERSONNEL-CONSULTANTS		-	2,000	2,200	2,400
TOTAL		-----	-----	-----	-----	SUPPLIES AND EQUIPMENT		1,998	2,000	2,000	2,000
-----		-----	-----	-----	-----	FELLOWSHIPS		990	4,800	4,800	4,800
FELLOWSHIPS-ACADEMIC	PR	-	1	1	1						
FELLOWSHIPS-SHORT TERM	PR	1	-	-	-						

CUBA-4700, FOOD AND DRUG CONTROL

This project seeks to raise the quality of medicaments in Cuba, in accordance with recommendations of expert committees, through technical advice from professional personnel on the production and control of medicaments; training of professional personnel at all levels in the techniques and methods of work in laboratories which are highly qualified in the production and analysis of medicaments; and provision of specialized bibliographies and of certain supplies and equipment.

Relations have been strengthened with the University and the National Institute of Agrarian Reform in order to develop floriculture in the areas of chemical synthesis and instruction. In the case of opotherapeutic products, efforts are being coordinated with the meat industry. Products derived from the sea are being developed in collaboration with the Academy of Sciences and the University, and pharmacologically active products are being obtained. One theoretical-practical course in the chemical analysis of medicaments for 15 analysts has been completed. Three students holding fellowships from PAHO have been studying in the United States of America and Canada.

TOTAL		-	1	1	1	TOTAL	PR	-	7,000	7,200	7,400
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
CONSULTANT MONTHS	PR	-	1	1	1	PERSONNEL-CONSULTANTS		-	2,000	2,200	2,400
TOTAL		-----	-----	-----	-----	SUPPLIES AND EQUIPMENT		-	2,000	2,000	2,000
-----		-----	-----	-----	-----	FELLOWSHIPS		-	3,000	3,000	3,000
FELLOWSHIPS-SHORT TERM	PR	-	2	2	2						

CUBA-4800, HOSPITAL ADMINISTRATION AND EQUIPMENT MAINTENANCE

Having achieved broad hospital coverage of the population in Cuba, the Government wishes to attack the problem of maintenance of hospital equipment and to train and improve personnel so as to raise the level of medical care by improving administration. PAHO is cooperating in these activities.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	1	1	1	TOTAL	PR	-	4,500	10,760	11,240
CONSULTANT MONTHS	PR	-	1	1	1	ZONE ADVISORY SERVICES	-	-	-	6,040	6,340
TOTAL		-	1	1	1	PERSONNEL-CONSULTANTS	-	2,000	2,200	2,400	2,400
						SUPPLIES AND EQUIPMENT	-	1,000	1,000	1,000	1,000
FELLOWSHIPS-SHORT TERM	PR	-	1	1	1	FELLOWSHIPS	-	1,500	1,500	1,500	1,500

CUBA-4900, HEALTH AND POPULATION DYNAMICS

The population of Cuba, estimated at 8,553,395 inhabitants at the last census in 1970, is relatively young, 36.7% being under 15 years of age, and the annual population growth during 1971-75 is estimated at around 1.9%. The maternal and infant mortality has been declining substantially in recent years. The need, however, is seen for further improvement and extension of maternal and child health services in order to increase coverage in the rural areas and to improve quality of services.

The objective of the project is to assist the Government in the strengthening of the MCH service in order to reduce infant, neonatal, and perinatal mortality and abortions. Specific activities include improvement of the quality and coverage of services, particularly for perinatal care; expansion of the health educational activities, including a sex education program in MCH services; perfection of the methods for evaluation of the program and development of specific demographic studies, including training programs in demography.

TOTAL		-	-	-	-	TOTAL	UNFPA	-	1,032,869	576,022	430,362
CONSULTANT MONTHS	UNFPA	-	-	-	-	PERSONNEL-CONSULTANTS	-	95,940	53,505	39,975	39,975
						SUPPLIES AND EQUIPMENT	-	731,984	408,222	304,993	304,993
						TRAINING GRANTS	-	148,122	82,606	61,718	61,718
						MISCELLANEOUS	-	56,823	31,689	23,676	23,676

CUBA-4901, MATERNAL AND CHILD HEALTH (previously CUBA-4100)

Although the infant (28 per 1,000 live births) and maternal (1.05 per 1,000 live births) mortality rates are now appreciably lower, and the coverage of maternal and child care services increased, the figure of 95% having been reached for institutionalized delivery care, the care provided during the perinatal period still needs to be improved and the provision of birth control services facilitated.

The purpose of the project is to contribute to the target reduction of 50% in child mortality in the decade and to strengthen the present care programs by favoring their progressive implementation and promoting the continual training of the personnel.

UNICEF cooperates in this project.

TOTAL		1	1	1	1	TOTAL	PR	12,686	4,500	4,700	4,900
CONSULTANT MONTHS	PR	1	1	1	1	PERSONNEL-CONSULTANTS		457	2,000	2,200	2,400
TOTAL		3	1	1	1	SUPPLIES AND EQUIPMENT		4,999	1,000	1,000	1,000
						FELLOWSHIPS		7,230	1,500	1,500	1,500
FELLOWSHIPS-ACADEMIC	PR	1	-	-	-						
FELLOWSHIPS-SHORT TERM	PR	2	1	1	1						

CUBA-6200, DEVELOPMENT OF HUMAN RESOURCES

The purpose of this project is to furnish technical assistance to Cuba for the development of human resources in health sciences, modernization of the curriculum, and teaching of the social sciences. The training of physicians, middle-level technicians, nurses, and nursing auxiliaries has been decentralized in such a way that now all the provinces graduate this type of personnel. With the creation of the Vice Ministry for Teaching and Research, a plan is being developed for cooperation with PAHO in order to carry out various projects with the Ministry of Public Health relating to research, teaching, and social sciences in connection with the health sector. Educational technology laboratories are being developed, and assistance with bibliographic material is being intensified.

FUND					FUND				
	1973	1974	1975	1976		1973	1974	1975	1976
						\$	\$	\$	\$
TOTAL	3	5	5	5	TOTAL	40,300	73,900	74,900	75,900
CONSULTANT MONTHS	WR 3	5	5	5	SUBTOTAL	PR 15,585	16,500	16,500	16,500
TOTAL	6	17	17	17	SUPPLIES AND EQUIPMENT	12,475	-	-	-
FELLOWSHIPS-ACADEMIC	PR -	-	-	-	FELLOWSHIPS	3,110	16,500	16,500	16,500
FELLOWSHIPS-ACADEMIC	WR 2	6	6	6	SUBTOTAL	WR 24,715	57,400	58,400	59,400
FELLOWSHIPS-SHORT TERM	PR 4	11	11	11	PERSONNEL-CONSULTANTS	6,999	10,000	11,000	12,000
					SEMINAR COSTS	2,476	-	-	-
					SUPPLIES AND EQUIPMENT	2,630	16,500	16,500	16,500
					FELLOWSHIPS	12,610	28,800	28,800	28,800
					GRANTS	-	2,100	2,100	2,100

CUBA-6400, SANITARY ENGINEERING EDUCATION

The aims of this project on sanitary engineering education in Cuba are to train specialized professionals and technicians; to revise existing sanitary engineering programs in the universities; to organize short courses and seminars in this specialty with the technical support of PAHO; to strengthen sanitary engineering laboratories; to support libraries by providing up-to-date materials; and to send fellows to high quality foreign institutions. With PAHO's help, laboratories for the study of water and liquid residues are being equipped; specialized publications are also being supplied. Sanitary engineering legislation for the country has been drafted. Cuban specialists took part in the Environmental Sanitation Seminar, and the agenda for the Seminar on the Contamination of the Environment, to be held in 1974, has been prepared.

TOTAL					TOTAL				
	1973	1974	1975	1976		1973	1974	1975	1976
						\$	\$	\$	\$
CONSULTANT MONTHS	WR -	1	1	1	PERSONNEL-CONSULTANTS	6,150	4,500	4,700	4,900
					SUPPLIES AND EQUIPMENT	-	2,000	2,200	2,400
					COURSE COSTS	6,150	2,500	2,500	2,500

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	305,003	347,426	285,763	317,271
0100 EPIDEMIOLOGY	2,585	6,885	7,258	7,264
0102 EPIDEMIOLOGY (ZONE II)	9,605	11,000	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-
0117 EPIDEMIOLOGICAL MONITORING OF MORBIDITY DATA	-	-	-	1,040
0400 TUBERCULOSIS CONTROL	-	754	1,131	1,435
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	-	-	-	1,128
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	181	-	-	-
0412 REGIONAL COMMITTEE ON EVALUATION OF TUBERCULOSIS PROGRAMS	-	-	-	1,885
0500 LEPROSY CONTROL	3,597	6,188	3,024	3,472
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	657	-	917	973
0600 VENEREAL DISEASE CONTROL	-	320	176	204
0700 PAN AMERICAN ZOONOSES CENTER	24,058	29,761	30,227	31,468
0702 VETERINARY PUBLIC HEALTH (ZONE II)	4,493	4,860	-	-
0718 SEMINAR ON EPIDEMIOLOGY OF THE ZOONOSES	731	-	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	980	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	490	707
0926 ENTEROVIRUS COLLABORATIVE TESTING PROGRAM	-	520	-	960
0929 STRENGTHENING HEPATITIS DIAG. SURVEILL. SERV. IN THE AMERICAS	-	-	-	4,770
0932 PERFORMANCE EVALUATION OF ARBOVIRUS SEROLOGIC DIAGNOSIS	-	-	760	760
2100 ENVIRONMENTAL SANITATION	1,830	705	777	753
2102 SANITARY ENGINEERING (ZONE III)	9,837	10,636	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,404	16,706	15,669	18,319
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	997	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	749	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2213 STUDIES AND INVESTIGATION OF WATER RESOURCES	1,613	94	-	-
2223 PUBLIC SERVICES ADMINISTRATION	149	-	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	806	-
2300 Aedes Aegypti ERADICATION	12,118	18,480	20,640	22,080
2308 ADVISORY COMMITTEE ON DENGUE FEVER	-	720	-	752
2309 STUDY GROUP ON Aedes Aegypti ERADICATION	-	1,920	-	-
3000 COORDINATION WITH FOUNDATIONS	1,278	2,571	3,083	3,513
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,303	3,853	3,119	3,394
3126 OPERATIONS RESEARCH	202	786	659	684

3129 RESEARCH TRAINING IN BIOMEDICAL SCIENCES	1,350	222	-	-
3130 CONFERENCE ON MYCOLOGY	78	1,309	-	-
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,648	2,007	1,169	1,252
3139 PAHO RESEARCH GRANT PROGRAM	4,814	2,600	3,900	5,200
3145 EMERGENCY PREPAREDNESS	-	533	-	-
3200 NURSING SERVICES	1,665	2,266	2,417	2,535
3202 NURSING (ZONE II)	10,079	11,275	-	-
3210 HOSPITAL NURSING SERVICES	-	715	1,269	1,408
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	556	1,194	1,115	1,174
3216 STANDARDS IN NURSING PRACTICE	645	875	-	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	1,262	-	-
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	531
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	262	493	310	248
3223 SYSTEMS OF NURSING	51	1,001	1,250	-
3300 LABORATORY SERVICES	800	361	452	483
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,433	1,689	3,528	3,884
3318 MYCOLOGY RESEARCH AND TRAINING CENTERS	1,084	2,409	944	967
3400 HEALTH EDUCATION	533	457	311	497
3410 TRAINING OF TEACHERS IN HEALTH EDUCATION	337	774	847	920
3500 HEALTH STATISTICS	1,127	724	933	688
3502 HEALTH STATISTICS (ZONE II)	9,523	5,594	-	-
3515 TRAINING IN USE OF COMPUTERS IN HEALTH STATISTICS	42	400	440	480
3516 REGIONAL SEMINAR ON DATA PROCESSING	-	722	-	722
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	1,292	1,748	1,836	1,954
3602 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE II)	5,899	-	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,457	1,462	-	-
3700 HEALTH PLANNING	5,077	3,163	2,833	3,124
3702 HEALTH PLANNING (ZONE II)	8,955	7,645	-	-
3709 MEETING OF MINISTERS OF HEALTH	757	-	-	-
3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	27,838	37,852	27,580	21,980
4200 NUTRITION ADVISORY SERVICES	-	2,078	2,223	2,352
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	34,280	34,376	35,123	36,472
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	70	222	244	445
4233 NUTRITION TEACHING IN MEDICAL SCHOOLS	237	1,600	1,760	1,920
4238 NUTRITION RESEARCH	149	760	1,354	2,035
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	80	85
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTR. STAT.	-	-	574	238
4300 MENTAL HEALTH	390	3,150	3,318	3,654
4312 COURSES IN COMMUNITY PSYCHIATRY	554	1,300	1,340	1,390
4316 EPIDEMIOLOGY OF SUICIDES	342	750	395	-
4317 STUDY GROUP ON TEACHING MENTAL HEALTH IN SCHOOLS OF PUB. HEALTH	-	990	-	-
4320 SEMINAR ON MENTAL RETARDATION	616	-	-	-
4322 DEVELOPMENT OF PSYCHIATRY AND MENTAL HEALTH LIBRARIES	-	600	600	750
4409 FLUORIDATION	4,051	3,895	5,010	4,955
4412 SEMINAR ON IMPLEMENTATION OF DENTAL HEALTH PROGRAMS	-	-	23	785
4500 HEALTH ASPECTS OF RADIATION	99	120	126	132
4507 RADIATION HEALTH PROTECTION	385	440	462	488
4516 PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	84	-
4620 MANAGEMENT OF PESTICIDES	-	140	152	174
4700 FOOD AND DRUG CONTROL	2,449	1,611	1,701	1,779
4708 FOOD HYGIENE TRAINING CENTER	2,212	2,051	2,310	2,473
4717 SEMINAR ON FOOD HYGIENE	-	611	-	-
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	672
4800 MEDICAL CARE SERVICES	1,184	1,217	1,337	1,505
4802 MEDICAL CARE SERVICES (ZONE II)	4,323	5,148	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,623	2,170	2,888	3,654
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,966	2,668	2,366	3,068
4902 HEALTH AND POPULATION DYNAMICS (ZONE II)	8,774	-	-	-
4915 MATERNAL AND CHILD HEALTH	129	391	430	521
4917 CLINICAL AND SOCIAL PEDIATRICS	200	1,605	1,404	1,404
4918 STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,207	-
4920 LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	20,654	11,523	23,959	27,613
5000 REHABILITATION	2,156	1,767	1,848	2,002
5100 CHRONIC DISEASES	279	950	1,076	1,118
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	4,641	5,061	4,936	5,694
6200 EDUCATION IN HEALTH SCIENCES	8,393	8,220	6,700	7,788
6208 TEACHING OF STATISTICS IN MEDICAL SCHOOLS	1,142	-	1,100	600
6216 BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,237	2,819	2,759	2,628
6221 LIBRARY OF MEDICINE	10,205	14,535	5,344	5,305
6223 TEACHING OF BEHAVIORAL SCIENCES	1,702	400	-	-
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	1,406	2,577	2,799	3,189
6300 NURSING EDUCATION	209	840	390	411
6310 NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,943	2,915	670	690
6317 SEMINAR ON NURSING EDUCATION	540	1,452	1,537	1,516
6319 TRAINING OF NURSING AUXILIARIES	289	2,897	3,509	3,291
6320 POSTBASIC COURSES IN NURSING	352	805	644	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,478
6324 TRAIN. OF PROF., ADMINSTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	154	518
6325 EDUCATIONAL TECHNOLOGY IN NURSING	-	-	4,629	7,959
6400 SANITARY ENGINEERING EDUCATION	1,098	1,067	1,237	1,352
6500 VETERINARY MEDICINE EDUCATION	1,645	2,754	2,968	3,128
6507 SEMINARS ON VETERINARY MEDICINE EDUCATION	353	-	296	390
6600 DENTAL EDUCATION	566	733	819	929
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	407	520	728	1,571
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	487	994	605	622
6700 BIOSTATISTICS EDUCATION	1,071	180	-	690
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	983	964	1,009	1,179
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	2,294	3,788	3,968	4,140
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576
6713 OPERATIONS RESEARCH IN MEDICAL RECORDS	-	-	3,465	3,598

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*-----PORTIONS OF INTER-COUNTRY PROJECTS-----*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	377,573	1,849,553	1,141,702	802,065	305,003	347,426	285,763	317,271
PAHO-PR-REGULAR BUDGET	74,029	72,800	100,330	101,600	136,960	145,007	127,257	157,831
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	20,527	17,335	17,370	18,087
PG-GRANTS & OTHER CONTRIBUT.	-	-	-	-	27,195	31,617	14,090	14,217
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	14,291	16,578	20,101	24,882
PS-SPECIAL FUND FOR RESEARCH	-	-	-	-	392	-	-	-
WHO-WR-REGULAR BUDGET	223,805	281,290	273,533	239,128	66,701	90,384	73,930	74,585
UNDP-UN DEVELOPMENT PROGRAM	79,739	462,594	191,817	30,975	38,652	46,505	33,015	27,669
UNFPA-UN FUND POPULATION ACT.	-	1,032,869	576,022	430,362	285	-	-	-

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	682,576	2,196,979	1,427,465	1,119,336
PAHO-PR-REGULAR BUDGET	210,989	217,807	227,587	259,431
PN-INCAP GRANTS & OTHER CONTR.	20,527	17,335	17,370	18,087
PG-GRANTS & OTHER CONTRIBUT.	27,195	31,617	14,090	14,217
PH-PAN AMER. HEALTH & EDUC.FN.	14,291	16,578	20,101	24,882
PS-SPECIAL FUND FOR RESEARCH	392	-	-	-
WHO-WR-REGULAR BUDGET	290,506	371,674	347,463	313,713
UNDP-UN DEVELOPMENT PROGRAM	118,391	509,099	224,832	58,644
UNFPA-UN FUND POPULATION ACT.	285	1,032,869	576,022	430,362

DOMINICAN REPUBLIC

BACKGROUND DATA

The Dominican Republic has a territory of 48,442.23 square kilometers and a population (estimated for July 1974) of 4,470,852 with a density of 92 inhabitants per square kilometer. The population rate of growth for the intercensal period 1960-1970 was 3% annually; 47.7% of the total population is under 15 years of age; and life expectancy in 1971 was 60.4 years. The established goal for the decade is to raise this latter figure to 65.4 years.

The predominantly rural (60.4%) population and a low standard of living determine the major health problems of the country.

The economy is based on agriculture, with sugar production the principal source of foreign exchange.

In 1971 the per capita income was \$361, and the gross national product, expressed in percentages by sectors of production and services, was primary sector, 23.6; secondary, 24.3; and tertiary, 52.1.

The current National Development Plan has established a group of social goals designed to raise the per capita income by 10%, reduce unemployment by 22%, provide compulsory education to the entire population from 7 to 12 years of age, and raise the level of health for the entire population.

The National Health Policy for the decade was formulated in 1973, and its goals adjusted to those set out in the Ten-year Health Plan for the Americas. The national health policy established the following goals:

1. General objective: Increase life expectancy at birth by five years.
2. General goals: Provide regular minimum basic medical care to cover the rural and dispersed population groups.
3. Specific targets:
 - a) Control or eradicate communicable diseases: Maintain smallpox eradication; reduce mortality from measles and whooping cough to 1.0 per 100,000 inhabitants for both diseases; reduce mortality from tetanus from 8.0 to 3.0 per 100,000; terminate the malaria eradication program throughout the country; reduce deaths from tuberculosis by 30% of the current rate.
 - b) Maternal and child care and family welfare: Establish an intersectoral policy to protect the mother and child, designed to reduce child mortality by 25% of the present figure; mortality in the 1-4 age group by 10%; and maternal mortality by 30% of the present figure.
 - c) Intensify nutrition programs, directed to the under-five age group, so as to reduce the level of Grade III protein-calorie malnutrition by 85% and Grade II by 30%.
 - d) Environmental sanitation, water supply, and sewerage disposal: Provide in-house water supply to 70% of the urban population and 30% of the rural population; provide sanitary sewerage services to 40% of the urban population.
 - e) Animal health and veterinary public health: Reduce the incidence of the principal zoonoses in cattle so as to increase productivity in the supply of animal protein; control the quality of food products to reduce the damage resulting from contamination.
4. Development of infrastructure:
 - a) Regionalization of health services in the country over a five-year period, and in this context establish epidemiological services and regional laboratories.
 - b) Development of a program for human resources preparation, designed to cover requirements of the health sector for the decade.

PROTECTION OF HEALTH

Communicable Disease Control

Diseases susceptible of eradication continue to be one of the major health problems in the country. Death rates from infectious and parasitic diseases, especially those that can be prevented by vaccination, are high. With the objective of reducing mortality and morbidity attributable to such diseases, in the context of the plan for regionalization of services, it is planned to set up epidemiological services with emphasis on vaccination programs to control tuberculosis and venereal and parasitic diseases, as well as to eradicate malaria. A system of regional laboratories will be developed in support of these activities. Because of the magnitude and gravity of the zoonoses problem, the Government has developed a national control program in which the Ministries of Agriculture and Public Health will cooperate.

Environmental Health

In 1973, 56% of the urban population of the country had in-house water supply and 16% had ready access to the system, and 16.9% of the population had sewerage services. In the rural population, 16.2% had water supply and 5% had access to a sanitary waste disposal system. The deficient conditions in the rural environment are responsible for the fact that 64% of the deaths attributable to infectious and parasitic diseases are from water-borne diseases. With the objective of increasing the water supply and sewerage services and improving the conditions of the rural environment, the Government is developing a program for the decade designed to provide in-house water supply to 70% of the urban and 30% of the rural population, and sewerage services to 40% of the urban population. A comprehensive rural development program has also been formulated, to commence in 1975, with the participation of the Ministries of Public Health, the Office of Community Development, and the Dominican Agrarian Institute. This program, on the health side, will in the period 1975-77 install 30,000 latrines; construct 105 excavated and 25 drilled wells; improve 1,500 rural dwellings; construct 130 simple slaughterhouses and 130 public lavatories; and cooperate in the implementation of a pilot project in comprehensive rural planning.

PROMOTION OF HEALTH

General Services

To implement the existing health policy, the Government is developing a long-term program to set up a regionalized national health system in the country and, in this context, to extend health services to the rural zones and to provide basic health care to the entire population. This program envisages the organization of one region each year, the process having been initiated in 1973 in Health Region II, where basic activities for all of the health establishments of the six areas comprising that region have been planned and programmed. Similar activities were carried on in 1974 for Health Region III; the process will be continued in 1975 in Health Region V, in 1976 in Health Region IV, and in 1977 in Health Region I. In support of this organization of the national health system, the structure and operations of the Ministry of Health have been reenforced at the central level, with the application of its General Administrative Regulations and the establishment of intrasectoral liaison mechanisms among the various agencies constituting the health sector.

Specific Programs

Nutrition:

The nutritional situation of the population constitutes one of the most serious social and medical problems of the country. The results of a survey carried on in 1969 at the national level revealed that the prevalence of protein-calorie malnutrition in the under-five age group reached 75.4%, with 27% of these cases showing moderate malnutrition and 51% of the population under 13 years of age showing moderate to severe anemia. According to the food balance sheet, there were deficiencies in calories, proteins, vitamin A, and riboflavin.

To improve the nutritional state of the population, the Government has plans to develop a national food and nutrition policy through integrated and coordinated action by the health, agriculture and education sectors.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

Professional personnel in the country for the various categories is inadequate to meet the needs of the health sector. There are four schools of health sciences which, among them, cover all of the disciplines related to this field, supplying manpower at the university level. Training of nursing personnel is carried on in two schools, one of them at the university, and in three training centers in the Ministry of Health.

In order to increase these resources to meet staffing needs over the decade, a manpower training program will be developed through the revision of the organizational and administrative systems in the teaching institutions concerned and planning and development of new teaching methods in health sciences at the university level. This is already in progress at the University of Santo Domingo, the National University "Pedro Henríquez Ureña," and the Technical Institute of Santo Domingo, where comprehensive schools of health sciences have been created in which the related scientific disciplines will be grouped. The Catholic University, "Madre y Maestra de Santiago de los Caballeros," has planned a similar school, to commence operations in 1974. The School of Engineering and Architecture, University of Santo Domingo, has reorganized its teaching program in sanitary engineering, established teaching laboratories, expanded its library, and organized short-term courses in sanitary engineering offered at the rate of one per year.

DOMINICAN REPUBLIC - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
275,290	38.2	359,901	45.3	I. PROTECTION OF HEALTH	367,502	45.2	394,418	44.5
117,169	16.2	132,576	15.1	A. COMMUNICABLE DISEASES	107,201	13.4	98,529	11.1
13,173	1.8	17,885	2.0	0100 GENERAL	24,357	3.0	24,994	2.8
43,240	6.0	24,529	2.8	0200 MALARIA	14,327	1.8	12,570	1.4
25,411	3.5	42,703	4.9	0400 TUBERCULOSIS	12,636	1.6	4,816	.5
3,038	.4	4,420	.5	0500 LEPROSY	2,815	.4	3,175	.4
-	-	320	*	0600 VENEREAL DISEASES	176	*	204	*
32,068	4.5	40,364	4.6	0700 ZOOSES	50,430	6.2	49,617	5.6
-	-	700	.1	0900 OTHER	490	.1	707	.1
239	*	1,655	.2	1000 PARASITIC DISEASES	1,970	.3	2,446	.3
158,121	22.0	267,325	30.2	B. ENVIRONMENTAL HEALTH	260,301	31.8	295,889	33.4
82,440	11.5	84,946	9.6	2100 GENERAL	56,616	6.9	70,053	7.9
70,385	9.8	173,039	19.6	2200 WATER SUPPLIES	194,637	23.8	215,450	24.3
3,900	.5	7,288	.8	2300 Aedes Aegypti ERADICATION	6,645	.8	7,860	.9
924	.1	1,133	.1	2400 HOUSING	1,431	.2	1,504	.2
472	.1	919	.1	2500 AIR POLLUTION	972	.1	1,022	.1
372,246	51.8	399,148	45.5	II. PROMOTION OF HEALTH	361,377	44.0	391,685	44.4
208,535	28.9	215,072	24.5	A. GENERAL SERVICES	162,115	19.7	183,904	20.9
95,004	13.2	100,123	11.4	3100 GENERAL PUBLIC HEALTH	62,872	10.1	100,293	11.3
71,240	9.9	77,671	8.8	3200 NURSING	46,848	5.7	49,313	5.6
3,316	.5	4,459	.5	3300 LABORATORY	1,617	.2	1,693	.2
870	.1	1,271	.2	3400 HEALTH EDUCATION	1,158	.1	1,417	.2
8,746	1.2	10,769	1.2	3500 STATISTICS	10,888	1.3	12,120	1.4
11,090	1.5	4,523	.5	3600 ADMINISTRATIVE METHODS	3,214	.4	3,421	.4
18,269	2.5	16,256	1.9	3700 HEALTH PLANNING	15,518	1.9	15,647	1.8
163,711	22.9	184,076	21.0	B. SPECIFIC PROGRAMS	199,262	24.3	207,781	23.5
116,501	16.2	103,121	11.7	4200 NUTRITION	109,750	13.4	116,064	13.1
554	.1	12,318	1.4	4300 MENTAL HEALTH	13,460	1.6	5,949	.7
4,129	.6	3,970	.5	4400 DENTAL HEALTH	3,340	.4	4,955	.6
484	.1	560	.1	4500 RADIATION AND ISOTOPES	672	.1	620	.1
544	.1	738	.1	4600 OCCUPATIONAL HEALTH	585	.1	1,060	.1
2,746	.4	5,537	.6	4700 FOOD AND DRUG	6,201	.8	7,467	.8
9,096	1.3	13,205	1.5	4800 MEDICAL CARE	14,166	1.7	16,152	1.8
27,362	3.8	42,385	4.8	4900 FAMILY HEALTH AND POP. DYNAMICS	48,302	5.9	52,953	6.0
2,156	.3	1,767	.2	5000 REHABILITATION	1,848	.2	2,002	.2
139	*	475	.1	5100 CANCER & OTHER CHRONIC DISEASES	538	.1	559	.1
72,033	10.0	82,348	9.2	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	88,041	10.8	98,780	11.1
582	.1	1,265	.1	6100 PUBLIC HEALTH	2,468	.3	2,847	.3
47,335	6.6	47,988	5.4	6200 MEDICINE	48,611	6.0	50,812	5.7
5,337	.7	8,964	1.0	6300 NURSING	11,600	1.4	16,424	1.9
10,892	1.5	12,977	1.5	6400 ENVIRONMENTAL SCIENCES	16,159	2.0	16,738	1.9
3,556	.5	5,507	.6	6500 VETERINARY MEDICINE	3,190	.4	3,323	.4
2,049	.3	3,009	.3	6600 DENTISTRY	2,453	.3	3,621	.4
2,282	.3	3,038	.3	6700 BIOSTATISTICS	3,560	.4	4,515	.5
719,569	100.0	881,397	100.0	GRAND TOTAL	816,920	100.0	884,885	100.0

*LESS THAN .05 PER CENT

DOMINICAN REPUBLIC - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS			SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHORT	AMOUNT	PART.	AMOUNT		
	\$				\$	\$			\$	\$	\$	\$	
1973													
PAHO--PR	339,195	6	1	9	268,441	20,380	2	5	13,552	-	4,242	11,833	20,747
PW	9,659	-	-	3	9,380	279	-	-	-	-	-	-	-
RN	39,407	-	-	-	16,948	1,691	-	-	1,611	-	-	4,697	14,410
PG	40,843	-	-	2	16,171	911	-	-	3,048	-	3,102	14,021	3,540
PH	14,699	-	-	-	6,334	855	-	-	620	-	439	2,870	3,581
PK	6,268	-	-	-	5,296	91	-	-	-	-	-	212	669
PS	400	-	-	-	-	-	-	-	-	-	-	-	400
WHO--WR	178,637	1	-	13	96,152	8,842	3	13	23,299	-	5,763	14,822	29,739
UNDP	90,176	3	-	-	87,841	-	-	-	866	-	-	1,100	369
UNFPA	285	-	-	-	285	-	-	-	-	-	-	-	-
TOTAL	719,569	10	1	27	506,898	33,069	5	18	43,046	-	13,546	49,555	73,455
PERCENT OF TOTAL	100.0				70.4	4.6			6.0		1.9	6.9	10.2
1974													
PAHO--PR	312,269	4	1	2	232,976	17,669	-	10	16,282	-	5,409	21,289	18,644
PW	113,207	1	-	26	106,525	2,682	1	-	4,000	-	-	-	-
PN	33,277	-	-	-	18,177	1,664	-	-	1,716	-	-	2,543	9,157
PG	45,653	-	-	2	17,373	1,593	-	-	438	-	5,711	8,771	11,267
PH	22,253	-	-	-	8,999	850	-	-	2,169	-	129	3,331	6,875
WHO--WR	223,358	1	-	11	101,071	9,847	6	9	49,941	-	11,981	19,198	31,320
UNDP	102,605	3	-	-	93,292	4,750	-	-	1,560	-	-	835	2,168
UNFPA	28,775	-	-	-	16,790	700	-	-	5,766	-	2,433	2,050	1,036
TOTAL	881,397	9	1	41	595,103	39,775	7	19	82,372	-	25,663	58,017	80,467
PERCENT OF TOTAL	100.0				67.5	4.5			9.4		2.9	6.6	9.1
1975													
PAHO--PR	299,731	3	1	3	241,001	18,744	-	4	6,750	-	5,109	6,880	20,641
PW	126,959	1	-	31	119,689	2,770	1	-	4,500	-	-	-	-
PN	33,349	-	-	-	16,192	1,680	-	-	1,716	-	-	2,641	9,120
PG	21,605	-	-	-	12,183	1,500	-	-	-	-	360	2,329	5,233
PH	23,870	-	-	-	9,389	720	-	-	2,436	-	-	3,401	7,864
WHO--WR	254,471	3	-	11	167,486	12,018	4	6	34,029	-	6,929	24,218	9,791
UNDP	17,407	1	-	-	13,877	1,095	-	-	456	-	-	700	679
UNFPA	39,528	-	-	-	24,094	1,050	-	-	5,910	-	4,578	2,580	1,316
TOTAL	816,920	8	1	45	606,511	40,177	5	10	59,803	-	16,976	42,809	54,644
PERCENT OF TOTAL	100.0				74.3	4.9			6.8		2.1	5.2	6.7
1976													
PAHO--PR	333,506	3	1	3	257,031	19,565	1	4	16,549	-	6,077	8,278	26,006
PW	139,690	1	-	33	124,350	2,840	3	-	12,500	-	-	-	-
PN	34,729	-	-	-	19,092	1,680	-	-	1,716	-	-	2,641	9,600
PG	14,068	-	-	-	8,697	525	-	-	-	-	225	1,423	3,198
PH	26,644	-	-	-	9,832	768	-	-	2,646	-	-	4,105	9,293
WHO--WR	286,603	3	-	12	179,390	13,385	7	9	53,277	-	5,266	17,837	17,448
UNDP	5,486	-	-	-	4,181	241	-	-	368	-	-	543	653
UNFPA	43,657	-	-	-	26,609	1,225	-	-	6,501	-	5,036	2,838	1,448
TOTAL	884,883	7	1	48	629,182	40,229	11	13	93,557	-	16,604	37,665	67,646
PERCENT OF TOTAL	100.0				71.1	4.6			10.6		1.9	4.2	7.6
PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO-WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WO-GRANTS AND OTHER FUNDS													

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

\$ \$ \$ \$

DOMINICAN REPUBLIC - DETAIL

DOMINICAN REPUBLIC-0101, EPIDEMIOLOGY

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		-	-	17,100	17,730
SUBTOTAL	PR	-	-	14,100	14,730
ZONE ADVISORY SERVICES		-	-	14,100	14,730
SUBTOTAL	WR	-	-	3,000	3,000
DEV. OF HUMAN RESOURCES		-	-	3,000	3,000

DOMINICAN REPUBLIC-0200, MALARIA ERADICATION

The malaria program in the Dominican Republic has achieved interruption of transmission throughout the national territory except for the frontier locality of Pederlanes, where positivity is on the wane. Epidemiological vigilance continued satisfactorily, and the high incidence of imported cases was eliminated. In the first half of 1973, 113 cases were registered and in the second 456, giving a total of 569 for the year as compared with 261 in 1972.

In 1974, spraying with DDT in half-yearly cycles will be continued in six frontier municipalities. The multipurpose public health and malaria activities carried out by the personnel of the program will continue by being incorporated into the general health services of Sanitary Region II.

TOTAL		1	-	-	TOTAL	PR	36,503	15,000	-	-
P-4 MEDICAL OFFICER .0433	PR	1	-	-	PERSONNEL-POSTS		29,925	-	-	-
					DUTY TRAVEL		1,425	-	-	-
					SUPPLIES AND EQUIPMENT		5,153	15,000	-	-

DOMINICAN REPUBLIC-0400, TUBERCULOSIS CONTROL

The Dominican Republic's tuberculosis control program is now in a stage that is decisive for consolidating the application of the recently updated national standards and for organizing the maintenance of the BCG vaccination program, now in its attack (i.e., mass campaign) phase. In 1972, 261 deaths, or 1.0% of overall mortality, were reported to be due to this cause. In the same year, the Tuberculosis Division recorded 1,559 newly diagnosed cases, yielding a morbidity rate of 36.2 per 100,000 inhabitants. The recording and reporting of morbidity and mortality from this cause continue to be deficient.

A priority in the budget period will be to reorganize in an integrated framework the tuberculosis control program in the health areas composing Sanitary Regions II, III, and IV. An average of 300,000 children under 15 years of age will be vaccinated with BCG annually. The fight against tuberculosis will be made part of the National Communicable Diseases Program, but will preserve its identity and methods. Medical and nursing personnel will be trained in graduate courses abroad and at home.

TOTAL		1	1	1	-	TOTAL	23,200	36,600	10,750	-
P-4 MEDICAL OFFICER 4.0955	UNDP	1	1	1	-	SUBTOTAL	PR	-	6,000	-
TOTAL		-	4	-	-	FELLOWSHIPS		-	6,000	-
FELLOWSHIPS-SHORT TERM	PR	-	4	-	-	SUBTOTAL	PG	3,950	-	-
						SUPPLIES AND EQUIPMENT		3,950	-	-
						SUBTOTAL	UNDP	19,250	30,600	10,750
						PERSONNEL-POSTS		19,250	28,500	9,250
						DUTY TRAVEL		-	1,500	-
						MISCELLANEOUS		-	600	-

FUND	1973	1974	1975	1976

FUND	1973	1974	1975	1976
	\$	\$	\$	\$

DOMINICAN REPUBLIC-0700, VETERINARY PUBLIC HEALTH

The aim of this project is to furnish animal health consultant services to the Government of the Dominican Republic for a national animal health program whose purpose is to reduce the harm done by the principal livestock zoonoses. This program is being conducted as part of an integrated national agricultural development plan, the first stage of which is being supported by an IDB loan of \$24.8 million.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	1	TOTAL	PR	13,311	19,000	35,310	33,880
P-4 VETERINARIAN .4037	PR	1	1	1	1	PERSONNEL-POSTS	-	-	15,000	23,700	24,900
						ZONE ADVISORY SERVICES	-	-	-	10,110	6,980
						PERSONNEL-CONSULTANTS	13,311	-	-	-	-
TOTAL		6	-	-	-	DUTY TRAVEL	-	1,000	1,500	2,000	-
						FELLOWSHIPS	-	3,000	-	-	-
CONSULTANT MONTHS	PR	6	-	-	-						
TOTAL		-	2	-	-						
FELLOWSHIPS-SHORT TERM	PR	-	2	-	-						

DOMINICAN REPUBLIC-2100, ENVIRONMENTAL SANITATION

In the Dominican Republic the rural population, estimated at 60%, lacks sewerage, and only 5% of these inhabitants have access to any sanitary waste disposal system. Official statistics show that 80% of the rural population suffer from parasitic infections. The purpose of this project is to collaborate with the Government in developing a rural sanitation plan to include the installation of 30,000 latrines over a four-year period.

During 1971-1973, 15,750 latrines were built and a revolving fund was set up to finance future activities. In 1974, 8,400 latrines will be built in the provinces of San Juan de la Maguana, Barahona, and Bahoruco. In 1975, a comprehensive rural development program will be started with the participation of the Ministry of Health and the Office for Community Development. The following targets are being set for the period 1975-1977: installation of 30,000 latrines; digging of 105 and sinking of 25 wells; improvement of 1,500 rural dwellings; organization of garbage disposal in 30,000 rural dwellings; construction of 130 simple abattoirs and 130 public washhouses; and implementation of a comprehensive rural planning pilot project.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	-	1	1	TOTAL	WR	25,955	29,600	44,270	55,348
P-4 SANITARY ENGINEER .3138	WR	-	-	1	1	PERSONNEL-POSTS	-	-	-	28,300	29,500
						ZONE ADVISORY SERVICES	-	-	-	13,470	14,148
						PERSONNEL-CONSULTANTS	-	-	-	-	2,400
TOTAL		-	-	-	1	DUTY TRAVEL	-	-	-	1,000	1,500
						FELLOWSHIPS	1,155	4,800	1,500	7,800	-
CONSULTANT MONTHS	WR	-	-	-	1	GRANTS	24,800	24,800	-	-	-
TOTAL		1	1	1	3						
FELLOWSHIPS-ACADEMIC	WR	-	1	-	1						
FELLOWSHIPS-SHORT TERM	WR	1	-	1	2						

DOMINICAN REPUBLIC-2200, WATER SUPPLIES

Fifty-eight per cent of the urban population of the Dominican Republic have house connections for potable water and 20% of the dwellings are connected to sewerage systems. Only 16% of the rural population have potable water services, either house connections or easy access to public hydrants.

The purposes of this project up to 1974, under the four-year plan of the National Potable Water and Sewerage Institute (INAPA), are to provide 62% of the urban and 25% of the rural population with water supplies and 17% of the urban population with sewerage services.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

In 1975, the second phase of the National Rural Water Supply Plan will be consolidated so as to provide 180 localities with water; the designs of the projects for 220 water systems corresponding to the third phase of this Plan will be completed; work will be started with the organization and consolidation at zonal and local levels of the promotion of an economic self-sufficiency policy through the introduction of a rate system; and the process of improving the technico-administrative structure of INAPA will be continued. In 1976 and 1977, the implementation of the rural and urban water supply programs will be continued, including the construction of sanitary sewerage systems.

TOTAL		1	1	1	1	TOTAL	PR	44,832	40,900	44,800	51,700
P-4 SANITARY ENGINEER .0447	PR	1	1	1	1	PERSONNEL-POSTS		24,946	27,100	28,300	29,500
						PERSONNEL-CONSULTANTS		12,260	4,000	6,600	7,200
						DUTY TRAVEL		611	800	900	1,200
TOTAL		3	2	3	3	SUPPLIES AND EQUIPMENT		3,594	3,000	3,000	3,000
						FELLOWSHIPS		3,421	6,000	6,000	10,800
CONSULTANT MONTHS	PR	3	2	3	3						
TOTAL		4	4	4	5						
FELLOWSHIPS-ACADEMIC	PR	-	-	-	1						
FELLOWSHIPS-SHORT TERM	PR	4	4	4	4						

DOMINICAN REPUBLIC-2204, WATER AND SEWER ADMINISTRATION IN SANTO DOMINGO

The purpose of this project in the Dominican Republic is to carry out a technical assistance program for the institutional development of the recently established Water Supply and Sewerage Corporation of Santo Domingo (Corporación del Acueducto y Alcantarillado de Santo Domingo). The Corporation began operations in January 1974, seeking to meet the growing demand for adequate drinking water and sewerage services in the capital of the country.

TOTAL		-	1	1	1	TOTAL	PW	6,477	98,455	108,955	120,755
P-5 PROJECT MANAGER .4276	PW	-	1	1	1	PERSONNEL-POSTS		-	39,555	39,555	39,555
						PERSONNEL-CONSULTANTS		6,477	52,900	62,900	66,700
						DUTY TRAVEL		-	2,000	2,000	2,000
TOTAL		3	26	31	33	FELLOWSHIPS		-	4,000	4,500	12,500
CONSULTANT MONTHS	PW	3	26	31	33						
TOTAL		-	1	1	3						
FELLOWSHIPS-ACADEMIC	PW	-	1	1	3						

DOMINICAN REPUBLIC-3100, HEALTH SERVICES

The purpose of this project in the Dominican Republic is to improve the health services by means of regionalization of health services of the country, and to extend these services into the rural areas, utilizing the general health services personnel and the malaria eradication program. The process of regionalization will continue through 1974 with the help of the development program of Sanitary Region III and, in this context, of the establishment of regional epidemiological services. There will be improvement in the diagnostic laboratories by means of a coordinated national system and continued work against eradicable diseases, especially those preventable by vaccination. Efforts will be made toward strengthening the central level of the Ministry of Health through the application of its general administrative regulations and the development of the national health policy.

The process of regionalization will continue in 1975 with the same criteria when Sanitary Region V will be established, in 1976 by means of Sanitary Region IV, and in 1977 by means of Sanitary Region I, which will conclude the process of establishing an intermediate level in the health system of the country.

TOTAL		5	5	3	3	TOTAL		181,184	175,806	99,987	117,692
P-5 PAHO/WHO REPRESENTATIVE .0441	PR	1	1	1	1	SUBTOTAL	PR	91,710	76,700	51,100	53,200
P-4 SANITARY ENGINEER .3138	PR	1	1	-	-						
P-3 NURSE 4.2140	WR	-	-	1	1	PERSONNEL-POSTS		68,634	66,700	41,600	43,700
P-3 NURSE 4.0956 4.2140	UNDP	2	2	-	-	DUTY TRAVEL		3,829	4,000	2,500	2,500
G-4 SECRETARY .4038	PR	1	1	1	1	FELLOWSHIPS		10,000	-	-	-
						COMMON SERVICES		9,247	6,000	7,000	7,000

FUND					FUND				
	1973	1974	1975	1976		1973	1974	1975	1976
						\$	\$	\$	\$
TOTAL	4	5	3	3	SUBTOTAL	PG	6,592	3,206	-
CONSULTANT MONTHS					PERSONNEL-CONSULTANTS		1,892	2,582	-
CONSULTANT MONTHS					SUPPLIES AND EQUIPMENT		4,700	624	-
TOTAL	15	9	4	8	SUBTOTAL	WR	22,882	34,700	48,887
FELLOWSHIPS-ACADEMIC					PERSONNEL-POSTS		-	-	27,687
FELLOWSHIPS-ACADEMIC					PERSONNEL-CONSULTANTS		5,373	6,000	6,600
FELLOWSHIPS-SHORT TERM					DUTY TRAVEL		-	-	1,000
FELLOWSHIPS-SHORT TERM					SUPPLIES AND EQUIPMENT		-	2,000	1,000
					FELLOWSHIPS		17,509	26,700	12,600
					SUBTOTAL	UNDP	60,000	61,200	-
					PERSONNEL-POSTS		60,000	57,000	-
					DUTY TRAVEL		-	3,000	-
					MISCELLANEOUS		-	1,200	-

DOMINICAN REPUBLIC-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR			
	-	-	11,800	12,325
ZONE ADVISORY SERVICES	-	-	9,675	10,200
DEV. OF HUMAN RESOURCES	-	-	2,125	2,125

DOMINICAN REPUBLIC-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR			
	-	-	9,955	10,710
ZONE ADVISORY SERVICES	-	-	9,955	10,710

DOMINICAN REPUBLIC-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR			
	-	-	8,180	8,760
ZONE ADVISORY SERVICES	-	-	8,180	8,760

DOMINICAN REPUBLIC-4200, NUTRITION

A nationwide survey conducted in the Dominican Republic in 1969 showed that the nutritional status of the population represents one of the major medico-social problems. This problem particularly affects children under five; among this group the prevalence of protein-calorie malnutrition was 75.4%, and 27% of these cases showed moderate to severe malnutrition. Moderate to severe anemia was found among 51% of the population under 13. The inadequacy of the average diet is shown by the following percentages for the major items: calories 76, protein 81, iron 76, riboflavin 55, vitamin A 47, and vitamin B12 30.

The purpose of this project is to improve the nutritional status of the population through integrated action involving the health, agriculture, education, industry, and commercial sectors, under the guidance of a national food and nutrition policy; to consolidate and equip the agencies responsible for this work; to step up supplementary feeding and nutrition education programs; to carry out nutrition education and promotion activities; and to develop and produce a low-cost, non-conventional food with high nutritional value.

WFP cooperates in this project.

FUND					FUND					
1973 1974 1975 1976					1973 1974 1975 1976					
					\$ \$ \$ \$					
TOTAL		2	1	1	1	TOTAL	44,445	31,424	33,436	35,788
P-4 MEDICAL OFFICER	WR	1	1	1	1	SUBTOTAL	14,574	-	-	-
4,2155						PERSONNEL-PCSTS	13,423	-	-	-
P-3 NUTRITIONIST	PR	1	-	-	-	DUTY TRAVEL	1,151	-	-	-
.4200						SUBTOTAL	29,871	31,424	33,436	35,788
						PERSONNEL-POSTS	25,232	26,624	28,536	30,788
						DUTY TRAVEL	4,223	4,300	4,400	4,500
						SUPPLIES AND EQUIPMENT	416	500	500	500

DOMINICAN REPUBLIC-4800, MEDICAL CARE SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
		-	-	7,575	7,925
ZONE ADVISORY SERVICES		-	-	7,575	7,925

DOMINICAN REPUBLIC-6201, DEVELOPMENT OF HUMAN RESOURCES

The purposes of this project are to cooperate with the Government of the Dominican Republic in determining its health personnel needs and resources, in respect to all the fields within the sector; to examine, together with the education and health sectors, the organization and administration of teaching institutions in the health sector; and to foster the changes needed to improve the quality and modernize the methods of this education.

TOTAL	10 6 6 6				TOTAL	WR	29,633	27,800	33,800	35,000
CONSULTANT MONTHS	WR	10	6	6	6	PERSONNEL-CONSULTANTS	20,140	12,000	13,200	14,400
TOTAL		2	3	4	4	SUPPLIES AND EQUIPMENT	7,888	8,000	8,000	8,000
						FELLOWSHIPS	1,605	7,800	12,600	12,600
FELLOWSHIPS-ACADEMIC	WR	-	1	2	2					
FELLOWSHIPS-SHORT TERM	WR	2	2	2	2					

DOMINICAN REPUBLIC-6400, SANITARY ENGINEERING EDUCATION

The Dominican Republic requires technical and subprofessional sanitary engineering personnel in order to promote the environmental sanitation programs which its socioeconomic development requires and to operate and maintain the sanitary engineering works which now exist. At the moment it does not have enough personnel in this category. The aim of the project is to improve sanitary engineering education, and the technical training of professionals and students in the faculties of engineering in particular, and also to promote study and research in this field.

In 1975-77 six short courses (two each year) will be given in the Faculty of Civil Engineering of the Universidad Autónoma de Santo Domingo; equipment will continue to be supplied to the Faculty's laboratories; and its library will be expanded by the acquisition of technical texts.

TOTAL	1 2 2 2				TOTAL	WR	9,176	11,000	13,900	14,300
CONSULTANT MONTHS	WR	1	2	2	2	PERSONNEL-CONSULTANTS	2,860	4,000	4,400	4,800
TOTAL		1	2	1	1	SUPPLIES AND EQUIPMENT	2,603	3,000	7,000	-
						FELLOWSHIPS	1,994	3,000	1,500	1,500
FELLOWSHIPS-ACADEMIC	WR	-	-	-	-	COURSE COSTS	1,659	1,000	1,000	8,000
FELLOWSHIPS-SHORT TERM	WR	1	2	1	1					

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
<u>TOTAL AMRO PROJECTS</u>	<u>304,853</u>	<u>395,812</u>	<u>337,102</u>	<u>362,970</u>
0100 EPIDEMIOLOGY	2,585	6,885	7,257	7,264
0102 EPIDEMIOLOGY (ZONE II)	9,603	11,000	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-
0200 MALARIA TECHNICAL ADVISORY SERVICES	1,528	4,129	4,027	4,485
0218 PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS	5,209	5,400	10,300	8,085
0400 TUBERCULOSIS CONTROL	1,426	1,885	1,886	2,392
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	604	2,640	-	1,128
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	181	1,578	-	1,296
0500 LEPROSY CONTROL	2,569	4,420	2,160	2,480
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	469	-	655	695
0600 VENEREAL DISEASE CONTROL	-	320	176	204
0700 PAN AMERICAN ZOONUSES CENTER	12,035	14,884	15,120	15,737
0702 VETERINARY PUBLIC HEALTH (ZONE III)	5,991	6,480	-	-
0718 SEMINAR ON EPIDEMIOLOGY OF THE ZOONUSES	731	-	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	700	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	490	707
1000 PARASITIC DISEASES	227	555	1,050	1,506
1007 SCHISTOSOMIASIS	12	1,100	920	940
2100 ENVIRONMENTAL SANITATION	1,830	705	777	753
2102 SANITARY ENGINEERING (ZONE II)	9,837	10,636	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,401	16,706	15,669	18,319
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	997	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	749	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	4,560	5,236	5,580	5,868
2213 STUDIES AND INVESTIGATION OF WATER RESOURCES	1,644	96	-	-
2220 INSTITUTIONAL DEVELOPMENT	11,866	24,391	30,366	32,788
2223 PUBLIC SERVICES ADMINISTRATION	152	-	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	806	-
2230 RURAL WATER SUPPLY AND SANITATION	-	2,450	2,548	2,644
2300 AEDS AEGYPTI ERADICATION	3,900	5,950	6,645	7,108
2308 ADVISORY COMMITTEE ON DENGUE FEVER	-	720	-	752
2309 STUDY GROUP ON AEDS AEGYPTI ERADICATION	-	618	-	-
3000 COORDINATION WITH FOUNDATIONS	1,278	2,569	3,081	3,511
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,303	3,853	3,119	3,394
3126 OPERATIONS RESEARCH	70	271	228	236
3129 RESEARCH TRAINING IN BIOMEDICAL SCIENCES	1,376	226	-	-
3130 CONFERENCE ON MYCOLOGY	77	1,308	-	-
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,638	2,007	1,169	1,252
3139 PAHO RESEARCH GRANT PROGRAM	4,907	2,650	3,975	5,300
3145 EMERGENCY PREPAREDNESS	-	533	-	-
3200 NURSING SERVICES	1,665	2,266	2,417	2,535
3202 NURSING (ZONE II)	8,061	9,020	-	-
3210 HOSPITAL NURSING SERVICES	-	715	1,269	1,408
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	556	1,194	1,115	1,174
3216 STANDARDS IN NURSING PRACTICE	645	875	-	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	1,262	-	-
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	531
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	262	493	310	248
3223 SYSTEMS OF NURSING	51	1,001	1,250	-
3225 UTILIZATION AND TRAINING OF THE TRADITIONAL BIRTH ATTENDANT	-	645	-	-
3300 LABORATORY SERVICES	800	361	452	482
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,432	1,689	221	244
3318 MYCOLOGY RESEARCH AND TRAINING CENTERS	1,064	2,409	944	967
3400 HEALTH EDUCATION	533	497	311	497
3410 TRAINING OF TEACHERS IN HEALTH EDUCATION	337	774	847	920
3500 HEALTH STATISTICS	1,127	724	933	688
3502 HEALTH STATISTICS (ZONE II)	7,619	9,323	-	-
3516 REGIONAL SEMINAR ON DATA PROCESSING	-	722	-	722
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,259	3,061	3,214	3,421
3602 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE III)	7,374	-	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,457	1,462	-	-
3700 HEALTH PLANNING	5,076	3,163	3,398	3,747
3702 HEALTH PLANNING (ZONE II)	8,954	7,685	-	-
3709 MEETING OF MINISTERS OF HEALTH	757	-	-	-
3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	3,482	5,408	3,940	3,140
4200 NUTRITION ADVISORY SERVICES	2,224	2,078	2,221	2,351
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	65,806	65,987	67,426	70,023
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	70	222	244	445
4230 NUTRITION TRAINING	3,807	2,650	3,520	4,570
4238 NUTRITION RESEARCH	149	760	1,354	2,035
4247 SURVEILLANCE OF NUTRITIONAL STATUS	-	-	821	451
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	154	163
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	574	238
4312 COURSES IN COMMUNITY PSYCHIATRY	554	-	1,340	1,390
4318 EPIDEMIOLOGY OF ALCOHOLISM	-	12,318	12,120	4,559
4409 FLUORIDATION	4,129	3,970	3,340	4,955
4500 HEALTH ASPECTS OF RADIATION	99	120	126	132
4507 RADIATION HEALTH PROTECTION	385	440	462	488

4516 PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	84	-
4620 MANAGEMENT OF PESTICIDES	-	210	228	261
4700 FOOD AND DRUG CONTROL	491	1,611	1,701	1,779
4708 FOOD HYGIENE TRAINING CENTER	2,255	2,090	2,355	2,521
4715 FOOD HYGIENE	-	1,225	2,145	2,495
4717 SEMINAR ON FOOD HYGIENE	-	611	-	-
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	672
4800 MEDICAL CARE SERVICES	1,184	1,217	1,337	1,505
4802 MEDICAL CARE SERVICES (ZONE II)	4,323	7,150	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,623	2,170	2,888	3,654
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,966	2,668	2,366	3,068
4900 HEALTH AND POPULATION DYNAMICS	16,000	34,561	35,001	39,754
4902 HEALTH AND POPULATION DYNAMICS (ZONE II)	8,774	-	-	-
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	2,255	5,797	5,910	6,501
4915 MATERNAL AND CHILD HEALTH	129	391	430	521
4917 CLINICAL AND SOCIAL PEDIATRICS	204	1,636	1,431	1,431
4918 STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,230	-
4920 LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	-	-	3,424	3,946
4922 MATERNAL CHILD HEALTH-FAM. PLAN. CONTIN. EDUC. AND STAFF TRAIN.	-	-	876	800
5000 REHABILITATION	2,156	1,767	1,848	2,002
5100 CHRONIC DISEASES	139	475	538	559
6000 MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,714	3,828	4,251	4,488
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	582	1,265	2,468	2,847
6200 EDUCATION IN HEALTH SCIENCES	6,714	6,576	3,350	3,894
6221 LIBRARY OF MEDICINE	5,103	7,266	5,344	5,304
6223 TEACHING OF BEHAVIORAL SCIENCES	1,702	400	-	-
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	469	1,718	1,866	2,126
6300 NURSING EDUCATION	209	840	389	410
6310 NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,942	2,914	670	690
6317 SEMINAR ON NURSING EDUCATION	540	1,452	1,537	1,515
6319 TRAINING OF NURSING AUXILIARIES	294	2,953	3,577	3,354
6320 POSTBASIC COURSES IN NURSING	352	805	644	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,478
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	154	518
6325 EDUCATIONAL TECHNOLOGY IN NURSING	-	-	4,629	7,959
6400 SANITARY ENGINEERING EDUCATION	1,098	1,066	1,236	1,352
6500 VETERINARY MEDICINE EDUCATION	3,292	5,507	2,968	3,128
6507 SEMINARS ON VETERINARY MEDICINE EDUCATION	264	-	222	195
6600 DENTAL EDUCATION	1,155	1,495	1,260	1,428
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	407	520	588	1,571
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	487	994	605	622
6700 BIostatistics EDUCATION	153	180	-	690
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	983	964	1,008	1,179
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	1,146	1,894	1,944	2,070
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*-----PORTIONS OF INTER-COUNTRY PROJECTS-----*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	414,716	485,585	479,818	521,913	304,853	395,812	337,102	362,970
PAHO-PR-REGULAR BUDGET	200,930	157,600	164,685	173,760	138,265	154,669	135,046	159,746
PW-COMMUNITY WATER SUPPLY	6,477	98,455	108,955	120,755	3,182	14,752	18,004	18,935
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	39,407	33,277	33,349	34,729
PG-GRANTS & OTHER CONTRIBUT.	10,542	3,206	-	-	30,301	42,447	21,605	14,068
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	14,699	22,253	23,870	26,644
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	6,268	-	-	-
PS-SPECIAL FUND FOR RESEARCH	-	-	-	-	400	-	-	-
WHO-WR-REGULAR BUDGET	117,517	134,524	195,428	227,398	61,120	88,834	59,043	59,205
UNDP-UN DEVELOPMENT PROGRAM	79,250	91,800	10,750	-	10,926	10,805	6,657	5,986
UNFPA-UN FUND POPULATION ACT.	-	-	-	-	285	28,775	39,528	43,657

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	719,569	881,397	816,920	884,883
PAHO-PR-REGULAR BUDGET	339,195	312,269	299,731	333,506
PW-COMMUNITY WATER SUPPLY	9,659	113,207	126,959	139,690
PN-INCAP GRANTS & OTHER CONTR.	39,407	33,277	33,349	34,729
PG-GRANTS & OTHER CONTRIBUT.	40,843	45,653	21,605	14,068
PH-PAN AMER. HEALTH & EDUC.FN.	14,699	22,253	23,870	26,644
PK-SPECIAL FUND FOR HEALTH PR.	6,268	-	-	-
PS-SPECIAL FUND FOR RESEARCH	400	-	-	-
WHO-WR-REGULAR BUDGET	178,637	223,358	254,471	286,603
UNDP-UN DEVELOPMENT PROGRAM	90,176	102,605	17,407	5,986
UNFPA-UN FUND POPULATION ACT.	285	28,775	39,528	43,657

HAITI

BACKGROUND DATA

In Haiti, the system of recording vital events is unsatisfactory since the general conditions of development are not conducive to the regular production and supply of reliable demographic statistics. The same holds true of knowledge of the health status of the Haitian population, since information about the incidence and prevalence of diseases and the causes of mortality can only be obtained from the incomplete information that is recorded in the health establishments, which are limited in number and in resources. Therefore the demographic and health data available must be interpreted with considerable caution. With these reservations, data from different sources and of varying quality are given below.

Haiti has about five million inhabitants of which 85% live in rural areas. Forty per cent of the population is under 15 years of age. The estimated illiteracy rate is 75%. Housing conditions are unsatisfactory and basic sanitation is very poorly developed. Food production and supply is below the level required for the number of inhabitants and, as a result, nutritional problems are responsible, either directly or as associated causes, for the high mortality in early childhood.

The most important communicable diseases are parasitic diseases and enteric infections, tetanus of the newborn, malaria, and tuberculosis.

In short, nutritional deficiencies, unsatisfactory basic sanitation conditions, and the low level of education are responsible for the unsatisfactory health conditions of the Haitian population. Although it is not possible to accurately quantify vital events and health problems, there is good reason to believe that they are consistent with the situation described.

To meet its health needs, Haiti had the following resources in 1970: 332 physicians, or about 7 physicians per 100,000 inhabitants; 415 graduate nurses, 3 sanitary engineers, 1 veterinarian, and 1 middle-level statistical technician. In that year Haiti had 35 hospitals, 20 health centers, 200 dispensaries, 4,000 beds (or approximately 0.8 beds per 1,000 inhabitants) and a health budget of \$1.00 per capita, which represented 15% of the national budget. It is to be noted that the scarce resources of the health sector are concentrated in the larger urban centers and especially in Port-au-Prince.

PROTECTION OF HEALTH

Communicable Disease Control

Communicable diseases are highly prevalent, especially in children under five years of age.

The incidence of typhoid and paratyphoid is in the order of 9.0 inhabitants; the incidence of bacillary and amebic dysenteries is 28.0 inhabitants, and that of enteric and diarrheal diseases 145.0 per 100,000 inhabitants, respectively.

Tetanus and anthrax are especially prevalent in children in the rural areas. Diphtheria, tetanus, whooping cough, BCG and tetanus toxoid vaccination programs are being carried out, but on a small scale.

In 1973, more than 23,000 cases of malaria were diagnosed. In recent months deaths from malaria have been recorded and confirmed by autopsies.

In 1973 there were 387 clinical cases of human anthrax in the province of Cayes alone, and an annual average of 70 cases of canine rabies.

The number of cases of venereal diseases is believed to be high.

Buba is in the pre-eradication phase, and the health services are endeavoring to eradicate it. The magnitude of leprosy is unknown. There are only 300 registered cases.

The last case of smallpox was diagnosed in 1921.

Environmental Health

The most serious problem is water supply. There are only 14 water supply services in the country. In the metropolitan area of Port-au-Prince and Pétionville (500,000 inhabitants) less than 30% of the population are supplied with water from house connections, and about 50% of the population have easy access to potable water service.

The localities served in the interior of the country have a population of 191,572 inhabitants, but there are only 3,855 house connections. Sewage is disposed of by individual means, and there is not a single sewerage system in the whole country. Solid waste is collected in the larger localities but its disposal is inadequate. Food hygiene activities consist solely of supervision, since the central laboratory in Port-au-Prince does not have sufficient personnel, materials, or equipment to make analyses.

PROMOTION OF HEALTH

General Services

The Government has drawn up a plan for the regionalization of medical and health services with a view to establishing a network of health districts that will satisfy the health needs of the population. The plan, which is under study, provides for the division of the country into five health regions, which will have several hospitals with 100 beds (depending on the number of inhabitants), health centers, and dispensaries.

Shortly, an IDB mission will be sent to the country and will collaborate with PAHO/WHO experts in making a feasibility study and preparing a project for the development of the health infrastructure of the three health districts to which the Government assigns priority.

Family Planning and Maternal and Child Health:

In 1972 an agreement was signed between the Government, PAHO and UNFPA for the execution of a two-year project, the objectives of which are to create an infrastructure for the conduct of integrated maternal and child health and family planning activities. In addition, as part of the project, provision was made for the operation of two mothers' centers in order to study the feasibility of the project and to train personnel.

As a result of the experience obtained during the first two years of the project in the Port-au-Prince area, a new project has been submitted to various international agencies for consideration, the purpose of which is the gradual extension of the program to other districts in the country until national coverage is achieved. In order to have an administrative structure that will facilitate the achievement of the objectives of the project, the Family Health Division, which is responsible for activities in this field, is being strengthened.

Nutrition:

Protein-calorie malnutrition affects 60% of the child population under five years of age. The breakdown of this population by degree of malnutrition is as follows: grade I malnutrition, 60%; grade II, 30%; grade III, 10%. The Government has nutritional rehabilitation centers which treat only 5,000 children annually.

To deal with the problem more efficiently, the Government has begun a nutrition and rural development program, which is multisectoral in character and in which the health, agriculture, education, and social welfare sectors participate, with the assistance of PAHO/WHO, FAO, UNESCO, and UNICEF.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

The Government is making efforts to improve the manpower training centers in the sector. At the medical school, a medical library for the use of faculty members and students has been organized and completed.

In nursing, two courses have been given on the administration of hospital nursing services and have been coordinated by PAHO. Assistance has also been given to schools for nurses and auxiliary nurses in the capital and in the interior of the country.

A program of assistance to the School for Veterinary Assistants is being conducted and covers curriculum planning. Post-basic training is being supported by two fellowships, which are awarded annually to the auxiliaries nominated by the Government for further training at the Pan American Zoonoses Center.

In order to improve basic environmental sanitation conditions in the rural areas, the university (Polytechnic Institute of the Faculty of Sciences) is conducting an annual course on basic environmental sanitation for civil engineering students.

HAITI - PROGRAM BUDGET

1 9 7 3		1 9 7 4			1 9 7 5		1 9 7 6	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
239,968	27.2	260,487	21.1	I. PROTECTION OF HEALTH	283,583	13.8	322,496	16.2
147,638	16.7	162,121	13.2	A. COMMUNICABLE DISEASES	186,060	9.0	215,243	10.7
22,016	2.5	23,382	1.9	0100 GENERAL	18,654	.9	24,991	1.3
94,759	10.7	89,278	7.2	0200 MALARIA	111,037	5.4	125,830	6.3
181	*	1,131	.1	0400 TUBERCULOSIS	1,885	.1	3,520	.2
606	.1	884	.1	0500 LEPROSY	563	*	635	*
-	-	720	.1	0600 VENEREAL DISEASES	396	*	459	*
30,074	3.4	46,586	3.8	0700 ZONDOSES	53,036	2.6	59,691	2.9
-	-	140	*	0900 OTHER	489	0	707	*
92,330	10.5	98,366	7.9	B. ENVIRONMENTAL HEALTH	97,523	4.8	107,263	5.5
41,502	4.7	49,733	4.0	2100 GENERAL	49,371	2.4	53,618	2.7
45,857	5.2	39,845	3.2	2200 WATER SUPPLIES	59,665	1.9	43,858	2.2
3,575	.4	6,738	.5	2300 AIDES EGYPTI ERADICATION	6,088	.3	7,266	.4
924	.1	1,132	.1	2400 HOUSING	1,429	.1	1,501	.1
472	.1	918	.1	2500 AIR POLLUTION	970	.1	1,020	.1
583,353	65.8	914,835	73.4	II. PROMOTION OF HEALTH	1,692,866	82.6	1,611,916	80.0
234,752	26.6	263,146	21.1	A. GENERAL SERVICES	327,424	16.0	240,506	12.0
151,221	17.1	115,007	9.2	3100 GENERAL PUBLIC HEALTH	198,053	9.7	131,443	6.5
14,499	1.6	61,295	4.9	3200 NURSING	43,009	2.1	40,274	2.0
2,230	.3	2,050	.2	3300 LABORATORY	2,216	.1	2,423	.1
866	.1	1,269	.1	3400 HEALTH EDUCATION	1,154	.1	1,613	.1
10,650	1.2	40,045	3.2	3500 STATISTICS	40,887	2.0	21,398	1.1
37,028	4.2	27,227	2.2	3600 ADMINISTRATIVE METHODS	27,154	1.3	28,531	1.4
18,258	2.1	16,253	1.3	3700 HEALTH PLANNING	14,951	.7	15,024	.8
348,601	39.2	651,689	52.3	B. SPECIFIC PROGRAMS	1,365,442	66.6	1,371,410	68.0
142,942	16.1	134,032	10.8	4200 NUTRITION	117,077	5.7	114,994	5.7
1,351	.1	560	*	4500 RADIATION AND ISOTOPES	672	*	620	*
544	.1	527	*	4600 OCCUPATIONAL HEALTH	755	*	798	*
489	*	1,074	.1	4700 FOOD AND DRUG	1,133	.1	1,634	.1
9,011	1.0	15,109	1.2	4800 MEDICAL CARE	15,556	.8	17,580	.9
192,036	21.7	498,195	40.1	4900 FAMILY HEALTH AND POP. DYNAMICS	1,227,913	59.9	1,233,272	61.2
2,090	.2	1,717	.1	5000 REHABILITATION	1,797	.1	1,447	.1
138	*	475	*	5100 CANCER & OTHER CHRONIC DISEASES	537	*	559	*
62,110	7.0	68,020	5.5	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	72,902	3.6	79,372	3.8
577	.1	1,265	.1	6100 PUBLIC HEALTH	2,468	.1	2,847	.1
50,342	5.7	58,849	4.7	6200 MEDICINE	62,427	3.1	65,262	3.2
342	*	782	.1	6300 NURSING	776	*	2,980	.1
7,220	.8	1,974	.2	6400 ENVIRONMENTAL SCIENCES	2,256	.1	2,434	.1
927	.1	1,345	.1	6500 DENTISTRY	1,415	.1	2,024	.1
2,702	.3	3,805	.3	6700 BIOSTATISTICS	3,560	.2	3,825	.2
885,431	100.0	1,243,342	100.0	GRAND TOTAL	2,049,351	100.0	2,613,784	100.0

*LESS THAN .05 PER CENT

HAITI - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			* DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		* SUPPLIES AND EQUIPMENT	* GRANTS AND OTHER		
		POSTS PROF.	LOCAL	STC MONTH		AMOUNT	ACAD.	SHGHT	AMOUNT			PART.	
	\$				\$			\$	\$	\$	\$		
1973													
PAHO--PR	446,643	11	2	17	320,812	18,717	5	9	30,755	-	1,822	64,669	9,868
PN	39,394	-	-	-	16,994	1,689	-	-	1,610	-	-	4,695	14,406
PG	21,521	-	-	-	12,137	786	-	-	2,255	-	2,789	1,929	1,625
PH	62,198	-	-	-	5,016	799	-	-	620	-	-	2,617	52,346
PK	2,498	-	-	-	2,483	15	-	-	-	-	-	-	-
WHO--WR	136,168	2	-	5	67,941	5,934	3	2	15,904	-	3,671	4,698	38,020
UNDP	9,558	2	-	-	7,717	-	-	-	712	-	-	775	354
UNFPA	167,451	3	-	1	53,200	2,917	-	1	1,631	-	-	34,807	74,896
TOTAL	885,431	18	2	23	487,100	30,857	8	12	53,487	-	8,282	114,190	191,515
PERCENT OF TOTAL	100.0				55.0	3.5			6.1	-	.9	12.9	21.6
1974													
PAHO--PR	452,972	11	2	12	382,444	19,913	1	5	13,492	-	4,887	22,817	9,419
PN	33,275	-	-	-	18,175	1,604	-	-	1,716	-	-	2,543	9,157
PG	24,320	-	-	-	9,442	452	-	-	438	-	5,050	4,520	4,410
PH	45,645	-	-	-	8,711	850	-	-	1,802	-	129	2,636	31,517
WHO--WR	128,511	1	-	6	75,318	6,823	1	-	7,615	-	4,418	4,171	30,166
UNDP	70,742	2	-	-	64,539	3,230	-	-	1,497	-	-	737	739
UNFPA	487,877	4	1	7	109,963	5,100	-	12	23,866	-	3,285	131,283	214,380
TOTAL	1,243,342	18	3	25	668,592	36,052	2	17	50,426	-	17,169	168,715	299,788
PERCENT OF TOTAL	100.0				53.8	3.1			4.0	-	1.4	13.6	24.1
1975													
PAHO--PR	557,875	13	2	7	415,386	21,482	1	3	10,054	-	4,446	24,210	82,297
PN	33,344	-	-	-	18,191	1,679	-	-	1,716	-	-	2,638	9,120
PG	9,482	-	-	-	5,195	-	-	-	-	-	-	1,215	3,072
PH	33,017	-	-	-	8,967	719	-	-	1,593	-	-	2,040	19,698
WHO--WR	145,731	1	-	6	84,868	7,337	2	-	13,358	-	1,915	5,386	32,867
UNDP	43,603	2	-	-	37,875	3,194	-	-	456	-	-	699	1,379
UNFPA	1,226,299	4	1	10	125,548	5,900	-	10	20,710	-	5,124	568,379	500,638
TOTAL	2,049,351	20	3	23	696,030	40,311	3	13	47,887	-	11,485	604,567	649,071
PERCENT OF TOTAL	100.0				34.0	2.0			2.3	-	.5	29.5	31.7
1976													
PAHO--PR	541,106	13	2	8	462,747	25,181	-	5	10,687	-	5,185	26,800	10,506
PN	34,724	-	-	-	19,091	1,679	-	-	1,716	-	-	2,638	9,600
PG	9,505	-	-	-	5,440	-	-	-	-	-	-	869	3,196
PH	26,659	-	-	-	9,407	708	-	-	1,593	-	-	2,159	12,742
WHO--WR	155,284	1	-	6	89,096	7,639	2	1	19,465	-	1,477	5,681	35,912
UNDP	15,981	1	-	-	12,680	1,739	-	-	367	-	-	543	652
UNFPA	1,230,525	4	1	10	128,307	6,050	-	10	21,301	-	5,516	568,600	500,751
TOTAL	2,013,784	19	3	24	726,762	43,056	2	16	51,149	-	12,178	607,290	573,349
PERCENT OF TOTAL	100.0				36.1	2.1			2.5	-	.6	30.2	28.5

PAHO--PR-REGULAR BUDGET
 PW-COMMUNITY WATER SUPPLY
 PI-INCAP - REGULAR BUDGET
 PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS
 PG-GRANTS AND OTHER CONTRIBUTIONS
 PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION

PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION
 PS-SPECIAL FUND FOR RESEARCH
 WHO--WR-REGULAR BUDGET
 UNDP-UNITED NATIONS DEVELOPMENT PROGRAM
 UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES
 WO-GRANTS AND OTHER FUNDS

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

HAITI - DETAIL

HAITI-0100, COMMUNICABLE DISEASE CONTROL

The main purpose of this project is to eradicate yaws by 1975. Specific objectives include elimination of each focus of known transmission; extension of evaluation coverage in order to determine the location of each active focus; modernization and reorientation of concepts and practices in the fight against communicable diseases, particularly tuberculosis, tetanus, smallpox, and leprosy; protection, principally through vaccinations, of the most vulnerable groups of people; reform, extension, and improvement of the activities of vaccination teams, providing them with equipment and sufficient funds; utilization of available human resources to improve the diagnosis and understanding of leprosy in rural areas; and reorientation of the organizational structure to integrate more effectively the central epidemiological levels and the operational activities in the field of communicable diseases.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	-	-	-	TOTAL	4,533	-	11,400	17,730	
P-4 MEDICAL OFFICER 4.3104	MR	1	-	-	-	SUBTOTAL	PR	-	-	9,400	14,730
						ZONE ADVISORY SERVICES		-	-	9,400	14,730
						SUBTOTAL	MR	4,533	-	2,000	3,000
						PERSONNEL-POSTS		2,314	-	-	-
						SUPPLIES AND EQUIPMENT		2,219	-	-	-
						DEV. OF HUMAN RESOURCES		-	-	2,000	3,000

HAITI-0200, MALARIA ERADICATION

The malaria program in Haiti continued with the application of antimalarial measures although on a somewhat irregular basis. The dosage of DDT was reduced from 2 g. to 1 g. per square meter during the second half of the year due to insufficiency of the insecticide, and the coverage with antimalarial drugs was less than what was anticipated; on the other hand, the operations with larvicides were carried out as planned.

Up to November 1973, there were 19,974 cases out of 290,585 samples examined, which compares with 17,234 cases based on 272,292 samples examined during the same period of 1972. During the year, the program was visited by an evaluation group which included malariologists and administrators from PAHO/WHO, UNICEF, and AID. The group, besides reviewing the antimalarial activities, studied a plan to extend the health services to the rural areas, utilizing the present National Malaria Service.

The purpose of this project is to continue cooperation in the eradication program.

TOTAL		3	3	5	5	TOTAL	PR	90,837	82,900	104,950	118,650
P-4 EPIDEMIOLOGIST .0494 .3863	PR	2	2	2	2	PERSONNEL-POSTS		63,997	69,800	89,200	102,000
P-1 SANITARIAN .0496 .4219 .4220	PR	1	1	3	3	PERSONNEL-CONSULTANTS		-	4,000	4,400	4,800
						DUTY TRAVEL		1,138	2,000	2,500	3,000
						SUPPLIES AND EQUIPMENT		20,644	5,600	7,350	7,350
						FELLOWSHIPS		5,058	1,500	1,500	1,500
TOTAL		-	2	2	2						
CONSULTANT MONTHS	PR	-	2	2	2						
TOTAL		2	1	1	1						
FELLOWSHIPS-ACADEMIC	PR	1	-	-	-						
FELLOWSHIPS-SHORT TERM	PR	1	1	1	1						

HAITI-0700, VETERINARY PUBLIC HEALTH

The prevalence of the zoonoses in Haiti is not known although some, such as anthrax, tetanus, rabies, and leptospirosis, have been identified. Rabies is endemic in the Capital and the largest number of reported cases has been in the Cayes district. Each year an annual drive to train veterinary auxiliaries is encouraged in an effort to make up for the major shortage of veterinarians. It is proposed to form a veterinary public health section in the Ministry of Agriculture.

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	1	TOTAL	PR	9,072	22,000	37,940	43,370
P-4 VETERINARIAN .4127	PR	1	1	1	1	PERSONNEL-POSTS	-	-	15,000	23,700	24,900
						ZONE ADVISORY SERVICES	-	-	-	6,740	10,470
						DUTY TRAVEL	-	-	1,000	1,500	2,000
TOTAL		2	2	2	2	SUPPLIES AND EQUIPMENT	-	-	3,000	3,000	3,000
						FELLOWSHIPS	9,072	3,000	-	3,000	3,000
FELLOWSHIPS-ACADEMIC	PR	2	-	-	-						
FELLOWSHIPS-SHORT TERM	PR	-	2	2	2						

HAITI-2100, ENVIRONMENTAL SANITATION

Only 14 towns outside the metropolitan area in Haiti have water supply systems, and these are of dubious quality. Bacteriological analysis and inspection for residual chlorine are undertaken only in Port-au-Prince and in two towns of the interior. In general, there are no systems for the disposal of waste water. Solid waste is collected in few towns, and its disposal is extremely defective. Health inspection of food is inadequate.

Expansion of sanitation efforts in urban and rural areas is planned in order to remedy the aforementioned conditions. The areas of Cayes and Mirebalais have been selected for the construction and installation of 10,000 latrines in the period 1974-77. A rotating fund financed by the Haitian Government and PAHO/WHO will be used for this purpose.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL	HR	11,300	11,300	19,436	20,425
ZONE ADVISORY SERVICES	-	-	-	6,736	7,075
GRANTS	11,300	11,300	12,700	12,700	13,350

HAITI-2200, WATER SUPPLIES

The metropolitan area of Port-au-Prince (Haiti) had a population of 493,900 in 1971. It is estimated that 20% of the population have plumbing in their homes. The water supply is generally defective and insufficient. This service is totally lacking in rural areas.

It is hoped to improve control of the chlorination of water sources, to combat leakage and waste (only 50% of the water produced reaches the consumer), and to initiate construction of an IDB and government-financed project for expansion and improvement of the service in the metropolitan area.

Plans for the interior of the country are to improve water quality and develop a program for the construction of water supply systems in urban and suburban areas.

TOTAL		1	1	1	1	TOTAL	PR	40,446	33,100	31,700	36,300
P-4 SANITARY ENGINEER .1058	PR	1	1	1	1	PERSONNEL-POSTS	28,116	27,100	28,300	29,500	29,500
						PERSONNEL-CONSULTANTS	1,797	2,000	2,200	2,400	2,400
						DUTY TRAVEL	933	1,000	1,200	1,400	1,400
TOTAL		1	1	1	1	SUPPLIES AND EQUIPMENT	5,986	-	-	-	-
						FELLOWSHIPS	3,614	3,000	-	-	3,000
CONSULTANT MONTHS	PR	1	1	1	1						
TOTAL		6	2	-	2						
FELLOWSHIPS-ACADEMIC	PR	-	-	-	-						
FELLOWSHIPS-SHORT TERM	PR	6	2	-	2						

HAITI-3100, HEALTH SERVICES

All available statistics indicate that the state of health care in Haiti is very deficient. The purpose of this project is to improve the health condition of the Haitian population through a more effective use of existing resources, as well as a loan requested from IDB for the development of a health infrastructure in the three health districts that the Government considers priorities: Cayes, Petit Goave, and Cap Haitien, whose population constitutes 40% of that of the country.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

In the medical field the formation of human resources for public health purposes is being planned as well as for nursing and sanitary engineering, as is the improvement of the use of existing facilities in the University Hospital of Haiti.

UNICEF cooperates in this project.

TOTAL		6	6	6	6	TOTAL	159,768	124,400	217,900	152,100
P-5 PAHO/WHO REPRESENTATIVE .0500	PR	1	1	1	1					
P-3 ADMIN. METHODS OFFICER .3582	PR	1	1	1	1	SUBTOTAL	113,529	100,400	187,600	118,600
P-3 NURSE .3516	PR	1	1	1	1	PERSONNEL-POSTS	73,491	95,400	107,200	112,700
P-1 SANITARIAN .3533	PR	1	1	1	1	PERSONNEL-CONSULTANTS	2,121	-	-	-
G-6 ADMINISTRATIVE ASSISTANT .0504	PR	1	1	1	1	DUTY TRAVEL	3,744	4,000	4,800	5,200
G-3 CLERK .4044	PR	1	1	1	1	SUPPLIES AND EQUIPMENT	22,127	1,000	600	700
						BUILDING COSTS	-	-	75,000	-
						FELLOWSHIPS	12,046	-	-	-
TOTAL		8	6	6	6	SUBTOTAL	997	-	-	-
CONSULTANT MONTHS	PR	3	-	-	-	SUPPLIES AND EQUIPMENT	997	-	-	-
CONSULTANT MONTHS	WR	5	6	6	6	SUBTOTAL	45,242	24,000	30,300	33,500
TOTAL		8	1	2	3	PERSONNEL-CONSULTANTS	6,926	12,000	13,200	14,400
FELLOWSHIPS-ACADEMIC	PR	2	-	-	-	FELLOWSHIPS	14,869	4,800	9,600	11,100
FELLOWSHIPS-ACADEMIC	WR	3	1	2	2	COMMON SERVICES	23,447	7,200	7,500	8,000
FELLOWSHIPS-SHORT TERM	PR	1	-	-	-					
FELLOWSHIPS-SHORT TERM	WR	2	-	-	1					

HAITI-3105, PUBLIC HEALTH SERVICES

The purpose of this project is to strengthen and develop the health services in the region of Cayes in cooperation with national and international agencies. The main objectives are to control communicable diseases; to improve environmental sanitation (provision of drinking water, construction of 10,000 latrines); to improve the population's nutritional status (70% of children under four years of age suffer from malnutrition); to accelerate the training of medical and para-medical personnel, especially auxiliaries; to expand the medical care coverage of the region; to equip and organize the Hospital des Cayes so that it may serve as a reference center for the health centers of the region and complement their activities; to improve health and hospital statistics; and to develop a statistical system suitable for use throughout the country. Health education for the public will be an important part of all activities. This project will serve as a demonstration and training area.

TOTAL		3	3	3	2	TOTAL	27,576	93,275	71,810	47,160
P-4 MEDICAL OFFICER 4.3385	WR	1	1	1	1	SUBTOTAL	26,326	32,900	34,860	37,160
P-3 NURSE 4.0503	UNDP	1	1	1	-	PERSONNEL-POSTS	24,225	24,700	26,560	28,760
P-2 STATISTICIAN 4.2129	UNDP	1	1	1	1	DUTY TRAVEL	2,101	2,200	2,300	2,400
						COMMON SERVICES	-	6,000	6,000	6,000
						SUBTOTAL	1,250	60,375	36,950	10,000
						PERSONNEL-POSTS	1,250	57,000	33,250	8,500
						DUTY TRAVEL	-	3,000	3,000	1,500
						MISCELLANEOUS	-	375	700	-

HAITI-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	9,440	12,325
ZONF ADVISORY SERVICES	-	-	-	7,740	10,200
DEV. OF HUMAN RESOURCES	-	-	-	1,700	2,125

HAITI-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$
TOTAL					WR	-	-	9,955	10,710
ZONE ADVISORY SERVICES						-	-	9,955	10,710

HAITI-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	8,180	8,760
ZONE ADVISORY SERVICES		-	-	8,180	8,760

HAITI-4200, NUTRITION

Protein-calorie malnutrition among children is one of the most pressing health problems in Haiti, as it affects some 70% of the children under age five. Seven per cent of these children suffer from severe (third degree) malnutrition and 30% from moderate (second degree) malnutrition. The average diet provides only 1,700 calories and 41 grams of protein per person per day. The situation is more serious in rural areas because of a high prevailing rate of infectious and parasitic diseases.

The purpose of the project is to improve the nutrition status of the population, particularly that of the most vulnerable groups, by promoting integration and coordination of activities in the fields of health, education, and agriculture. More specifically, increased attention will be paid to training and upgrading manpower in nutrition, health, and rural extension activities; local production of food crops; coverage of supplementary feeding and nutrition education programs; and production of a low-cost vegetable mixture with high nutritional value.

UNICEF cooperates in this project.

TOTAL		1	1	1	1	TOTAL	72,624	65,061	45,200	39,834
P-4 NUTRITIONIST 3865	PR	1	1	1	1	SUBTOTAL	23,818	39,900	31,500	33,100
TOTAL		6	6	1	1	PERSONNEL-POSTS	2,090	27,100	28,300	29,500
CONSULTANT MONTHS	PR	6	6	1	1	PERSONNEL-CONSULTANTS	18,602	12,000	2,200	2,400
						DUTY TRAVEL	211	800	1,000	1,200
						COURSE COSTS	2,915	-	-	-
						SUBTOTAL	48,806	25,161	13,700	6,734
						GRANTS	48,806	25,161	13,700	6,734

HAITI-4800, MEDICAL CARE SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	9,090	9,510
ZONE ADVISORY SERVICES		-	-	9,090	9,510

HAITI-4900, HEALTH AND POPULATION DYNAMICS

In 1970, the Government of Haiti adopted a policy to promote the establishment of a maternal and child health program to include birth control activities, which led to the setting up in the Ministry of Health of the Family Health Division and the request addressed to the United Nations Fund for Population Activities for financial assistance for a project with the following objectives: (1) to strengthen the maternal and child health infrastructure; develop administrative standards, techniques and procedures; extend the coverage of prenatal, childbirth, and post-delivery care; and establish family planning clinics in the two main hospitals of Port-au-Prince; and (2) to train personnel and undertake educational programs for health in the areas of maternal and child health and family planning.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

The project proposes to progressively expand the program as the regionalization of the health services advances, for which a new request to the United Nations Fund for Population Activities is being prepared. The first stage of expansion will include the districts of Cap Haitien, Cayes, Petit Goave, and the subdistrict of Croix de Bouquet. PAHO/WHO, as Executing Agency, is responsible for the technical advisory services and management of the funds of the project.

TOTAL		3	5	5	5	TOTAL	UNFPA 167,167	462,390	1,191,574	1,192,178
P-4 HEALTH EDUCATOR 4.3843	UNFPA	1	1	1	1	PERSONNEL-PCSTS	51,603	80,572	83,896	84,500
P-4 PROJECT MANAGER 4.3842	UNFPA	1	1	1	1	PERSONNEL-CONSULTANTS	1,313	15,000	21,000	21,000
P-3 ADMIN. METHODS OFFICER 4.4367	UNFPA	-	1	1	1	DUTY TRAVEL	2,917	4,500	5,000	5,000
P-2 STATISTICIAN 4.3845	UNFPA	1	1	1	1	CONTRACTUAL SERVICES	-	28,000	28,000	28,000
G-5 SECRETARY 4.3369	UNFPA	-	1	1	1	SEMINAR CCSTS	-	1,200	1,200	1,200
						SUPPLIES AND EQUIPMENT	34,807	129,526	566,168	566,168
						FELLOWSHIPS	1,631	18,100	14,800	14,800
						LOCAL CCSTS	71,246	174,224	461,510	461,510
						MISCELLANECUS	3,650	11,268	10,000	10,000
TOTAL		1	7	10	10					
CONSULTANT MONTHS	UNFPA	1	7	10	10					
TOTAL		1	12	10	10					
FELLOWSHIPS-SHORT TERM	UNFPA	1	12	10	10					

HAITI-6200, MEDICAL EDUCATION

The critical shortage of health personnel in Haiti requires immediate attention. Hence, changes must be made in the curricula of the School of Medicine and Pharmacy, and at the same time changes needed to improve the quality of teaching personnel must be undertaken.

The purposes of this project are to cooperate with the school in training health personnel in different disciplines and at different levels (middle level and auxiliary medical personnel) and in defining objectives and analyzing and restructuring the medical studies curriculum. The project also contributes to the development of the biomedical information program through the library of the School of Medicine and Pharmacy.

TOTAL		1	1	1	1	TOTAL	PR	43,386	43,500	45,700	46,300
P-3 LIBRARIAN .3673	PR	1	1	1	1	PERSONNEL-POSTS		19,872	22,100	23,700	24,300
						PERSONNEL-CONSULTANTS		13,059	6,000	6,600	9,600
						DUTY TRAVEL		495	500	600	700
TOTAL		7	3	3	4	SUPPLIES AND EQUIPMENT		9,960	10,100	10,500	11,700
						FELLOWSHIPS		-	4,800	4,800	-
CONSULTANT MONTHS	PR	7	3	3	4						
TOTAL		-	1	1	-						
FELLOWSHIPS-ACADEMIC	PR	-	1	1	-						

HAITI-6400, SANITARY ENGINEERING EDUCATION

Sanitary engineering education in Haiti is included in the civil engineering section of the Faculty of Sciences. Laboratory facilities are very limited; however, the Central Metropolitan Water Authority (CAMEP) permits the use of its laboratory.

It is proposed to establish a sanitary education unit within the civil engineering section with a view to increasing the quality of this specialty at the professional and subprofessional levels. Audiovisual material has been supplied to the Faculty of Sciences. A course on Basic Sanitation in Rural Areas was held with the participation of professional staff from the Faculty, the Department of Public Health and Population, CAMEP, SHRH, and PAHO/WHO.

TOTAL		1	-	-	-	TOTAL	PR	5,505	-	-	-
FELLOWSHIPS-SHORT TERM	PR	1	-	-	-	SUPPLIES AND EQUIPMENT		3,855	-	-	-
						FELLOWSHIPS		900	-	-	-
						COURSE COSTS		750	-	-	-

 PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	253,217	305,416	235,076	258,432
0100 EPIDEMIOLOGY	2,584	6,882	7,254	7,261
0102 EPIDEMIOLOGY (ZONE II)	14,406	16,500	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	493	-	-	-
0200 MALARIA TECHNICAL ADVISORY SERVICES	3,054	4,128	4,027	4,485
0218 PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS	868	2,250	2,060	2,695
0400 TUBERCULOSIS CONTROL	-	1,131	1,885	2,392
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	-	-	-	1,128
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	181	-	-	-
0500 LEPROSY CONTROL	513	884	432	496
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	93	-	131	139
0600 VENEREAL DISEASE CONTROL	-	720	396	459
0700 PAN AMERICAN ZOONOSES CENTER	12,017	14,866	15,096	15,721
0702 VETERINARY PUBLIC HEALTH (ZONE II)	8,987	9,720	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	140	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	489	707
2100 ENVIRONMENTAL SANITATION	1,827	705	777	753
2102 SANITARY ENGINEERING (ZONE II)	5,902	6,380	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,392	16,685	15,648	18,296
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	855	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	748	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	4,558	5,236	5,580	5,868
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	805	-
2300 AEDES AEGYPTI ERADICATION	3,575	5,452	6,088	6,514
2308 ADVISORY COMMITTEE ON DENGUE FEVER	-	720	-	752
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	566	-	-
3000 COORDINATION WITH FOUNDATIONS	1,278	2,568	3,080	3,507
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,302	3,851	3,118	3,392
3126 OPERATIONS RESEARCH	69	270	226	235
3130 CONFERENCE ON MYCOLOGY	77	1,307	-	-
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,636	2,004	1,169	1,249
3145 EMERGENCY PREPAREDNESS	-	532	-	-
3200 NURSING SERVICES	1,665	2,263	2,416	2,533
3202 NURSING (ZONE II)	10,076	11,275	-	-
3210 HOSPITAL NURSING SERVICES	-	695	1,232	1,367
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	553	1,193	1,114	1,172
3216 STANDARDS IN NURSING PRACTICE	644	875	-	-
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	261	493	309	248
3223 SYSTEMS OF NURSING	50	1,001	1,248	-
3300 LABORATORY SERVICES	799	361	452	481
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,431	1,689	1,764	1,942
3400 HEALTH EDUCATION	530	497	310	497
3410 TRAINING OF TEACHERS IN HEALTH EDUCATION	336	772	844	916
3500 HEALTH STATISTICS	1,127	723	932	688
3502 HEALTH STATISTICS (ZONE III)	9,523	9,322	-	-
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	1,936	2,622	2,754	2,931
3602 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE II)	8,848	-	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,500	1,505	-	-
3700 HEALTH PLANNING	5,072	3,162	2,831	3,124
3702 HEALTH PLANNING (ZONE II)	8,953	7,685	-	-
3709 MEETING OF MINISTERS OF HEALTH	756	-	-	-
3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	3,477	5,406	3,940	3,140
4200 NUTRITION ADVISORY SERVICES	4,321	2,018	2,160	2,286
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	65,780	65,971	67,408	70,001
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	69	222	244	443
4238 NUTRITION RESEARCH	148	760	1,354	2,035
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	153	163
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	558	232
4500 HEALTH ASPECTS OF RADIATION	197	120	126	132
4507 RADIATION HEALTH PROTECTION	1,154	440	462	488
4516 PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	84	-
4700 FOOD AND DRUG CONTROL	489	1,074	1,133	1,186
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	448
4800 MEDICAL CARE SERVICES	1,150	1,184	1,300	1,462
4802 MEDICAL CARE SERVICES (ZONE II)	4,322	9,152	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,575	2,108	2,806	3,550
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,964	2,665	2,362	3,064
4900 HEALTH AND POPULATION DYNAMICS	13,711	29,618	30,000	34,072
4902 HEALTH AND POPULATION DYNAMICS (ZONE III)	8,774	-	-	-
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	2,255	5,797	5,910	6,501
4915 MATERNAL AND CHILD HEALTH	129	390	429	521
5000 REHABILITATION	2,090	1,717	1,797	1,947
5100 CHRONIC DISEASES	138	475	537	559
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	577	1,265	2,468	2,847
6200 EDUCATION IN HEALTH SCIENCES	3,355	3,288	6,700	7,788
6216 BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,283	2,880	2,818	2,683
6221 LIBRARY OF MEDICINE	-	7,264	5,344	5,302
6223 TEACHING OF BEHAVIORAL SCIENCES	851	200	-	-

6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	467	1,717	1,865	3,189
6320 POSTBASIC COURSES IN NURSING	342	782	626	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,476
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	150	504
6400 SANITARY ENGINEERING EDUCATION	1,098	1,065	1,235	1,350
6600 DENTAL EDUCATION	566	733	819	928
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	164	210	294	785
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	197	402	302	311
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	983	964	1,008	1,179
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	1,719	2,841	1,984	2,070
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*-----PORTIONS OF INTER-COUNTRY PROJECTS-----*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	632,214	937,926	1,814,275	1,795,352	253,217	305,416	235,076	258,432
PAHO-PR-REGULAR BUDGET	326,593	321,800	467,320	432,885	120,050	131,172	90,555	108,221
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	39,394	33,275	33,344	34,724
PG-GRANTS & OTHER CONTRIBUT.	997	-	-	-	20,524	24,320	9,482	9,505
PH-PAN AMER. HEALTH & EDUC.FN.	48,806	25,161	13,700	6,734	13,392	20,484	19,317	19,925
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	2,498	-	-	-
WHO-WR-REGULAR BUDGET	87,401	68,200	104,731	113,555	48,767	60,311	41,000	41,729
UNDP-UN DEVELOPMENT PROGRAM	1,250	60,375	36,950	10,000	8,308	10,367	6,653	5,981
UNFPA-UN FUND POPULATION ACT.	167,167	462,390	1,191,574	1,192,178	284	25,487	34,725	38,347

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	885,431	1,243,342	2,049,351	2,013,784
PAHO-PR-REGULAR BUDGET	446,643	452,972	557,875	541,106
PN-INCAP GRANTS & OTHER CONTR.	39,394	33,275	33,344	34,724
PG-GRANTS & OTHER CONTRIBUT.	21,521	24,320	9,482	9,505
PH-PAN AMER. HEALTH & EDUC.FN.	62,198	45,645	33,017	26,659
PK-SPECIAL FUND FOR HEALTH PR.	2,498	-	-	-
WHO-WR-REGULAR BUDGET	136,168	128,511	145,731	155,284
UNDP-UN DEVELOPMENT PROGRAM	9,558	70,742	43,603	15,981
UNFPA-UN FUND POPULATION ACT.	167,451	487,877	1,226,299	1,230,525

MEXICO

BACKGROUND DATA

The United States of Mexico has a surface area of 2,022,058 square kilometers, including its inland waters. According to the 1970 census, it had 48,318,547 inhabitants and the estimated population in 1973 was 54,528,617, of which 44.6% were under 15 years of age. In other words, the country has a young population structure, and its high rate of growth of 3.4% annually will, unless moderated, produce a population of more than 70 million by 1980.

In 1971 the per capita income was 8,845 pesos (US\$708). The economically active population represents 43.6% of the population over 12 years of age, of which 50% are employed in the primary sector and produce 11.6 of the gross national product (GNP); 22% are employed in the secondary sector, which contributes 34.2% to the GNP; the tertiary sector employs 28% and contributes 54.2% to the GNP.

Of the population over 10 years of age 76.32% is literate. Among children of school age, 43% attend primary schools; 18% of the population between 15 and 19 years attend middle-level schools; and 2% of the population between 20 and 29 years attend universities.

The general coordination of the economic and social development of the country is the responsibility of the Secretaría de la Presidencia de la República, within which, since 1971, there has been a planning and programming unit which coordinates the activities of the programming units established in the Offices of the Secretaries of State and government institutions. The programming units are responsible for the preparation of periodical investment plans, supported by specific projects which, after being studied by the Secretaría de la Presidencia, are finally authorized by the President of the Republic.

To foster the economic and social development of the country, the Government has adopted the following basic policy guidelines: (1) more equitable distribution of income between sectors and regions; (2) mass employment creation; (3) internal and external monetary stability; and (4) economic independence.

The economic and social development policy gives preferential attention to industrial and agricultural development, social development, and the development of transportation and communications. This policy is reflected in the national budget for 1974, which amounts to 230,960 million pesos, 14% more than the budget executed in 1973. The 1974 budget is broken down as follows: 32.0 for the industrial sector; 22.8% for the social sector; 18.6% for administration and defense; 14.4% for the agricultural sector; 11.9% for transportation and communication; and 0.3% for tourism.

The health situation in the country has improved considerably in the past decade. In 1972 life expectancy at birth was estimated at 60.2 years for the total population (58.4 for males and 62.3 for females), even though the figures for general mortality and the rates by age groups are high. Communicable diseases account for a significant percentage of deaths, especially in children under one year of age.

The principal causes of morbidity and mortality are acute infectious diseases, gastrointestinal diseases, and diseases of the respiratory system, the consequence of unsatisfactory environmental control, especially in rural areas and the outskirts of the cities.

Malnutrition continues to be a problem primarily affecting the child population, and although it has somewhat improved it still constitutes an underlying cause that aggravates the course of the diseases affecting the population.

As far as preventive and health promotion activities are concerned, the coverage of the health care services is virtually 100%, although it is unsatisfactory in the area of medical care in view of the scattered nature of the population especially in the rural areas.

Environmental pollution is beginning to be a problem in the industrialized urban areas.

The First National Health Convention, which was held in 1973 and attended by representatives of the governments of the federal states and of all the public and private agencies concerned with health, approved conclusions that will serve as a basis for revising the health policy of the country. These conclusions reaffirm that life, health, and social security are fundamental rights of man, and designate the following as priority areas: improvement of maternal and child health conditions as well as of the nutritional status of the population, with special emphasis on the infant population; control and eradication of communicable diseases, especially those preventable by vaccination; improvement of environmental sanitation conditions and the prevention and control of environmental pollution; extension of health service coverage to the rural population with the active participation of the community; basic and advanced training of professional, middle-level and auxiliary health personnel; and health education of the population.

The purpose of the First National Health Convention was to analyze the health problems affecting the country, as presented by the state, municipal and local governments and to review the methods and procedures that would confirm or rectify the public health programs of the country, with a view to reorienting policies and structuring the new health plan for the decade 1973-83.

Health care of the population is a responsibility of the State, through the Ministry of Public Health and Social Welfare. Preventive and curative services are provided through the services of the above-mentioned Ministry, the Mexican Social Security Institute (IMSS), the Social Security and Service Institute for State Employees (ISSTE), and other autonomous and private agencies. There is a high-level joint commission which coordinates the activities of the Ministry of Public Health and Social Welfare and the IMSS.

The Ministry of Public Health and Social Welfare, which has policy-setting, coordinating, and executive functions, consists of three subsecretariats - Public Health, Social Welfare, and Environmental Improvement - each of which is organized into general administrations and departments to appropriately carry out the duties incumbent upon them. Health activities for the benefit of the population of the federal states and territories are carried out through the coordinated public health services, which operate under agreements between the Ministry of Public Health and Social Welfare and the governments of the states and territories. These coordinated services operate under the technical direction of the Ministry of Public Health and Social Welfare.

In February 1973 a new health code of the United States of Mexico was approved by a presidential decree.

PROTECTION OF HEALTH

Communicable Disease Control

Communicable diseases have declined in recent years, although in 1973 they still accounted for 47.1% of all recorded deaths; foremost among them are acute infectious diseases, gastrointestinal diseases, and diseases of the respiratory system, whereas measles, whooping cough, tetanus, diphtheria, tuberculosis, and poliomyelitis accounted for only 6% of the total. The Ministry of Public Health and Social Welfare assigned high priority to the immunization program, which in recent years has succeeded, as the result of mass programs, in reducing the proportion of susceptible population to such an extent that it may be assumed that these diseases have been brought under definite control.

The National Tuberculosis Control Campaign, which is under the authority of the Ministry of Public Health and Social Welfare, intends to improve its activities by updating the national standards for the control of that disease and by intensifying and expanding activities in all the health services in order to achieve tuberculosis control in Mexico.

The attack phase of the malaria eradication program began in 1957; in 1961, 74% of the malarious area was shifted into the consolidation phase. The crisis caused by the suspension of the UNICEF contribution led to a gradual deterioration in the situation until 1971, when the national budget was substantially increased and total coverage was achieved; in 1972 and 1973 the epidemiological situation improved markedly, especially on the Gulf of Mexico slope. The budgetary increases required in the years ahead, which are assumed by the priority the government has assigned to the program, will make it possible to still further improve the situation and to undertake the research needed in areas where malaria is refractory.

In 1971 there was an epidemic outbreak of Venezuelan encephalitis in 14 states in the country, which caused high mortality in equines and was transmitted to man; 42 human deaths were due to the disease. An intense and sustained program of equine vaccination and epidemiologic surveillance, carried out in close collaboration by the Ministries of Agriculture and Stockraising and Public Health and Social Welfare, has prevented the occurrence of any equine case in 1973.

Rabies is endemic in the urban and rural areas and has caused an annual average of 80 human deaths. A large number of persons are bitten by animals. There is a continuing rabies control program in the northern area of the country and in the Federal District. Brucellosis is responsible for an annual loss of 80 million Mexican pesos; a program for the eradication of this zoonosis, based on the voluntary participation of stockraisers, is in operation. Bovine tuberculosis seems to be another problem and the national authorities have stepped up activities for better control of the disease.

Environmental Health

As a result of the continuity of environmental sanitation programs, especially water supply programs, water-borne diseases have been reduced, and at present programs for the sanitary disposal of waste, and housing sanitation, have been intensified in order to reduce morbidity caused by diarrheal diseases, salmonellosis, intestinal parasitic diseases, and certain diseases of the respiratory system, which are among the principal causes of disease and death in the country.

Air pollution has increased in the urban areas that have a high population density and are industrialized.

The disposal of solid waste and the wide use of pesticides in agriculture are a potential threat to the maintenance of the ecological equilibrium of the environment, and also cause the pollution of ground water.

Of the estimated urban population in 1973 of 32,680,000 inhabitants, 72% have in-house water connections and 49% sewage disposal services. Of the rural population, estimated at 20,925,000 inhabitants in 1973, 33% have water supply services and less than 1% have sewage disposal services.

According to the investments envisaged in the National Water Supply and Sewage Disposal Plan, in 1976 a total of 80% of the urban population and 50% of the rural population will have water supply services, and 45% of the urban population and 10% of the rural population will have sewage disposal services (excluding the population of the Federal District).

To deal with the problems of air pollution, the Government established in 1972 the Subsecretaría de Mejoramiento del Ambiente within the Ministry of Public Health and Social Welfare. Earlier in 1971 the Federal Law on the Prevention and Control of Environmental Pollution had been promulgated, as had regulations for the prevention and control of air pollution caused by the emission of fumes and dust; in 1972 the new Federal Water Law was promulgated. In 1973, regulations for the prevention and control of water pollution were published. The above-mentioned Subsecretaría has drawn up a program for the next four years, which provides for the investment of substantial local resources and a possible contribution from the United Nations Development Programme.

PROMOTION OF HEALTH

General Services

The coverage of the medical care programs available to the Mexican population needs to be increased, since it is very difficult for the scattered rural population to gain access to them. For this reason, the Ministry of Public Health and Social Welfare considers it essential to expand them by the efficient use of all the preventive and curative resources of the various institutions of the health sector.

This sector comprises the Ministry of Public Health and Social Welfare itself, the IMSS, the ISSTE, and a variety of institutions for serving priority groups. However, it has so far not been possible to provide the rural population with sufficient and adequate medical care services.

In this regard, it is believed that appropriate interinstitutional coordination will make it possible to harmonize the common objectives and that the enactment of legal and statutory regulations and an increase in the funds appropriated will result in a substantial improvement in the present situation. This aspect is dealt with in a number of orders of the Ministry of Public Health and Social Welfare: the first proclaims the need to rationalize the planning of activities at all levels; the third recommends an increase in the coordination between various preventive and curative services; the fourth strengthens interinstitutional coordination between the Ministry of Public Health and Social Welfare and the social security system; the fifth emphasizes the need to increase efficiency by means of administrative reform; the sixth provides for the establishment of new community services, especially in the rural areas and in the outskirts of the cities; the eleventh recommends the extension of social welfare; the twelfth distributes the medical service units of the Ministry of Public Health and Social Welfare in a regionalized system; the thirteenth provides for an increase in the active participation of the population in health programs; and the seventeenth deals with the review and updating of health regulations in accordance with the new health code.

The National Health Plan, which is currently being prepared, will give special attention to the solution of the problems raised.

In the Ministry of Public Health and Social Welfare, the health planning process was initiated in 1971 with the creation of the Planning and Evaluation Department in the General Coordinated Public Health Services Administration and the establishment of planning offices in each of the offices of the coordinated services in the federal entities of the country. In 1973 the First National Health Convention was held and laid the groundwork for the formulation of a national health plan, which will be followed by the preparation of state health plans.

Several projects for the strengthening of laboratories and the preparation of biological products are being conducted and receive international assistance. The production of oral poliomyelitis vaccine is at a very advanced stage, and a trivalent vaccine produced in Mexico should be available for the 1975 programs.

The Ministry of Public Health and Social Welfare is also taking steps to improve the statistical information systems in the health sector. It is obviously important for the general administration of health sector institutions to have prompt, regular, and systematic information. This is an area which is being reorganized, although at the present time complete information from all the agencies connected with the health sector is not yet available.

Specific Programs

Maternal and Child Health:

Maternal and child health is a high priority area in Mexico, since it is deemed possible to reduce the maternal and child morbidity and mortality rates.

In 1972 infant mortality was 62 per 1,000 live births, mortality in preschool-age children was 8.9 per 1,000, while 44.6% of all deaths occurred in children under five years of age.

This problem is recognized in the policy of the Ministry of Public Health and Social Welfare. It intends to strengthen maternal and child health programs which, moreover, are the hub of other health and medical care activities. A national maternal and child health and family planning program was prepared and put into effect in 1973 with international assistance. The purpose of the immunization programs of the Ministry of Public Health and Social Welfare is to reduce child mortality from communicable diseases.

Nutrition:

Malnutrition is a problem that affects the population of the country and especially children living in rural areas. As a national average, the food supply provides 2,133 calories per inhabitant/day and 60 grams of protein per inhabitant/day. The food supply is somewhat less in the rural areas where, in addition, a good proportion of it consists of vegetable foods. Nutrition education and food supplementation programs are being carried out for the vulnerable sectors of the population (mothers and children).

Population Dynamics:

In this field the various demographic indicators and indicators of the level of living in Mexico point to a critical area which is beginning to receive attention by the national authorities. In Mexico there is a high rate of natural population growth accompanied by a very high birth rate; a large rural and scattered population; unsatisfactory social and economic conditions; unfavorable health indicators (infant mortality, preschool-age mortality, maternal mortality); a high incidence of abortion; a low educational level; and an insufficient supply of services, especially for the rural population. All this justifies the implementation of family planning and welfare programs.

Aware of the overriding importance of this problem, the Government promulgated in 1974 the General Population Law and gave wide support to the policy of the Ministry of Public Health and Social Welfare relating to maternal and child health, family planning, and responsible parenthood.

Medical Care:

Medical care activities are carried out by a large number of official and private institutions in the country. The most important are the Ministry of Public Health and Social Welfare, the IMSS and the ISSSTE.

The urban and semi-urban population is, by and large, adequately served by the above-mentioned institutions. The real problem is the rural population, between 15 and 20 million of which are estimated to not have easy access to medical care services.

There are insufficient medical care resources and their poor distribution is a reflection in part of the scattered nature of the population. For the same reason, little manpower is available because it is concentrated in the urban areas. The availability of hospital beds is as follows: private sector, 4.5 beds per 1,000 inhabitants; social security, 2.2 beds per 1,000 members; and Ministry of Public Health and Social Welfare, 1.2 beds per 1,000 inhabitants in its areas of influence. There are areas with under 0.5 beds per 1,000 inhabitants.

It is proposed to deal with this problem by efficiently coordinating official, decentralized, and private institutions, and by organizing a national hospital system, at the same time providing the necessary funds for the establishment of new units and for ensuring their operation and maintenance. For the rural population it is proposed to establish a system of "Casas de Salud" manned by auxiliary personnel under the immediate supervision of the rural health centers.

Rehabilitation:

It is to be assumed that in the Mexican Republic, which has a population of more than 50 million inhabitants, there are a great many persons in need of physical, mental, and social rehabilitation services. At the present time public health programs are not considered complete unless they include services for the rehabilitation of persons who have suffered a reduction in their normal living capacity. Although there are a large number of rehabilitation establishments and programs, the authorities consider the present services insufficient to meet the demand. Accordingly, the Ministry of Public Health and Social Welfare intends to expand the integral rehabilitation programs. The fundamental purpose of international assistance in this field is the training of middle-level and auxiliary personnel, with a view to satisfying the demand for future services.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

The health manpower available can only cover part of the needs of the country. This makes it difficult to achieve a better manpower distribution, since there is a concentration of manpower in the urban areas and, as a result, a lack of manpower in the rural areas, especially where the population is scattered. This problem is, however, gradually being overcome, thanks to the increasing expansion of the communications network.

Mexico has 30 medical schools, 19 dental schools, 10 schools of veterinary medicine, one school of public health, and 110 nursing schools. Four interdisciplinary health sciences centers have been established. The Latin American Center for Health Education Technology is also located in Mexico and its purpose is to promote the further development of health manpower through the training of teachers, improvement of study plans and teaching methods, and educational administration in general.

According to the 1970 census data, the health manpower available is as follows:

<u>Profession</u>	<u>Number</u>	<u>Ratio/10,000 inhabitants</u>
Physicians	34,107	7.10
Dentists	5,101	1.05
Veterinarians	2,750	0.55
Sanitary engineers	250	0.05
Nurses	9,000	1.80
Middle-level personnel and nursing auxiliaries	40,000	8.20

The physician/population ratio at the national level only partially reflects the true situation, since these resources are concentrated in urban areas. The production of these resources, especially physicians and dentists, is increasing. However, although the situation is improving, it cannot be considered truly satisfactory until the maldistribution of health manpower in the country is corrected.

A program for the reorganization of veterinary education, to which sufficient resources were assigned, was initiated in 1973.

According to the health policy of the country, health manpower training must at all times be commensurate with the needs, resources, and social and cultural conditions in Mexico.

MEXICO - PROGRAM BUDGET

1 9 7 3		1 9 7 4			1 9 7 5		1 9 7 6	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
585,179	33.3	1,099,026	43.0	I. PROTECTION OF HEALTH	1,478,531	35.8	1,266,030	29.8
487,356	27.8	490,936	19.2	A. COMMUNICABLE DISEASES	469,794	11.4	501,553	11.7
20,917	1.2	23,382	.9	0100 GENERAL	30,053	.7	26,808	.6
152,502	8.7	138,328	5.4	0200 MALARIA	140,502	3.4	144,780	3.4
1,034	.1	5,537	.2	0400 TUBERCULOSIS	2,984	.1	8,586	.2
7,970	.5	13,024	.5	0500 LEPROSY	7,286	.2	8,685	.2
-	-	320	*	0600 VENEREAL DISEASES	176	*	204	*
301,261	17.1	305,813	12.0	0700 ZOOSES	283,776	6.9	303,137	7.1
2,873	.2	2,200	.1	0900 OTHER	1,249	*	4,017	.1
799	*	2,332	.1	1000 PARASITIC DISEASES	3,768	.1	5,336	.1
97,823	5.5	608,090	23.8	B. ENVIRONMENTAL HEALTH	1,006,737	24.4	764,477	18.1
42,970	2.4	546,785	21.4	2100 GENERAL	939,789	22.7	694,984	16.4
51,419	2.9	56,121	2.2	2200 WATER SUPPLIES	63,052	1.5	63,274	1.5
643	*	1,082	*	2300 AEDS AEGYPTI ERADICATION	1,094	*	1,172	*
1,847	.1	2,265	.1	2400 HCUSING	2,860	.1	3,005	.1
944	.1	1,837	.1	2500 AIR POLLUTION	1,942	.1	2,042	.1
856,034	48.5	1,086,474	42.5	II. PROMOTION OF HEALTH	2,245,422	54.1	2,571,989	60.5
589,205	33.3	597,245	23.3	A. GENERAL SERVICES	467,802	11.2	422,169	9.9
204,814	11.6	159,419	6.2	3100 GENERAL PUBLIC HEALTH	197,756	4.8	213,564	5.0
15,285	.9	22,247	.9	3200 NURSING	20,567	.5	20,652	.5
295,262	16.7	309,914	12.1	3300 LABORATORY	153,930	3.7	93,644	2.2
866	*	1,268	*	3400 HEALTH EDUCATION	1,153	*	1,412	*
19,873	1.1	17,904	.7	3500 STATISTICS	18,626	.4	21,110	.5
10,487	.6	32,388	1.3	3600 ADMINISTRATIVE METHODS	32,294	.8	33,741	.8
42,618	2.4	54,105	2.1	3700 HEALTH PLANNING	43,476	1.0	38,046	.9
266,829	15.2	489,229	19.2	B. SPECIFIC PROGRAMS	1,777,620	42.9	2,149,820	50.6
133,665	7.6	131,001	5.1	4200 NUTRITION	135,573	3.3	141,564	3.3
14,365	.8	4,515	.2	4300 MENTAL HEALTH	5,053	.1	6,110	.2
8,313	.5	9,248	.4	4400 DENTAL HEALTH	9,302	.2	9,388	.2
4,930	.3	5,280	.2	4500 RADIATION AND ISOTOPES	6,720	.2	6,200	.2
1,089	.1	1,405	.1	4600 OCCUPATIONAL HEALTH	1,892	*	2,033	*
7,149	.4	9,201	.3	4700 FOOD AND DRUG	10,751	.3	13,546	.3
14,949	.8	14,684	.6	4800 MEDICAL CARE	14,039	.3	16,000	.4
63,713	3.6	267,977	10.5	4900 FAMILY HEALTH AND POP. DYNAMICS	1,544,525	37.3	1,903,005	44.8
15,627	.9	40,657	1.6	5000 REHABILITATION	44,387	1.1	46,384	1.1
3,029	.2	5,261	.2	5100 CANCER & OTHER CHRONIC DISEASES	5,378	.1	5,590	.1
321,226	18.2	370,609	14.5	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	420,394	10.1	414,374	9.7
36,368	2.1	76,382	3.0	6100 PUBLIC HEALTH	77,474	1.9	63,458	2.0
167,656	9.5	165,308	6.5	6200 MEDICINE	191,873	4.6	166,133	3.9
37,482	2.1	40,934	1.6	6300 NURSING	49,871	1.2	52,099	1.2
50,773	2.9	55,995	2.2	6400 ENVIRONMENTAL SCIENCES	66,369	1.6	64,739	1.5
18,872	1.1	15,553	.6	6500 VETERINARY MEDICINE	16,437	.4	23,017	.5
2,063	.1	3,037	.1	6600 DENTISTRY	4,990	.1	6,614	.2
8,012	.4	13,400	.5	6700 BIOSTATISTICS	13,480	.3	10,314	.4
1,762,439	100.0	2,556,109	100.0	GRAND TOTAL	4,144,347	100.0	4,252,393	100.0

*LESS THAN .05 PER CENT

MEXICO - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY		FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT		GRANTS AND OTHER	
		PROF.	LOCAL	STC MONTH		TRAVEL	ACAD.	SHORT	AMOUNT	PART.	AMOUNT	EQUIPMENT	AMOUNT	OTHER	
	\$				\$	\$			\$	\$	\$	\$	\$	\$	\$
1973															
PAHO--PR	553,530	6	-	12	416,138	37,074	4	7	42,790	-	10,555	16,082	30,891		
PW	908	-	-	-	829	79	-	-	-	-	-	-	-	-	-
PN	75,514	-	-	-	32,575	3,236	-	-	3,089	-	-	8,998	27,616		
PG	250,551	1	1	4	88,328	5,010	-	-	3,616	-	9,499	80,553	63,545		
PH	90,065	-	-	-	11,684	1,660	-	-	1,432	-	437	37,938	36,914		
PK	36,138	-	-	-	27,531	685	-	-	-	-	-	1,904	6,018		
PS	399	-	-	-	-	-	-	-	-	-	-	-	399		
WHO--WR	391,654	1	-	16	110,350	6,548	15	25	113,149	2	19,746	84,300	57,561		
UNDP	363,396	7	2	27	185,319	-	1	1	16,299	-	-	150,371	11,407		
UNFPA	284	-	-	-	284	-	-	-	-	-	-	-	-		
TOTAL	1,762,439	15	3	59	873,038	54,292	20	33	180,375	2	40,237	380,146	234,351		
PERCENT OF TOTAL	100.0				49.5	3.1			10.2		2.3	21.6	13.3		
1974															
PAHO--PR	793,577	11	-	7	649,620	46,105	2	13	34,093	-	8,827	11,307	43,625		
PW	4,215	-	-	-	4,020	195	-	-	-	-	-	-	-		
PN	63,774	-	-	-	34,837	3,227	-	-	3,286	-	-	4,875	17,549		
PG	205,518	-	-	1	50,154	1,658	-	-	1,140	-	7,985	54,642	89,939		
PH	97,952	-	-	-	15,759	1,620	-	-	4,033	-	129	27,245	49,170		
WHO--WR	364,724	2	-	25	177,085	11,254	4	22	59,945	-	35,301	52,514	28,625		
UNDP	845,996	11	2	43	364,191	18,400	5	32	93,118	-	-	357,716	12,571		
UNFPA	180,353	-	-	9	41,985	1,000	-	3	10,466	-	3,475	65,447	57,480		
TOTAL	2,596,109	24	2	85	1,837,647	83,459	11	70	206,081	-	55,717	574,246	298,959		
PERCENT OF TOTAL	100.0				52.3	3.3			8.1		2.2	22.4	11.7		
1975															
PAHO--PR	880,393	11	-	11	702,831	48,576	4	17	50,726	-	5,841	17,222	54,797		
PW	5,144	-	-	-	4,924	220	-	-	-	-	-	-	-		
PN	63,913	-	-	-	34,868	3,220	-	-	3,286	-	-	5,059	17,480		
PG	133,645	-	-	-	41,223	-	-	-	-	-	-	36,805	55,617		
PH	127,857	-	-	-	16,422	1,379	-	-	3,895	-	-	51,438	54,723		
WHO--WR	418,045	2	-	28	216,359	12,428	4	22	60,250	-	33,286	57,876	37,846		
UNDP	1,064,501	13	2	47	533,995	21,209	14	67	205,663	-	-	292,625	11,009		
UNFPA	1,450,849	-	-	14	91,390	3,500	-	27	45,910	-	6,540	85,965	1,217,544		
TOTAL	4,144,347	26	2	100	1,642,012	90,932	22	133	369,730	-	45,667	546,990	1,449,016		
PERCENT OF TOTAL	100.0				39.6	2.2			8.9		1.1	13.2	35.0		
1976															
PAHO--PR	928,168	10	-	11	713,326	49,609	3	21	66,065	-	10,993	21,887	66,288		
PW	5,410	-	-	-	5,170	240	-	-	-	-	-	-	-		
PN	66,558	-	-	-	36,594	3,220	-	-	3,286	-	-	5,059	18,400		
PG	141,737	-	-	-	42,424	-	-	-	-	-	-	38,993	60,320		
PH	103,000	-	-	-	17,197	1,470	-	-	4,106	-	-	28,797	51,430		
WHO--WR	430,308	2	-	26	223,426	13,282	6	23	74,020	-	27,488	59,651	32,441		
UNDP	777,736	14	2	37	519,270	23,220	5	65	164,046	-	-	58,474	12,726		
UNFPA	1,799,476	-	-	4	76,032	4,290	-	27	46,501	-	7,194	129,051	1,536,448		
TOTAL	4,252,393	26	2	78	1,633,436	95,291	14	136	358,024	-	45,675	341,912	1,778,053		
PERCENT OF TOTAL	100.0				38.4	2.3			8.4		1.1	8.0	41.8		
<p>PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO-WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WU-GRANTS AND OTHER FUNDS</p>															

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

MEXICO - DETAIL

MEXICO-0100, EPIDEMIOLOGY

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		-	-	22,800	17,730
SUBTOTAL	PR	-	-	18,800	14,730
ZONE ADVISORY SERVICES		-	-	18,800	14,730
SUBTOTAL	WR	-	-	4,000	3,000
DEV. OF HUMAN RESOURCES		-	-	4,000	3,000

MEXICO-0101, ORAL TYPHOID VACCINE STUDIES

The purpose of this project was to cooperate in a study of the acceptability and effectiveness of an oral typhoid vaccine which could be eventually produced in the country and employed in a national program of vaccination.

TOTAL	PR	2,944	-	-	-
GRANTS		2,944	-	-	-

MEXICO-0200, MALARIA ERADICATION

Twenty-seven million inhabitants, or nearly half the country's population, live in the area of Mexico which was originally malarious. Part of the area, having 47.6% of the population of the malarious area, is in the consolidation phase and part, with 62.4% of the population, is in the attack phase.

Since 1970, when funds for the program were increased, operations have been carried on throughout the country, but with special priority given to the Gulf of Mexico Slope and the Yucatán Peninsula. The epidemiological situation has responded very favorably, except in a zone in which the antimalarial operations were reduced so that the malaria personnel could carry on emergency activities to help control an outbreak of equine encephalitis. When the emergency was over, the personnel resumed their normal activities.

Up to October 1973, 18,789 cases were registered based on 1,675,682 samples examined, which compares with 21,593 cases based on 1,916,822 samples examined during the same period of 1972. The Government has given the program high priority and increased its budget from \$6.6 million in 1969 to approximately \$15.1 million in 1973.

TOTAL		3	3	3	3	TOTAL	135,491	129,700	133,900	137,600
P-5 MEDICAL OFFICER .0529	PR	-	1	1	1	SUBTOTAL	25,209	89,700	93,900	97,600
P-5 MEDICAL OFFICER .0529	UNDP	1	-	-	-	PERSONNEL-POSTS	22,608	82,200	85,900	89,600
P-4 SANITARY ENGINEER .0532	PR	-	1	1	1	DUTY TRAVEL	795	3,000	3,500	4,000
P-4 SANITARY ENGINEER .0532	UNDP	1	-	-	-	SUPPLIES AND EQUIPMENT	52	-	-	-
P-3 ENTOMOLOGIST .3326	PR	1	1	1	1	FELLOWSHIPS	-	1,500	1,500	1,500
						COMMON SERVICES	1,754	3,000	3,000	2,500
TOTAL		-	1	1	1	SUBTOTAL	50,021	40,000	40,000	40,000
FELLOWSHIPS-SHORT TERM	PR	-	1	1	1	SUPPLIES AND EQUIPMENT	50,021	40,000	40,000	40,000
						SUBTOTAL	60,261	-	-	-
						PERSONNEL-POSTS	60,000	-	-	-
						MISCELLANEOUS	261	-	-	-

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

MEXICO-0700, ZONOSSES CONTROL

The aims of this project are to furnish the Government of Mexico with technical assistance in zoonoses control and/or eradication programs being undertaken by the specialized services of the Ministries of Health and Social Welfare and of Agriculture and Animal Husbandry. The main programs being undertaken are for the control of Venezuelan equine encephalitis, brucellosis, bovine tuberculosis, and rabies. Another major objective is to support the training of personnel in up-to-date and more effective methods of control of these diseases and to advise specialized institutions on the production of biologicals and zoonoses diagnosis.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		2	2	2	2	TOTAL	21,678	13,000	26,880	31,060
-----		-----	-----	-----	-----	-----	-----	-----	-----	-----
CONSULTANT MONTHS	WR	2	2	2	2					
TOTAL		5	4	4	4					
-----		-----	-----	-----	-----	-----	-----	-----	-----	-----
FELLOWSHIPS-ACADEMIC	WR	4	-	-	1	ZONE ADVISORY SERVICES	-	-	13,480	13,960
FELLOWSHIPS-SHORT TERM	WR	1	4	4	3	SUPPLIES AND EQUIPMENT	148	-	-	-
						SUBTOTAL	21,530	13,000	13,400	17,100
						-----	-----	-----	-----	-----
						PERSONNEL-CONSULTANTS	4,908	4,000	4,400	4,800
						SEMINAR COSTS	-	3,000	3,000	3,000
						FELLOWSHIPS	16,622	6,000	6,000	9,300

MEXICO-0710, RABIES CONTROL: MEXICO-UNITED STATES BORDER

Rabies has been a serious problem along the United States-Mexico border for a number of years. To intensify the attack against the disease, the Government of Mexico and PAHO signed an agreement in 1966 for carrying out a control program. Having completed the attack phase, the program is now in the surveillance and maintenance phases and is expected to continue for another five years, with the ultimate goal being elimination of canine rabies in the border area. New methods of program evaluation are being developed, which are being coordinated with the effort to integrate the program into the local health services of the Mexican border cities.

In addition to rabies, other zoonoses problems such as the arbovirus group (VEE), parasitic zoonoses (cysticercosis), and brucellosis, exist in the border area, which will require increased surveillance and control. There is also a need for improvement in veterinary medical education and public health training for veterinarians in the border area. Since this is an intercountry project, the cooperating agencies include the health and agriculture authorities of both Mexico and the United States of America, as well as the United States-Mexico Border Public Health Association.

TOTAL		2	1	1	1	TOTAL	147,381	132,125	105,500	114,200
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P-4 VETERINARIAN	PR	-	1	1	1					
.3223										
P-4 VETERINARIAN	PG	1	-	-	-	SUBTOTAL	-	29,100	30,300	31,700
.3223						-----	-----	-----	-----	-----
G-4 SECRETARY	PG	1	-	-	-	PERSONNEL-POSTS	-	27,100	28,300	29,500
.3228						DUTY TRAVEL	-	2,000	2,000	2,200
						SUBTOTAL	147,381	103,025	75,000	82,500
						-----	-----	-----	-----	-----
						PERSONNEL-POSTS	34,505	169	-	-
						DUTY TRAVEL	3,509	519	-	-
						SEMINAR COSTS	-	1,000	-	-
						SUPPLIES AND EQUIPMENT	67,954	30,229	32,000	35,200
						LOCAL COSTS	16,518	71,108	43,000	47,300
						COMMON SERVICES	4,895	-	-	-

MEXICO-2100, CONTROL OF ENVIRONMENTAL POLLUTION

Sanitation problems are emerging in Mexico as a result of the water pollution caused by the discharge of municipal and industrial waste water, the air pollution caused by industry and motor vehicles, and the soil pollution caused by the inadequate disposal of solid waste and the extensive use of pesticides in agriculture.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

In order to resolve these problems, the Government in 1971 promulgated a federal law to prevent and control environmental pollution, approved regulations for preventing and controlling environmental pollution resulting from the emission of fumes and dust in September 1971, created the Subsecretariat for Environmental Improvement (Subsecretaría del Mejoramiento del Ambiente) in the Secretariat of Health and Welfare (Secretaría de Salubridad y Asistencia) in January 1972, and approved regulations for the prevention and control of water pollution in March 1973.

PAHO is cooperating with various federal agencies, such as the Secretariat of Water Resources (Secretaría de Recursos Hidráulicos) and the Subsecretariat for Environmental Improvement, in the effort to control water, air, and soil pollution, and in the preparation of the professional and auxiliary personnel needed for these efforts. It is also contributing to the study and implementation of an environmental improvement project approved by UNDP.

TOTAL		1	1	1	1	TOTAL	PR	2,128	7,000	7,200	7,400
CONSULTANT MONTHS	PR	1	1	1	1	PERSONNEL-CONSULTANTS		2,128	2,000	2,200	2,400
TOTAL		-	2	2	2	SUPPLIES AND EQUIPMENT		-	2,000	2,000	2,000
FELLOWSHIPS-SHORT TERM	PR	-	2	2	2	FELLOWSHIPS		-	3,000	3,000	3,000

MEXICO-2102, IMPROVEMENT OF THE ENVIRONMENT

This UNDP-assisted project will help the Government of Mexico to promote the programs for conserving and improving the environment by means of programs for preventing and controlling air, water, and soil pollution. The main purposes are to analyze prevailing conditions and define problems, to perform basic research on pollution problems, to train technical and administrative personnel, to study the effects of pollution on health, to disseminate technical information, and to implement control programs.

TOTAL		2	10	12	13	TOTAL	UNDP	11,270	497,740	894,635	644,170
P-5 PROJECT MANAGER 4.4169	UNDP	1	1	1	1	PERSONNEL-POSTS		-	165,000	342,000	370,500
P-5 SANITARY ENGINEER 4.4171	UNDP	-	1	1	1	PERSONNEL-CONSULTANTS		9,500	15,000	55,000	40,000
P-4 ECONOMIST 4.4363	UNDP	-	-	-	1	DUTY TRAVEL		-	15,000	18,000	19,500
P-4 MEDICAL OFFICER 4.4177	UNDP	-	-	1	1	SUPPLIES AND EQUIPMENT		-	225,000	286,465	53,800
P-4 SANITARY ENGINEER 4.4172 4.4173 4.4174 4.4175 4.4178 4.4179 4.4180	UNDP	-	7	7	7	FELLOWSHIPS		1,770	71,740	188,170	160,370
P-4 STATISTICIAN 4.4176	UNDP	-	-	1	1	MISCELLANEOUS		-	6,000	5,000	-
P-4 TRAINING OFFICER 4.4170	UNDP	1	1	1	1						
TOTAL		4	6	22	16						
CONSULTANT MONTHS	UNDP	4	6	22	16						
TOTAL		-	33	78	70						
FELLOWSHIPS-ACADEMIC	UNDP	-	4	12	5						
FELLOWSHIPS-SHORT TERM	UNDP	-	29	66	65						

MEXICO-2104, SANITARY ENGINEERING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	NR	-	-	15,714	16,505
ZONE ADVISORY SERVICES		-	-	15,714	16,505

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

MEXICO-2200, WATER SUPPLIES

Under this project collaboration will be extended to Mexico as follows: potable water services will be provided in four years (1973-1976) to 80% of the urban and 50% of the rural population, and sewerage to 45% of the urban and 10% of the rural population, outside the Federal District; studies for controlling pollution in the country's drainage basins will be carried forward and socioeconomic studies of the potable water and sewerage sector will be prepared in order to consolidate its economic self-efficiency.

In December 1973, it was estimated that there were 26,600,000 urban inhabitants, outside the Federal District, of whom 69% had water services and 35% sewerage.

Preparation of the work program will be completed in four drainage basins; the water use and quality inventory will be completed in two, and the application of criteria for controlling water pollution, provided for in the relevant national regulations published this year, will be 60% effected in a further five.

TOTAL		1	1	1	1	TOTAL	39,972	40,100	44,100	43,900	
P-4 SANITARY ENGINEER .0528	PR	1	1	1	1	SUBTOTAL	PR	25,789	28,100	29,300	30,700
TOTAL		4	3	4	3	PERSONNEL-POSTS		25,479	27,100	28,300	29,500
CONSULTANT MONTHS	WR	4	3	4	3	DUTY TRAVEL		310	1,000	1,000	1,200
TOTAL		6	4	4	4	SUBTOTAL	WR	14,183	12,000	14,800	13,200
FELLOWSHIPS-ACADEMIC	WR	-	-	-	-	PERSONNEL-CONSULTANTS		7,294	6,000	8,800	7,200
FELLOWSHIPS-SHORT TERM	WR	6	4	4	4	SUPPLIES AND EQUIPMENT		519	-	-	-
						FELLOWSHIPS		6,370	6,000	6,000	6,000

MEXICO-3100, HEALTH SERVICES

The long-term objectives of this project are to reinforce the general health services in Mexico through the training of technical and auxiliary personnel; to extend the benefits of public health to rural and suburban populations; to develop the health planning process; and to assure the integrated functioning of the entire health infrastructure in the country.

The short-term objectives are to train 500 people each year in different specialized fields, and 15 people each year outside the country; to plan, execute, and evaluate health programs for rural and suburban populations; to provide two courses each year in health planning; and to establish departments of planning in each of the state headquarters for coordinated health services.

WFP cooperates in this project.

TOTAL		1	1	1	1	TOTAL	112,407	49,760	73,700	82,710	
P-5 MEDICAL OFFICER 4.0274	WR	1	1	1	1	SUBTOTAL	PR	47,848	16,800	24,600	30,600
TOTAL		5	5	6	6	PERSONNEL-CONSULTANTS		3,648	-	-	-
CONSULTANT MONTHS	PR	2	-	-	-	SUPPLIES AND EQUIPMENT		199	-	-	-
CONSULTANT MONTHS	WR	3	5	6	6	FELLOWSHIPS		39,012	16,800	24,600	30,600
TOTAL		34	9	12	16	PARTICIPANTS		4,989	-	-	-
FELLOWSHIPS-ACADEMIC	PR	4	1	2	2	SUBTOTAL	WR	64,559	32,960	49,100	52,110
FELLOWSHIPS-ACADEMIC	WR	6	-	-	-	PERSONNEL-POSTS		-	21,960	34,700	36,310
FELLOWSHIPS-SHORT TERM	PR	6	8	10	14	PERSONNEL-CONSULTANTS		7,791	10,000	13,200	14,400
FELLOWSHIPS-SHORT TERM	WR	18	-	-	-	DUTY TRAVEL		-	1,000	1,200	1,400
TOTAL		2	-	-	-	FELLOWSHIPS		54,059	-	-	-
PARTICIPANTS	PR	-	-	-	-	PARTICIPANTS		2,709	-	-	-
PARTICIPANTS	WR	2	-	-	-						

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

MEXICO-3107, HEALTH SERVICES IN CHIAPAS

An agreement to provide a program of socioeconomic development in Altos de Chiapas, Mexico, was signed in September 1971 by the Government of Mexico, FAO, UNESCO, UNDESA, UNICEF, and PAHO/WHO. The general purposes of the program are to aid in the solution of the socioeconomic problems which affect the family, the children, and the youth and to incorporate these programs into the general development plans for the country, and to promote integrated community development through programs which take into account the actual situation in the region and which have the technical quality, continuity, and flexibility for extension in the future.

In the area of health, the long-term objectives are to improve the level of health and nutrition of the people, especially of the most vulnerable groups, through a health plan which will give particular emphasis to maternal and child health, communicable diseases, environmental sanitation, and health nutrition education at the family level. For the short term, the objectives are the planning of a complete health system in Altos de Chiapas; coordination with state agencies working in this area; and implementation of the objectives set forth in the plan of operations of the general agreement.

UNICEF cooperates in this project.

TOTAL		1973	1974	1975	1976	TOTAL	PR	1973	1974	1975	1976
		-	3	3	3			-	6,000	9,600	10,200
CONSULTANT MONTHS	PR	-	3	3	3	PERSONNEL-CONSULTANTS FELLOWSHIPS		-	6,000	6,600	7,200
TOTAL		-	-	2	2			-	-	3,000	3,000
FELLOWSHIPS-SHORT TERM	PR	-	-	2	2						

MEXICO-3108, FIELD OFFICE: UNITED STATES-MEXICO BORDER

The programs of the Field Office in El Paso concern health problems along the frontier of the United States of America and Mexico. The objectives are (1) to stimulate and promote joint study and planning of health activities of the frontier localities in order to assist in strengthening the local services on both sides of the border and to permit the development of coordinated programs to deal with health problems of geographic areas; (2) to assist in the interchange of epidemiological and related information between frontier health authorities; and (3) to serve as the secretariat for the United States-Mexico Border Public Health Association. This is a joint project with United States of America-3108.

TOTAL		1973	1974	1975	1976	TOTAL		1973	1974	1975	1976
		4	1	4	4			80,474	88,278	101,575	105,575
CONSULTANT MONTHS	PR	-	-	4	4						
CONSULTANT MONTHS	PG	4	1	-	-	SUBTOTAL	PR	58,309	70,225	84,725	89,225
						PERSONNEL-POSTS		51,106	59,600	66,000	69,400
						PERSONNEL-CONSULTANTS		-	-	7,700	8,400
						DUTY TRAVEL		6,453	9,000	9,400	9,800
						HOSPITALITY		-	125	125	125
						GRANTS		750	1,500	1,500	1,500
						SUBTOTAL	PG	3,641	2,253	-	-
						PERSONNEL-CONSULTANTS		3,641	2,253	-	-
						SUBTOTAL	WR	18,524	15,800	16,850	16,350
						SEMINAR COSTS		3,503	7,500	8,000	7,500
						COMMON SERVICES		15,021	8,300	8,850	8,850

MEXICO-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
		-	-	14,160	14,790
ZONE ADVISORY SERVICES		-	-	11,610	12,240
DEV. OF HUMAN RESOURCES		-	-	2,550	2,550

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

MEXICO-3301, TRAINING CENTER IN IMMUNOLOGY

Formed in 1969, the purpose of the Center for Research and Training in Immunology is to provide further multidisciplinary training in this field through the coordination of the activities of the 10 participating institutions. The Center encourages and assists in the publication of the results of specialized studies, in addition to carrying out specific research projects.

TOTAL		1	1	1	1	TOTAL	PR	3,472	5,500	5,700	5,900
CONSULTANT MONTHS	PR	1	1	1	1	PERSONNEL-CONSULTANTS		2,100	2,000	2,200	2,400
TOTAL		-	2	2	2	SUPPLIES AND EQUIPMENT		1,372	500	500	500
		-----	-----	-----	-----	FELLOWSHIPS		-	3,000	3,000	3,000
FELLOWSHIPS-SHORT TERM	PR	-	2	2	2						

MEXICO-3302, VACCINE PRODUCTION

The objective of this project is to assist the Government of Mexico in the production of oral poliomyelitis vaccine (Sabin) of all three types, initially using Patas monkey kidney tissue culture as substrate. Manufacture of the three types of virus suspension will be sequentially undertaken, with the ultimate aim of stockpiling 50 million doses of each type of vaccine. This is intended to cover the annual requirements of Mexico, to provide an epidemic reserve of 2,000,000 doses of type 1 vaccine for PAHO, and to maintain a stock of vaccine for export to other countries. The vaccine will be of a quality to satisfy the minimum requirements of WHO.

Six batches of type 1 vaccine required to establish a consistency record have been submitted to an external control laboratory for examination, and another three batches of type 1 virus suspension are available for blending. Preliminary development of a perfusion culture vessel which permits semiautomatic viral vaccine manufacture, both human and veterinary, using primary cell culture or diploid cells, has been completed and pilot apparatus is now being installed. Research has been planned to establish the physical and chemical parameters of growth in the new equipment with the target of very large scale production of a cheap vaccine by December 1975.

TOTAL		1	1	1	-	TOTAL		54,273	30,600	32,100	2,400
P-4 LABORATORY ADVISER .3830	PR	1	1	1	-	SUBTOTAL	PR	27,027	28,600	29,900	-
TOTAL		3	1	1	1	PERSONNEL-POSTS		20,734	27,100	28,300	-
CONSULTANT MONTHS	PR	2	-	-	-	PERSONNEL-CONSULTANTS		4,843	-	-	-
CONSULTANT MONTHS	WR	1	1	1	1	DUTY TRAVEL		1,450	1,500	1,600	-
		-----	-----	-----	-----	SUBTOTAL	WR	27,246	2,000	2,200	2,400
						PERSONNEL-CONSULTANTS		2,246	2,000	2,200	2,400
						CONTRACTUAL SERVICES		25,000	-	-	-

MEXICO-3303, NATIONAL HEALTH LABORATORIES

The objective of this project is to assist the Director General of Public Health Research of Mexico in modernizing the facilities and equipment and in bringing up to date (by intensive training of local personnel, both at home and overseas) the methods employed in the six constituent laboratories of the Secretariat of Health in Mexico City. It is intended that within the five-year span of the project Mexico will become self-sufficient in vaccine and sera production not only to meet local needs but to provide a surplus for export, if possible. The products will meet WHO minimal requirements.

Additionally, a reference diagnostic center will be established with subsidiary diagnostic laboratories at strategic locations through the Republic. Improved accommodations, with expansion of existing laboratories and modern equipment, will provide facilities for increasing the range and quantity of samples of food, beverages, drugs, and biological products which can be examined at the national laboratories of health.

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

MEXICO-4900, HEALTH AND POPULATION DYNAMICS

The distribution of the Mexican population shows a rapid rate of natural growth and an uncontrolled process of migration to the large urban centers. Approximately 46% of the population is under 15 years of age and 22% consists of women of childbearing age, which means that 68% of the population are potentially covered by the maternal and child care services. The indicators show the following mortality rates: mothers, 14.8 per 10,000 live births; newborn infants, 24.2; post-newborn infants, 44.2; total infants, 68.5 per 1,000 live births; and mortality among children of 1-4 years, 10.8 per 1,000.

The purpose of this project is to collaborate with the Government in increasing, on a national scale, the maternal and child health services to make information, education, and services relating to responsible parenthood available to the population.

TOTAL		1973	1974	1975	1976	TOTAL		1973	1974	1975	1976
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		-	1	1	1			-	176,219	1,433,314	1,777,798
P-5 MEDICAL OFFICER 0027	PR	-	1	1	1	SUBTOTAL	PR	-	34,500	36,400	37,900
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TOTAL		-	9	14	4	PERSONNEL-POSTS		-	33,000	34,400	35,800
CONSULTANT MONTHS	UNFPA	-	9	14	4	DUTY TRAVEL		-	1,500	2,000	2,100
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TOTAL		-	3	27	27	SUBTOTAL	UNFPA	-	141,719	1,396,914	1,739,898
FELLOWSHIPS-SHORT TERM	UNFPA	-	3	27	27	PERSONNEL		-	-	28,970	30,020
						PERSONNEL-CONSULTANTS		-	18,000	28,000	8,000
						DUTY TRAVEL		-	-	2,000	2,500
						CONTRACTUAL SERVICES		-	-	140,000	140,000
						SUPPLIES AND EQUIPMENT		-	63,019	82,280	124,998
						FELLOWSHIPS		-	4,700	40,000	40,000
						COURSE COSTS		-	30,000	119,224	195,768
						LOCAL COSTS		-	26,000	808,160	991,860
						MISCELLANEOUS		-	-	148,280	206,732

MEXICO-5000, REHABILITATION

The Government of Mexico has launched an extensive six-year rehabilitation program, which started in 1971, using the main rehabilitation institutions such as the National Institute for Rehabilitation of the Blind, the Center for Rehabilitation of the Musculoskeletal System, the Theodore Gildred Rehabilitation and Orthopedic Hospital, and the National Institute of Human Communication and Social Services for the Handicapped, all of them subsidiaries of the Department of Health and Welfare through the Directorate of Rehabilitation.

It is estimated that there are 250,000 people in Mexico suffering from some form of paralysis, 75,000 amputees, 50,000 blind, and 500,000 with hearing defects. The Government will develop a training program for supplying the medical and paramedical personnel needed by the rehabilitation services and for providing services for blind children, locomotor problems, human communications, non-locomotor medical problems (cardiac, pulmonary and other cases), and social and vocational rehabilitation. In accordance with the recommendations of the National Liaison Committee on Rehabilitation, it is intended that the relevant agencies (United Nations Rehabilitation Unit, PAHO, ILO, World Rehabilitation Fund) jointly provide technical assistance.

TOTAL		1973	1974	1975	1976	TOTAL		1973	1974	1975	1976
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		-	1	1	1		WR	12,636	38,940	41,520	44,440
P-3 PROSTHETICS TECHNICIAN 4.3106	WR	-	1	1	1	PERSONNEL-POSTS		1,735	25,440	27,320	29,540
-----		-----	-----	-----	-----	PERSONNEL-CONSULTANTS		4,131	6,000	6,600	7,200
TOTAL		2	3	3	3	DUTY TRAVEL		-	1,500	1,600	1,700
CONSULTANT MONTHS	WR	2	3	3	3	FELLOWSHIPS		6,770	6,000	6,000	6,000
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TOTAL		1	4	4	4			-----	-----	-----	-----
FELLOWSHIPS-ACADEMIC	WR	1	-	-	-			-----	-----	-----	-----
FELLOWSHIPS-SHORT TERM	WR	-	4	4	4			-----	-----	-----	-----

MEXICO-6100, DEVELOPMENT OF HUMAN RESOURCES

The purpose of this project is to carry out a program that will support the development of human resources in the health sector in Mexico, undertaking the training of personnel at various levels which is needed to take care of the country's health problems. A basic objective that has been set up is the training of personnel through programs that incorporate the concepts of interdisciplinary relations, on-the-job training, adequate integration of instruction and health service, and encouragement of the work of the coordinated multiprofessional group on the health team.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

The activities of the project will be carried on through five subprojects: development of joint programs at the institutions that train health personnel; teaching of medicine; improvement of the teaching at schools of dentistry; development of programs in the schools of public health; and training of professional personnel through the programs of the Mexican Institution for Assistance to Children.

TOTAL		1	1	1	1	TOTAL	21,294	61,200	63,900	67,800
P-4 MEDICAL OFFICER .3895	PR	1	1	1	1	SUBTOTAL	PR 21,294	28,100	29,800	31,200
TOTAL		-	5	5	5	PERSONNEL-POSTS	14,957	27,100	28,300	29,500
CONSULTANT MONTHS	WR	-	5	5	5	DUTY TRAVEL	1,813	1,000	1,500	1,700
TOTAL		-	5	5	6	SUPPLIES AND EQUIPMENT	4,524	-	-	-
FELLOWSHIPS-ACADEMIC	WR	-	2	2	2	SUBTOTAL	WR -	33,100	34,100	36,600
FELLOWSHIPS-SHORT TERM	WR	-	3	3	4	PERSONNEL-CONSULTANTS	-	10,000	11,000	12,000
						SEMINAR COSTS	-	7,000	7,000	7,000
						SUPPLIES AND EQUIPMENT	-	2,000	2,000	2,000
						FELLOWSHIPS	-	14,100	14,100	15,600

MEXICO-6200, MEDICAL EDUCATION

The purpose of this project is to cooperate with the Government and the Mexican Institution of Assistance to Children in training professional personnel at the postgraduate level in courses and seminars oriented to social problems of children and in particular those related to health, as well as in carrying out applied research and coordinating programs and activities related to these problems.

TOTAL	PG	-	9,153	-	-
SUPPLIES AND EQUIPMENT		-	9,153	-	-

MEXICO-6233, LATIN AMERICAN CENTER OF EDUCATIONAL TECHNOLOGY FOR HEALTH

The Latin American Center of Educational Technology for Health aims to promote the overall development of human resources in the health field through pedagogic training of the teaching corps of the educational institutions; improvement of the curricula and the educational methodology; establishment of adequate systems of evaluation; the development of new educational approaches; and counseling of the institutions that decide to apply them.

This Center has directed its activities, in the first stage of development, toward reinforcing the training of the staff of the Center itself, as well as toward training in the field of pedagogy, organization, and administration of educational institutions in the field of health within the country, making them responsible for the creation of new teaching nuclei in offices of education at their respective universities. Collaboration is being furnished through the project in the programming and future development of a pilot program of medical education and integration of teaching and health service with utilization of health centers as a practice field.

TOTAL		3	3	2	2	TOTAL	93,881	78,769	100,309	67,311
CONSULTANT MONTHS	WR	3	3	2	2	SUBTOTAL	PR -	12,000	12,000	12,000
TOTAL		1	4	3	3	GRANTS	-	12,000	12,000	12,000
FELLOWSHIPS-ACADEMIC	WR	1	1	1	1	SUBTOTAL	PH 50,307	51,469	76,109	42,711
FELLOWSHIPS-SHORT TERM	WR	-	3	2	2	SUPPLIES AND EQUIPMENT	25,827	19,000	46,109	22,711
						LOCAL PERSONNEL COSTS	24,480	32,469	30,000	20,000
						SUBTOTAL	WR 43,574	15,300	12,200	12,600
						PERSONNEL-CONSULTANTS	9,911	6,000	4,400	4,800
						SUPPLIES AND EQUIPMENT	18,243	-	-	-
						FELLOWSHIPS	10,420	9,300	7,800	7,800
						GRANTS	5,000	-	-	-

MEXICO-6300, NURSING EDUCATION

Training for nursing in Mexico comprises three levels: auxiliary, technician, and nurse. There are also a large number of empirical nurses at present working in the services. The basic education of the professional is at present at secondary school level. Due to lack of effective control measures and/or legislation, forms of preparation vary widely. It is planned to institute a system of preparation which will establish three levels with functions differentiated among them.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

Objectives of the project include establishment of systems for training of nursing personnel; improvement of the quality of education and of the delivery of services in the nursing field through integration between teaching and care; and training of teaching staff.

TOTAL		1	1	1	1	TOTAL	PR	32,158	32,000	38,300	35,200
P-3 NURSE EDUCATOR .0517	PR	1	1	1	1	PERSONNEL-POSTS		17,957	22,100	23,200	24,300
						PERSONNEL-CONSULTANTS		9,557	4,000	4,400	4,800
						DUTY TRAVEL		1,040	1,000	1,000	1,200
TOTAL		6	2	2	2	SUPPLIES AND EQUIPMENT		316	100	100	100
						FELLOWSHIPS		3,288	4,800	9,600	4,800
CONSULTANT MONTHS	PR	6	2	2	2						
TOTAL		1	1	2	1						
FELLOWSHIPS-ACADEMIC	PR	-	1	2	1						
FELLOWSHIPS-SHORT TERM	PR	1	-	-	-						

MEXICO-6400, SANITARY ENGINEERING EDUCATION

The industrial and population growth of Mexico is causing the accelerated contamination of surface water sources, the air and the soil, and also a strong demand for water and sewerage services.

In order to implement the Federal Law for the Prevention and Control of Environmental Contamination, the Environmental Improvement Project, and the objectives of the Ten-year Health Plan, Mexico needs to train over the short term about 600 professionals in environmental sanitation and 2,000 engineers and other professionals in the administration and management of water and sewerage services.

The aim of the project is to cooperate with five universities (to be raised to seven) in the training of personnel in sanitary engineering through the updating of programs, short courses, fellowships, grants, supply of equipment and materials to laboratories and books to libraries, and development of special technology.

TOTAL		1	1	1	1	TOTAL		45,338	50,100	59,600	57,400
P-4 SANITARY ENGINEER .3768	PR	1	1	1	1	SUBTOTAL	PR	24,438	28,100	29,300	30,700
TOTAL		1	2	4	3	PERSONNEL-POSTS		23,318	27,100	28,300	29,500
CONSULTANT MONTHS	WR	1	2	4	3	DUTY TRAVEL		1,120	1,000	1,000	1,200
TOTAL		1	2	3	3	SUBTOTAL	WR	20,900	22,000	30,300	26,700
FELLOWSHIPS-ACADEMIC	WR	1	-	-	-	PERSONNEL-CONSULTANTS		2,948	4,000	8,800	7,200
FELLOWSHIPS-SHORT TERM	WR	-	2	3	3	SUPPLIES AND EQUIPMENT		8,382	5,000	5,000	5,000
						FELLOWSHIPS		4,420	3,000	4,500	4,500
						COURSE COSTS		5,150	10,000	12,000	10,000

MEXICO-6500, VETERINARY MEDICINE EDUCATION

The Government of Mexico recognizes that to meet its requirements in the production of food of animal origin some 6,000 veterinarians are required; there are only 3,000 professionals in this field. To meet this demand, 10 State schools and one privately operated school in Monterrey are engaged in training veterinarians. The Government is determined to increase the resources available for the training of professional veterinarians and has therefore organized a plan for massive aid to the universities, with a view to providing them with funds for building suitable premises for the operation of such educational centers. Accordingly, this year the construction of nine buildings in various states will be begun. Similarly, an extensive plan has been prepared for the training of university teachers in centers of advanced education, for which the Government has set aside Mex\$60 million, together with Mex\$30 million for the construction of a total of nine school buildings.

In the light of the foregoing, the aim of the present project is to assist the Government of Mexico in the achievement of the objective that it has set, i.e., the training of more and better qualified veterinarians with a view to securing an increase in the production of foods of animal origin.

TOTAL		-	1	1	1	TOTAL	WR	16,787	12,800	13,000	19,500
CONSULTANT MONTHS	WR	-	1	1	1	PERSONNEL-CONSULTANTS		-	2,000	2,200	2,400
TOTAL		2	3	3	5	SEMINAR COSTS		4,283	3,000	3,000	3,000
						FELLOWSHIPS		12,504	7,800	7,800	14,100
FELLOWSHIPS-ACADEMIC	WR	2	1	1	2						
FELLOWSHIPS-SHORT TERM	WR	-	2	2	3						

PORTIONS OF INTERCOUNTRY PROJECTS

	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>
	\$	\$	\$	\$
<u>TOTAL AMRO PROJECTS</u>	<u>694,671</u>	<u>799,078</u>	<u>736,154</u>	<u>805,823</u>
0100 EPIDEMIOLOGY	2,582	6,882	7,253	7,258
0102 EPIDEMIOLOGY (ZONE II)	14,406	16,500	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-
0117 EPIDEMIOLOGICAL MONITORING OF MORBIDITY DATA	-	-	-	1,820
0200 MALARIA TECHNICAL ADVISORY SERVICES	15,275	4,128	4,027	4,485
0218 PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS	1,736	4,500	2,575	2,695
0400 TUBERCULOSIS CONTROL	853	2,639	1,885	2,392
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	-	1,320	-	1,128
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	181	1,578	-	1,296
0411 STUDY GROUP ON TUBERCULOSIS CONTROL	-	-	1,099	-
0412 REGIONAL COMMITTEE ON EVALUATION OF TUBERCULOSIS PROGRAMS	-	-	-	3,770
0500 LEPROSY CONTROL	6,167	10,608	5,184	5,952
0507 COURSES ON REHABILIT. AND PREVENTION OF DEFORMITIES (LEPROSY)	-	1,416	-	-
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	1,125	-	1,572	1,668
0512 TRAINING AND RESEARCH IN LEPROSY AND RELATED DISEASES	678	1,000	530	1,065
0600 VENEREAL DISEASE CONTROL	-	320	176	204
0700 PAN AMERICAN ZOONOSES CENTER	120,255	148,748	151,056	157,297
0702 VETERINARY PUBLIC HEALTH (ZONE II)	10,484	11,340	-	-
0708 RABIES CONTROL	-	600	540	580
0718 SEMINAR ON EPIDEMIOLOGY OF THE ZOONOSES	1,463	-	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	1,680	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	489	707
0924 INTERNATIONAL SYMP. CONTROL OF LICE AND LOUSE-BORNE DISEASES	2,873	-	-	-
0926 ENTEROVIRUS COLLABORATIVE TESTING PROGRAM	-	520	-	960
0929 STRENGTHENING HEPATITIS DIAG. SURVEIL. SERV. IN THE AMERICAS	-	-	-	1,590
0932 PERFORMANCE EVALUATION OF ARBOVIRUS SEROLOGIC DIAGNOSIS	-	-	760	760
1000 PARASITIC DISEASES	756	1,850	3,500	5,020
1008 CHAGAS' DISEASE	43	482	268	316
2100 ENVIRONMENTAL SANITATION	1,825	705	777	753
2102 SANITARY ENGINEERING (ZONE II)	13,771	14,888	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	20,798	33,391	31,319	36,616
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	855	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	748	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	4,557	5,236	5,580	5,868
2213 STUDIES AND INVESTIGATION OF WATER RESOURCES	1,644	96	-	-
2220 INSTITUTIONAL DEVELOPMENT	3,387	6,969	8,676	9,368
2223 PUBLIC SERVICES ADMINISTRATION	132	-	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	805	-
2230 RURAL WATER SUPPLY AND SANITATION	-	700	728	756
2300 Aedes Aegypti ERADICATION	643	980	1,094	1,172
2309 STUDY GROUP ON Aedes Aegypti ERADICATION	-	102	-	-
3000 COORDINATION WITH FOUNDATIONS	1,277	2,568	3,080	3,507
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,296	3,841	3,110	3,384
3126 OPERATIONS RESEARCH	270	1,057	887	919
3129 RESEARCH TRAINING IN BIOMEDICAL SCIENCES	1,374	226	-	-
3130 CONFERENCE ON MYCOLOGY	77	1,304	-	-
3133 SYMPOSIUM ON PARACOCIDIOIDOMYCOSIS	100	-	-	-
3135 DEVELOPMENT OF RIVER BASINS	-	1,200	660	720
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,633	2,003	1,169	1,249
3139 PAHO RESEARCH GRANT PROGRAM	4,906	2,650	3,975	5,300
3145 EMERGENCY PREPAREDNESS	-	532	-	-
3200 NURSING SERVICES	1,664	2,262	2,413	2,533
3202 NURSING (ZONE II)	12,093	13,530	-	-
3210 HOSPITAL NURSING SERVICES	-	695	1,232	1,366
3214 DEFIN. AND IMPL. OF POLICY FOR DEVELOPMENT OF NURSING	553	1,193	1,112	1,171
3216 STANDARDS IN NURSING PRACTICE	644	875	-	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	1,265	-	-
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	277	522	328	263
3223 SYSTEMS OF NURSING	54	1,060	1,322	-
3225 UTILIZATION AND TRAINING OF THE TRADITIONAL BIRTH ATTENDANT	-	845	-	-
3300 LABORATORY SERVICES	820	371	465	493
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,430	1,688	3,528	3,884
3318 MYCOLOGY RESEARCH AND TRAINING CENTERS	1,083	2,408	943	965
3400 HEALTH EDUCATION	530	496	309	496
3410 TRAINING OF TEACHERS IN HEALTH EDUCATION	336	772	844	916
3500 HEALTH STATISTICS	1,125	723	932	686
3502 HEALTH STATISTICS (ZONE II)	11,427	13,051	-	-
3513 INTER-AMERICAN INVESTIGATION OF MORTALITY IN CHILDHOOD	7,279	3,007	3,317	3,577
3515 TRAINING IN USE OF COMPUTERS IN HEALTH STATISTICS	42	400	440	480
3516 REGIONAL SEMINAR ON DATA PROCESSING	-	723	-	723
3521 DETERMINATION OF BASIC DATA NEEDED ON DELIVERY OF HEALTH CARE	-	-	-	650
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	1,613	2,183	2,294	2,441
3602 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE II)	7,374	-	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,500	1,505	-	-
3700 HEALTH PLANNING	5,072	3,162	3,776	4,166
3702 HEALTH PLANNING (ZONE II)	8,953	7,685	-	-
3709 MEETING OF MINISTERS OF HEALTH	756	-	-	-

3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	27,837	43,258	31,520	25,120
4200 NUTRITION ADVISORY SERVICES	4,319	2,018	2,158	2,284
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	126,097	126,447	129,206	134,184
4211 RESEARCH ON PROTEIN-CALORIE MALNUTRITION	2,458	-	-	1,133
4212 RESEARCH ON NUTRITION ANEMIAS	95	1,554	933	488
4213 IODINE DETERMINATION IN ENDEMIC GOITER	479	-	-	-
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	69	222	244	443
4238 NUTRITION RESEARCH	148	760	1,354	2,035
4247 SURVEILLANCE OF NUTRITIONAL STATUS	-	-	826	453
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	294	313
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	558	231
4300 MENTAL HEALTH	388	3,150	3,318	3,654
4312 COURSES IN COMMUNITY PSYCHIATRY	-	-	1,340	1,390
4314 EPIDEMIOLOGICAL STUDY ON EPILEPSY	617	-	-	-
4316 EPIDEMIOLOGY OF SUICIDES	170	375	395	-
4317 STUDY GROUP ON TEACHING MENTAL HEALTH IN SCHOOLS OF PUB. HEALTH	-	990	-	-
4318 EPIDEMIOLOGY OF ALCOHOLISM	11,898	-	-	-
4320 SEMINAR ON MENTAL RETARDATION	616	-	-	-
4323 CONFERENCE ON THE EPIDEMIOLOGY OF DRUG ABUSE	676	-	-	-
4324 ADMINISTRATION OF MENTAL HEALTH SERVICES	-	-	-	1,066
4400 DENTAL HEALTH	955	804	1,110	1,332
4407 DENTAL EPIDEMIOLOGY	1,595	1,950	2,040	1,410
4409 FLUORIDATION	4,127	3,969	5,010	4,955
4410 LABORATORY FOR CONTROL OF DENTAL PRODUCTS	1,636	2,525	1,092	906
4412 SEMINAR ON IMPLEMENTATION OF DENTAL HEALTH PROGRAMS	-	-	50	785
4500 HEALTH ASPECTS OF RADIATION	1,084	1,320	1,260	1,320
4507 RADIATION HEALTH PROTECTION	3,846	3,960	4,620	4,880
4516 PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	350	840	-
4620 MANAGEMENT OF PESTICIDES	-	-	380	435
4700 FOOD AND DRUG CONTROL	4,896	4,296	4,536	4,744
4708 FOOD HYGIENE TRAINING CENTER	2,253	2,090	2,354	2,519
4715 FOOD HYGIENE	-	2,205	3,861	4,491
4717 SEMINAR ON FOOD HYGIENE	-	610	-	-
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	1,792
4800 MEDICAL CARE SERVICES	1,149	1,183	1,298	1,462
4802 MEDICAL CARE SERVICES (ZONE II)	4,321	7,150	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,575	2,108	2,804	3,549
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,963	2,665	2,362	3,064
4826 IMPROVEMENT OF MEDICAL CARE ADMINISTRATION LIBRARIES	5,941	1,578	-	-
4900 HEALTH AND POPULATION DYNAMICS	22,853	49,368	50,000	56,787
4902 HEALTH AND POPULATION DYNAMICS (ZONE II)	8,772	-	-	-
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	2,255	5,797	5,910	6,501
4915 MATERNAL AND CHILD HEALTH	129	390	429	520
4917 CLINICAL AND SOCIAL PEDIATRICS	203	1,635	1,431	1,431
4918 STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,229	-
4920 LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	29,501	34,568	51,338	59,168
4922 MATERNAL CHILD HEALTH-FAM. PLAN. CONTIN. EDUC. AND STAFF TRAIN.	-	-	874	800
5000 REHABILITATION	2,090	1,717	1,795	1,944
5010 STUDY GROUP ON HUMAN COMMUNICATIONS	901	-	-	-
5012 STUDY GROUP ON BLIND REHABILITATION IN LATIN AMERICA	-	-	1,072	-
5100 CHRONIC DISEASES	1,252	4,750	5,378	5,590
5108 SURVEY ON SMOKING PATTERNS IN LATIN AMERICA	1,777	511	-	-
6000 MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	33,417	34,452	38,259	40,392
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	15,074	15,182	13,574	15,658
6200 EDUCATION IN HEALTH SCIENCES	25,172	24,660	25,125	29,206
6208 TEACHING OF STATISTICS IN MEDICAL SCHOOLS	489	-	-	-
6216 BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,282	2,880	2,817	2,682
6221 LIBRARY OF MEDICINE	5,093	7,263	16,034	15,912
6223 TEACHING OF BEHAVIORAL SCIENCES	1,701	400	-	-
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	5,621	7,731	9,329	10,630
6300 NURSING EDUCATION	208	847	388	409
6310 NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,942	2,913	670	690
6317 SEMINAR ON NURSING EDUCATION	539	1,451	1,535	1,514
6319 TRAINING OF NURSING AUXILIARIES	294	2,951	3,575	3,351
6320 POSTBASIC COURSES IN NURSING	341	782	628	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,476
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	150	503
6325 EDUCATIONAL TECHNOLOGY IN NURSING	-	-	4,627	7,956
6400 SANITARY ENGINEERING EDUCATION	4,200	4,075	4,725	5,169
6500 VETERINARY MEDICINE EDUCATION	1,645	2,753	2,967	3,127
6507 SEMINARS ON VETERINARY MEDICINE EDUCATION	440	-	370	390
6600 DENTAL EDUCATION	1,153	1,494	2,520	2,856
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	415	530	742	1,982
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	495	1,013	1,728	1,776
6700 BIostatISTICS EDUCATION	152	1,074	-	4,140
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	983	963	1,008	1,178
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	6,877	11,363	11,904	12,420
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	1,067,768	1,757,031	3,408,193	3,446,570	694,671	799,078	736,154	805,823
PAHO-PR-REGULAR BUDGET	270,764	444,425	545,040	533,030	282,766	349,152	335,353	395,138
PW-COMMUNITY WATER SUPPLY	-	-	-	-	908	4,215	5,144	5,410
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	75,514	63,774	63,913	66,558
PG-GRANTS & OTHER CONTRIBUT.	151,022	114,431	75,000	82,500	99,529	91,087	58,645	59,237
PH-PAN AMER. HEALTH & EDUC.FN.	50,307	51,469	76,109	42,711	39,758	46,483	51,748	60,289
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	36,138	-	-	-
PS-SPECIAL FUND FOR RESEARCH	-	-	-	-	399	-	-	-
WHO-WR-REGULAR BUDGET	289,960	237,900	309,301	324,259	101,694	126,824	108,744	106,049
UNDP-UN DEVELOPMENT PROGRAM	305,715	767,087	1,005,829	724,172	57,681	78,909	58,672	53,564
UNFPA-UN FUND POPULATION ACT.	-	141,719	1,396,914	1,739,898	284	38,634	53,935	59,578

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	1,762,439	2,556,109	4,144,347	4,252,393
PAHO-PR-REGULAR BUDGET	551,530	793,577	880,393	928,168
PW-COMMUNITY WATER SUPPLY	408	4,215	5,144	5,410
PN-INCAP GRANTS & OTHER CONTR.	75,514	63,774	63,913	66,558
PG-GRANTS & OTHER CONTRIBUT.	250,551	205,518	133,645	141,737
PH-PAN AMER. HEALTH & EDUC.FN.	90,065	97,952	127,857	103,000
PK-SPECIAL FUND FOR HEALTH PR.	36,138	-	-	-
PS-SPECIAL FUND FOR RESEARCH	399	-	-	-
WHO-WR-REGULAR BUDGET	391,654	364,724	418,045	430,308
UNDP-UN DEVELOPMENT PROGRAM	363,396	845,996	1,064,501	777,736
UNFPA-UN FUND POPULATION ACT.	284	180,353	1,450,849	1,799,476

PART III, ZONE III - PROGRAM BUDGET

1 9 7 3		1 9 7 4		1 9 7 5		1 9 7 6		
AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT	
\$		\$		\$		\$		
1,922,659	31.7	2,031,701	27.5	I. PROTECTION OF HEALTH	1,940,011	25.7	1,994,273	25.9
1,238,993	20.4	1,176,102	16.0	A. COMMUNICABLE DISEASES	1,149,712	15.3	1,209,115	15.7
139,214	2.3	107,380	1.5	0100 GENERAL	102,289	1.4	101,131	1.3
901,645	14.9	802,308	10.9	0200 MALARIA	788,124	10.4	802,639	10.4
36,044	.6	46,110	.6	0400 TUBERCULOSIS	44,046	.6	61,332	.8
15,735	.2	23,596	.3	0500 LEPROSY	14,499	.2	16,727	.2
-	-	5,440	.1	0600 VENEREAL DISEASES	836	*	969	*
144,683	2.4	180,020	2.4	0700 ZOOZOSES	186,209	2.5	206,433	2.7
-	-	3,760	.1	0900 OTHER	5,347	.1	8,506	.1
1,672	*	7,488	.1	1000 PARASITIC DISEASES	8,362	.1	11,378	.2
683,666	11.3	855,599	11.5	B. ENVIRONMENTAL HEALTH	790,299	10.4	785,158	10.2
381,292	6.3	416,899	5.6	2100 GENERAL	424,371	5.6	423,868	5.5
200,749	3.3	368,777	5.0	2200 WATER SUPPLIES	289,916	3.8	300,963	3.9
90,500	1.5	51,166	.7	2300 AEDES AEGYPTI ERADICATION	52,708	.7	35,970	.5
6,466	.1	7,926	.1	2400 HOUSING	10,007	.1	10,513	.1
4,659	.1	10,831	.1	2500 AIR POLLUTION	13,297	.2	13,844	.2
3,684,216	60.8	4,837,536	65.5	II. PROMOTION OF HEALTH	5,036,301	66.1	5,095,739	65.5
1,291,078	21.2	1,236,306	16.7	A. GENERAL SERVICES	1,200,546	16.5	1,349,419	17.3
745,571	12.3	588,304	8.0	3100 GENERAL PUBLIC HEALTH	618,602	8.1	704,082	9.1
153,168	2.5	181,563	2.5	3200 NURSING	187,564	2.5	207,358	2.7
75,056	1.2	77,977	1.0	3300 LABORATORY	75,507	1.0	80,058	1.0
6,077	.1	16,385	.2	3400 HEALTH EDUCATION	16,988	.2	19,203	.2
49,166	.8	53,260	.7	3500 STATISTICS	54,634	.7	80,341	1.0
63,752	1.0	95,052	1.3	3600 ADMINISTRATIVE METHODS	115,510	1.5	126,815	1.6
198,288	3.3	223,765	3.0	3700 HEALTH PLANNING	191,741	2.5	131,562	1.7
2,393,138	39.6	3,601,230	48.8	B. SPECIFIC PROGRAMS	3,775,755	49.6	3,746,320	48.2
1,647,397	27.2	1,621,775	22.0	4200 NUTRITION	1,676,230	22.0	1,727,812	22.3
110,203	1.8	195,977	2.6	4300 MENTAL HEALTH	104,349	1.4	74,684	1.0
28,961	.5	29,065	.4	4400 DENTAL HEALTH	32,703	.4	39,864	.5
12,602	.2	22,560	.3	4500 RADIATION AND ISOTOPES	26,440	.3	18,128	.2
3,809	.1	5,791	.1	4600 OCCUPATIONAL HEALTH	7,572	.1	8,199	.1
90,287	1.5	213,468	2.9	4700 FOOD AND DRUG	285,217	3.8	244,010	3.1
125,961	2.1	420,610	5.7	4800 MEDICAL CARE	527,077	6.9	375,160	4.8
354,398	5.8	1,063,603	14.4	4900 FAMILY HEALTH AND POP. DYNAMICS	1,084,763	14.3	1,225,996	15.8
15,799	.3	12,220	.2	5000 REHABILITATION	12,777	.2	13,841	.2
3,721	.1	16,161	.2	5100 CANCER & OTHER CHRONIC DISEASES	18,627	.2	18,626	.2
453,320	7.5	514,209	7.0	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	629,464	8.2	659,739	8.6
23,772	.4	29,030	.4	6100 PUBLIC HEALTH	207,567	2.7	161,042	2.1
172,448	2.8	218,791	3.0	6200 MEDICINE	142,266	2.5	199,424	2.6
45,350	.7	70,644	.9	6300 NURSING	86,158	1.1	120,937	1.6
89,247	1.5	116,829	1.6	6400 ENVIRONMENTAL SCIENCES	57,553	.8	61,874	.8
21,867	.4	15,857	.2	6500 VETERINARY MEDICINE	14,087	.2	16,717	.2
65,198	1.1	34,968	.5	6600 DENTISTRY	33,345	.4	39,467	.5
35,438	.6	28,090	.4	6700 BIOSTATISTICS	38,488	.5	60,278	.8
6,060,195	100.0	7,383,446	100.0	GRAND TOTAL	7,605,776	100.0	7,749,751	100.0

*LESS THAN .05 PER CENT

PART III, ZONE III - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER	
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHORT	AMOUNT	PART.			AMOUNT
	\$				\$	\$			\$	\$	\$	\$	
1973													
PAHO--PR	2,251,714	17	1	40	1,530,732	162,719	22	54	174,139	2	44,994	145,762	193,368
PW	32,659	-	-	9	29,266	1,074	-	-	-	-	-	-	2,319
PI	358,258	-	-	-	186,490	7,074	-	-	-	-	58,505	106,189	-
PN	742,886	-	-	-	320,461	31,858	-	-	30,374	-	88,538	271,655	-
PG	491,430	1	-	9	166,190	9,144	-	6	28,564	-	52,732	81,698	153,102
PH	277,230	1	-	-	123,493	17,019	-	-	11,810	-	3,505	52,302	69,101
PK	25,390	-	-	-	23,649	276	-	-	-	-	-	351	1,114
PS	2,387	-	-	-	-	-	-	-	-	-	-	-	2,387
WHO--WR	1,512,994	18	-	34	720,041	66,461	38	74	293,122	17	62,245	257,256	113,869
UNDP	317,605	10	-	41	289,810	-	1	-	12,033	-	-	10,849	4,913
UNFPA	1,991	-	-	-	1,991	-	-	-	-	-	-	-	-
MU	45,651	1	-	2	25,567	384	-	-	-	-	14,700	5,000	-
TOTAL	6,060,195	48	1	135	3,417,690	296,009	61	134	550,042	19	163,476	709,961	923,017
PERCENT OF TOTAL	100.0				56.4	4.9			9.1		2.7	11.7	15.2
1974													
PAHO--PR	2,410,063	27	6	36	1,799,667	153,372	15	52	159,079	-	43,883	72,849	181,213
PW	169,109	1	-	35	158,371	3,438	-	-	-	-	-	-	7,300
PI	346,990	-	-	-	196,690	4,500	-	-	-	-	41,790	104,010	-
PN	627,397	-	-	-	342,706	31,749	-	-	32,342	-	47,959	172,641	-
PG	565,654	3	-	22	208,972	27,671	11	-	61,850	-	44,237	69,713	153,211
PH	365,066	-	-	-	149,071	15,235	-	-	34,072	-	904	47,846	117,934
WHO--WR	1,404,015	19	-	38	763,007	66,508	21	50	224,854	1	71,067	136,780	141,799
UNDP	552,233	11	-	16	374,633	19,468	7	1	50,314	-	-	96,219	11,599
UNFPA	883,118	2	-	5	233,624	11,400	-	-	53,372	-	45,056	248,829	290,837
WO	59,801	1	-	-	13,000	1,000	-	7	10,000	-	-	8,489	27,312
TOTAL	7,383,446	64	6	152	4,239,741	334,345	54	110	625,883	1	205,147	770,474	1,207,856
PERCENT OF TOTAL	100.0				57.4	4.5			8.5		2.8	10.4	16.4
1975													
PAHO--PR	2,574,996	42	15	37	1,957,252	159,405	18	52	170,903	-	24,586	80,674	182,176
PW	69,300	1	-	-	66,550	2,750	-	-	-	-	-	-	-
PI	360,000	-	-	-	206,525	4,500	-	-	-	-	42,000	106,975	-
PN	628,728	-	-	-	342,995	31,671	-	-	32,342	-	49,772	171,948	-
PG	451,029	3	-	30	216,365	21,937	23	-	110,000	-	2,385	15,155	85,167
PH	377,053	-	-	-	156,283	13,572	-	-	35,096	-	-	46,987	125,115
WHO--WR	1,484,584	21	-	39	843,908	62,491	24	46	233,937	30	55,132	147,367	141,749
UNDP	682,392	9	-	-	320,966	17,218	6	3	44,350	-	-	208,236	91,622
UNFPA	977,694	3	-	5	295,011	14,350	-	-	62,220	-	68,515	197,996	339,602
TOTAL	7,605,776	79	15	111	4,405,855	327,894	71	101	688,848	30	150,618	788,187	1,244,374
PERCENT OF TOTAL	100.0				57.9	4.3			9.1		2.0	10.4	16.3
1976													
PAHO--PR	2,887,920	42	15	39	2,135,356	170,600	19	63	226,690	-	38,435	98,444	218,395
PW	67,625	-	-	-	64,625	3,000	-	-	-	-	-	-	-
PI	360,000	-	-	-	216,690	4,500	-	-	-	-	35,000	103,810	-
PN	654,745	-	-	-	359,960	31,671	-	-	32,342	-	49,772	181,000	-
PG	291,544	3	-	22	157,774	17,775	11	-	55,000	-	2,475	11,798	46,722
PH	401,016	-	-	-	163,699	14,480	-	-	36,361	-	-	52,406	134,070
WHO--WR	1,626,689	23	-	46	941,004	68,833	32	58	292,659	30	43,859	135,121	145,213
UNDP	363,778	3	-	-	155,947	8,416	-	2	20,094	-	-	90,253	89,068
UNFPA	1,096,434	3	-	5	319,297	15,825	-	-	67,342	-	85,289	219,071	389,610
TOTAL	7,749,751	74	15	112	4,514,352	335,100	62	123	730,488	30	170,058	691,865	1,307,888
PERCENT OF TOTAL	100.0				58.3	4.3			9.4		2.2	8.9	16.9
<p>PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO--WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WO-GRANTS AND OTHER FUNDS</p>													

PART III, ZONE III - ZONE ADVISORY SERVICES

	FUND	1973	1974	1975	1976
TOTAL		-	-	27	28
P-5 MALARIOLOGIST .0829	PR	-	-	1	1
P-5 SANITARY ENGINEER .0866	PR	-	-	1	1
P-4 ADMIN. METHODS OFFICER .0874 .2045 .4237	PR	-	-	3	3
P-4 EPIDEMIOLOGIST .0861	PR	-	-	1	1
P-4 HEALTH PLANNER .2031	PR	-	-	1	1
P-4 HOSPITAL ADMINISTRATOR .0899	PR	-	-	1	1
P-4 LABORATORY ADVISER .2032	PR	-	-	1	1
P-4 MEDICAL EDUCATOR .3627	PR	-	-	1	1
P-4 MED. OFFICER - TUBERCULOSIS .0873	PR	-	-	1	1
P-4 NURSE .0891	PR	-	-	1	1
P-4 SANITARY ENGINEER .0849	PR	-	-	1	1
P-4 STATISTICIAN .4085	PR	-	-	-	1
P-4 STATISTICIAN 4.0810	NR	-	-	1	1
P-4 VETERINARIAN 4.0853	NR	-	-	1	1
P-3 NURSE .3214	PR	-	-	1	1
P-3 NURSE EDUCATOR .4084	PR	-	-	1	1
P-3 NURSE MIDWIFE 4.3363	UNFPA	-	-	1	1
G-8 DRAFTSMAN .3050	PR	-	-	1	1
G-6 SECRETARY .0832 .0867	PR	-	-	2	2
G-5 SECRETARY .1047 .2063 .2131 .3000 .3125 .4238	PR	-	-	6	6
TOTAL		-	-	30	30
PARTICIPANTS	NR	-	-	30	30

BELIZE

BACKGROUND DATA

The country of Belize, situated in the region of Central America, is bounded on the east by the Caribbean Sea, on the north by Mexico, and on the west and south by Guatemala. It has an area of 8,867 square miles and an estimated population in 1972 of 128,000. The largest town is Belize City with an estimated population of 41,657. A number of smaller towns, including the new capital Belmopan, show an estimated total population of 30,609. This means that 56% of the population live in urban or semi-urban areas while 44% live in rural areas.

The country enjoys full internal self-government with the United Kingdom having responsibility for defense and external affairs.

The Government has drawn up a development plan of medium range, 1973-76, which has the following objectives: (1) a higher rate of growth in real output through an expansion of farm output and industrial production for export and for import substitution; (2) increased national savings; (3) reduction in the balance of payments deficit; (4) increased employment opportunities; (5) diversification of the economy so as to reduce dependency on individual sectors; and (6) a higher rate of growth originating in the tourist sector.

The Government recognizes the need for development of the necessary infrastructure and administrative capacity in order to achieve these objectives.

Social Services

In the field of education, it is planned to increase the educational facilities at all levels in an attempt to relieve the shortage of skilled manpower.

In the area of housing, it is proposed to expand the low-cost housing schemes and to provide facilities for house construction and improvement.

In the health sector, the aim is to improve and expand the health services in order to provide increased coverage of the population, expansion of rural water supply and sanitary waste disposal, and adequate and modern water supply and sewage disposal systems for Belize City.

The most recent estimation of life expectancy was made in 1968 when the life expectancy at birth was 68.4 years while that at one year was put at 71.2 - an increase of 2.8 years. In 1972, the birth rate was 38.77 and the annual population growth rate was 2.89%. The crude death rate was 5.23 per 1,000 population. Infant mortality was 33.71 per 1,000 live births while the death rate in the 1-4 year age-group was 4.12 per 1,000 population of this age-group and in the 0-5 year age-group, 9.7. Communicable diseases and parasitic infestation caused 29.46% of all deaths.

There are 25 hospital beds per 10,000 population for acutely ill patients and 21 beds per 1,000 for tuberculosis patients, patients suffering from mental diseases, and the old and disabled.

Piped water is accessible to 63.6% of the population while 28.4% have water through house connections.

In 1972 the population structure revealed that 49.4% of the population was under 15 years of age and 18% under five years.

The annual (1971) per capital gross national product was \$522. Approximately 8% of the total national budget was spent on health in 1972, with a per capita health expenditure of \$15.

There is no full-time planning unit in the Ministry of Health but there is a Health Planning Committee which participates indirectly in the national planning process through the Chief Medical Officer and the Permanent Secretary in the Ministry of Health.

Health Policy and Proposed Programs

It is the intention of the Government to use every effort to achieve the adjusted goals which it has set for the period 1973-80 in relation to the goals of the Ten-year Health Plan for the Americas enunciated at the Health Ministers Conference in Santiago, Chile, in 1972.

It is planned to expand the provision of health care to all citizens, progressing gradually to a system of social security to assist in financing the health services. Emphasis will be placed on integration of the health services and the formulation and implementation of a number of organized programs.

Specifically, the Government has indicated its commitment to the strengthening of epidemiological surveillance, institution of technical and administrative reforms, and increased coordination between the elements within the Ministry and Department of Health and between these and other sectors whose functions have a bearing on the nation's health.

PROTECTION OF HEALTH

Communicable Disease Control

Although vital statistics present a reasonable picture in general, there is evidence of considerable mortality during the first year of life.

Communicable diseases and parasitic infestations accounted for 29.4% of all deaths, and 70% of these deaths occurred in children under five years of age. Communicable diseases for which a vaccine is available caused 2.5% of the total outpatient consultations. A high demand rate for consultations is noted for communicable diseases, respiratory diseases, avitaminosis, anemias, and other nutritional deficiencies. The exact epidemiological status of tuberculosis is not known but the prevalence of venereal diseases appears to be high. Malaria eradication is within reasonable reach but progress is hindered by the problem of importation across the borders of the country. Efforts will be directed toward the improvement of vaccination programs. A tuberculosis control program has been formulated and will be implemented from 1974. A venereal disease control program is in operation and is well supported. It is planned to strengthen the maternal and child health care services.

Environmental Health

Improvement of the environment has been given very high priority by the Government. It is planned to extend safe and adequate water supply in the rural areas and to accelerate measures to insure sanitary means of excreta and solid waste disposal. The Government has accepted prefeasibility and feasibility studies for a comprehensive and modern water supply and sewage disposal for Belize City, carried out jointly by CIDA and the Government, and arrangements for its implementation are now being worked out.

PROMOTION OF HEALTH

General Services

The Government is aware of the need for efficient organization of general services to support the technical activities for the improvement of health. It plans, therefore, to concentrate on a careful review of the present organizational structure and administrative practices with a view to increasing the overall efficiency.

It is hoped to raise the present ratio of 25 beds per 10,000 population for acute illness to 27-30 per 10,000 during the period of the plan.

The health system is based on a chain of hospitals strategically situated throughout the country and publicly owned. Medical care is provided free or at a modest charge relative to the financial position of the patient.

The hospital facilities in the districts are underutilized and it is planned to correct this deficiency through strengthening of these hospitals by providing laboratory and x-ray services and providing increased staff to meet the anticipated increased activities. It is also planned to construct a new hospital in the Orange Walk district and to extend and improve the physical facilities of the Belize City Hospital.

In addition there are health centers in urban and rural areas providing basic and minimal health services which are controlled by the Public Health Bureau, and which deal with the programs of maternal and child care, environmental health, communicable diseases control, and health education. It is planned to construct one new minimal health center and to increase the use of mobile health clinics in order to provide increased coverage where there are at present weaknesses.

Specific Programs

The country has entered the phase of health administration by specific programs. Draft programs for maternal and child health care, tuberculosis control, and venereal disease control are being reviewed prior to full-scale implementation. A national malaria eradication program is in operation and has made significant advances. The disease is well controlled and eradication seems to be hindered mainly by repeated importation of cases across the frontiers of the country. A program of environmental health has been in existence for some years but steps have now been taken to accelerate progress in this field. The Government has entered into agreements with PAHO/WHO and with the Canadian Government to this end.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

The country has a small population for its size and therefore faces a serious problem in the development, locally, of educational institutions other than primary and secondary schools. The need for development of skilled manpower has, however, been recognized and there has been much work done recently in the development and extension of technical education.

The doctor/population ratio is 3.2 per 10,000, which is reasonable. The ration, however, conceals two serious weaknesses: the ratio in the main urban area (over 20,000 population) is 6.4 per 10,000, while in localities of less than 20,000 population it is 0.9 per 10,000. The majority of the physicians are non-nationals. Nationals find it more lucrative and satisfactory to work abroad after training.

A similar picture is seen for the nurse/population ratio, which is 6.5 per 10,000, urban areas having a ratio of 11.8 per 10,000 while rural areas of less than 20,000 inhabitants have a ratio of 2.4 per 10,000. The position with regard to other professional health staff, such as veterinarians and engineers, is much worse. The sanitary engineer/population ratio is at present 0.08 per 10,000 and training in this field for engineers and auxiliaries is planned. The veterinarian/population ratio is 0.2 per 10,000, and continued training in this field is a necessity.

BELIZE - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
106,182	43.2	114,435	42.5	I. PROTECTION OF HEALTH	106,052	23.0	82,058	20.5
41,664	17.0	42,198	15.6	A. COMMUNICABLE DISEASES	43,341	9.4	47,291	11.8
4,290	1.8	8,705	3.2	0100 GENERAL	9,171	2.0	9,268	2.3
31,597	12.8	28,819	10.7	0200 MALARIA	29,894	6.5	31,488	7.8
3,787	1.5	1,445	.5	0400 TUBERCULOSIS	1,510	.3	1,575	.4
611	.3	884	.3	0500 LEPROSY	563	.1	635	.2
-	-	640	.2	0600 VENEREAL DISEASES	44	*	51	*
1,379	.6	1,565	.6	0700 ZONCOSES	1,668	.4	3,566	.9
-	-	140	.1	0900 OTHER	491	.1	708	.2
64,518	26.2	72,237	26.9	B. ENVIRONMENTAL HEALTH	62,711	13.6	34,767	8.7
43,222	17.5	58,038	21.6	2100 GENERAL	46,761	10.1	18,925	4.7
12,292	5.0	9,962	3.7	2200 WATER SUPPLIES	11,356	2.5	11,098	2.8
7,607	3.1	2,184	.8	2300 AEGES AEGYPTI ERADICATION	2,190	.5	2,218	.6
925	.4	1,133	.4	2400 HOUSING	1,431	.3	1,504	.4
472	.2	920	.4	2500 AIR POLLUTION	973	.2	1,022	.2
126,894	51.4	135,269	50.4	II. PROMOTION OF HEALTH	157,579	34.3	171,197	42.4
81,666	33.1	82,757	30.8	A. GENERAL SERVICES	89,460	19.4	98,018	24.2
53,962	21.9	54,575	20.3	3100 GENERAL PUBLIC HEALTH	58,270	12.7	63,078	15.6
5,528	2.2	10,216	3.8	3200 NURSING	10,549	2.3	11,650	2.9
1,907	.8	3,616	1.3	3300 LABORATORY	3,504	.8	4,132	1.0
873	.4	1,271	.5	3400 HEALTH EDUCATION	1,159	.2	1,418	.3
4,523	1.8	2,413	.9	3500 STATISTICS	2,739	.6	3,601	.9
5,761	2.3	6,488	2.4	3600 ADMINISTRATIVE METHODS	6,037	1.3	6,778	1.7
9,092	3.7	4,174	1.6	3700 HEALTH PLANNING	6,742	1.5	7,361	1.8
45,248	18.3	52,512	19.6	B. SPECIFIC PROGRAMS	68,179	14.9	73,179	18.2
23,435	9.5	25,710	9.6	4200 NUTRITION	27,015	5.9	27,929	6.9
545	.2	528	.2	4600 OCCUPATIONAL HEALTH	758	.2	800	.2
3,269	1.3	864	.3	4700 FLOOD AND DRUG	926	.2	1,089	.3
8,204	3.3	7,994	3.0	4800 MEDICAL CARE	8,614	1.9	10,343	2.6
7,633	3.1	15,643	5.8	4900 FAMILY HEALTH AND POP. DYNAMICS	29,017	6.3	31,016	7.7
2,162	.9	1,768	.7	5000 REHABILITATION	1,849	.4	2,002	.5
13,398	5.4	19,479	7.1	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	196,634	42.7	149,807	37.1
7,544	3.1	10,052	3.7	6100 PUBLIC HEALTH	187,823	40.8	138,267	34.3
1,068	.4	1,805	.7	6200 MEDICINE	1,895	.4	1,990	.5
354	.1	805	.3	6300 NURSING	800	.2	2,998	.7
2,159	.9	4,427	1.6	6400 ENVIRONMENTAL SCIENCES	4,871	1.0	5,221	1.3
-	-	1,200	.4	6500 VETERINARY MEDICINE	-	-	-	-
2,273	.9	1,190	.4	6700 BIOSTATISTICS	1,245	.3	1,331	.3
246,474	100.0	269,183	100.0	GRAND TOTAL	460,265	100.0	403,062	100.0
*****	*****	*****	*****	*****	*****	*****	*****	*****

*LESS THAN .05 PER CENT

BELIZE - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL		TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER		
		POSTS PKOF.	STC LOCAL MONTH		AMOUNT	ACAD.	SHORT	AMOUNT			PART.	AMOUNT
	\$			\$	\$			\$	\$	\$		
1973												
PAHO--PR	121,059	1	-	87,024	12,019	1	5	8,705	-	2,402	5,532	4,697
PN	13,982	-	-	6,027	602	-	-	575	-	-	1,668	5,110
PG	7,225	-	-	3,892	338	-	-	1,504	-	602	243	646
PH	7,882	-	-	4,725	740	-	-	222	-	-	929	1,266
PK	2,315	-	-	2,309	6	-	-	-	-	-	-	-
WHO--MR	58,373	1	-	37,580	4,194	3	-	11,589	-	782	2,207	2,021
UNDP	35,353	1	-	35,270	-	-	-	64	-	-	-	19
UNFPA	285	-	-	285	-	-	-	-	-	-	-	-
TOTAL	246,474	3	-	177,112	18,499	4	5	22,739	-	3,786	10,579	13,759
PERCENT OF TOTAL	100.0			71.9	7.5			9.2		1.5	4.3	5.6
1974												
PAHO--PR	130,456	1	-	85,221	8,932	2	6	19,155	-	2,217	5,017	9,914
PN	11,797	-	-	6,441	598	-	-	609	-	-	903	3,246
PG	8,548	-	-	2,831	125	-	-	159	-	1,834	2,479	1,120
PH	7,519	-	-	3,518	277	-	-	566	-	130	853	2,175
WHO--MR	54,210	1	-	40,743	4,244	-	-	1,741	-	3,131	1,931	2,420
UNDP	44,729	1	-	32,490	1,500	-	-	3,716	-	-	3,875	3,148
UNFPA	11,924	-	-	6,177	325	-	-	3,844	-	695	587	296
TOTAL	269,183	3	-	177,421	16,001	2	6	29,790	-	6,007	15,645	22,319
PERCENT OF TOTAL	100.0			65.9	5.9			11.1		3.0	5.8	8.3
1975												
PAHO--PR	131,318	1	-	88,341	9,148	2	7	20,100	-	2,230	4,734	6,715
PN	11,822	-	-	6,447	596	-	-	609	-	-	937	3,233
PG	2,031	-	-	1,341	-	-	-	-	-	-	-	690
PH	7,691	-	-	4,015	257	-	-	566	-	-	725	2,128
WHO--MR	74,484	1	-	46,855	4,566	2	2	15,011	-	1,062	2,976	4,014
UNDP	217,828	1	-	57,378	2,625	-	-	6,050	-	-	75,000	76,775
UNFPA	15,051	-	-	8,305	425	-	-	3,940	-	1,308	737	376
TOTAL	460,265	3	-	212,682	17,607	4	9	46,276	-	4,600	85,109	93,931
PERCENT OF TOTAL	100.0			46.2	3.8			10.1		1.0	18.5	20.4
1976												
PAHO--PR	143,601	1	-	97,014	9,841	2	5	17,690	-	3,701	5,392	9,363
PN	12,307	-	-	6,765	596	-	-	609	-	-	937	3,400
PG	2,249	-	-	1,499	-	-	-	-	-	-	-	750
PH	7,957	-	-	4,223	274	-	-	566	-	-	766	2,128
WHO--MR	82,349	1	-	54,035	5,119	2	2	15,011	-	423	2,833	4,928
UNDP	137,947	-	-	28,253	1,125	-	-	9,388	-	-	22,206	76,975
UNFPA	16,652	-	-	9,178	475	-	-	4,334	-	1,439	812	414
TOTAL	403,062	2	-	201,567	17,430	4	7	47,598	-	5,563	32,946	97,958
PERCENT OF TOTAL	100.0			50.0	4.3			11.8		1.4	8.2	24.3
<p>PAHO-PR-REGULAR BUDGET PN-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p>												
<p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO--MR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WHO-GRANTS AND OTHER FUNDS</p>												

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

BELIZE - DETAIL

BELIZE-0100, EPIDEMIOLOGY

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
		-	-	1,910	2,000
ZONE ADVISORY SERVICES		-	-	1,910	2,000

BELIZE-0200, MALARIA ERADICATION

The total population of Belize is estimated at 132,000, 41.7% of whom live in areas in the consolidation phase (Belize District) and 58.3% in areas in the attack phase. The epidemiological situation developed satisfactorily until 1970 and 1971 when only 33 cases were registered each year. However, in 1972 a small epidemic outbreak occurred in an isolated locality until then not included in the program, and the number of cases rose to 86 (P.vivax) in 1972 and 99 in 1973 (also P.vivax). Preventive measures should be continued.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

UNICEF cooperates in this project.

TOTAL	1	1	1	1	TOTAL	PR	1973	1974	1975	1976
P-2 SANITARIAN .2135	PR	1	1	1	1		21,583	22,200	25,352	26,464
							17,919	19,600	20,500	21,400
							-	-	2,152	2,264
							1,905	2,100	2,200	2,300
							1,759	500	500	500

BELIZE-0400, TUBERCULOSIS CONTROL

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
		-	-	1,510	1,575
ZONE ADVISORY SERVICES		-	-	1,510	1,575

BELIZE-0700, VETERINARY PUBLIC HEALTH

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	1973	1974	1975	1976
		-	-	1,668	3,566
ZONE ADVISORY SERVICES		-	-	1,668	3,566

BELIZE-2100, ENVIRONMENTAL SANITATION

The purpose of this project is to provide environmental health services to the maximum number of persons feasible, especially in the rural areas, at costs and at levels of technology compatible with socioeconomic conditions, but in a manner that will facilitate upgrading such services as conditions change. The objectives include revision and preparation of plans for the individual areas of sanitary engineering activities; integration of these with the national socioeconomic development plans; training of personnel of all categories working in the fields of environmental sanitation and water supply; promotion of community participation in environmental sanitation projects; cooperation with the National Water and Sewerage Authority in studies, designs, and implementation of water and sewerage projects and execution and evaluation of programs as they are formulated by the respective authorities.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

FUND					FUND						
	1973	1974	1975	1976		1973	1974	1975	1976		
						\$	\$	\$	\$		
TOTAL	1	1	1	-	TOTAL	32,451	40,400	34,510	4,310		
P-4 SANITARY ENGINEER 4.4010	UNDP	1	1	1	-	SUBTOTAL	PR	2,451	4,900	4,210	4,310
TOTAL		2	1	1	1						
FELLOWSHIPS-ACADEMIC	PR	-	1	-	-	ZONE ADVISORY SERVICES	-	-	2,210	2,310	
FELLOWSHIPS-SHORT TERM	PR	2	-	1	1	SUPPLIES AND EQUIPMENT	1,299	100	100	100	
						FELLOWSHIPS	1,152	4,800	1,500	1,500	
						GRANTS	-	-	400	400	
						SUBTOTAL	UNDP	30,000	35,500	30,300	-
						PERSONNEL-POSTS	30,000	28,500	28,500	-	
						DUTY TRAVEL	-	1,500	1,500	-	
						SUPPLIES AND EQUIPMENT	-	3,500	-	-	
						MISCELLANEOUS	-	2,000	300	-	

BELIZE-2200, WATER SUPPLIES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		PR		
	-	-	3,385	3,535
ZONE ADVISORY SERVICES	-	-	3,385	3,535

BELIZE-2300, Aedes Aegypti ERADICATION

Repeated annual evaluation of Belize by a PAHO/WHO Aedes aegypti consultant verifies that no Aedes aegypti have been discovered since the country was declared free of the mosquito in 1956. Nevertheless, the presence of the mosquito in neighboring countries warns of the need for a strong surveillance program in this country due to active communication and travel by sea and air between Belize and the countries of Central America.

The purpose of the project is to protect it against reinfestation by Aedes aegypti and to be prepared for rapid and decisive eradication measures should reinfestation take place.

TOTAL					TOTAL					
	1	1	1	1		PR	619	1,800	1,800	1,800
FELLOWSHIPS-SHORT TERM	PR	1	1	1	1	SUPPLIES AND EQUIPMENT	-	300	300	300
						FELLOWSHIPS	619	1,500	1,500	1,500

BELIZE-3100, HEALTH SERVICES

The purpose of the the project is to improve the level and extend the coverage of the health services in Belize through formulation and execution of a national health plan. Objectives include the control of communicable diseases through programs of immunization, tuberculosis and venereal disease control and the control of the zoonoses, strengthening of maternal and child health care, improvement of environmental health throughout the country, training of all categories of health services personnel, and the improvement of the supporting services of epidemiology, laboratories, health statistics, and nursing.

UNICEF cooperates in this project.

TOTAL					TOTAL						
	1	1	1	1		46,754	46,300	52,060	56,160		
P-4 MEDICAL OFFICER 4.3403	WR	1	1	1	1	SUBTOTAL	PR	10,041	18,900	22,700	19,700
TOTAL		1	-	-	2						
CONSULTANT MONTHS	WR	1	-	-	2	SUPPLIES AND EQUIPMENT	1,004	2,500	2,500	2,500	
						FELLOWSHIPS	7,014	12,300	17,100	14,100	
						COMMON SERVICES	2,023	4,100	3,100	3,100	
TOTAL		6	6	7	5	SUBTOTAL	WR	36,713	27,400	29,360	36,460
FELLOWSHIPS-ACADEMIC	PR	1	1	2	2	PERSONNEL-POSTS	21,006	24,700	26,560	28,760	
FELLOWSHIPS-ACADEMIC	WR	3	-	-	-	PERSONNEL-CONSULTANTS	1,842	-	-	4,800	
FELLOWSHIPS-SHORT TERM	PR	2	5	5	3	DUTY TRAVEL	2,645	2,700	2,800	2,900	
						FELLOWSHIPS	11,220	-	-	-	

FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----

FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

BELIZE-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----
		-	-	4,180	4,380
ZONE ADVISORY SERVICES		-	-	4,180	4,380

BELIZE-3300, LABORATORY SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----
		-	-	3,030	3,200
ZONE ADVISORY SERVICES		-	-	3,030	3,200

BELIZE-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----
		-	-	1,806	2,911
SUBTOTAL		-	-	250	1,185
ZONE ADVISORY SERVICES		-	-	250	1,185
SUBTOTAL	WR	-	-	1,556	1,726
ZONE ADVISORY SERVICES		-	-	1,556	1,726

BELIZE-3600, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----
		-	-	2,365	2,870
ZONE ADVISORY SERVICES		-	-	2,365	2,870

BELIZE-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----
		-	-	1,455	1,525
ZONE ADVISORY SERVICES		-	-	1,455	1,525

BELIZE-4100, MATERNAL AND CHILD HEALTH (renumbered BELIZE-4900)

BELIZE-4800, MEDICAL CARE SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----
		-	-	2,015	2,105
ZONE ADVISORY SERVICES		-	-	2,015	2,105

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

 \$ \$ \$ \$

BELIZE-4900, MATERNAL AND CHILD HEALTH (previously BELIZE-4100)

The purpose of this project is to improve the welfare of the preschool child in Belize in the areas of health, home and institutional care, and education. The objectives, all related to the preschool child, include setting up an integrated program for planning, coordination, and execution of the activities necessary for adequate care; formulating national policies on the provision of services; establishing schools and improving existing ones for proper overall care; organizing education programs to provide better understanding of care and protection, as well as the importance of such care to healthy development; organizing adequate health care and immunization in both urban and rural areas; and coordinating and executing activities of the official food and nutrition policy.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL	-	-	4	4	TOTAL	-	-	14,646	14,800	
FELLOWSHIPS-ACADEMIC	WR	-	-	2	2					
FELLOWSHIPS-SHORT TERM	WR	-	-	2	2	WR	-	-	13,100	13,100
					SUBTOTAL			500	500	
					SUPPLIES AND EQUIPMENT			12,600	12,600	
					FELLOWSHIPS					
					SUBTOTAL	UNFPA	-	-	1,546	1,700
					ZONE ADVISORY SERVICES			1,546	1,700	

BELIZE-6100, HUMAN RESOURCES DEVELOPMENT

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	295	320
ZONE ADVISORY SERVICES		-	-	295	320

BELIZE-6200, MEDICAL EDUCATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	1,895	1,990
ZONE ADVISORY SERVICES		-	-	1,895	1,990

BELIZE-6400, SANITARY ENGINEERING EDUCATION

One engineer handles all environmental engineering matters in Belize, a country of 130,800 persons and covering 8,866 square miles. There are 17 full-time subprofessional public health inspectors. There is no locally based institution for the provision of supplementary or basic education in environmental health. New products, processes, and projects which have environmental impact are constantly appearing, while community leaders and technical staff are deprived of the knowledge required for their control.

The purpose of this project is to reduce the number of environmental problems and to aid in their solution by providing information and training in selected technical fields.

TOTAL	-	1	1	1	TOTAL	PR	700	2,700	2,900	3,100
CONSULTANT MONTHS	PR	-	1	1	1	PERSONNEL-CONSULTANTS	-	2,000	2,200	2,400
					COURSE COSTS		700	700	700	700

 PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	144,367	155,783	303,483	266,451
0100 EPIDEMIOLOGY	2,590	4,885	7,261	7,268
0103 EPIDEMIOLOGY (ZONE III)	1,700	1,820	-	-
0200 MALARIA TECHNICAL ADVISORY SERVICES	3,058	4,129	4,027	4,485
0203 MALARIA TECHNICAL ADVISORY SERVICES (ZONE III)	6,087	2,040	-	-
0218 PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS	869	450	515	539
0403 TUBERCULOSIS CONTROL (ZONE III)	3,787	1,445	-	-
0500 LEPROSY CONTROL	515	884	432	496
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	96	-	131	139
0600 VENEREAL DISEASE CONTROL	-	80	44	51
0612 VENEREAL DISEASE SEMINARS	-	560	-	-
0703 VETERINARY PUBLIC HEALTH (ZONE III)	1,379	1,565	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	140	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	491	708
2100 ENVIRONMENTAL SANITATION	1,835	616	679	658
2103 SANITARY ENGINEERING (ZONE III)	1,938	2,110	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,412	16,712	15,676	18,326
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	998	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	750	1,167	1,222
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	4,562	5,236	5,580	5,868
2203 WATER SUPPLIES (ZONE III)	6,876	3,215	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	808	-
2300 AEDES AEGYPTI ERADICATION	231	348	390	418
2303 AEDES AEGYPTI ERADICATION (ZONE III)	6,757	-	-	-
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	36	-	-
3000 COORDINATION WITH FOUNDATIONS	1,280	2,573	3,085	3,518
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,307	3,861	3,125	3,400
3130 CONFERENCE ON MYCOLOGY	79	1,311	-	-
3131 CARIBBEAN HEALTH MINISTERS' CONFERENCE	3,542	-	-	-
3145 EMERGENCY PREPAREDNESS	-	534	-	-
3200 NURSING SERVICES	1,667	2,268	2,420	2,537
3203 NURSING (ZONE III)	2,615	3,665	-	-
3210 HOSPITAL NURSING SERVICES	-	717	1,270	1,408
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	558	1,195	1,118	1,177
3215 STUDY ON FACTORS AFFECTING NURSING GROWTH	373	-	-	-
3216 STANDARDS IN NURSING PRACTICE	-	875	-	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	1	-	1,367
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	532
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	262	493	310	249
3223 SYSTEMS OF NURSING	53	1,002	1,251	-
3303 LABORATORY SERVICES (ZONE III)	1,195	2,860	-	-
3311 TRAINING OF LABORATORY PERSONNEL	712	756	874	932
3400 HEALTH EDUCATION	534	497	312	497
3410 TRAINING OF TEACHERS IN HEALTH EDUCATION	339	774	847	921
3500 HEALTH STATISTICS	1,130	725	933	690
3503 HEALTH STATISTICS (ZONE III)	4,842	1,688	-	-
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,583	3,496	3,672	3,908
3603 ADMINISTRATIVE METHODS AND PRACTICES IN PUBL. HEALTH (ZONE III)	1,720	1,530	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,458	1,462	-	-
3700 HEALTH PLANNING	5,082	3,164	5,287	5,836
3703 HEALTH PLANNING (ZONE III)	3,251	1,010	-	-
3709 MEETING OF MINISTERS OF HEALTH	759	-	-	-
4200 NUTRITION ADVISORY SERVICES	1	2,080	2,224	2,353
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	23,363	23,408	23,916	24,834
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	71	222	245	446
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	55	58
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	575	238
4700 FOOD AND DRUG CONTROL	247	269	286	297
4703 FOOD REFERENCE LABORATORY (ZONE III)	2,635	-	-	-
4716 TRAINING IN ANALYSIS OF FOOD AND DRUGS	387	600	640	680
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	112
4800 MEDICAL CARE SERVICES	1,187	1,219	1,338	1,507
4803 MEDICAL CARE SERVICES (ZONE III)	3,421	1,930	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,625	2,173	2,891	3,657
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,971	2,672	2,370	3,074
4900 HEALTH AND POPULATION DYNAMICS	4,579	9,881	10,000	11,360
4903 HEALTH AND POPULATION DYNAMICS (ZONE III)	1,420	1,505	-	-
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	1,504	3,866	3,940	4,334
4915 MATERNAL AND CHILD HEALTH	130	391	431	522
5000 REHABILITATION	2,162	1,768	1,849	2,002
6101 HUMAN RESOURCES PROGRAM IN THE CARIBBEAN	3,649	3,485	-	-
6113 EDUCATION AND TRAINING OF PARAMEDICAL PERSONNEL	3,895	6,567	187,528	137,947
6203 MEDICAL EDUCATION (ZONE III)	1,068	1,805	-	-
6320 POSTBASIC COURSES IN NURSING	354	805	645	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,480
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	155	518
6400 SANITARY ENGINEERING EDUCATION	841	816	947	1,035
6508 PROG. TRAIN. ANIM. HEALTH VETER. PUB. HEALTH ASSIST. (CARIBBEAN)	-	1,200	-	-
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	247	242	253	296
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	577	948	992	1,035

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	102,107	113,400	156,782	136,611	144,367	155,783	303,483	266,451
PAHO-PR-REGULAR BUDGET	35,394	50,500	79,252	80,059	85,665	79,956	52,066	63,542
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	13,982	11,797	11,822	12,307
PG-GRANTS & OTHER CONTRIBUT.	-	-	-	-	7,225	8,548	2,031	2,249
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	7,882	7,519	7,691	7,957
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	2,315	-	-	-
WHO-WR-REGULAR BUDGET	36,713	27,400	45,684	54,852	21,660	26,810	28,800	27,497
UNDP-UN DEVELOPMENT PROGRAM	30,000	35,500	30,300	-	5,353	9,229	187,528	137,947
UNFPA-UN FUND POPULATION ACT.	-	-	1,546	1,700	285	11,924	13,545	14,952

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	246,474	269,183	460,265	403,062
PAHO-PR-REGULAR BUDGET	121,059	130,456	131,318	143,601
PN-INCAP GRANTS & OTHER CONTR.	13,982	11,797	11,822	12,307
PG-GRANTS & OTHER CONTRIBUT.	7,225	8,548	2,031	2,249
PH-PAN AMER. HEALTH & EDUC.FN.	7,882	7,519	7,691	7,957
PK-SPECIAL FUND FOR HEALTH PR.	2,315	-	-	-
WHO-WR-REGULAR BUDGET	58,373	54,210	74,484	82,349
UNDP-UN DEVELOPMENT PROGRAM	35,353	44,729	217,828	137,947
UNFPA-UN FUND POPULATION ACT.	285	11,924	15,091	16,652

COSTA RICA

BACKGROUND DATA

Costa Rica has 1,889,109 inhabitants (1937) with a density of 37 inhabitants per square kilometer, 60% of the population live in rural areas. Of 6,269 localities, only 357 (5.7%) have more than 500 inhabitants; 43% of the population is under 15 and 5% are over 60. In 1972 the birth rate was 31 per 1,000, a marked decline having been recorded in the last 10 years. Eighty six per cent of the population can read and write.

In 1973 the gross domestic product was \$660. More than 60% of this was generated in the tertiary sector and 20% in the primary sector, which employs half of the active population. The rate of participation in 1973 was 32.1, while unemployment was 7.1 and declining.

Summary of the National Development Plan

The National Development Plan for the period 1974-78 embodies two basic policy objectives: the building up of sufficient internal economic and political strength so as to be able to successfully negotiate the participation of the country in international trade, and the expansion of the social integration essential for reinforcing the country's democratic structure. The policy of reducing economic and social inequality must be closely linked with directives and plans for stimulating economic growth and restructuring the productive system. In the health sector the National Development Plan makes provision for large scale investments, especially in the field of social security, with a view to extending it to the whole population by 1976. At the moment 65% are covered by the system of social security with extension to the family group.

Summary of Health Situation

In 1973 life expectancy was estimated at 68.15 years; an increase to 71 years is foreseen for those born in 1980.

The present coverage of health services is limited by the physical, economic, and social inaccessibility of a large sector of the population in rural areas, especially in small localities.

Communicable diseases persist as a major cause of morbidity and mortality and in many cases the coverage planned to prevent and treat them has not been attained. Although most of them are declining (those preventable by vaccination - tuberculosis, leprosy), some, like venereal diseases, are tending to increase. Malaria and enteric diseases are of special interest. Malaria has a very low incidence and transmission has been confined to very small geographical areas as a result of careful epidemiological vigilance. Since 1970 enteric diseases have ceased to constitute the primary cause of death. However, they cause great suffering among the younger age groups and cost the country about \$1 million a year. They represent 10% of outpatient consultations.

Maternal mortality is low (0.93 per 1,000 births) and is declining further. Medical care in childbirth has increased, reaching 74.2% in 1972.

In 1972 infant mortality was 54.4 per 1,000 births, with a declining trend. Of infant deaths, more than 30% were caused by preventable diseases and another high percentage by reducible diseases. Of the diseases affecting children between one and four about 70% are avoidable. About 45% of children die without medical care.

Protein-calorie malnutrition is a serious problem among children under five years. On the basis of anthropometric indicators it has been estimated that 57.4% of the population up to four years of age suffer from some degree of malnutrition and they require 13% of the medical care provided in health establishments.

Cardiovascular, cerebrovascular and neoplastic diseases have high rates of morbidity and mortality (30% of the 1970 total). They absorb a large proportion of hospitalizations and outpatient consultations (in 1970, 38%). Their incidence is tending to rise.

In the towns 100% of the population, and in the rural areas 66%, have sufficient water, although not always of the best quality or with house connections; 59% of the urban and 44% of the rural population have excreta disposal facilities.

Surface water is highly contaminated by dirty water, and pesticides and fertilizers used without effective control. The technical problems of solid waste disposal are being tackled in the metropolitan area.

Medical care is provided by many institutions, the most important of which are those under the jurisdiction of the Ministry of Health, the Costa Rican Social Security Fund, and the National Insurance Institute. These institutions operate with a notorious lack of coordination. Their coverage is unequal: there is duplication of resources and efforts in many areas and absence of services in others. This prevents the integral satisfaction of needs and makes the services more costly. Each institution has its own administrative and technical services.

Generally speaking, human resources are insufficient and badly distributed, being concentrated in the metropolitan area. There are 5.4 doctors, 4.3 nurses, and 1.4 dentists per 10,000 inhabitants. At the national level there are 4.0 hospital beds per 1,000 inhabitants (2.8 for short stays and 1.2 for long stays). Hospitals have an average occupancy rate of 75%, the average stay being seven days. The Ministry of Health provides 1.2 consultations per inhabitant per year. The Costa Rican Social Security Fund provides 3.4 consultations per inhabitant per year.

Financing for the various institutions is diverse. As a whole it rose from 5.2% of the gross domestic product in 1969 to 6% in 1972. The latter figure represents an average of \$38.12 per inhabitant per year. Financing of disease prevention represents a small proportion of the total (13.6%).

In 1973 the Health Sector Planning Office was strengthened and entrusted with the task of instituting the changes necessary for the execution of the National Health Plan as a part of the National Economic and Social Development Plan, and for the reorganization of the health services and their expansion at the national level, with emphasis on preventive action and efficient coverage of marginal groups.

Summary of the Objectives of National Health Policy

The National Health Plan (1974-80) is designed to solve the major national problems existing in the health sector. These problems have been given priorities on the basis of such criteria as magnitude, importance, and vulnerability. The Plan seeks to remedy the main intrasectoral limitations which impede the solutions of these problems and to find joint fields of action to correct extrasectoral limitations. It is to be hoped that the fruits of this process will redound in an improvement in the level of national health and in the structure of the health system.

It is planned to reduce mortality among children under one year by 30% and that of children between one and four years by 50-55%; this will represent a life expectancy of 71 years for those born in 1980.

It is hoped to extend health coverage to the whole population by improving basic and specialized services in major localities and offering minimum integrated health services to localities with less than 2,000 inhabitants. This will be done through a vast program of rural health, with properly trained and supervised auxiliary personnel who are supported by organic and functional local structures. This program was launched in 1973.

The personal services programs and the environmental sanitation programs include a wide range of activities all designed to bring about a permanent improvement in existing services. The aims are to formulate feeding and nutrition programs; to establish a broad system of coordination for all the health agencies; to stimulate the formulation and execution of intersectoral programs which will benefit the marginal populations; to develop an explicit population policy based on the demographic and socioeconomic features of the country; to secure the early detection, prompt diagnosis, and proper treatment of chronic diseases; to reduce the rising trend in alcoholism and drug dependence; to prepare the legislation necessary to control soil, water, and air contamination; to improve water supply and waste disposal; to execute coordinated intersectoral or interagency programs of occupational health and industrial hygiene; and to control the quality of drugs and medicaments. Special stress will be laid on regionalization of services, expansion of coverage, and outpatient care in the integrated health activities.

In the field of supplementary services, the National Health Plan seeks to improve the quality and coverage of health services, providing nursing care with minimum standards; to establish programs for the improvement of integrated laboratory services; to coordinate technical rules for the operation of diagnostic services, production of biologicals and processing of blood and medicines; to build up an efficient system of epidemiological vigilance and control of communicable diseases; to organize health education as part of the process of more active and informed community participation; and to coordinate the scattered resources of the country for the purpose of rationalizing their use and providing integrated medical care.

For the development of the infrastructure, the aim will be to establish a health system which is geared to the natural characteristics and to sectoral policy. At the same time, a process will be initiated and perfected for the formulation and execution of health policies and strategies, incorporated in plans for economic and social development. These should make it possible to effect structural changes, obtain the maximum possible efficiency and facilitate the timely and rational readjustment of decisions through the establishment of a system of information, decision, evaluation, and control. For this purpose the national health information system will be improved. In the process of planning human resources an effort will be made to define the numbers required and the prerogatives and responsibilities of the different types of personnel, in the light of national pathology and socioeconomic conditions, and to improve their geographical distribution and their utilization. Financing systems will be developed which will strengthen existing sources and provide new sources of funds, and which will ensure the active participation of the community. The Plan also provides that existing legislation and the effects of recently promulgated laws should be analyzed from the sectoral point of view so as to ensure better implementation of the Plan's objectives. The new Organic Law of the Ministry of Health, and the General Health Law, provide useful guidelines for health activities.

PROTECTION OF HEALTH

Communicable Disease Control

Communicable diseases are an important cause of morbidity and mortality. Those preventable by vaccination show a declining trend. Malaria has a notably low incidence, the annual parasitic incidence in 1973 was 0.27 per 1,000

inhabitants (IPA), 69% of the population of the malarious area being in the consolidation phase. Diseases preventable by vaccination - tetanus, whooping cough, diphtheria, measles, and poliomyelitis - caused 4.57% of the total deaths and showed a morbidity rate of 342.35 per 100,000 inhabitants (1970). Mortality from tuberculosis was 7.1 per 100,000 inhabitants and represented 1.1% of the deaths in the country (1970); the incidence is 28.6 per 100,000 (in 1971 it was 23.4). The number of cases of syphilis doubled between 1966 and 1972 and those of gonorrhoea went up 2.2 times. The incidence of leprosy was 1.05 and the prevalence 29 per 100,000 inhabitants. Enteric diseases were the second largest cause of death in 1971.

The Government plans to increase the rate of protection with vaccinations in order to reduce the morbidity and mortality of diseases preventable by this means; to reduce mortality from tuberculosis by 50%; to reduce the incidence of venereal diseases; to reduce the incidence and prevalence of leprosy and the disabilities it causes; to stop the transmission of malaria before 31 December 1975; to reduce the mortality from enteric diseases by at least 50%; and to establish a system of epidemiological vigilance.

Environmental Health

Of the urban population, 95% has drinking water supplies with house connections and 66% of the rural population has access to water although not always of the best quality. Among the urban population, 40% has sewage services and 44% has access to some system of excreta disposal. Except in the metropolitan area of San José, there is no sanitary system for the collection, disposal, and treatment of solid wastes. There is contamination of surface water and soil. Pesticides and fertilizers used without effective control contaminate the water. Traffic accidents are a serious public health problem. There are plans to keep 95% of the urban population supplied with water with house connections and to provide water services for 71% of the rural population; to improve the quality of drinking water; to provide sewerage systems for 70% of the urban population; to continue the national literacy program; and to establish adequate systems for the collection, transportation and final disposal of solid wastes.

PROMOTION OF HEALTH

General Services

Economic and human resources are insufficient and are unevenly distributed. There is a lack of coordination among the institutions which make up the sector. There are deficiencies in health coverage, especially in the rural areas.

The Government is preparing a National Health Plan. It has completed the diagnosis and the formulation of policy. Objectives, targets and strategies have been laid down at the national level and planning is going forward at the local level. A new general health law and an organic law of the Ministry of Health have been promulgated with the object of bringing about structural and administrative changes in the health sector so as to establish a health system which is suited to national conditions and which will make the administration of the health services more efficient. The plans include increased coverage of the rural areas.

Specific Programs

Maternal and Child Health:

Maternal morbidity in 0.93 per 1,000 births and infant morbidity 54.4 per 1,000 live births. The program is designed to reduce the risks of sickness and death to which mothers and children are exposed; to increase prenatal care to 75%, care during birth to 85%, and postnatal care to 40%; and to increase care to children under one year to 90%, children between one and four years to 70% and children in their fifth year to 50%.

Nutrition:

Two point one per cent of deaths were caused by anemia and other nutritional deficiencies (including protein-calorie deficiency); 57.4% of the 0-4 year age group suffer some degree of malnutrition, 1.5% in grade III and 12.2% in grade II. The aims of the program are to ensure that all salt is iodized; to enrich sugar with vitamin A; to reduce nutritional deficiencies; to reduce protein-calorie malnutrition among children under five years (grade III by 85% and grade II by 30%); and to promote and contribute to the formulation of a national feeding and nutrition policy.

Mental Health:

Mental health is a problem which merits attention. It is important to establish an alcoholism study center for demonstrating techniques of treatment, prevention, and rehabilitation, and to train professionals and paraprofessionals; and also to establish a biological and biochemical laboratory for the study of problems related to alcohol and alcoholism.

Medical Care:

Sixty per cent of the population live in rural areas and 35.5% in localities of under 500 inhabitants where there is an almost complete lack of health services. In order to extend medical services to this population, rural health programs have been launched, one national in scope and the other a pilot program. The first now covers a population of 90,000 inhabitants and the second 38,000.

The problem of hospital care is basically one of administration and integration of services. To improve those services measures are being taken to integrate their activities under a comprehensive system of medical care and to improve administration.

Population Dynamics:

Forty three per cent of the population are under 15 years; the birth rate is 31; and the female population of fertile age is 18%. The program is designed to help formulate an explicit population policy and to improve and expand the coverage of family planning services with a view to reducing the risk of maternal deaths.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

There are 5.4 doctors per 10,000 inhabitants, 1.4 dentists, 4.3 nurses, and 15.9 nursing auxiliaries. The number of specialists in the field of public health is inadequate.

The University of Costa Rica is the only establishment training such personnel, except for nursing auxiliaries who are trained in health sector institutions. The Faculty of Medicine also trains technical personnel at the intermediate level. Professional specialists in public health are trained abroad.

Costa Rica is eager to increase the number of professionals and technicians at the intermediate level, in accordance with needs, improve their geographical distribution, and train the kind of personnel the country requires.

COSTA RICA - PROGRAM BUDGET

1973		1974		1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$		\$		\$	
225,473	21.4	256,479	20.8	268,969	23.2	292,765	24.8
120,464	11.4	127,721	10.3	131,931	11.3	143,733	12.2
8,667	.8	12,345	1.0	12,988	1.1	13,264	1.1
82,510	7.8	78,479	6.3	85,867	7.5	90,885	7.7
9,345	.9	10,163	.8	8,261	.7	11,584	1.0
2,974	.3	4,336	.4	2,676	.2	3,392	.3
-	-	800	.1	132	*	153	*
16,633	1.6	19,276	1.6	19,797	1.7	21,452	1.8
-	-	560	*	490	*	707	.1
335	*	1,762	.1	1,720	.1	2,296	.2
105,009	10.0	128,758	10.5	137,038	11.9	149,032	12.6
61,894	5.9	72,240	5.8	71,952	6.2	80,815	6.8
33,683	3.2	51,628	4.2	59,537	5.2	62,300	5.3
7,136	.7	638	.1	2300	.1	691	.1
924	.1	1,133	.1	2400	.1	1,504	.1
1,372	.1	3,119	.3	2500	.3	3,722	.3
750,823	71.1	876,258	70.9	792,761	68.9	790,152	66.7
214,694	20.4	256,505	20.8	250,197	21.7	258,814	21.8
122,407	11.6	119,556	9.7	3100	11.4	159,668	13.5
11,401	1.1	19,646	1.6	3200	1.6	18,907	1.6
6,422	.6	14,524	1.2	3300	1.6	19,047	1.6
870	.1	1,271	.1	3400	.1	1,417	.1
6,215	.6	6,509	.5	3500	.6	10,142	.8
6,297	.6	7,583	.6	3600	.7	9,161	.8
61,082	5.8	87,416	7.1	3700	5.7	40,342	3.4
536,129	50.7	619,753	50.1	542,564	47.2	531,338	44.9
286,650	27.1	263,450	21.3	4200	23.7	272,882	23.8
65,080	6.2	135,421	10.9	4300	7.1	61,482	5.1
5,007	.5	4,699	.4	4400	.5	5,955	.5
4,483	.4	11,600	.9	4500	1.2	13,704	1.1
544	.1	878	.1	4600	.1	1,137	.1
14,308	1.3	5,710	.5	4700	.5	5,219	.5
11,035	1.0	58,140	4.7	4800	1.6	18,936	1.6
146,586	13.9	137,132	11.1	4900	12.2	155,202	13.1
2,157	.2	1,767	.1	5000	.2	1,848	.2
279	*	950	.1	5100	.1	1,076	.1
80,745	7.5	103,868	8.3	91,433	7.9	95,740	8.5
4,641	.4	5,061	.4	6100	.4	4,934	.5
43,420	4.1	49,192	4.0	6200	2.8	31,773	2.7
14,903	1.4	20,709	1.7	6300	2.1	29,464	2.5
4,859	.4	14,205	1.1	6400	1.0	13,033	1.1
2,026	.2	2,981	.2	6600	.2	2,452	.2
10,896	1.0	11,720	.9	6700	1.4	17,324	1.5
1,057,041	100.0	1,236,605	100.0	1,153,163	100.0	1,182,657	100.0
*****	*****	*****	*****	*****	*****	*****	*****

*LESS THAN .05 PER CENT

COSTA RICA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	*-----PERSONNEL-----*			*-----DUTY-----*	*-----FELLOWSHIPS-----*		*-----SEMINARS-----*		*-----SUPPLIES-----*	*-----GRANTS-----*		
		POSTS	STC	AMOUNT	TRAVEL	ACAO.	SHORT	AMOUNT	PART.	AMOUNT	EQUIPMENT	AND OTHER	
	\$	PROF.	LOCAL	MONTH	\$			\$		\$	\$		
1973													
PAHO--PR	371,474	2	-	4	248,271	26,257	5	10	37,857	-	8,491	14,357	36,241
PM	4,603	-	-	-	2,903	274	-	-	-	-	-	-	1,421
PI	57,324	-	-	-	29,839	1,132	-	-	-	-	-	9,362	16,991
PN	121,457	-	-	-	52,408	5,212	-	-	4,969	-	-	14,680	44,428
PG	205,874	-	-	-	49,399	2,598	-	-	3,990	-	25,982	37,141	86,764
PH	45,313	-	-	-	18,429	2,536	-	-	1,985	-	877	9,133	12,353
PK	3,944	-	-	-	3,737	59	-	-	-	-	-	-	112
PS	392	-	-	-	-	-	-	-	-	-	-	-	392
WHO--WR	211,498	3	-	2	100,747	8,441	2	20	42,461	4	10,870	22,288	26,641
UNDP	34,837	2	-	6	31,189	-	-	-	668	-	-	1,790	990
UNFPA	285	-	-	-	285	-	-	-	-	-	-	-	-
TOTAL	1,057,041	7	-	12	537,207	46,564	7	30	92,150	4	46,220	108,587	226,333
PERCENT OF TOTAL	100.0				50.8	4.4			8.7		4.4	10.3	21.4
1974													
PAHO--PK	432,687	4	-	8	310,559	26,309	4	15	43,149	-	6,823	9,648	36,199
PM	14,753	-	-	-	14,070	683	-	-	-	-	-	-	-
PI	55,522	-	-	-	31,471	721	-	-	-	-	-	6,687	16,643
PN	102,607	-	-	-	56,046	5,193	-	-	5,290	-	-	7,843	28,235
PG	177,116	-	-	-	61,736	11,636	-	-	1,668	-	12,622	23,509	65,923
PH	61,180	-	-	-	24,530	2,562	-	-	5,833	-	129	7,990	20,136
WHO--WR	196,251	2	-	2	87,566	8,158	4	9	40,625	1	11,403	15,627	32,872
UNDP	123,620	2	-	15	95,923	3,491	4	-	21,560	-	-	1,728	918
UNFPA	72,869	-	-	-	48,691	2,300	-	-	7,688	-	6,255	5,271	2,664
TOTAL	1,236,605	8	-	25	740,594	61,053	12	24	125,833	1	37,232	78,303	203,590
PERCENT OF TOTAL	100.0				59.1	4.9			10.2		3.0	6.3	16.5
1975													
PAHO--PR	449,327	4	-	9	337,860	27,717	4	7	30,654	-	3,716	11,736	37,644
PM	18,004	-	-	-	17,234	770	-	-	-	-	-	-	-
PI	57,604	-	-	-	33,046	721	-	-	-	-	-	6,721	17,116
PN	102,825	-	-	-	56,093	5,160	-	-	5,290	-	-	8,141	28,121
PG	85,237	-	-	-	48,870	9,375	-	-	-	-	2,250	8,167	16,575
PH	62,244	-	-	-	25,380	2,221	-	-	5,756	-	-	7,710	21,177
WHO--WR	196,376	2	-	2	92,774	7,603	5	7	42,223	-	8,737	17,195	27,644
UNDP	81,038	2	-	-	53,667	3,435	4	-	20,456	-	-	1,540	1,920
UNFPA	100,568	-	-	-	67,639	3,200	-	-	7,880	-	11,772	6,633	3,384
TOTAL	1,153,163	8	-	11	732,583	60,422	13	14	112,259	-	26,475	67,843	153,581
PERCENT OF TOTAL	100.0				63.5	5.3			9.7		2.3	5.9	13.3
1976													
PAHO--PR	498,781	4	-	11	367,022	29,671	3	11	37,670	-	4,707	15,649	43,862
PM	18,935	-	-	-	18,095	840	-	-	-	-	-	-	-
PI	57,602	-	-	-	34,671	721	-	-	-	-	-	5,600	16,610
PN	107,679	-	-	-	58,868	5,180	-	-	5,290	-	-	8,141	29,600
PG	50,528	-	-	-	34,737	4,725	-	-	-	-	2,025	5,843	3,198
PH	66,807	-	-	-	26,583	2,368	-	-	5,966	-	-	8,607	22,983
WHO--WR	229,948	2	-	2	97,804	8,705	12	10	86,578	-	5,613	15,246	22,002
UNDP	42,267	1	-	-	36,901	1,921	-	-	369	-	-	1,303	1,773
UNFPA	111,010	-	-	-	74,723	3,050	-	-	8,668	-	12,949	7,297	3,723
TOTAL	1,182,657	7	-	13	749,404	57,781	15	21	138,741	-	25,294	67,686	143,751
PERCENT OF TOTAL	100.0				63.4	4.9			11.7		2.1	5.7	12.2
PAHO--PR--REGULAR BUDGET PM--COMMUNITY WATER SUPPLY PI--INCAP - REGULAR BUDGET PN--INCAP - GRANTS AND OTHER CONTRIBUTIONS PG--GRANTS AND OTHER CONTRIBUTIONS PH--PAN AMERICAN HEALTH AND EDUCATION FOUNDATION PAHO--PK--SPECIAL FUND FOR HEALTH PROMOTION PS--SPECIAL FUND FOR RESEARCH WHO--WR--REGULAR BUDGET UNDP--UNITED NATIONS DEVELOPMENT PROGRAM UNFPA--UNITED NATIONS FUND FOR POPULATION ACTIVITIES WG--GRANTS AND OTHER FUNDS													

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

COSTA RICA - DETAIL

COSTA RICA-0100, EPIDEMIOLOGY

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
		-	-	5,730	6,000
ZONE ADVISORY SERVICES		-	-	5,730	6,000

COSTA RICA-0200, MALARIA ERADICATION

A five-year malaria eradication plan (1973-1977) is under way in Costa Rica, as presented at the Special Meeting of Ministers of Health of Central America and Panama, held at PAHO Headquarters in March 1973. The program was evaluated and, as a result, areas with 69% of the population of the malarious area remained in the consolidation phase. The remainder continues in the attack phase with spraying operations (DDT and propoxur). The total population of the malarious area is 604,000 inhabitants.

In 1973, 161 cases were registered out of 166,355 samples examined; 159 were registered in 1972. An epidemiological inquiry revealed that most of the cases were imported from other countries. In 1973 malaria diagnosis using serological methods was begun as a supplement to the parasitological studies. Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

UNICEF cooperates in this project.

TOTAL		1	2	2	2	TOTAL	26,371	62,500	71,540	75,620
P-4 MEDICAL OFFICER 4.0411	WR	1	1	1	1					
P-4 PARASITOLOGIST .2088	PR	-	1	1	1	PR	-	28,600	35,480	37,160
P-1 SANITARIAN 4.0412	WR	-	-	-	-					
						PERSONNEL-POSTS	-	27,100	28,300	29,500
						ZONE ADVISORY SERVICES	-	-	5,380	5,660
						DUTY TRAVEL	-	1,500	1,800	2,000
						WR	26,371	33,900	36,060	38,460
						PERSONNEL-POSTS	21,854	24,700	26,560	28,760
						DUTY TRAVEL	1,300	1,500	1,800	2,000
						SUPPLIES AND EQUIPMENT	3,217	7,700	7,700	7,700

COSTA RICA-0400, TUBERCULOSIS CONTROL

The information available in 1972 shows Costa Rica's tuberculosis situation to be as follows: The specific mortality rate is 7.2 per 100,000 inhabitants. The morbidity is 25.6 per 100,000. Of the 471 cases diagnosed in 1972, 41 were minimal, 191 were moderate, 221 were advanced, and 18 were progressive primary cases. The incidence in the 0-14 year age-group was 2.6 per 100,000; in persons above 15 years of age it was 47.0.

The purpose of this project is to promote and improve tuberculosis control programs, to the end that the disease ceases to be a public health problem. Its objectives are to incorporate activities relating to tuberculosis into the health services; to increase the coverage of cases of tuberculosis that arise and of those persons who come into contact with these cases; to continue to vaccinate 80% of the population under 15 years of age; to reduce the tuberculosis mortality rate in the under-15 age-group by 80%; and to train health services personnel for participation in the program's activities.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	2	1	2	TOTAL	PR	3,633	3,000	6,030	7,725
FELLOWSHIPS-SHORT TERM	PR	1	2	1	2	ZONE ADVISORY SERVICES		-	-	4,530	4,725
						FELLOWSHIPS		3,633	3,000	1,500	3,000

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$
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COSTA RICA-0700, VETERINARY PUBLIC HEALTH

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	1973	1974	1975	1976
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		-	-	4,671	5,706
ZONE ADVISORY SERVICES		-	-	4,671	5,706

COSTA RICA-2100, ENVIRONMENTAL SANITATION

Seventeen per cent of the deaths in Costa Rica can be attributed to inadequate environmental sanitation. The rural population lacks sewerage systems. In the area of solid waste disposal, 40,000 latrines need to be constructed to cover the national deficit. In addition, 55,000 latrines in poor condition need to be replaced. There are problems connected with the pollution of ground water. The garbage collection, disposal, and treatment systems need to be improved. Seventy-six per cent of the food plants have no health control.

The purposes of this project are to recast the structure and organization of the environmental sanitation services in order to intensify their activities; to solve the problem of solid waste collection, transport, and final disposal, first in the metropolitan area and later in the other main towns of the country; to complete the installation of 100,000 latrines by the end of 1974; and to formulate a national environmental sanitation policy.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	1	TOTAL	PR	28,739	30,200	38,430	43,330
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P-4 SANITARY ENGINEER .2029	PR	1	1	1	1	PERSUNNEL-POSTS		25,852	27,100	28,300	29,500
						ZONE ADVISORY SERVICES		-	-	6,630	6,930
TOTAL		1	1	1	1	PERSONNEL-CONSULTANTS		1,950	2,000	2,200	2,400
						DUTY TRAVEL		937	1,100	1,300	1,500
						FELLOWSHIPS		-	-	-	3,000
CONSULTANT MONTHS	PR	1	1	1	1						
TOTAL		-	-	-	2						
FELLOWSHIPS-SHORT TERM	PR	-	-	-	2						

COSTA RICA-2200, WATER SUPPLIES

Ninety-five per cent of the urban and 56% of the rural population in Costa Rica have house connections for water supply. Forty per cent of the urban population have sewerage and 41% use septic tanks. Forty per cent of the rural population have latrines. The fact that a high percentage of the population has a water supply creates some difficulties because the systems are tending to deteriorate with age and do not have sufficient capacity to meet the population's growing demand. The National Water Supply and Sewerage Service serves 51% of the population, and the municipalities serve 49%.

The purposes of the project are to increase the quantity and improve the quality of the water in the systems of the towns of San José, Liberia, Limón, Puntarenas, and San Isidro del General; to carry out the water supply program for 14 towns and construct sewerage in five towns; and to strengthen the technico-administrative machinery of the national agency responsible for water supplies and sewerage.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	1	1	1	TOTAL		4,327	8,300	18,655	19,305
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CONSULTANT MONTHS	PR	-	1	1	1	SUBTOTAL	PR	2,906	8,300	18,655	19,305
TOTAL		5	2	2	2						
FELLOWSHIPS-ACADEMIC	PR	-	1	1	1	ZONE ADVISORY SERVICES		-	-	10,155	10,605
FELLOWSHIPS-SHORT TERM	PR	5	1	1	1	PERSONNEL-CONSULTANTS		-	2,000	2,200	2,400
						CONTRACTUAL SERVICES		695	-	-	-
						FELLOWSHIPS		2,211	6,300	6,300	6,300
						SUBTOTAL	PW	1,421	-	-	-
						CONTRACTUAL SERVICES		1,421	-	-	-

FUND	1973	1974	1975	1976

FUND	1973	1974	1975	1976
	\$	\$	\$	\$

COSTA RICA-2500, AIR POLLUTION.

Costa Rica decided in 1971 to join the Pan American Air Pollution Monitoring Network. A first monitoring station was set up in San José, and a second is now being installed elsewhere in that city. Measurements of sedimental and suspended dust and of sulfur dioxide indicate that these pollutants are so far within permissible limits. Exhaust fumes from internal combustion vehicles and noise levels in the capital are beginning to cause problems among the people.

The objectives of the project are to continue operation of the first monitoring station, to install the second, and to intensify programs to control air pollution through legal measures for controlling the emission of vehicular and industrial fumes.

TOTAL		-	1	1	1	TOTAL	PR	900	2,200	2,500	2,700
CONSULTANT MONTHS	PR	-	1	1	1	PERSONNEL-CONSULTANTS	-		2,000	2,200	2,400
						SUPPLIES AND EQUIPMENT	900	200	300	300	

COSTA RICA-3100, HEALTH SERVICES

The goals of this project in Costa Rica are to extend life expectancy to 71 years by 1980; reduce the mortality rate to 5.5 per 1,000 inhabitants, infant mortality to 41.8 per 1,000 live births, and the under five-year-old mortality rate to 35.4% of total deaths; reduce the specific mortality rate for polio by 100% among minors of less than 14 years of age; reduce diphtheria, whooping cough, and tetanus at all age levels by 80%; reduce tuberculosis by 80% among minors of below 15 years; eradicate measles, malaria, and the vector of urban yellow fever; and raise the immunity level of the population against diseases preventable by vaccination.

Also planned is the implementation of the General Health Law, as well as the Organic Law of the Ministry of Public Health, once they have been approved by the Legislative Assembly; completion of the plan of national health; and improvement in the administration of health services as well as the infrastructure of the health sector.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		2	2	2	2	TOTAL		126,608	80,700	91,186	135,491
P-5 PAHO/WHO REPRESENTATIVE .0415	PR	1	1	1	1	SUBTOTAL	PR	65,954	44,000	48,200	57,600
P-1 SANITARIAN 4.0412	WR	1	1	1	1	PERSONNEL-POSTS		28,196	33,000	34,400	35,800
TOTAL		3	-	1	4	PERSONNEL-CONSULTANTS		5,181	-	2,200	9,600
CONSULTANT MONTHS	PR	2	-	1	4	DUTY TRAVEL		726	1,000	1,100	1,200
CONSULTANT MONTHS	WR	1	-	-	-	FELLOWSHIPS		21,662	-	-	-
TOTAL		21	6	7	16	COMMON SERVICES		10,189	10,000	10,500	11,000
FELLOWSHIPS-ACADEMIC	PR	3	-	-	-	SUBTOTAL	WR	60,654	36,700	42,986	77,891
FELLOWSHIPS-ACADEMIC	WR	2	2	3	9	PERSONNEL-POSTS		16,387	18,100	19,075	20,580
FELLOWSHIPS-SHORT TERM	PR	3	-	-	-	PERSONNEL-CONSULTANTS		1,185	-	-	-
FELLOWSHIPS-SHORT TERM	WR	13	4	4	7	DUTY TRAVEL		2,131	2,000	2,100	2,200
TOTAL		4	1	-	-	SUPPLIES AND EQUIPMENT		4,080	-	-	-
PARTICIPANTS	WR	4	1	-	-	FELLOWSHIPS		32,915	15,600	20,400	53,700
						DEV. OF HUMAN RESOURCES		-	-	1,411	1,411
						PARTICIPANTS		3,956	1,000	-	-

COSTA RICA-3103, FELLOWSHIPS

Fellowships are provided in order to train personnel for the improvement and expansion of health services in Costa Rica.

TOTAL		-	4	4	-	TOTAL	UNDP	-	20,000	20,000	-
FELLOWSHIPS-ACADEMIC	UNDP	-	4	4	-	FELLOWSHIPS	-		20,000	20,000	-

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

COSTA RICA-3104, RURAL HEALTH

The purposes of this project are to extend the coverage of basic health services to the rural areas of the country through the development of an adequate infrastructure for health services, utilizing simple techniques and procedures that are easily applied by auxiliary personnel with a short period of training and some supervision; to obtain community participation in the activities of this program; to increase the level of immunization to 80% of the susceptible population for communicable diseases preventable through vaccination; to provide latrines for 100% of rural houses in areas where this program is being developed; to improve environmental sanitation; to provide basic assistance to these people; and to train auxiliary personnel for this program.

TOTAL		1	1	1	1	TOTAL		-	22,500	30,000	33,000
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P-4 MEDICAL OFFICER 4,3974	UNDP	1	1	1	1	SUBTOTAL	PR	-	7,500	-	3,000
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TOTAL		-	5	-	1	SUPPLIES AND EQUIPMENT		-	-	-	1,500
-----		-----	-----	-----	-----	FELLOWSHIPS		-	7,500	-	1,500
FELLOWSHIPS-SHORT TERM	PR	-	5	-	1	SUBTOTAL	UNDP	-	15,000	30,000	30,000
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						PERSONNEL-POSTS		-	13,500	28,500	28,500
						DUTY TRAVEL		-	1,500	1,500	1,500

COSTA RICA-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	12,540	13,140
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ZONE ADVISORY SERVICES		-	-	12,540	13,140

COSTA RICA-3300, LABORATORY SERVICES

The peripheral laboratories or those of the local health services in Costa Rica, together with the four located in the Ministry of Public Health building, perform direct executive functions in providing care for the public, especially as regards clinical analyses. A need is felt for a department of laboratories with responsibility for framing national policy in regard to health laboratories. It is essential to analyze the situation of the country's health laboratories, organize them, and regulate their activities.

The purpose of the project is to renovate the structure and organization of the health laboratories; to establish a unified command for better utilization of resources; to promote the training of intermediate-level technical personnel, in accordance with the program established in the National Health Plan; to coordinate the training of personnel in collaboration with the University of Costa Rica; and to establish central, regional, intermediate-level, and basic laboratories where required.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	2	3	3	TOTAL	PR	585	5,000	14,345	14,700
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FELLOWSHIPS-ACADEMIC	PR	-	-	1	1	ZONE ADVISORY SERVICES		-	-	4,545	4,800
FELLOWSHIPS-SHORT TERM	PR	1	2	2	2	SUPPLIES AND EQUIPMENT		-	2,000	2,000	2,100
-----		-----	-----	-----	-----	FELLOWSHIPS		585	3,000	7,800	7,800

COSTA RICA-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		-	-	5,417	8,732
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SUBTOTAL	PR	-	-	750	3,555
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ZONE ADVISORY SERVICES		-	-	750	3,555
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SUBTOTAL	WR	-	-	4,667	5,177
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ZONE ADVISORY SERVICES		-	-	4,667	5,177

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

COSTA RICA-3600, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
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		-	-	4,730	5,740
ZONE ADVISORY SERVICES		-	-	4,730	5,740

COSTA RICA-3700, HEALTH PLANNING

The objectives of this project are to ensure the implementation of a national health plan in keeping with the National Development Plan and the recommendations of the Ten-year Health Plan for the Americas. An indispensable factor is continuity, culminating in the evaluation of the plan and beginning with the review of the diagnosis and the programs formulated earlier. The now reorganized Planning Unit will advise the Ministry on the formulation of policies, structure the plan, implement regulations, coordinate the programming activities of the various bodies in the sector and at the national level, and consolidate the process by giving technical assistance to the various executing decision-making units of the health sector by means of periodic evaluations and reformulations. At the same time it is proposed to introduce a system of information-decision-making which will make for the gradual improvement of the planning process.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	-	TOTAL		36,450	54,000	38,865	16,575
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P-4 HEALTH PLANNER 4.3973	UNDP	1	1	1	-	SUBTOTAL	PR	-	-	4,365	4,575
TOTAL		6	-	-	-	ZONE ADVISORY SERVICES		-	-	4,365	4,575
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CONSULTANT MONTHS	UNDP	6	-	-	-	SUBTOTAL	WR	22,950	24,000	18,000	12,000
						SUPPLIES AND EQUIPMENT		4,950	-	-	-
						GRANTS		18,000	24,000	18,000	12,000
						SUBTOTAL	UNDP	13,500	30,000	16,500	-
						PERSONNEL-POSTS		-	28,500	15,000	-
						PERSONNEL-CONSULTANTS		13,500	-	-	-
						DUTY TRAVEL		-	1,500	1,500	-

COSTA RICA-4200, NUTRITION

The latest studies on the nutrition problem in Costa Rica indicate that 57.4% of the population under five years of age suffer from varying degrees of malnutrition. There is a prevalence of hypovitaminosis A, endemic goiter, and iron deficiency anemias in pregnant women.

The purpose of this project was to improve the nutrition conditions of the population through activities of prevention and recuperation directed toward high-risk persons, and also to promote greater participation of the family in nutrition matters.

WFP cooperated in this project.

TOTAL		1	-	-	-	TOTAL	WR	19,760	-	-	-
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P-3 NUTRITIONIST 4.3157	WR	1	-	-	-	PERSONNEL-POSTS		19,427	-	-	-
						DUTY TRAVEL		333	-	-	-

COSTA RICA-4500, HEALTH ASPECTS OF RADIATION

A survey conducted in 1972 revealed the existence in Costa Rica of 286 diagnostic x-ray machines, four orthovoltage devices for radiological therapy, two megavoltage cobalt-60 units for teletherapy, one x-ray unit and two cobalt-60 units for research, 305 milligrams of radium, and an annual consumption of radioisotopes for diagnosis, treatment, and research of about five curies.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

The project has the following objectives: to study the risks to which people are subjected by their occupations or other association with radiation sources used in medical practice, industry, or research; to take corrective and protective measures against radiation from these sources; to review and improve current legislation in this field; to continue to improve the personnel radiation dosimetry service; and to train the personnel needed to conduct an efficient program of radiation protection.

TOTAL		-	1	1	-	TOTAL	PR	2,066	8,800	9,000	-
CONSULTANT MONTHS	PR	-	1	1	-	PERSONNEL-CONSULTANTS	-	-	2,000	2,200	-
TOTAL		-	1	1	-	SUPPLIES AND EQUIPMENT	2,066	-	2,000	2,000	-
						FELLOWSHIPS	-	-	4,800	4,800	-
FELLOWSHIPS-ACADEMIC	PR	-	1	1	-						

COSTA RICA-4800, MEDICAL CARE SERVICES

Available information from Costa Rica for 1971 indicates that there were 10,575 deaths that year. The rate of hospital discharges was 11.5 per 100 inhabitants. The main causes of hospitalization were childbirth 25.56%; enteritis 7.7%; accidents 7.1%; and pneumonia and bronchitis 5.8%. The rate of medical consultations was 1.8 per capita annually.

The Costa Rican Social Security Fund is responsible for the medical care of 51.1% of the population. A bill providing for the transfer of the hospitals of the Social Protection Boards to the Costa Rican Social Security Fund was approved by the Legislative Assembly. It is likely that the Fund's Council will in the near future begin to select the hospitals which it will take over.

The objectives of this project are to promote the technical integration of the General Directorate of Public Health and the General Directorate of Medical-Social Assistance, and to promote coordination within the sector; to improve the organization and administrative systems of hospital services and the services and statistical systems of hospital engineering and maintenance; and to promote personnel training to strengthen hospital administrative staffs.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	4	2	4	TOTAL		1,131	9,300	12,345	18,915
FELLOWSHIPS-ACADEMIC	WR	-	1	1	2	SUBTOTAL	PR	-	-	6,045	6,315
FELLOWSHIPS-SHORT TERM	WR	1	3	1	2						
						ZONE ADVISORY SERVICES		-	-	6,045	6,315
						SUBTOTAL	WR	1,131	9,300	6,300	12,600
						FELLOWSHIPS		1,131	9,300	6,300	12,600

COSTA RICA-4801, SOCIAL SECURITY

The implementation of the generalized social security scheme in Costa Rica, one of the Government's most far-reaching programs, necessitates technical cooperation in the medical aspects of the social security administration. The purpose of this project is to cooperate in these activities.

TOTAL		-	6	-	-	TOTAL	UNDP	-	15,000	-	-
CONSULTANT MONTHS	UNDP	-	6	-	-	PERSONNEL-CONSULTANTS	-	-	15,000	-	-

COSTA RICA-4802, HOSPITAL ADMINISTRATION

The purpose of this project is to cooperate with the Government of Costa Rica in its program of organization and coordination of medical services in the light of the new social security scheme.

TOTAL		-	9	-	-	TOTAL	UNDP	-	22,000	-	-
CONSULTANT MONTHS	UNDP	-	9	-	-	PERSONNEL-CONSULTANTS	-	-	22,000	-	-

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

COSTA RICA-4900, HEALTH AND POPULATION DYNAMICS

This project is being carried out in Costa Rica in order to help reduce the health hazards associated with the reproductive process through the development of research activities, education, and services in family planning for the population covered by the maternity services of the hospitals belonging to the Social Welfare Boards, the Costa Rican Social Security Fund, and the Ministry of Public Health. Beginning in 1974, the project started to become part of a national program which is being developed with the assistance of UNFPA, AID, the Ford Foundation, and IPPF. PAHO continues its participation in the program.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	2	2	2	TOTAL	1973	1974	1975	1976	
-----		-----	-----	-----	-----	-----	-----	-----	-----	-----	
							87,575	21,000	31,682	33,700	
P-4 MEDICAL OFFICER .3365	PR	-	1	1	1						
						SUBTOTAL	PR	-	21,000	25,500	26,900
TOTAL		-	3	-	-						
FELLOWSHIPS-SHORT TERM	PR	-	3	-	-						
						PERSONNEL-POSTS	-	15,000	23,700	24,900	
						DUTY TRAVEL	-	1,500	1,800	2,000	
						FELLOWSHIPS	-	4,500	-	-	
						SUBTOTAL	PG	87,575	-	-	
						SUPPLIES AND EQUIPMENT	18,777	-	-	-	
						LOCAL PERSONNEL COSTS	68,798	-	-	-	
						SUBTOTAL	UNFPA	-	-	6,182	6,800
						ZONE ADVISORY SERVICES	-	-	6,182	6,800	

COSTA RICA-6200, MEDICAL EDUCATION

In view of the growing demand for public health services in Costa Rica, the country's need to educate people in this field remains great. The purpose of this project is to cooperate with the School of Medicine of the University of Costa Rica in strengthening basic professional education in the health sciences, including public health aspects, while contributing to the integration of the teaching of health sciences in the different departments of the university. The project assists in the introduction of education in the social sciences in the preparation of health personnel.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	2	2	2	TOTAL	1973	1974	1975	1976	
-----		-----	-----	-----	-----	-----	-----	-----	-----	-----	
							14,906	13,800	17,885	17,070	
CONSULTANT MONTHS	WR	1	2	2	2						
TOTAL		6	3	3	2						
						SUBTOTAL	PR	6,063	-	5,685	5,970
FELLOWSHIPS-ACADEMIC	WR	-	1	1	1						
FELLOWSHIPS-SHORT TERM	WR	6	2	2	1						
						ZONE ADVISORY SERVICES	-	-	5,685	5,970	
						SUPPLIES AND EQUIPMENT	6,063	-	-	-	
						SUBTOTAL	WR	8,843	13,800	12,200	11,100
						PERSONNEL-CONSULTANTS	3,622	4,000	4,400	4,800	
						SUPPLIES AND EQUIPMENT	-	2,000	-	-	
						FELLOWSHIPS	5,221	7,800	7,800	6,300	

COSTA RICA-6300, ADVANCED NURSING EDUCATION

At the end of 1972 the School of Nursing was incorporated into the Faculty of Medicine of the University of Costa Rica. This new situation necessitates a revision of its curricula in order to meet the requirements of the University.

The School of Nursing runs three programs: preparation of general nurses, for which 392 students are enrolled this year; the postgraduate course in midwifery, which has an enrollment of 21; and the Bachelor's Degree course given at the University, which has 50 students enrolled. The teaching staff consists of 26 full-time and 25 part-time instructors.

The objectives of the project are to strengthen the nursing and midwifery teaching programs and to adapt them to the requirements of the health services and of the National Health Plan.

0919	EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	560	-	-
0923	DISEASES PREVENTABLE BY VACCINES	-	-	490	707
1000	PARASITIC DISEASES	227	555	1,050	1,506
1008	CHAGAS' DISEASE	108	1,207	670	790
2100	ENVIRONMENTAL SANITATION	1,830	705	778	753
2103	SANITARY ENGINEERING (ZONE III)	5,814	6,330	-	-
2114	PAN AMERICAN SANITARY ENGINEERING CENTER	10,405	16,706	15,669	18,319
2120	CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	997	-	-
2123	CENTER FOR HUMAN ECOLOGY AND HEALTH	-	749	1,167	1,221
2124	PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126	SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200	WATER SUPPLIES	4,560	5,236	5,580	5,868
2203	WATER SUPPLIES (ZONE III)	10,314	9,645	-	-
2213	STUDIES AND INVESTIGATION OF WATER RESOURCES	1,613	94	-	-
2220	INSTITUTIONAL DEVELOPMENT	11,866	24,352	30,366	32,788
2223	PUBLIC SERVICES ADMINISTRATION	149	-	-	-
2227	WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	806	-
2230	RURAL WATER SUPPLY AND SANITATION	-	2,450	2,548	2,644
2300	AEDES AEGYPTI ERADICATION	379	578	646	691
2303	AEDES AEGYPTI ERADICATION (ZONE III)	6,757	-	-	-
2309	STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	60	-	-
3000	COORDINATION WITH FOUNDATIONS	1,278	2,571	3,083	3,513
3110	COORDINATION OF INTERNATIONAL RESEARCH	2,304	3,853	3,120	3,396
3125	SPECIAL SEMINARS IN ZONE III	2,785	2,490	-	-
3126	OPERATIONS RESEARCH	70	271	228	236
3129	RESEARCH TRAINING IN BIOMEDICAL SCIENCES	1,350	222	-	-
3130	CONFERENCE ON MYCOLOGY	78	1,309	-	-
3135	DEVELOPMENT OF RIVER BASINS	-	600	330	360
3137	PROGRAM ON TRAFFIC ACCIDENTS	1,638	2,007	1,169	1,252
3139	PAHO RESEARCH GRANT PROGRAM	4,814	2,600	3,900	5,200
3145	EMERGENCY PREPAREDNESS	-	533	-	-
3200	NURSING SERVICES	1,666	2,266	2,417	2,536
3203	NURSING (ZONE III)	7,846	10,995	-	-
3210	HOSPITAL NURSING SERVICES	-	715	1,269	1,408
3214	DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	557	1,194	1,115	1,174
3215	STUDY ON FACTORS AFFECTING NURSING GROWTH	372	-	-	-
3216	STANDARDS IN NURSING PRACTICE	646	875	-	-
3219	CONFERENCE ON PUBLIC HEALTH NURSING	-	1,262	-	-
3220	NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	531
3222	TECHNICAL ADVISORY COMMITTEE ON NURSING	262	493	310	248
3223	SYSTEMS OF NURSING	52	1,001	1,250	-
3225	UTILIZATION AND TRAINING OF THE TRADITIONAL BIRTH ATTENDANT	-	845	-	-
3300	LABORATORY SERVICES	800	361	452	483
3303	LABORATORY SERVICES (ZONE III)	1,792	4,290	-	-
3311	TRAINING OF LABORATORY PERSONNEL	728	774	895	955
3316	PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,433	1,689	1,764	1,942
3318	MYCOLOGY RESEARCH AND TRAINING CENTERS	1,084	2,410	944	967
3400	HEALTH EDUCATION	533	497	311	497
3410	TRAINING OF TEACHERS IN HEALTH EDUCATION	337	774	847	920
3500	HEALTH STATISTICS	1,127	724	933	688
3503	HEALTH STATISTICS (ZONE III)	7,262	5,063	-	-
3516	REGIONAL SEMINAR ON DATA PROCESSING	-	722	-	722
3600	ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,260	3,061	3,214	3,421
3603	ADMINISTRATIVE METHODS AND PRACTICES IN PUBL. HEALTH (ZONE III)	2,574	3,060	-	-
3607	MANAGEMENT OF HEALTH SERVICES	1,458	1,462	-	-
3700	HEALTH PLANNING	5,079	3,163	3,398	3,747
3703	HEALTH PLANNING (ZONE III)	4,876	3,030	-	-
3709	MEETING OF MINISTERS OF HEALTH	757	-	-	-
3710	DEVELOPMENT OF NATIONAL INFORMATION SYSTEMS	-	11,000	11,520	10,600
3715	PAN AMERICAN PROGRAM FOR HEALTH PLANNING	13,920	16,223	11,820	9,420
4200	NUTRITION ADVISORY SERVICES	4,446	2,078	2,223	2,352
4203	INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	260,213	258,980	265,495	273,501
4213	IODINE DETERMINATION IN ENDEMIC GOITER	486	-	-	-
4221	SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	70	222	244	445
4230	NUTRITION TRAINING	875	610	810	1,052
4233	NUTRITION TEACHING IN MEDICAL SCHOOLS	651	800	880	960
4238	NUTRITION RESEARCH	149	760	1,354	2,035
4247	SURVEILLANCE OF NUTRITIONAL STATUS	-	-	828	454
4248	NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	474	503
4249	OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	574	238
4300	MENTAL HEALTH	519	4,500	3,792	3,132
4312	COURSES IN COMMUNITY PSYCHIATRY	370	1,300	1,340	1,390
4313	NURSING IN MENTAL HEALTH	4,073	5,848	-	-
4318	EPIDEMIOLOGY OF ALCOHOLISM	59,502	123,173	75,750	41,019
4320	SEMINAR ON MENTAL RETARDATION	616	-	-	-
4322	DEVELOPMENT OF PSYCHIATRY AND MENTAL HEALTH LIBRARIES	-	600	600	750
4324	ADMINISTRATION OF MENTAL HEALTH SERVICES	-	-	-	1,067
4400	DENTAL HEALTH	956	804	945	1,134
4409	FLUORIDATION	4,051	3,895	5,010	4,955
4500	HEALTH ASPECTS OF RADIATION	492	600	882	792
4507	RADIATION HEALTH PROTECTION	1,925	2,200	3,234	2,440
4516	PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	588	-
4620	MANAGEMENT OF PESTICIDES	-	350	380	435
4700	FOOD AND DRUG CONTROL	980	2,148	2,269	2,372
4703	FOOD REFERENCE LABORATORY (ZONE III)	10,536	-	-	-
4708	FOOD HYGIENE TRAINING CENTER	2,212	2,051	2,310	2,473
4716	TRAINING IN ANALYSIS OF FOOD AND DRUGS	580	900	640	680
4717	SEMINAR ON FOOD HYGIENE	-	611	-	-
4719	WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	896
4800	MEDICAL CARE SERVICES	1,185	1,217	1,337	1,505

4803 MEDICAL CARE SERVICES (ZONE III)	5,130	5,790	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,623	2,170	2,888	3,654
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,966	2,669	2,366	3,068
4900 HEALTH AND POPULATION DYNAMICS	41,140	88,865	90,001	102,220
4903 HEALTH AND POPULATION DYNAMICS (ZONE III)	5,682	6,018	-	-
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	3,007	7,730	7,880	8,668
4915 MATERNAL AND CHILD HEALTH	129	391	430	521
4917 CLINICAL AND SOCIAL PEDIATRICS	200	1,605	1,404	1,404
4918 STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,207	-
4920 LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	8,853	11,523	6,845	7,889
4922 MATERNAL CHILD HEALTH-FAM. PLAN. CONTIN. EDUC. AND STAFF TRAIN.	-	-	876	800
5000 REHABILITATION	2,157	1,767	1,848	2,002
5100 CHRONIC DISEASES	279	950	1,076	1,118
6000 MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	620	640	711	750
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	4,641	5,061	4,936	5,694
6200 EDUCATION IN HEALTH SCIENCES	10,071	9,864	3,350	3,894
6203 MEDICAL EDUCATION (ZONE III)	3,204	5,415	-	-
6216 BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,237	2,820	2,760	2,628
6221 LIBRARY OF MEDICINE	10,210	14,535	5,344	5,305
6223 TEACHING OF BEHAVIORAL SCIENCES	1,703	400	-	-
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	469	1,718	2,799	2,126
6300 NURSING EDUCATION	209	840	390	411
6310 NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,943	2,915	670	690
6317 SEMINAR ON NURSING EDUCATION	540	1,452	1,537	1,516
6319 TRAINING OF NURSING AUXILIARIES	289	2,897	3,509	3,291
6320 POSTBASIC COURSES IN NURSING	352	805	644	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,478
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	154	518
6325 EDUCATIONAL TECHNOLOGY IN NURSING	-	-	4,629	7,960
6400 SANITARY ENGINEERING EDUCATION	1,745	1,694	1,964	2,147
6600 DENTAL EDUCATION	1,132	1,467	945	929
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	407	520	588	1,197
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	487	994	317	326
6700 BIostatistics EDUCATION	153	180	-	690
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	983	964	1,009	1,179
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	4,586	7,576	7,936	8,280
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576
6713 OPERATIONS RESEARCH IN MEDICAL RECORDS	-	-	3,465	3,599

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	368,117	404,700	459,851	482,849	688,924	831,905	693,312	699,808
PAHO-PR-REGULAR BUDGET	122,912	182,000	259,285	280,115	248,562	250,687	190,042	218,666
PW-COMMUNITY WATER SUPPLY	1,421	-	-	-	3,182	14,753	18,004	18,935
PI-INCAP REGULAR BUDGET	-	-	-	-	57,324	55,522	57,604	57,602
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	121,497	102,607	102,825	107,079
PG-GRANTS & OTHER CONTRIBUT.	87,575	-	-	-	118,299	177,116	85,237	50,528
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	45,313	61,180	62,244	66,507
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	3,944	-	-	-
PS-SPECIAL FUND FOR RESEARCH	-	-	-	-	392	-	-	-
WHO-WR-REGULAR BUDGET	142,709	120,700	127,884	165,934	68,789	75,551	68,492	64,014
UNDP-UN DEVELOPMENT PROGRAM	13,500	102,000	66,500	30,000	21,337	21,620	14,538	12,267
UNFPA-UN FUND POPULATION ACT.	-	-	6,182	6,800	285	72,869	94,326	104,210

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	1,057,041	1,236,605	1,153,163	1,182,657
PAHO-PR-REGULAR BUDGET	371,474	432,687	449,327	498,781
PW-COMMUNITY WATER SUPPLY	4,603	14,753	18,004	18,935
PI-INCAP REGULAR BUDGET	57,324	55,522	57,604	57,602
PN-INCAP GRANTS & OTHER CONTR.	121,497	102,607	102,825	107,079
PG-GRANTS & OTHER CONTRIBUT.	205,874	177,116	85,237	50,528
PH-PAN AMER. HEALTH & EDUC.FN.	45,313	61,180	62,244	66,507
PK-SPECIAL FUND FOR HEALTH PR.	3,944	-	-	-
PS-SPECIAL FUND FOR RESEARCH	392	-	-	-
WHO-WR-REGULAR BUDGET	211,498	196,251	196,376	229,948
UNDP-UN DEVELOPMENT PROGRAM	34,837	123,620	81,038	42,267
UNFPA-UN FUND POPULATION ACT.	285	72,869	100,508	111,010

EL SALVADOR

BACKGROUND DATA

The Republic of El Salvador, located on the Pacific side of the Central American isthmus, has an area of 20,987 square kilometers, with a population of 3,931,702 for 1974, giving a density of 190 inhabitants per square kilometer. The population is young (45% under 15 years of age); life expectancy at birth, which was 61.3 years in 1970, has dropped, but it is anticipated that it will again rise to 63 years by 1980.

The Government of the Republic of El Salvador, in its National Development Plan, is setting a goal of 6.7% increase in the GNP as an annual average. This implies a major effort since the figure has dropped from 5.8% for the first half of the decade of the 1960's to 3.9% over the period 1967-71. If the targeted increase in the GNP can be attained, it is anticipated that the per capita income of \$273 per year in 1966 will rise to more than \$340 by the end of the five-year period.

Population growth has moderated slightly. The indicator which reached 50 per 1,000 annual increase in the preceding decade now stands at 34 per 1,000 and is showing a continuing downward trend.

The general mortality rate, 9.9 in 1969, is expected to drop to 7.5 for 1980; it is now registering 9.2 (1972).

Infant mortality has decreased from 60 per 1,000 live births in 1968 to 58 per 1,000 live births in 1972 and is expected to continue this downward trend to 43.4 in 1980. The strategy adopted to achieve this decrease is expanded coverage in maternal and child care programs; intensified health education; improved nutritional level for children under five years of age and especially those under one year; increased coverage of the medical care program; improved basic sanitation; and continuing coverage of 80% of the most vulnerable population with the four vaccination programs (poliomyelitis, measles, BCG and DPT).

Even though it is difficult to make a precise evaluation of morbidity because of deficiencies in the records, lack of diagnoses in the medical registers, and the frequency with which the clinical diagnoses are not confirmed by the auxiliary services, it can be said with some degree (80%) of reliability that the four primary causes of medical consultations in El Salvador are (1) diseases of the upper respiratory tract; (2) diarrheas and dysenteries; (3) pregnancy and the puerperium; and (4) infectious diseases.

The following are the principal causes of hospitalization, from hospital discharge records: (1) childbirth and complications; (2) infectious diseases; (3) diarrheas and enteric diseases; and (4) diseases of the respiratory tract.

It should be noted that a nutrition survey revealed that three out of four children under five years of age had some degree of malnutrition, so that the diseases listed above invariably have some underlying element of the effects of undernutrition.

It has been proposed in the Government's five-year plan that coverage of health services be increased, especially those delivered to the rural areas, and priority given to the programs of environmental sanitation (basic sanitation), medical care (simplified care through the health stations or units), communicable diseases (vaccinations for the under-five age-group), and nutrition and health education.

The health regions have been strengthened to obtain better utilization of existing resources, and it is expected that, at this level as well as the central level, all existing health resources (social security, hospitals of the Ministry of Health that are now independent, etc.) will be coordinated. For this purpose, The National Health Council has been created, representing the Ministry of Public Health and the Social Security Administration. The Council will subsequently be expanded by incorporating representatives of the other components of the health sector, such as ANTEL and the Military Health Service.

The infrastructure will be financed by (1) international loans (Inter-American Development Bank); (2) domestic loans; (3) regular budgetary allocations; and (4) extraordinary budgetary allocations to the Ministry of Public Health.

A loan from the Inter-American Development Bank has been obtained that will help to expand the infrastructure, with the construction of 55 health posts, 37 health units, 11 health centers with 70 beds each, and a regional hospital with 620 beds in San Miguel.

It is anticipated that the budget for the Ministry of Health, 35 million colones at the beginning of the Plan (1972), will be increased to 85 million colones by the end of the five-year period (1977). At the present time (1974), the Ministry of Health has a budget of 55 million colones.

PROTECTION OF HEALTH

Communicable Disease Control

Communicable diseases is one of the priority fields because of the number of patients affected and because many of these diseases can be prevented by vaccination, by improved environmental sanitation, or by control or eradication of the vector.

Smallpox has been eradicated in the country, and an immunization campaign using four types of vaccine (DPT, antipolio-myelitis, measles, and BCG) has been commenced in the country.

The number of children under five years of age vaccinated in 1973 was more than half a million (650,000) which means that more than 95% of the children in this age-group have been covered. The campaign is now in the maintenance phase.

The vertical campaign to control malaria has been integrated (horizontalization) and is being carried on by the regions as one of their programs. The absolute number of cases (approximately 43,000) has not increased, but the substitution of vivax by falciparum is beginning to be observed, a warning of the deterioration of the campaign as well as the development of resistance to OMS-33.

It is now the Ministry's opinion that maintenance work will be carried on without, for the present, anticipating eradication.

It is anticipated that the tuberculosis problem can be reduced; the mortality rate in 1973 was 10.9 per 100,000 inhabitants and the incidence was 124.4 per 100,000 inhabitants. To achieve the targeted reduction of the problem more than 80% of the children under five have received BCG vaccination, and it is hoped that this percentage level can be maintained with the application of BCG to those born each year, with a revaccination for the children who enter school (six years of age). This accounts for only 50% of the total; the remainder would be sought through medical consultations. This program is integrated into the general health services.

Enteric diseases include typhoid and paratyphoid fevers, bacterial dysentery, food poisoning, enteritis, and diarrheas. The mortality rate is 123.8 per 100,000 inhabitants and the rate of incidence 4,484.8 per 100,000 inhabitants.

In the last three years 16,532 persons have been vaccinated with three doses of typhoid vaccine (0.4% coverage), using domestically produced vaccine.

It is hoped to improve coverage of water supply and sewage disposal services, as will be seen in the environmental sanitation program.

With respect to venereal diseases, mortality from syphilis is 0.4 per 100,000 inhabitants and incidence is 261.9 per 100,000 inhabitants; gonorrhoea, incidence 272.5 per 100,000; soft chancre, incidence 65.3 per 100,000; and lymphogranuloma venereum, incidence 4.5 per 100,000 inhabitants. No program has been developed for control of venereal diseases. Plans include reduction of these diseases by expanding the infrastructure and increasing the coverage of the medical care program. The search for contacts will be reinforced by special investigators in this field.

Among the zoonoses, activity is limited with regard to bovine tuberculosis, brucellosis, teniasis and cysticercosis, with the exception of rabies, for which a campaign has customarily been maintained to vaccinate or eliminate stray dogs. A tripartite agreement is now being planned whereby the Ministry of Health, Ministry of Agriculture, and PAHO will step up activities to the point where these diseases no longer constitute a threat to the health of the community. The campaign would be directed to rabies, brucellosis, bovine tuberculosis, and cysticercosis, and each Ministry would take action on the problem within its own sphere of competence, at the same time coordinating and complementing the work of the others.

Environmental Health

The Health Plan envisages improvement in water supplies to urban and rural populations, especially the latter. A loan, obtained from the Inter-American Development Bank for this purpose, is now operative and negotiations (second stage), for which provision was made in the earlier stage, are now in progress to increase.

The water supply situation at the end of December 1971 in the urban areas was as follows: population served, 40%; population benefitted, 73%.

The Plan envisages providing 70% of the population with water supply, noting that the target for the rural areas is 50% (the figure is now 29.1%). This will require construction of 297 rural water lines.

ANDA (the company given responsibility for urban water systems) will invest 54.3 million colones over the five-year period, primarily in the large cities.

With regard to sewerage systems at the present time, latrines are provided for 31% of the rural areas. The Plan proposes to raise this figure in the next four years to provide 60% of the rural population with sanitary latrines, with an estimated expenditure of 1,700,000 colones, through a revolving fund.

In the urban areas, 28% of the population has in-house connections to a system, and 31% have latrines. It is proposed to raise this figure to provide sewer connections to 70% of the dwellings, with the expenditure of approximately \$5.3 million by ANDA.

Solutions are being studied for the problem of air pollution, as well as for pollution of surface water, oceans, and lands, as are measures to improve the situation without prejudice to the country's industrial development.

PROMOTION OF HEALTH

General Services

There are 95 health stations in the country to serve a population of 210,000 (6%), distributed in 1,143 communities of 500-2,000 inhabitants. In addition, there are 20 communities with less than 500 population and 2,005 inhabitants in scattered villages, giving a ratio of one post for each 2,315 inhabitants.

With the planned construction of 55 health stations, it will be possible to provide 114 minimum services to 240,000 inhabitants (projected for the year 1977), and a ratio of one minimum service to each 2,308 inhabitants.

The basic services in the country are provided by 64 units for a population of 503,000, distributed in 91 towns of 2,000-20,000 inhabitants, or a ratio of one unit for every 7,859 inhabitants. Planned construction over the five-year period will add 37 units (IADB loan), to give a total of 101 units for 600,000 inhabitants, or approximately one unit for every 6,000 inhabitants.

Specialized services in the country (hospitals) provide 7,058 hospital beds, distributed in the 68 services, 37 of which are installations of the Ministry of Health.

The hospital bed capacity of the country permits one discharge for every 18 individuals, or a deficit of 5,407 beds, according to the goals of the Ten-year Health Plan for the Americas.

The Health Plan for El Salvador envisages construction of 1,390 new hospital beds, giving a total of 8,448, to provide one hospital discharge for every 15 inhabitants by 1977.

Specific Programs

Maternal and Child Health:

The child population under five years of age was 597,314 (16.8%) in 1972, and within this group 21% were under one year of age. Infant mortality has dropped from 60 per 1,000 live births to 58 per 1,000 in 1972. The principal causes of death are infections, diarrheal diseases, and malnutrition.

Maternal mortality is 43.5 per 1,000. The maternal care program reaches only 23.1% of the mothers. Of the 153,956 live births in 1971, only 40,997 received care under the program. There were, in addition, 7,620 abortions treated under the program.

The Health Plan envisages achievement of a 45% coverage in the maternal care program, and the lowering of infant mortality to 43.4 in 1980.

Nutrition:

It is anticipated that, with the food supplement program, the Nutritional Rehabilitation Services (SERN), education for mothers, food fortification and supplemental medication (ferrous-sulfate, vitamin A, etc.), it will be possible to reduce the malnutrition problem.

Mental Health:

The Government has set up the corresponding division and has trained staff; it is now making preparations for a nationwide program to be developed through the national health services.

It has also created a permanent national committee on drugs and alcohol abuse, especially targeted to minors.

Cardiovascular Diseases:

A program for the control of cardiovascular diseases is now being organized and PAHO has been requested to provide advisory services. All sectors related to the problem are being coordinated to form a national system that will begin in the general hospital clinics, with medical treatment of hypertension, rheumatism, and other arterial and heart diseases, gradually centralizing the most serious problems in specialized services, and eventually concluding with surgical intervention in those cases where such solution is indicated.

Chronic Diseases:

In connection with the chronic diseases, a cancer campaign is in operation, which program has been strengthened by increased social security coverage that will provide facilities for diagnosis and treatment.

Family Planning:

The family planning program will help in the detection of cervico-uterine cancer, through the routine examination and biopsies of the cervico-uterine area of women examined in the program, in addition to the specific responsibilities of that service.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

There is only one national university in the country with responsibility for preparing manpower in the health sciences.

The National University has recently open 10 new paramedical career courses (four leading to degrees and six to diplomas). They are:

Degree courses: Clinical Laboratory Practice, Dietetics, Health Education, Ecotechnology.
Diplomas: Laboratory Technology, Physiotherapy, Anesthesiology, Radiotechnology, Maternal Care, Child Care.

These courses are now being offered, since the beginning of the current year, with an enrollment of 607 students in the first year, principally in the four paramedical careers: dietetics and nutrition, 51; laboratory practice, 263; first physiotherapy, 76; and anesthesiology, 74. The total enrollment in the School of Medicine is 4,407, of which 3,840 are studying medicine and 607 are in the paramedical courses.

There are 1,037 physicians in the country (52 of whom are inactive), with 985 in active practice. This is an average of 2.59 physicians for each 10,000 inhabitants, a totally inadequate ratio, with the added problem that they are not equally distributed through the country (there is a large concentration in the principal cities, especially the capital, where 72.4% of the total are registered).

Preparation of physicians will be gradually intensified as the current classes are graduated. At the present time, the classes have the following enrollment:

Medicine:	1st year students	2,080	54.16%
	2nd year "	580	14.58%
	3rd year "	484	12.60%
	4th year "	293	7.63%
	5th year "	229	5.96%
	6th year (internship)	103	2.68%
	7th year (social service)	91	2.36%
	Total	3,840	99.70%

Curriculum for the medical courses and the new paramedical courses is being revised and a study is also being made of the possibility of training medical and paramedical personnel both in the existing facilities and with other teaching facilities provided through PAHO.

EL SALVADOR - PROGRAM BUDGET

1 9 7 3		1 9 7 4			1 9 7 5		1 9 7 6	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
380,703	39.6	494,163	43.2	I. PROTECTION OF HEALTH	447,124	40.5	454,023	39.0
296,860	30.9	400,555	35.1	A. COMMUNICABLE DISEASES	352,320	32.0	355,266	30.6
29,730	3.1	18,342	1.6	0100 GENERAL	19,985	1.8	18,762	1.6
242,384	25.2	339,489	29.7	0200 MALARIA	288,230	26.1	272,810	23.4
5,426	.6	8,733	.8	0400 TUBERCULOSIS	9,435	.9	14,576	1.3
2,431	.3	3,536	.3	0500 LEPROSY	2,252	.2	2,540	.2
-	-	800	.1	0600 VENEREAL DISEASES	132	*	153	*
16,619	1.7	28,057	2.5	0700 ZONOSES	30,478	2.8	43,896	3.8
-	-	560	*	0900 OTHER	490	.1	707	.1
270	*	1,038	.1	1000 PARASITIC DISEASES	1,318	.1	1,822	.2
83,843	8.7	93,608	8.1	B. ENVIRONMENTAL HEALTH	94,804	8.5	98,757	8.4
52,472	5.5	55,131	4.8	2100 GENERAL	52,167	4.7	54,585	4.7
21,097	2.2	31,195	2.7	2200 WATER SUPPLIES	34,925	3.2	36,088	3.1
8,878	.9	3,571	.3	2300 AEDS AEGYPTI ERADICATION	3,612	.3	3,863	.3
924	.1	1,132	.1	2400 HOUSING	1,429	.1	1,501	.1
472	*	2,619	.2	2500 AIR POLLUTION	2,671	.2	2,720	.2
546,965	56.8	593,603	51.8	II. PROMOTION OF HEALTH	599,781	54.2	643,907	55.3
189,534	19.7	158,270	17.4	A. GENERAL SERVICES	194,924	17.6	212,870	18.3
98,152	10.2	101,804	8.9	3100 GENERAL PUBLIC HEALTH	88,742	8.0	96,822	8.3
42,384	4.4	25,968	2.3	3200 NURSING	23,097	2.1	29,130	2.5
7,148	.7	14,223	1.2	3300 LABORATORY	13,500	1.2	12,644	1.1
870	.1	8,770	.8	3400 HEALTH EDUCATION	10,056	.9	10,716	.9
13,539	1.4	9,917	.9	3500 STATISTICS	10,107	.9	14,845	1.3
6,294	.7	15,173	1.3	3600 ADMINISTRATIVE METHODS	29,839	2.7	30,971	2.7
21,147	2.2	22,415	2.0	3700 HEALTH PLANNING	19,583	1.8	17,742	1.5
357,431	37.1	395,333	34.4	B. SPECIFIC PROGRAMS	404,857	36.6	431,037	37.0
265,347	27.6	262,632	23.0	4200 NUTRITION	271,159	24.5	280,109	24.0
18,129	1.9	22,764	2.0	4300 MENTAL HEALTH	4,595	.4	6,122	.5
4,050	.4	3,895	.3	4400 DENTAL HEALTH	3,360	.3	4,278	.4
1,646	.2	800	.1	4500 RADIATION AND ISOTOPES	2,016	.2	2,348	.2
544	.1	877	.1	4600 OCCUPATIONAL HEALTH	1,136	.1	1,233	.1
13,859	1.4	5,211	.4	4700 FOOD AND DRUG	4,695	.4	5,651	.5
24,255	2.5	34,643	3.0	4800 MEDICAL CARE	47,534	4.3	53,339	4.6
27,306	2.8	55,269	4.8	4900 FAMILY HEALTH AND POP. DYNAMICS	60,576	5.5	67,596	5.8
2,156	.2	1,767	.1	5000 REHABILITATION	1,848	.2	2,002	.2
139	*	7,475	.6	5100 CANCER & OTHER CHRONIC DISEASES	7,938	.7	8,359	.7
33,533	3.6	56,424	5.0	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	58,869	5.3	67,084	5.7
580	.1	2,530	.2	6100 PUBLIC HEALTH	2,488	.2	2,847	.2
16,732	1.7	31,743	2.8	6200 MEDICINE	32,055	2.9	32,285	2.8
5,337	.6	8,962	.8	6300 NURSING	11,595	1.0	16,921	1.4
4,361	.5	7,114	.6	6400 ENVIRONMENTAL SCIENCES	7,467	.7	7,691	.7
2,068	.2	3,038	.3	6600 DENTISTRY	1,724	.2	2,825	.2
4,455	.5	3,037	.3	6700 BIOSTATISTICS	3,560	.3	4,515	.4
961,201	100.0	1,144,190	100.0	GRAND TOTAL	1,105,774	100.0	1,165,014	100.0

*LESS THAN .05 PER CENT

EL SALVADOR - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		AMOUNT	SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHORT		PART.	AMOUNT		
	\$				\$	\$			\$	\$	\$	\$	
1973													
PAHO--PR	333,537	2	1	8	232,214	25,409	3	7	22,921	-	5,945	13,249	33,799
PW	909	-	-	-	829	80	-	-	-	-	-	-	-
PI	57,323	-	-	-	29,838	1,132	-	-	-	-	-	9,362	16,991
PN	121,490	-	-	-	52,407	5,210	-	-	4,968	-	-	14,479	44,426
PG	48,647	-	-	-	22,503	1,356	-	-	3,849	-	7,386	7,725	5,826
PH	42,205	-	-	-	18,144	2,461	-	-	1,911	-	439	8,324	10,906
PK	4,002	-	-	-	3,663	46	-	-	-	-	-	70	223
PS	399	-	-	-	-	-	-	-	-	-	-	-	399
WHO--WR	304,521	4	-	4	153,542	17,032	5	8	39,187	1	8,823	61,518	24,419
UNDP	47,883	1	-	-	44,076	-	-	-	866	-	-	1,500	761
UNFPA	285	-	-	-	285	-	-	-	-	-	-	-	-
TOTAL	961,201	7	1	12	558,101	52,748	8	15	73,702	1	22,593	116,287	137,770
PERCENT OF TOTAL	100.0				58.1	5.5			7.7		2.3	12.1	14.3
1974													
PAHO--PR	412,845	5	1	14	317,568	26,031	-	11	17,692	-	6,194	16,518	28,842
PW	4,215	-	-	-	4,020	195	-	-	-	-	-	-	-
PI	55,521	-	-	-	31,471	721	-	-	-	-	-	6,687	16,642
PN	102,603	-	-	-	56,046	5,193	-	-	5,289	-	-	7,843	28,232
PG	43,941	-	-	-	15,289	1,612	-	-	1,015	-	6,195	8,264	11,566
PH	58,813	-	-	-	24,133	2,404	-	-	5,467	-	129	7,562	19,038
WHO--WR	371,435	6	-	6	178,786	18,075	6	12	53,864	-	10,349	44,156	66,205
UNDP	54,817	1	-	-	45,422	1,446	-	-	1,559	-	-	4,724	1,117
UNFPA	40,000	-	-	-	24,705	1,300	-	-	7,688	-	2,780	2,343	1,184
TOTAL	1,144,190	12	1	20	697,440	57,581	6	23	92,594	-	25,647	98,102	172,826
PERCENT OF TOTAL	100.0				61.0	5.0			8.1		2.2	8.6	15.1
1975													
PAHO--PR	433,928	4	1	11	315,876	23,267	4	16	43,955	-	3,272	18,815	28,743
PW	5,144	-	-	-	4,924	220	-	-	-	-	-	-	-
PI	57,603	-	-	-	33,045	721	-	-	-	-	-	6,721	17,116
PN	102,820	-	-	-	56,091	5,174	-	-	5,289	-	-	8,141	28,120
PG	10,997	-	-	-	6,066	187	-	-	-	-	45	1,354	3,343
PH	61,427	-	-	-	25,379	2,220	-	-	5,754	-	-	7,710	20,364
WHO--WR	333,638	5	-	7	172,796	14,137	2	10	32,532	-	7,814	47,002	59,357
UNDP	47,736	1	-	-	38,686	1,435	-	-	456	-	-	4,540	2,119
UNFPA	57,481	-	-	-	33,217	1,700	-	-	7,880	-	5,232	2,948	1,504
TOTAL	1,105,774	10	1	18	686,082	49,566	6	26	95,866	-	16,363	97,231	160,666
PERCENT OF TOTAL	100.0				62.0	4.5			8.7		1.5	8.8	14.5
1976													
PAHO--PR	483,782	4	1	10	341,692	25,099	5	19	58,754	-	4,660	19,216	34,361
PW	5,410	-	-	-	5,170	240	-	-	-	-	-	-	-
PI	57,602	-	-	-	34,671	721	-	-	-	-	-	5,600	16,610
PN	107,075	-	-	-	58,866	5,179	-	-	5,289	-	-	8,141	29,600
PG	14,062	-	-	-	8,695	525	-	-	-	-	225	1,421	3,196
PH	65,312	-	-	-	26,581	2,368	-	-	5,965	-	-	6,605	21,793
WHO--WR	361,576	6	-	6	201,010	14,155	1	10	24,205	-	6,057	47,831	63,278
UNDP	12,265	-	-	-	8,400	421	-	-	368	-	-	1,303	1,773
UNFPA	57,930	-	-	-	36,710	1,900	-	-	8,668	-	5,755	3,243	1,654
TOTAL	1,165,014	10	1	16	721,795	50,648	6	29	108,249	-	16,697	95,360	172,265
PERCENT OF TOTAL	100.0				62.0	4.3			9.3		1.4	8.2	14.8
<p>PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO-WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WD-GRANTS AND OTHER FUNDS</p>													

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

EL SALVADOR - DETAIL

EL SALVADOR-0100, EPIDEMIOLOGY

The situation of communicable diseases in El Salvador is as follows: Smallpox has been eradicated, and 18.4% of the people are covered by maintenance vaccinations. Measles causes a mortality of 9.8 per 100,000 inhabitants and an incidence of 189.9 per 100,000. A vaccination program to cover 80% of the population from 1-4 years of age is under way. Whooping cough has a mortality rate of 7.5 per 100,000. Diphtheria has a mortality rate of 1.1 per 100,000 inhabitants and an incidence of 2.5 per 100,000. Tetanus has a mortality rate of 8.5 per 100,000 inhabitants, 76% of whom are children under one year of age. A DPT vaccination program designed to cover 80% of the population under five years is being developed. Poliomyelitis has a mortality rate of 0.5 per 100,000 inhabitants and an incidence of 2.0 per 100,000. A national vaccination campaign designed to cover 80% of children under five years with three-way oral vaccine is being developed.

Tuberculosis has a mortality rate of 10.9 per 100,000 inhabitants and an incidence of 124.4 per 100,000 (25% of the cases with bacteriological tests). The control program is beginning to be integrated with general services, with 809 beds distributed among one specialized and four general hospitals. In the last nine years, 2.7 million members of the general public have been vaccinated. At present a direct BCG vaccination program, designed to complete the coverage of 80% of the children under five years, is being developed. Enteric infections have a mortality rate of 123.8 per 100,000 inhabitants and an incidence of 4,484.8 per 100,000. In the last few years, 16,532 people have been vaccinated with three doses of nationally-produced antityphoid vaccine (0.4% of coverage). Control is focused on environmental sanitation, health education, and early medical treatment of diarrheas. Epidemiological vigilance is concentrated at the national level and is based on the epidemiological week. There are special schemes for rabies and equine encephalitis.

The purpose of this project is to collaborate with the Government in programming and evaluating communicable disease control activities.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		2	-	-	-	TOTAL	21,063	6,000	12,730	11,500	
CONSULTANT MONTHS	WR	2	-	-	-						
TOTAL		1	4	4	3	SUBTOTAL	PR	-	-	5,730	6,000
FELLOWSHIPS--SHORT TERM	WR	1	4	4	3	ZONE ADVISORY SERVICES		-	-	5,730	6,000
						SUBTOTAL	WR	21,063	6,000	7,000	5,500
						PERSONNEL--CONSULTANTS		4,499	-	-	-
						SUPPLIES AND EQUIPMENT		15,834	-	1,000	1,000
						FELLOWSHIPS		730	6,000	6,000	4,500

EL SALVADOR-0200, MALARIA ERADICATION

All of the malarious area of El Salvador (18,656 square kilometers) is considered to be in the attack phase of the program, although only one-third benefits from specific antimalarial measures, which include the application of DDT in areas where the vector is susceptible to the insecticide and the application of propoxur in the coastal area in places where the vector is resistant to the chlorinated insecticides. DDT is used as a measure of protection for 22,000 inhabitants; propoxur is used quarterly to protect 345,000 inhabitants; and partial spraying with propoxur every 35 days is utilized for the protection of 168,000 inhabitants.

The total population of the malarious area is 3.2 million inhabitants. In 1973, 393,110 blood samples were examined, of which 35,095 were positive, which compares with 38,335 cases out of 394,935 blood samples in 1972. In addition to the antimalarial activities, selected program personnel carry on other health activities or furnish them with logistic support.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

UNICEF cooperates in this project.

FUND 1973 1974 1975 1976					FUND 1973 1974 1975 1976					
-----					-----					
TOTAL					TOTAL					
-----					-----					
4 4 2 1					119,091 114,200 73,728 47,316					
P-4	MEDICAL OFFICER	WR	1	1	1	1				
	4.0467									
P-4	SANITARY ENGINEER	PR	1	1	-	-				
	.0468									
P-3	ENTOMOLOGIST	WR	1	1	1	-				
	4.3508									
P-1	SANITARIAN	WR	1	1	-	-				
	4.0471									
TOTAL					-----					
FELLOWSHIPS--SHORT TERM					-----					
		PR	-	-	-	1				
SUBTOTAL					-----					
PERSONNEL-POSTS					-----					
ZONE ADVISORY SERVICES					-----					
DUTY TRAVEL					-----					
SUPPLIES AND EQUIPMENT					-----					
FELLOWSHIPS					-----					
SUBTOTAL					-----					
PERSONNEL-POSTS					-----					
DUTY TRAVEL					-----					
SUPPLIES AND EQUIPMENT					-----					

EL SALVADOR-0216, RESEARCH ON THE EPIDEMIOLOGY OF MALARIA IN PROBLEM AREAS

The main objective of this research in El Salvador (formerly AMRO-0216) is the study and possible solution of the problems that hinder the progress of the malaria eradication programs. Between 1970 and 1972, a large-scale field trial of the technique of partial spraying with propoxur in 35-day cycles was carried out in the country, and it was verified that there were some advantages. In 1973, studies were made at the local level with the new insecticide landrin; these studies will continue as soon as the manufacture of landrin, which has been temporarily suspended, is resumed.

In the field of entomology, the studies on resistance to insecticides and the behavior of the vectors are outstanding. In 1974, the field of action of this project is being expanded to include research relating to other insect vectors of diseases and to methods of combating them.

TOTAL					TOTAL					
-----					-----					
- 5 5 5					- 212,100 209,960 220,470					
P-4	MEDICAL OFFICER	WR	-	1	1	1				
	4.3221									
P-3	ENTOMOLOGIST	PR	-	2	2	2				
	.0812 .0857									
P-2	SANITARIAN	WR	-	1	1	1				
	4.3511									
P-1	SANITARIAN	WR	-	1	1	1				
	4.3512									
SUBTOTAL					-----					
PERSONNEL-POSTS					-----					
DUTY TRAVEL					-----					
SUBTOTAL					-----					
PERSONNEL-POSTS					-----					
DUTY TRAVEL					-----					
SUPPLIES AND EQUIPMENT					-----					
LOCAL COSTS					-----					

EL SALVADOR-0400, TUBERCULOSIS CONTROL

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL					TOTAL					
-----					-----					
-					7,550 7,875					
ZONE ADVISORY SERVICES					-----					
		PR	-	-	-	7,550	7,875			

EL SALVADOR-0700, ZONOSSES CONTROL

With a view to progressively achieving the goals recommended in the Ten-year Health Plan for the Americas in the fields of animal health and veterinary public health, El Salvador requires technical assistance in developing the animal health services infrastructure of the Ministry of Agriculture and the veterinary public health infrastructure of the Ministry of Health and Social Welfare, in order to achieve close coordination of control and eradication programs for those zoonoses most prevalent in the country, extending disease-free areas and covering new fields; in training human resources, both professional and auxiliary; in improving systems of epidemiological surveillance, strengthening diagnostic laboratories and regionalizing their activities; in the production and control of biologicals for veterinary use; and in encouraging research into the zoonoses in accordance with plans for the development of the health sector, agriculture, and animal husbandry.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

EL SALVADOR-2500, AIR POLLUTION

The data obtained in El Salvador by the air sampling station, forming part of the Pan American Air Pollution Sampling Network, give averages for the values of sedimental dust and dust in suspension in the center of San Salvador which exceed the reference levels accepted for Latin America.

The purposes of the project are to determine the magnitude of the problem of air pollution in the country's urban areas and to train skilled personnel to undertake control programs. The project proposes to set up three new monitoring stations by 1977; to operate on a permanent basis monitoring stations for determining air quality; and to grant short-term fellowships.

TOTAL		1973	1974	1975	1976	TOTAL	PR	1973	1974	1975	1976
		-	1	1	1			-	1,700	1,700	1,700
FELLOWSHIPS-SHORT TERM	PR	-	1	1	1	SUPPLIES AND EQUIPMENT		-	200	200	200
						FELLOWSHIPS		-	1,500	1,500	1,500

EL SALVADOR-3100, HEALTH SERVICES

Judging by the indicators in 1972, the level of health in El Salvador has improved even though it is not yet satisfactory. General mortality decreased from 9.9 per 1,000 inhabitants in 1968 to 8.5 in 1972; infant mortality from 59.2 per 1,000 livebirths in 1968 to 58.2 in 1972; mortality among those under five years of age in 1972 came to 42.4% of all deaths; and the birth rate went down from 43.4 per 1,000 in 1968 to 40.5 in 1972. Communicable diseases represent 30% of the total pathology, the greater part (2/3) within this total is the diarrheas. Malnutrition, avitaminosis, environmental sanitation deficiencies and the low educational level of the population favor, in large part, this level of health. The availability of material resources, personnel and funds is low--0.50 consultations/person/year; 2.1 hospital beds per 1,000 inhabitants; six hospital discharges per year per 100 inhabitants; and annual per capita cost in health of 13.60 colones.

The purpose of this project is to collaborate with the Government in carrying out health programs in accordance with the National Health Plan 1973-1977; to improve the organization and return on investments in the health services; and to increase the coverage of the programs to meet the goals established in the plan, as follows: water supplies and provision of latrines to 37.0 and 60.6% of the rural population respectively; hospital services to 45% and outpatient consultations to 80% of the population; institutional care to 45% of the pregnant women; and a decrease of 15% in the rate for malnutrition grades II and III through construction of 60 special centers for nutrition recuperation. In order to meet these goals there will be established 22 health posts, 54 health units, 11 health centers with 60 beds each, 20 nutrition centers, and a hospital with 600 beds financed by a loan from IDB.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

UNICEF cooperates in this project.

TOTAL		1973	1974	1975	1976	TOTAL		1973	1974	1975	1976
		2	2	2	2			83,622	84,700	76,511	82,411
P-5 PAHO/WHO REPRESENTATIVE	PR	1	1	1	1	SUBTOTAL	PR	60,382	61,000	75,100	81,000
.0477											
G-3 CLERK	PR	1	1	1	1						
.4035											
TOTAL		4	7	1	1	PERSONNEL-POSTS		28,684	40,400	42,500	44,600
						PERSONNEL-CONSULTANTS		6,870	14,000	2,200	2,400
CONSULTANT MONTHS	PR	4	7	1	1	DUTY TRAVEL		550	1,100	1,200	1,300
						SUPPLIES AND EQUIPMENT		4,550	2,000	2,000	2,000
TOTAL		13	7	7	9	FELLOWSHIPS		15,483	-	23,700	26,700
						COMMON SERVICES		4,245	3,500	3,500	4,000
FELLOWSHIPS-ACADEMIC	PR	2	-	4	4	SUBTOTAL	PG	56	-	-	-
FELLOWSHIPS-ACADEMIC	WR	3	4	-	-						
FELLOWSHIPS-SHORT TERM	PR	3	-	3	5	SUPPLIES AND EQUIPMENT		56	-	-	-
FELLOWSHIPS-SHORT TERM	WR	5	3	-	-	SUBTOTAL	WR	23,184	23,700	1,411	1,411
TOTAL		1	-	-	-						
						FELLOWSHIPS		21,230	23,700	-	-
PARTICIPANTS	WR	1	-	-	-	DEV. OF HUMAN RESOURCES		-	-	1,411	1,411
						PARTICIPANTS		1,954	-	-	-

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

EL SALVADOR-3200, NURSING SERVICES

El Salvador has at present a ratio of 2.2 nurses and 4.9 nursing auxiliaries to each 10,000 inhabitants. The annual output of nurses (averaging 70) and of nursing auxiliaries (averaging 170) is insufficient to meet the demands of the health services. In addition to the shortage of nursing personnel, the existing nurses and auxiliaries are not as well trained as they should be, are inadequately distributed, and ineffectively utilized. A nursing structure is yet to be defined.

The purpose of this project is to assist the Government to achieve the targets in the Ten-year Health Plan by achieving a level of 3.0 nurses and 7.4 nursing auxiliaries to each 10,000 inhabitants by 1977; to conduct programs of further education for nurses in key posts, training no less than 50 nurses each year; to complete studies on the improvement of the output, distribution, and utilization of nursing personnel; and to provide advisory services on the definition of a nursing structure with acceptable levels of nursing and with corresponding duties and responsibilities.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	-	-	-	TOTAL	30,990	6,000	16,740	23,240
P-3 NURSE 4,3914	UNDP	1	-	-	-	SUBTOTAL	PR 990	6,000	16,740	23,240
TOTAL		-	2	1	2	ZONE ADVISORY SERVICES	-	-	12,540	13,140
CONSULTANT MONTHS	PR	-	2	1	2	PERSONNEL-CONSULTANTS	-	4,000	2,200	4,800
TOTAL		1	1	1	1	SUPPLIES AND EQUIPMENT	-	500	500	500
FELLOWSHIPS-ACADEMIC	PR	-	-	-	1	FELLOWSHIPS	990	1,500	1,500	4,800
FELLOWSHIPS-SHORT TERM	PR	1	1	1	-	SUBTOTAL	UNDP 30,000	-	-	-
	PR	1	1	1	-	PERSONNEL-POSTS	30,000	-	-	-

EL SALVADOR-3300, LABORATORY SERVICES

The Ministry of Health of El Salvador has 182 dependent bodies: 14 hospitals, 8 health centers with beds, 67 health units, and 93 health posts. The permanent medical service includes everything down to the health unit. Supporting services are provided by a central public health body, 5 regional laboratories, and 41 peripheral bodies. The laboratory program has received considerable impetus, and during the past 10 years the number of laboratories has increased from 15 to 47. Forty-three health units do not yet have basic laboratory services. In all the laboratories now in operation there are trained personnel, at least at the medical technologist level.

There is no system for maintenance of laboratory equipment. The national system of laboratories is beginning to take shape, but operational liaison does not yet exist with other institutions within the sector.

Under the Supreme Public Health Council there is a drug control laboratory which should be supervising the production of 22 establishments, but owing to its situation is not able to carry out this function to the full.

The purpose of this project is to define and structure a national laboratory system integrated with the health agencies, through the regionalization and upgrading of the public health laboratories and coordination with the laboratories of other agencies in the sector in order to improve and technically develop to the fullest extent possible the service to clinical, epidemiological, and research activities.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	1	1	-	TOTAL	PR 1,313	4,700	9,445	8,300
CONSULTANT MONTHS	PR	-	1	1	-	ZONE ADVISORY SERVICES	-	-	4,545	4,800
TOTAL		1	1	1	1	PERSONNEL-CONSULTANTS	-	2,000	2,200	-
FELLOWSHIPS-SHORT TERM	PR	1	1	1	1	SUPPLIES AND EQUIPMENT	184	1,200	1,200	2,000
						FELLOWSHIPS	1,129	1,500	1,500	1,500

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

EL SALVADOR-3400, HEALTH EDUCATION

The health policy of El Salvador establishes as a goal for the next five years to benefit 75% of the population with basic programs of environmental sanitation and control of communicable diseases, and 50% with programs of medical care, maternal and child health care, and nutrition. In addition, within the general educational reform now under way, protection of health is one of the objectives, requiring concerted efforts on the part of the health and the education sectors.

The purpose of this project is to cooperate in the development of health education services at the central level and the reinforcement of those at the peripheral level.

TOTAL		-	2	2	2	TOTAL	WR	-	7,500	8,900	9,300
CONSULTANT MONTHS	WR	-	2	2	2	PERSONNEL-CONSULTANTS	-	-	4,000	4,400	4,800
TOTAL		-	2	2	2	SUPPLIES AND EQUIPMENT	-	-	500	1,500	1,500
FELLOWSHIPS-SHORT TERM	WR	-	2	2	2	FELLOWSHIPS	-	-	3,000	3,000	3,000

EL SALVADOR-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		-	-	5,417	8,732
SUBTOTAL	PR	-	-	750	3,555
ZONE ADVISORY SERVICES		-	-	750	3,555
SUBTOTAL	WR	-	-	4,667	5,177
ZONE ADVISORY SERVICES		-	-	4,667	5,177

EL SALVADOR-3600, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH

In 1973, the Ministry of Health in El Salvador began a process of administrative reform, which is still in the process of consolidation; this reform has still to be regulated and institutionalized. The aim of the project is to assist in this reform, and for that purpose the following objectives have been proposed: (1) to help in the process of administrative consolidation and integration, adjusting and institutionalizing a functional and efficient organizational structure and to develop the necessary legal aspects, such as an organic law or statutes, a handbook on organization internal regulations, the general regulation of operational services, staff regulations, and specific handbooks; (2) to develop specific areas, after diagnosis and analysis, proposing improvements and methods for carrying them out, especially in the fields of organizational structure, legislation and standards, financial management, supplies, personnel, transport, correspondence, and archives; (3) to train personnel for the area concerned; and (4) to continue in following years the process of administrative reform, the first stage of which will focus on integrative aspects of certain areas of administration.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	-	4	3	TOTAL	PR	-	3,000	26,625	27,550
CONSULTANT MONTHS	PR	-	-	4	3	ZONE ADVISORY SERVICES	-	-	-	11,825	14,350
TOTAL		-	2	4	4	PERSONNEL-CONSULTANTS	-	-	-	8,800	7,200
FELLOWSHIPS-SHORT TERM	PR	-	2	4	4	FELLOWSHIPS	-	-	3,000	6,000	6,000

EL SALVADOR-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

FUND	1973	1974	1975	1976	TOTAL	FUND	1973	1974	1975	1976
							\$	\$	\$	\$
TOTAL	3	2	2	2	TOTAL	PR	1,055	9,500	15,585	13,770
CONSULTANT MONTHS	PR	3	2	2	2	ZONE ADVISORY SERVICES	-	-	5,685	5,970
TOTAL		-	2	2	2	PERSONNEL-CONSULTANTS	1,055	4,000	4,400	4,800
FELLOWSHIPS-SHORT TERM	PR	-	2	2	2	SUPPLIES AND EQUIPMENT	-	2,500	2,500	-
						FELLOWSHIPS	-	3,000	3,000	3,000

EL SALVADOR-6400, SANITARY ENGINEERING EDUCATION

The demand for technicians in El Salvador has increased in recent years as a result of the growth in environmental sanitation programs. The organizations responsible for environmental sanitation have the added responsibility of coping with the new and acute problems of the environment and with the need to establish new techniques and to acquire more advanced knowledge to solve them. There is a low rate of utilization of resources in relation to the economic conditions of the country.

The objectives of this project are (1) training of personnel capable of assimilating and applying knowledge of sanitary engineering and environmental sanitation; (2) formulation and execution of a plan for basic and applied research aimed at seeking solutions to environmental problems; and (3) systematic dissemination of existing scientific and technical information in the field of sanitary engineering and environmental sanitation. The targets of the project are (1) to revise the sanitary engineering curriculum; (2) to hold one short course per year for 25 participants; (3) to award two fellowships per year; (4) to have two graduate theses a year in sanitary engineering; (5) to have one research project per year; and (6) to publish three works on sanitary engineering per year, corresponding to the graduate theses and the research project.

TOTAL	1	-	-	-	TOTAL	PR	2,193	4,700	4,700	4,700
CONSULTANT MONTHS	PR	1	-	-	-	PERSONNEL-CONSULTANTS	955	-	-	-
TOTAL		-	2	2	2	SUPPLIES AND EQUIPMENT	438	-	-	-
FELLOWSHIPS-SHORT TERM	PR	-	2	2	2	FELLOWSHIPS	-	3,000	3,000	3,000
						COURSE COSTS	800	1,700	1,700	1,700

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRD PROJECTS	649,492	611,290	504,536	547,399
0100 EPIDEMIOLOGY	2,585	6,882	7,255	7,262
0103 EPIDEMIOLOGY (ZONE III)	5,097	5,460	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-
0200 MALARIA TECHNICAL ADVISORY SERVICES	7,637	4,129	4,027	4,485
0203 MALARIA TECHNICAL ADVISORY SERVICES (ZONE III)	24,348	8,160	-	-
0216 RESEARCH ON THE EPIDEMIOLOGY OF MALARIA ERADIC. IN PROB. AREAS	90,439	-	-	-
0218 PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS	869	900	515	539
0400 TUBERCULOSIS CONTROL	855	1,508	1,885	2,392
0403 TUBERCULOSIS CONTROL (ZONE III)	3,787	7,225	-	-
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	603	-	-	1,128
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	181	-	-	1,296
0412 REGIONAL COMMITTEE ON EVALUATION OF TUBERCULOSIS PROGRAMS	-	-	-	1,885
0500 LEPROSY CONTROL	2,056	3,536	1,728	1,984
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	375	-	524	556
0600 VENEREAL DISEASE CONTROL	-	240	132	153
0612 VENEREAL DISEASE SEMINARS	-	560	-	-
0700 PAN AMERICAN ZOONOSES CENTER	12,028	14,875	15,107	15,730
0703 VETERINARY PUBLIC HEALTH (ZONE III)	3,860	4,382	-	-
0718 SEMINAR ON EPIDEMIOLOGY OF THE ZOONOSES	731	-	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	560	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	490	707
1000 PARASITIC DISEASES	227	555	1,050	1,506
1008 CHAGAS' DISEASE	43	483	268	316
2100 ENVIRONMENTAL SANITATION	1,829	705	777	753
2103 SANITARY ENGINEERING (ZONE III)	5,814	6,330	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,396	16,691	15,653	18,299
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	997	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	749	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-

2200 WATER SUPPLIES	4,560	5,236	5,580	5,868
2203 WATER SUPPLIES (ZONE III)	10,312	9,645	-	-
2213 STUDIES AND INVESTIGATION OF WATER RESOURCES	1,644	96	-	-
2220 INSTITUTIONAL DEVELOPMENT	3,390	6,969	8,676	9,368
2223 PUBLIC SERVICES ADMINISTRATION	152	-	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	806	-
2230 RURAL WATER SUPPLY AND SANITATION	-	700	724	756
2300 AEDES AEGYPTI ERADICATION	2,121	3,235	3,612	3,863
2303 AEDES AEGYPTI ERADICATION (ZONE III)	6,757	-	-	-
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	336	-	-
3000 COORDINATION WITH FOUNDATIONS	1,278	2,569	3,081	3,511
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,303	3,853	3,119	3,394
3125 SPECIAL SEMINARS IN ZONE III	2,783	2,490	-	-
3126 OPERATIONS RESEARCH	70	270	227	235
3129 RESEARCH TRAINING IN BIOMEDICAL SCIENCES	1,376	226	-	-
3130 CONFERENCE ON MYCOLOGY	77	1,308	-	-
3133 SYMPOSIUM ON PARACOCIDIOIDOMYCOSIS	100	-	-	-
3135 DEVELOPMENT OF RIVER BASINS	-	1,200	660	720
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,637	2,006	1,169	1,251
3139 PAHO RESEARCH GRANT PROGRAM	4,906	2,650	3,975	5,300
3145 EMERGENCY PREPAREDNESS	-	532	-	-
3200 NURSING SERVICES	1,665	2,264	2,416	2,534
3203 NURSING (ZONE III)	7,846	10,595	-	-
3210 HOSPITAL NURSING SERVICES	-	715	1,268	1,406
3214 DEF. IN. AND IMPL. OF POLICY FOR DEVELOPMENT OF NURSING	554	1,193	1,114	1,173
3215 STUDY ON FACTORS AFFECTING NURSING GROWTH	372	-	-	-
3216 STANDARDS IN NURSING PRACTICE	644	875	-	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	1,262	-	-
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	262	493	309	248
3223 SYSTEMS OF NURSING	51	1,001	1,250	-
3225 UTILIZATION AND TRAINING OF THE TRADITIONAL BIRTH ATTENDANT	-	1,170	-	-
3300 LABORATORY SERVICES	800	361	452	481
3303 LABORATORY SERVICES (ZONE III)	1,792	4,290	-	-
3311 TRAINING OF LABORATORY PERSONNEL	727	774	895	955
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,432	1,689	1,764	1,942
3318 MYCOLOGY RESEARCH AND TRAINING CENTERS	1,084	2,409	944	966
3400 HEALTH EDUCATION	533	497	311	497
3410 TRAINING OF TEACHERS IN HEALTH EDUCATION	337	773	845	919
3500 HEALTH STATISTICS	1,127	724	932	688
3503 HEALTH STATISTICS (ZONE III)	7,261	5,063	-	-
3513 INTER-AMERICAN INVESTIGATION OF MORTALITY IN CHILDHOOD	7,283	3,007	3,318	3,579
3515 TRAINING IN USE OF COMPUTERS IN HEALTH STATISTICS	42	400	440	480
3516 REGIONAL SEMINAR ON DATA PROCESSING	-	723	-	723
3521 DETERMINATION OF BASIC DATA NEEDED ON DELIVERY OF HEALTH CARE	-	-	-	643
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,259	3,061	3,214	3,421
3603 ADMINISTRATIVE METHODS AND PRACTICES IN PUBL. HEALTH (ZONE III)	2,578	7,650	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,457	1,462	-	-
3700 HEALTH PLANNING	5,074	3,163	3,398	3,747
3703 HEALTH PLANNING (ZONE III)	4,876	3,030	-	-
3709 MEETING OF MINISTERS OF HEALTH	756	-	-	-
3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	10,441	16,222	11,820	9,420
4200 NUTRITION ADVISORY SERVICES	4,446	2,076	2,221	2,351
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	260,197	258,965	265,482	273,487
4213 IODINE DETERMINATION IN ENDEMIC GOITER	485	-	-	-
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	70	222	244	444
4230 NUTRITION TRAINING	-	609	810	1,051
4238 NUTRITION RESEARCH	149	760	1,354	2,035
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	474	503
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	574	238
4300 MENTAL HEALTH	324	1,800	1,896	1,566
4312 COURSES IN COMMUNITY PSYCHIATRY	370	1,400	-	-
4313 NURSING IN MENTAL HEALTH	4,073	5,848	-	-
4316 EPIDEMIOLOGY OF SUICIDES	854	1,500	1,185	-
4318 EPIDEMIOLOGY OF ALCOHOLISM	11,901	12,316	1,514	4,556
4320 SEMINAR ON MENTAL RETARDATION	607	-	-	-
4409 FLUORIDATION	4,050	3,895	3,340	3,964
4412 SEMINAR ON IMPLEMENTATION OF DENTAL HEALTH PROGRAMS	-	-	20	314
4500 HEALTH ASPECTS OF RADIATION	492	360	378	396
4507 RADIATION HEALTH PROTECTION	1,154	440	1,386	1,952
4516 PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	252	-
4620 MANAGEMENT OF PESTICIDES	-	350	380	435
4700 FOOD AND DRUG CONTROL	489	1,611	1,700	1,779
4703 FOOD REFERENCE LABORATORY (ZONE III)	10,536	-	-	-
4708 FOOD HYGIENE TRAINING CENTER	2,254	2,090	2,355	2,520
4716 TRAINING IN ANALYSIS OF FOOD AND DRUGS	580	900	640	680
4717 SEMINAR ON FOOD HYGIENE	-	610	-	-
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	672
4800 MEDICAL CARE SERVICES	1,183	1,217	1,336	1,504
4803 MEDICAL CARE SERVICES (ZONE III)	5,130	5,790	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,623	2,169	2,887	3,652
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,966	2,667	2,366	3,068
4900 HEALTH AND POPULATION DYNAMICS	18,285	39,497	40,000	45,430
4903 HEALTH AND POPULATION DYNAMICS (ZONE III)	5,682	6,017	-	-
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	3,007	7,729	7,880	8,668
4915 MATERNAL AND CHILD HEALTH	129	391	430	521
4917 CLINICAL AND SOCIAL PEDIATRICS	203	1,635	1,431	1,431
4918 STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,230	-
4920 LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	-	-	3,424	3,946
4922 MATERNAL CHILD HEALTH-FAM. PLAN. CONTIN. EDUC. AND STAFF TRAIN.	-	-	-	800

5000 REHABILITATION	2,156	1,767	1,840	2,002
5100 CHRONIC DISEASES	139	475	538	559
6000 MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	1,238	1,276	1,417	1,496
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	580	2,530	2,468	2,847
6200 EDUCATION IN HEALTH SCIENCES	1,679	3,288	5,025	5,841
6203 MEDICAL EDUCATION (ZONE III)	3,204	5,415	-	-
6216 BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,283	2,080	2,818	2,685
6221 LIBRARY OF MEDICINE	5,103	7,266	5,344	5,304
6223 TEACHING OF BEHAVIORAL SCIENCES	1,702	400	-	-
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	468	1,718	1,866	3,189
6300 NURSING EDUCATION	209	838	389	410
6310 NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,942	2,914	670	690
6317 SEMINAR ON NURSING EDUCATION	540	1,452	1,535	1,514
6319 TRAINING OF NURSING AUXILIARIES	294	2,953	3,575	3,353
6320 POSTBASIC COURSES IN NURSING	352	805	644	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,478
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	154	518
6325 EDUCATIONAL TECHNOLOGY IN NURSING	-	-	4,628	7,958
6400 SANITARY ENGINEERING EDUCATION	1,551	1,505	1,745	1,907
6600 DENTAL EDUCATION	1,154	1,495	819	928
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	416	530	588	1,571
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	498	1,013	317	326
6700 BIostatistics EDUCATION	153	179	-	690
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	983	964	1,008	1,179
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	1,145	1,894	1,984	2,070
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*-----PORTIONS OF INTER-COUNTRY PROJECTS-----*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	311,709	532,900	601,238	617,615	649,492	611,290	504,536	547,399
PAHO-PR-REGULAR BUDGET	103,624	198,400	289,028	311,771	229,913	214,445	144,900	172,011
PW-COMMUNITY WATER SUPPLY	-	-	-	-	909	4,215	5,144	5,410
PI-INCAP REGULAR BUDGET	-	-	-	-	57,323	55,521	57,603	57,602
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	121,490	102,603	102,820	107,075
PG-GRANTS & OTHER CONTRIBUT.	56	-	-	-	48,591	43,941	10,997	14,062
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	42,205	58,813	61,427	65,312
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	4,002	-	-	-
PS-SPECIAL FUND FOR RESEARCH	-	-	-	-	399	-	-	-
WHO-WR-REGULAR BUDGET	178,029	301,300	272,829	299,044	126,492	70,135	60,809	62,532
UNDP-UN DEVELOPMENT PROGRAM	30,000	33,200	33,200	-	17,883	21,617	14,536	12,265
UNFPA-UN FUND POPULATION ACT.	-	-	6,181	6,800	285	40,000	46,300	51,130

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	961,201	1,144,190	1,105,774	1,165,014
PAHO-PR-REGULAR BUDGET	333,537	412,845	433,928	483,782
PW-COMMUNITY WATER SUPPLY	909	4,215	5,144	5,410
PI-INCAP REGULAR BUDGET	57,323	55,521	57,603	57,602
PN-INCAP GRANTS & OTHER CONTR.	121,490	102,603	102,820	107,075
PG-GRANTS & OTHER CONTRIBUT.	48,647	43,941	10,997	14,062
PH-PAN AMER. HEALTH & EDUC.FN.	42,205	58,813	61,427	65,312
PK-SPECIAL FUND FOR HEALTH PR.	4,002	-	-	-
PS-SPECIAL FUND FOR RESEARCH	399	-	-	-
WHO-WR-REGULAR BUDGET	304,521	371,435	333,638	361,576
UNDP-UN DEVELOPMENT PROGRAM	47,883	54,817	47,736	12,265
UNFPA-UN FUND POPULATION ACT.	285	40,000	52,481	57,930

GUATEMALA

BACKGROUND DATA

The Republic of Guatemala, located in the northern part of Central America, has an area of 108,889 square kilometers. In 1971 the population was 5,553,050, with a density of 50.9 inhabitants per square kilometer, so distributed as to give and urban-rural density of 49.6 and 60.4%, respectively. The population structure by age groups reveals that 45% is under 15 years of age; the life expectancy at birth is 53.5 years, and the birth rate, 43.4 per 1,000.

Approximately one-third of the total population is gainfully employed, with 60% working in the primary sector.

As set forth in the National Development Plan for 1971-75, the general objective is achievement of a sustained annual growth rate of 6.21% of the GNP. As strategies for the period, the Plan includes restructuring of the agricultural product, stimulating agricultural growth and diversification, improving income distribution through extension of social benefits, improving the public sector, and regionalizing investments aimed at fostering specific poles of development.

The national health policy is closely related to these broad lines of general development.

Problems affecting the majority of the population stem from such factors as the high birth rate, low living standards, protein-calorie malnutrition, a low immunization level, inadequate basic sanitation, and insufficient medical care.

General mortality is 13.5 per 1,000 population, with infant mortality at 94.3 per 1,000 live births, deaths in the group of children under five years represent 49.1% of total deaths, and the causes of death result primarily from the same factors cited above.

At the same time, coverage of health services is low; on a national average there are 26 hospital discharges and 0.2 medical consultations per inhabitant per year, with an unequal distribution of facilities between the capital city, where 80% of the health resources are located, and the rest of the country.

The components of this health situation diagnosis have guided the authorities in adopting a policy designed to achieve the following objectives: strengthening delivery of health services; improving administration of the existing services and increasing them on a scale compatible with planned expansion of the public sector; preparing a national health plan; forming a health manpower pool; giving emphasis to the control of preventable diseases; and extending medical care services to the rural population.

PROTECTION OF HEALTH

Communicable Disease Control

Communicable and parasitic diseases are causes of death in 66% of total deaths. Among them the diseases that are preventable by vaccination weigh heavily in morbidity at the early ages. Specific programs such as those for tuberculosis, venereal diseases and the zoonoses are susceptible of improvement.

All of the malarial area, with a population of 2,153,532, continues in the attack phase. Continuing attack measures are based on the use of DDT, profoxur and larvicides. Reduction of cases between 1971 and 1973 was 16% (5,114 cases discovered in 1973), but was 70% in the area sprayed with profoxur.

It is anticipated that, with continued efforts and implementation of techniques, the consolidation phase can be achieved in the eastern zone of the country (1,393,000 population) around 1977; that transmission can be focalized in the northern zone (787,000 population); and that the malarial area on the southern coast (256,000 population) where the operational problems are greater, can be reduced by 25%.

Since 1972, diseases preventable by vaccination are being attacked through nationwide campaigns at the working level, followed by maintenance measures. During 1972 more than 90% of the population under three years of age was vaccinated against measles, and new additions to the vulnerable group in 1973. In the latter year two doses of poliomyelitis vaccine were administered to 780,446 children under five years of age (74% of the age group); in 1974 triple vaccination will be given; in 1975, BCG; and in 1976 smallpox immunization will be administered to the same levels of the protected population.

Aedes aegypti vigilance measures are being maintained in the border areas with El Salvador and especially those with Honduras because of the frequent introduction of the vector.

Tuberculosis control programs have been in progress since 1973, under new schemes of case detection and treatment, with promising results; similar success has been obtained in treatment of venereal diseases based on local programs. Onchocerciasis persists as a problem, although well focalized, and techniques are being studied for eradication of the simuliid.

Biologicals are produced in the country for control of diphtheria, whooping cough, tetanus and typhoid, and special attention is being given to the production of antirabies vaccine, incorporating the most efficient techniques to maintain the highest standards of both quality and productivity and to supply the domestic demands, as well as those of other countries on the Central American isthmus.

Environmental Health

In 1972, 40.5% of the urban population in Guatemala was supplied with in-house water connections, while only 13% of the rural population had such supply or access to public fountains. Around 42% of the urban population had sewerage systems and another 10% had sanitary latrines, while 6.5% of the rural population had sanitary latrines. It is anticipated that during the 10-year period water supply can be provided to 80% of the urban population and 33% of the rural population; that sewerage service can be provided to 50% of the urban population and sanitary latrines to 33% of rural inhabitants.

Problems created by environmental pollution, and specifically the increased air pollution in the capital city revealed by the first sampling station now installed, are beginning to concern the Government. The general problem will be studied by an interdepartmental committee, with the objective of adopting measures for the appropriate regulation, legislation, and control.

PROMOTION OF HEALTH

General Services

Health resources are insufficient and are unequally distributed, and much could be done to increase their productivity. As the principal institution for the health of the country's population, the Ministry of Public Health and Social Welfare is properly structured at the central, intermediate, and local levels, divided into seven regions and 26 health areas. Its resources have recently been reinforced by the incorporation of medical students in their final year prior to graduation (internship) and by technical rural health workers.

Organization of a health system in the sectoral context, under the Five-year Development Plan, 1975-79, is planned. As priority policy elements of the plan, the following are being proposed: integration or coordination of the component institutions; organization of a central level that will provide effective guidance and supervision of the system and an operational level (health areas) that will deliver comprehensive health services adequately and efficiently; constructing, remodeling, and equipping hospitals and health centers; increasing the network of basic units (health centers and health posts), with emphasis on the rural environment; controlling or eradicating diseases preventable by vaccination; preparing and training manpower in functions for the greatest needs; improving information registers; and formulating a national health plan.

Specific Programs

In the field of maternal and child health and family welfare, the problems are characterized by infant mortality of 9.4 per 1,000 live births; mortality in the 1-4 age group of 29.3 per 10,000; maternal deaths of 15.9 per 10,000; and deaths from abortions, 7.5 per 10,000. Coverage of this population group in the program is very low: 14% received prenatal care; 18% of the children under five received care; 18% of deliveries were in hospitals; 5% of the coverage was during the puerperium.

The country is augmenting its resources and developing programmatic methodology that will make possible increased coverage, to the end that the following goals may be achieved by the end of the decade: 60% to receive prenatal care; 70% of the infants under one year and 50% of the children in the 1-4 year age-group to be covered; 80% of the deliveries to receive adequate medical care and 50% during the puerperium; and the gradual inclusion of women of the child-bearing age into the programs for the control of fertility.

Protein-calorie malnutrition of various degrees affects 80% of the population under five years, with severe impact on morbidity and mortality in that age-group. The Government is accordingly stepping up activities under a national food and supplemental feeding policy for the high-risk groups.

For the purpose of solving deficiencies observed in the data required to know and attack health problems in the country, it is planned to organize a unified statistical service to serve the several agencies. At the same time, organization of medical registers is the object of special concern. In summary, immediate actions are directed to creating a statistical unit that will incorporate the services now in the various institutions of the health sector; improving and standardizing hospital statistics; and training personnel for the various branches of statistical work.

With the financial assistance of United Nations Development Programme (UNDP) the organization of the Unified Food Control Laboratory, based on integration of specific resources and activities of the Institute of Nutrition of Central America and Panama (INCAP) and the Ministry of Public Health and Social Welfare, has been completed.

The primary purpose of the Laboratory will be to strengthen the work of food control in Guatemala as a means of protecting the health of the population, contributing to improvement of food technology in the industry, expanding the export market for high-quality food products, and contributing to increased trade within the zone. The Laboratory will serve as a reference center for food analysis and at the same time will carry on studies of analytical methods designed to bring about uniformity in the methods used, and to provide technical bases for standards applicable to food hygiene. Another of its important functions will be the training of specialized personnel for all the other countries of the Central American isthmus.

The country is formulating a medical care policy designed primarily to obtain increased efficiency and productivity from its installed capacity by improving administration, remodeling establishments, and upgrading their equipment. In addition to meeting these objectives, with emphasis on manpower training at all medical care levels, investments will be used to construct new establishments, taking into consideration the location of fluctuating demand in a regionalized system, and with the target of maintaining an index of 2.3 beds per thousand inhabitants, with a ratio of one visit per inhabitant, per year, by the end of the decade. It is expected that adequate manpower will be available (with the use of medical students and rural health technicians) to meet a substantial part of the demand for ambulatory and domiciliary medical care for the diseases that are relatively simple to diagnose and treat. These do, in fact, constitute the bulk of the demand. In summary, actions will be centered on (1) an increase in the population cared for as ambulatory patients; (2) improvement in administration of medical care resources; (3) manpower training; and (4) a modest increase in the number of hospital establishments, adjusted to regionalization of the system.

The health authorities are beginning to study the problem of radiation exposure. In this task, they will be able to count on the cooperation of the Institute of Nuclear Energy. The law creating the Institute empowers it to register existing equipment and make dosimetric tests of individuals exposed to the risk. Appropriate legislation is now in progress to establish standards, effect dosimetric control of personnel, organize supervision of equipment, and to reduce to acceptable levels the inherent risks of using radiation sources.

In the field of cancer control, the Ministry of Health has succeeded in organizing a school of exfoliative cytology and in training staff for the early diagnosis of uterine cancer, in connection with the maternal and child health and family planning programs. Cytotechnologists have been extensively trained for all of the Central American countries, and the school will become a reference center for exfoliative cytology.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

The country has schools of medicine, dentistry, engineering (with courses in sanitary engineering), pharmacology, veterinary medicine, social service, two schools of nursing, a school for rural health technicians, and a training division in the Ministry of Health that prepares auxiliary nursing staff, laboratory technicians, and statistical technicians. INCAP prepares teachers in maternal and child health and nutrition. Health manpower is not sufficient to meet the needs of the country, and its distribution is deficient because of the high concentration in the capital city. In 1971 there were 2.2 physicians, 0.5 dentists, 0.2 veterinary doctors, 1.4 nurses, 0.5 social workers, 0.4 pharmacists, 0.1 sanitary engineers, and 0.3 health inspectors for each 10,000 inhabitants.

In recent years, changes in the curriculum have been effected, specifically in the schools of medicine and dentistry, that will prepare professionals more in accord with the actual situation and real needs of the country.

Finalizing this conception in agreements between those institutions and the Ministry of Public Health has made it possible to study health problems in depth. Commencing in 1974, medical care planning for the rural population is being strengthened by the incorporation of a contingent of medical students, serving their internship in the rural area; and rural health technicians, with which it will be possible to cover no less than 200 of the 320 municipalities in the country requiring services. PAHO will establish the necessary coordination between the training institutions and the agencies employing personnel, so as to obtain the desired balance between instruction and services.

Efforts will be directed throughout the remainder of the decade towards the regionalization of medical care teaching, towards incorporation of the local community in working for a solution to its own health problems, and towards bringing in other professionals in the studies and activities of national community development. At the same time mechanisms developed through planning will be adopted in training necessary staff for the expansion of health services.

GUATEMALA - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
305,226	29.6	301,267	25.5	I. PROTECTION OF HEALTH	319,549	25.7	336,904	25.7
227,828	22.1	211,048	17.9	A. COMMUNICABLE DISEASES	223,219	18.0	232,485	17.7
51,835	5.0	17,482	1.5	0100 GENERAL	23,105	1.8	22,062	1.7
131,095	12.7	136,428	11.6	0200 MALARIA	141,377	11.4	148,643	11.3
5,107	.5	7,163	.6	0400 TUBERCULOSIS	7,514	.6	9,541	.7
2,431	.2	3,536	.3	0500 LEPROSY	2,252	.2	2,540	.2
-	-	800	.1	0600 VENEREAL DISEASES	132	*	153	*
36,939	3.6	43,671	3.7	0700 ZONCOSES	44,792	3.6	43,953	3.4
-	-	560	*	0900 OTHER	2,029	.2	2,767	.2
421	.1	1,408	.1	1000 PARASITIC DISEASES	2,018	.2	2,826	.2
77,398	7.5	90,219	7.6	B. ENVIRONMENTAL HEALTH	96,330	7.7	104,419	8.0
47,504	4.6	58,941	5.0	2100 GENERAL	60,076	4.8	66,334	5.1
20,907	2.0	27,370	2.3	2200 WATER SUPPLIES	30,910	2.5	31,823	2.4
7,136	.7	1,357	.1	2300 AEDS AEGYPTI ERADICATION	644	*	1,441	.1
924	.1	1,132	.1	2400 HCUSING	1,429	.1	1,501	.1
927	.1	1,419	.1	2500 AIR POLLUTION	3,271	.3	3,320	.3
574,954	55.8	717,579	61.2	II. PROMOTION OF HEALTH	831,778	66.4	851,153	65.0
195,705	19.0	134,064	11.4	A. GENERAL SERVICES	163,236	13.2	193,341	14.8
82,205	8.0	40,773	3.5	3100 GENERAL PUBLIC HEALTH	56,505	4.7	79,330	6.1
41,007	4.0	40,873	3.5	3200 NURSING	50,735	4.1	53,470	4.1
21,676	2.1	9,522	.8	3300 LABORATORY	4,480	.8	10,114	.8
868	.1	1,270	.1	3400 HEALTH EDUCATION	1,156	.1	1,416	.1
6,214	.6	14,497	1.2	3500 STATISTICS	15,954	1.3	20,853	1.6
26,071	2.5	9,113	.8	3600 ADMINISTRATIVE METHODS	10,309	.8	12,031	.9
17,664	1.7	18,016	1.5	3700 HEALTH PLANNING	17,097	1.4	16,127	1.2
379,249	36.8	583,515	49.8	B. SPECIFIC PROGRAMS	668,542	53.7	657,812	50.2
278,411	27.0	278,056	23.7	4200 NUTRITION	287,304	23.1	295,434	22.5
5,081	.5	9,602	.8	4300 MENTAL HEALTH	3,710	.3	5,589	.4
5,615	.5	6,515	.6	4400 DENTAL HEALTH	6,471	.5	8,734	.7
3,096	.3	4,860	.4	4500 RADIATION AND ISOTOPES	5,860	.5	5,600	.4
544	.1	877	.1	4600 OCCUPATIONAL HEALTH	1,136	.1	1,233	.1
14,348	1.4	185,581	15.8	4700 FOOD AND DRUG	259,163	20.8	212,267	16.2
40,480	3.9	46,173	3.9	4800 MEDICAL CARE	40,345	3.7	53,043	4.1
26,566	2.6	46,623	4.0	4900 FAMILY HEALTH AND POP. DYNAMICS	51,930	4.2	69,192	5.3
3,054	.3	1,767	.2	5000 REHABILITATION	1,846	.1	2,002	.2
2,054	.2	3,461	.3	5100 CANCER & OTHER CHRONIC DISEASES	4,775	.4	4,118	.3
149,850	14.6	153,501	13.3	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	93,003	7.4	122,323	9.3
4,637	.5	3,796	.3	6100 PUBLIC HEALTH	3,702	.3	4,270	.3
25,713	2.5	41,623	3.6	6200 MEDICINE	36,292	2.9	37,657	2.9
5,337	.5	8,959	.8	6300 NURSING	11,594	.9	16,918	1.3
58,315	5.7	69,091	5.9	6400 ENVIRONMENTAL SCIENCES	8,903	.7	10,369	.8
21,867	2.1	14,657	1.3	6500 VETERINARY MEDICINE	14,087	1.1	16,717	1.3
29,526	2.9	12,338	1.1	6600 DENTISTRY	14,865	1.2	16,424	1.2
4,455	.4	3,037	.3	6700 BIostatistics	3,500	.3	19,968	1.5
1,030,030	100.0	1,172,347	100.0	GRAND TOTAL	1,244,330	100.0	1,310,380	100.0

*LESS THAN .05 PER CENT

GUATEMALA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		AMOUNT	SEMINARS	SUPPLIES AND EQUIPMENT	GRANTS AND OTHER	
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHURT					PAKE.	AMOUNT	AMOUNT
	\$				\$	\$			\$	\$	\$	\$	
1973													
PAHO--PR	408,964	3	-	7	254,385	26,987	7	17	63,471	-	10,675	23,969	29,417
PW	909	-	-	-	829	80	-	-	-	-	-	-	-
PI	71,652	-	-	-	37,299	1,415	-	-	-	-	11,700	-	21,238
PN	121,485	-	-	-	52,406	5,209	-	-	4,967	-	14,475	-	44,424
PG	41,338	-	-	1	17,913	929	-	-	3,900	-	6,091	-	6,164
PH	53,540	1	-	-	27,483	3,788	-	-	1,935	-	439	-	11,386
PK	5,030	-	-	-	4,376	67	-	-	-	-	-	141	446
PS	399	-	-	-	-	-	-	-	-	-	-	-	399
WHO--WR	234,192	2	-	1	88,800	9,010	7	10	53,231	3	10,083	60,111	12,957
UNDP	46,646	1	-	10	37,063	-	1	-	6,568	-	-	2,302	713
UNFPA	284	-	-	-	284	-	-	-	-	-	-	-	-
WO	45,651	1	-	2	25,567	384	-	-	-	-	14,700	-	5,000
TOTAL	1,030,030	8	-	21	546,405	47,869	15	27	144,072	3	27,288	142,252	142,144
PERCENT OF TOTAL	100.0				53.1	4.7			13.0		2.6	13.8	12.8
1974													
PAHO--PR	517,471	8	5	7	385,477	20,454	5	9	39,194	-	10,575	26,193	27,578
PW	4,215	-	-	-	4,020	195	-	-	-	-	-	-	-
PI	69,358	-	-	-	39,338	900	-	-	-	-	8,358	-	20,802
PN	102,601	-	-	-	56,045	5,192	-	-	5,289	-	7,843	-	28,232
PG	35,204	-	-	-	13,983	534	-	-	947	-	5,535	-	7,120
PH	58,810	-	-	-	24,132	2,464	-	-	5,487	-	129	-	19,037
WHO--WR	159,552	2	-	3	94,499	9,170	2	6	26,397	-	11,151	10,515	7,820
UNDP	134,599	1	-	-	42,986	1,960	-	1	5,917	-	-	80,572	3,164
UNFPA	30,656	-	-	-	16,790	700	-	-	7,688	-	2,432	2,050	1,036
WO	59,801	1	-	-	13,000	1,000	-	7	10,000	-	-	8,489	27,312
TOTAL	1,172,347	12	5	10	690,270	50,569	7	23	100,919	-	29,822	158,666	142,101
PERCENT OF TOTAL	100.0				58.9	4.3			8.6		2.6	13.5	12.1
1975													
PAHO--PR	578,950	9	5	9	444,793	31,569	5	13	44,916	-	5,240	24,595	27,437
PW	5,144	-	-	-	4,924	220	-	-	-	-	-	-	-
PI	72,000	-	-	-	41,305	900	-	-	-	-	8,400	-	21,395
PN	102,818	-	-	-	56,091	5,179	-	-	5,289	-	8,139	-	28,120
PG	14,087	-	-	-	9,049	-	-	-	-	-	1,381	-	3,657
PH	61,422	-	-	-	25,376	2,220	-	-	5,754	-	-	-	17,709
WHO--WR	190,802	2	-	3	110,487	6,762	5	6	41,046	-	9,163	11,457	9,687
UNDP	177,810	1	-	-	37,751	1,891	-	3	10,011	-	-	122,399	5,158
UNFPA	41,497	-	-	-	24,094	1,050	-	-	7,880	-	4,578	2,579	1,316
TOTAL	1,244,330	12	5	12	753,872	52,191	10	22	115,496	-	18,981	186,659	117,131
PERCENT OF TOTAL	100.0				60.6	4.2			9.3		1.5	15.0	9.4
1976													
PAHO--PR	659,117	9	5	9	497,641	35,398	5	15	54,182	-	11,099	26,961	33,836
PW	5,410	-	-	-	5,170	240	-	-	-	-	-	-	-
PI	72,000	-	-	-	43,338	900	-	-	-	-	7,000	-	20,762
PN	107,073	-	-	-	58,866	5,179	-	-	5,289	-	8,139	-	29,600
PG	14,215	-	-	-	9,383	-	-	-	-	-	1,038	-	3,794
PH	65,306	-	-	-	26,578	2,368	-	-	5,965	-	-	-	21,790
WHO--WR	229,270	3	-	2	126,444	11,220	5	11	48,894	-	10,772	21,684	10,256
UNDP	112,167	1	-	-	36,861	1,980	-	2	8,135	-	-	61,586	3,605
UNFPA	45,822	-	-	-	26,609	1,225	-	-	8,668	-	5,036	2,837	1,447
TOTAL	1,310,380	13	5	11	830,890	58,510	10	28	131,133	-	26,907	137,850	125,090
PERCENT OF TOTAL	100.0				63.4	4.5			10.0		2.1	10.5	9.5
<p>PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO-WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WO-GRANTS AND OTHER FUNDS</p>													

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

GUATEMALA - DETAIL

GUATEMALA-0100, COMMUNICABLE DISEASE CONTROL

The burden of communicable diseases in Guatemala, especially those which can be prevented by vaccination, has been apparent for years. It explains much of the high mortality rate among children under five years of age. The Government has made significant efforts in recent years to conduct national vaccination programs. Vaccination programs for measles and poliomyelitis have achieved broad coverage that is being well maintained. There is interest in improving epidemiological surveillance systems and pursuing immunization plans. PAHO is cooperating in the training of personnel and is supporting demonstration programs.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	1	2	1	TOTAL	39,769	1,500	15,850	14,800
FELLOWSHIPS-ACADEMIC	WR	-	-	1	1					
FELLOWSHIPS-SHORT TERM	WR	-	1	1	-	SUBTOTAL	PR 6,289	-	9,550	10,000
						ZONE ADVISORY SERVICES	-	-	9,550	10,000
						SUPPLIES AND EQUIPMENT	6,289	-	-	-
						SUBTOTAL	WR 33,480	1,500	6,300	4,800
						SUPPLIES AND EQUIPMENT	33,480	-	-	-
						FELLOWSHIPS	-	1,500	6,300	4,800

GUATEMALA-0200, MALARIA ERADICATION

The population subjected to the risk of contracting malaria in Guatemala constitutes 2.2 million inhabitants. All of the malarious area is in the attack phase, but in the western part of the country there are areas where it is presumed that transmission has been interrupted.

In 1973, the third year of a new long-term eradication plan was carried out, which included the application of propoxur in 82,000 houses in the eastern portion of the southern coast and in 12,000 temporary shelters in the farming subdivisions of Ixcán and Sebol in the northern part of the country. The area sprayed with DDT was reduced because it was discovered that the vector was resistant to the aforementioned insecticide.

The evolution of the transmission has been very favorable on the southern coast (propoxur area) and unfavorable in the northern part of the country (DDT area). In 1973, 6,182 cases of malaria were registered out of 386,026 blood samples examined, which compares with 7,750 cases out of 345,156 samples in 1972. Moreover, in 1973 there were only three cases of P. falciparum. The purpose of this project is to continue cooperation in the eradication program.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

UNICEF cooperates in this project.

TOTAL		2	4	4	4	TOTAL	64,327	121,200	136,320	143,080
P-4 ENTOMOLOGIST	PR	-	1	1	1					
.3841						SUBTOTAL	PR 30,345	88,700	103,360	107,620
P-4 MEDICAL OFFICER	WR	1	1	1	1					
4,0481						PERSONNEL-PESTS	27,384	76,300	79,800	83,300
P-4 SANITARY ENGINEER	PR	1	1	1	1	ZONE ADVISORY SERVICES	-	-	10,760	11,320
.0483						DUTY TRAVEL	2,579	4,400	4,800	5,000
P-3 ADMIN. METHODS OFFICER	PR	-	1	1	1	SUPPLIES AND EQUIPMENT	382	8,000	8,000	8,000
.1081										
TOTAL		-	1	-	-	SUBTOTAL	WR 33,982	32,500	32,560	35,460
FELLOWSHIPS-SHORT TERM	WR	-	1	-	-	PERSONNEL-PESTS	24,030	24,700	26,560	28,760
						DUTY TRAVEL	1,772	2,100	2,200	2,500
						SUPPLIES AND EQUIPMENT	8,180	4,200	4,200	4,200
						FELLOWSHIPS	-	1,500	-	-

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

GUATEMALA-0400, TUBERCULOSIS CONTROL

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
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		-	-	4,530	4,725
ZONE ADVISORY SERVICES		-	-	4,530	4,725

GUATEMALA-0701, RABIES VACCINE

The goals of the Ten-year Health Plan for the Americas include an 80% immunization coverage for the control of canine rabies. To achieve this objective in the countries of the Isthmus, it is intended to increase the production of CRL rabies vaccine for veterinary use at the Biological Institute of the Guatemalan Ministry of Health, so that it may act as a production center for the countries of the Region through the provision of effective levels of technical assistance, equipment, and supplies.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL	PR	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----
		-	-	1	-
CONSULTANT MONTHS		-	-	1	-
TOTAL		-	1	-	1
-----	-----	-----	-----	-----	-----
FELLOWSHIPS-SHORT TERM	PR	-	1	-	1
TOTAL		-	1	-	1
-----	-----	-----	-----	-----	-----
		5,266	5,500	14,040	11,919
PERSONNEL-CONSULTANTS		-	-	2,200	-
SUPPLIES AND EQUIPMENT		5,266	4,000	3,500	4,000
FELLOWSHIPS		-	1,500	-	1,500
TOTAL		5,266	5,500	5,700	5,500
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	WR	-	-	8,340	6,419
ZONE ADVISORY SERVICES		-	-	8,340	6,419

GUATEMALA-2100, ENVIRONMENTAL SANITATION

The purpose of this project is to expand and improve the water, sewerage, and solid waste disposal services in Guatemala's urban and rural sectors. It is also intended to extend the coverage of garbage collection services for the urban population and to improve garbage disposal. It is hoped to continue the studies on environmental pollution and to formulate water, air, soil, and food pollution control policies and programs.

The objectives for the budget period include providing 61% of the urban population with house connections for potable water and 45% of the urban sector with sewerage; supplying 25% of the rural inhabitants with potable water; improving the solid waste disposal systems in the capital and in seven towns of the interior; determining personnel requirements for environmental sanitation; and programming their training. Efforts will be made to integrate the units involved in the planning, designing, construction, and operation of potable water and sewerage systems.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL	PR	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----
		1	1	1	1
P-4 SANITARY ENGINEER .0490	PR	1	1	1	1
TOTAL		-	2	3	3
-----	-----	-----	-----	-----	-----
CONSULTANT MONTHS	PR	-	2	3	3
TOTAL		2	2	2	3
-----	-----	-----	-----	-----	-----
FELLOWSHIPS-SHORT TERM	PR	2	2	2	3
TOTAL		2	2	2	3
-----	-----	-----	-----	-----	-----
		30,939	34,900	47,740	51,640
PERSONNEL-POSTS		28,232	27,100	28,300	29,500
ZONE ADVISORY SERVICES		-	-	8,840	9,240
PERSONNEL-CONSULTANTS		-	4,000	6,600	7,200
DUTY TRAVEL		495	800	1,000	1,200
FELLOWSHIPS		2,212	3,000	3,000	4,500

GUATEMALA-2200, WATER SUPPLIES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976	
						\$	\$	\$	\$	
					TOTAL	PR	-	-	13,540	14,140
					ZONE ADVISORY SERVICES		-	-	13,540	14,140

GUATEMALA-2500, AIR POLLUTION

The purpose of this project is to obtain information about the characteristics of air pollution in the Guatemala City and to plan for any control measures required. The first sampling station began operation at the end of 1972, and others will be installed if the results of this study show that they are needed.

TOTAL		-	-	1	1	TOTAL	PR	455	500	2,300	2,300
FELLOWSHIPS-SHORT TERM	PR	-	-	1	1	SUPPLIES AND EQUIPMENT FELLOWSHIPS		455	500	800	800
										1,500	1,500

GUATEMALA-3100, HEALTH SERVICES

The predominant health problems in Guatemala are susceptible to substantial improvement if priority attention is given to reducible dangers, to malnutrition, and to provision of health services for the population now receiving a low level of care. The policy of the Government is following these orientations even though there are limitations due to the scarcity of financial, human, and physical resources.

The purpose of this project is to collaborate with the Government in the development of health services on various levels, as well as in the formulation and execution of a national health plan.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

UNICEF cooperates in this project.

TOTAL		2	1	2	2	TOTAL	103,835	42,166	74,380	95,480	
P-5 MEDICAL OFFICER .0284	PP	-	-	1	1	SUBTOTAL	PR	37,056	-	11,200	29,800
P-3 ADMIN. METHODS OFFICER .3675	PR	1	-	-	-	PERSONNEL-POSTS		17,769	-	10,200	28,700
P-3 NURSE 4.0986	WR	1	1	1	1	DUTY TRAVEL		2,009	-	1,000	1,100
						FELLOWSHIPS		17,278	-	-	-
TOTAL		1	2	2	-	SUBTOTAL	WR	66,779	42,166	63,180	65,680
CONSULTANT MONTHS	WR	1	2	2	-	PERSONNEL-POSTS		15,500	16,466	26,560	28,760
TOTAL		24	6	8	11	PERSONNEL-CONSULTANTS		3,053	4,000	4,400	-
FELLOWSHIPS-ACADEMIC	PR	2	-	-	-	DUTY TRAVEL		863	1,100	1,100	1,300
FELLOWSHIPS-ACADEMIC	WR	6	2	4	4	SUPPLIES AND EQUIPMENT		702	1,500	1,000	1,000
FELLOWSHIPS-SHORT TERM	PR	6	-	-	-	FELLOWSHIPS		41,408	15,600	25,200	29,700
FELLOWSHIPS-SHORT TERM	WR	10	4	4	7	DEV. OF HUMAN RESOURCES		-	-	1,420	1,420
TOTAL		3	-	-	-	PARTICIPANTS		2,753	-	-	-
PARTICIPANTS	WR	3	-	-	-	COURSE COSTS		2,500	3,500	3,500	3,500

GUATEMALA-3200, NURSING SERVICES

The purpose of this project was to improve nursing services by defining the role of nursing in the health programs of Guatemala and cooperate in training personnel to carry out those roles.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

FUND 1973 1974 1975 1976					FUND 1973 1974 1975 1976						
TOTAL		1	-	-	-	TOTAL		10,638	-	16,720	17,520
P-3 NURSE .3217	PH	1	-	-	-	SUBTOTAL	PR	-	-	16,720	17,520
						ZONE ADVISORY SERVICES		-	-	16,720	17,520
						SUBTOTAL	PH	10,638	-	-	-
						PERSONNEL-POSTS		9,340	-	-	-
						DUTY TRAVEL		1,298	-	-	-

GUATEMALA-3300, LABORATORY SERVICES

The purpose of this project was to cooperate in strengthening the national laboratory system as well as the production and control of biological products in accordance with the national health plan of Guatemala.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL					TOTAL						
		5	-	-	-	TOTAL		15,843	-	4,545	4,800
CONSULTANT MONTHS	PR	1	-	-	-	SUBTOTAL	PR	580	-	4,545	4,800
CONSULTANT MONTHS	UNDP	4	-	-	-	ZONE ADVISORY SERVICES		-	-	4,545	4,800
						PERSONNEL-CONSULTANTS		580	-	-	-
TOTAL		1	-	-	-	SUBTOTAL	UNDP	15,263	-	-	-
FELLOWSHIPS-ACADEMIC	UNDP	1	-	-	-	PERSONNEL-CONSULTANTS		9,500	-	-	-
						SUPPLIES AND EQUIPMENT		597	-	-	-
						FELLOWSHIPS		5,166	-	-	-

GUATEMALA-3500, HEALTH STATISTICS

The purpose of this project is to cooperate in the administrative and operational strengthening of the Health Statistics Section of the Ministry of Public Health of Guatemala, and in the preparation of coordination agreements between the major producers of statistics, avoiding duplication. The use of the International Certificate of Death will be promoted in medical establishments and in private practice. Furthermore, PAHO will cooperate in the training of personnel and in the organization of departments of statistics and medical records in hospitals.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL					TOTAL						
		-	-	-	1	TOTAL		-	6,300	15,022	34,895
P-2 MEDICAL RECORDS LIBRARIAN 4.3678	WR	-	-	-	1	SUBTOTAL	PR	-	6,300	8,800	12,540
						ZONE ADVISORY SERVICES		-	-	1,000	4,740
TOTAL		-	2	3	3	FELLOWSHIPS		-	6,300	7,800	7,800
FELLOWSHIPS-ACADEMIC	PR	-	1	1	1	SUBTOTAL	WR	-	-	6,222	22,355
FELLOWSHIPS-SHORT TERM	PR	-	1	2	2	PERSONNEL-POSTS		-	-	-	13,453
						ZONE ADVISORY SERVICES		-	-	6,222	6,902
						DUTY TRAVEL		-	-	-	2,000

GUATEMALA-3600, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL					TOTAL						
		-	-	-	-	TOTAL	PR	-	-	7,095	8,610
						ZONE ADVISORY SERVICES		-	-	7,095	8,610

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

GUATEMALA-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
		-	-	5,820	6,100
ZONE ADVISORY SERVICES		-	-	5,820	6,100

GUATEMALA-4100, MATERNAL AND CHILD HEALTH (renumbered GUATEMALA-4901)

GUATEMALA-4500, RADIATION PROTECTION

The use of radiation producing equipment and sources, both in industry and in the health services, has grown in Guatemala in recent years. The National Nuclear Energy Institute (Instituto Nacional de Energía Nuclear), established by the Government of the Republic in 1970, has initiated a coordination process with the Ministry of Public Health and Social Welfare in order to control the use of radiation producing sources and avoid unnecessary human exposure and environmental contamination. To these ends, activities in this area must be appropriately regulated.

The purpose of this project is to collaborate with the Government in the establishment of a program for protection against radiation and the training of personnel in the use of radiation in medicine, personnel dosage monitoring, and calibration of radioactive sources.

TOTAL	PR	1973	1974	1975	1976
		-	1,500	2,500	2,500
FELLOWSHIPS-SHORT TERM		-	1,500	1,000	1,000
SUPPLIES AND EQUIPMENT FELLOWSHIPS		-	1,500	1,500	1,500

GUATEMALA-4701, UNIFIED FOOD CONTROL LABORATORY

The aim of this project is to strengthen food control activities in Guatemala in order to provide better protection for the health of its population, contribute to the improvement of food technology in industry, protect the consumer economically, facilitate and increase commerce within the zone, and increase the export of food products. It is hoped to achieve these objectives by establishing a unified food control laboratory through the merger of the Food Control and Analysis Division of the Institute of Nutrition of Central America and Panama (INCAP) in Guatemala City with the Food and Dietetics Laboratory of the Ministry of Health and Social Welfare. The activities of the new laboratory will be coordinated with and strengthened by the food inspection services under the Food Control Department. Specialized laboratory personnel will be made available to other Central American countries. Other major functions of the laboratory will be to undertake research into methods of analysis in order to standardize the systems being used, and to coordinate periodic reviews of guidelines on food hygiene.

TOTAL	PR	1973	1974	1975	1976
		-	179,833	253,900	205,800
P-5 PROJECT MANAGER 4,3986	UNDP	1	1	1	1
P-4 LABORATORY ADVISER .4277	PR	-	1	1	1
P-3 LABORATORY ADVISER .4278	PR	-	1	1	1
P-2 LABORATORY ADVISER .3535	PR	-	1	1	1
G-5 LABORATORY ASSISTANT .3536 .4279	PR	-	2	2	2
G-5 SECRETARY .4287	PR	-	1	1	1
G-4 CLERK TYPIST .4280	PR	-	1	1	1
G-1 LABORER .4288	PR	-	1	1	1
TOTAL		-	1	3	2
FELLOWSHIPS-ACADEMIC	UNDP	-	-	-	-
FELLOWSHIPS-SHORT TERM	UNDP	-	1	3	2
		-	64,700	89,400	95,600
PERSONNEL-POSTS DUTY TRAVEL		-	62,200	85,900	91,100
		-	2,500	3,500	4,500
		-	-	-	10,000
SUPPLIES AND EQUIPMENT		-	-	-	10,000
		-	115,133	164,500	100,200
PERSONNEL-POSTS DUTY TRAVEL		-	28,500	28,500	28,500
SUPPLIES AND EQUIPMENT		-	1,500	1,500	1,500
FELLOWSHIPS		-	79,000	121,000	60,500
MISCELLANEOUS		-	3,700	9,700	7,400
		-	2,433	3,800	2,300

GUATEMALA-4800, MEDICAL CARE SERVICES

The purpose of this project is to assist the Government of Guatemala in extending the coverage of medical care services and in making them more efficient; in planning the construction of new hospitals and the renovation, expansion, and modernization of existing ones; and in training personnel in the organization and administration of medical care and hospital services.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1973	1974	1975	1976	TOTAL	PR	16,080	32,400	39,760	45,420
P-3 ADMIN. METHODS OFFICER .3675	PR	-	1	1	1	PERSONNEL-PUSIS	-	-	22,100	23,200	24,300
						ZONE ADVISORY SERVICES	-	-	-	8,060	8,420
						PERSONNEL-CONSULTANTS	1,150	-	-	-	-
TOTAL		1	-	-	-	DUTY TRAVEL	-	2,000	2,200	2,400	2,400
CONSULTANT MONTHS	PR	1	-	-	-	SEMINAR COSTS	-	2,000	-	-	4,000
						FELLOWSHIPS	13,230	6,300	6,300	6,300	6,300
TOTAL		4	2	2	2	COURSE COSTS	1,700	-	-	-	-
FELLOWSHIPS-ACADEMIC	PR	2	1	1	1						
FELLOWSHIPS-SHORT TERM	PR	2	1	1	1						

GUATEMALA-4802, OCCUPATIONAL DISEASES MEDICINE

The purpose of this project was to cooperate with the Government of Guatemala in the development of a program for the treatment of occupational diseases and to assist the Instituto Guatemalteco de Seguridad Social in improving its programs in this respect, as well as those of the provincial departments.

TOTAL		1973	1974	1975	1976	TOTAL	UNDP	14,500	-	-	-
CONSULTANT MONTHS	UNDP	6	-	-	-	PERSONNEL-CONSULTANTS	14,500	-	-	-	-

GUATEMALA-4900, HEALTH AND POPULATION DYNAMICS

PAHO cooperated in a multidisciplinary seminar which met to study the degree of organization and present development of MCH and family health activities as well as the extension necessary in order to meet the goals recommended by the III Special Meeting of Ministers of Health.

TOTAL		1973	1974	1975	1976	TOTAL	PG	3,518	-	-	-
CONSULTANT MONTHS	PG	1	-	-	-	PERSONNEL-CONSULTANTS	527	-	-	-	-
						SEMINAR COSTS	2,991	-	-	-	-

GUATEMALA-4901, MATERNAL AND CHILD HEALTH (previously GUATEMALA-4100)

The maternal and child health risks in the country are high and the coverage of the pertinent services is low owing to factors connected mainly with the availability of manpower, which is insufficiently trained.

The project is designed to extend to the different regions of the country the care model put into practice in the Quetzaltenango Health Area, based on raising the number of properly trained personnel and strengthening the supervision systems and the machinery for the delegation of functions.

TOTAL		1973	1974	1975	1976	TOTAL	WR	-	-	-	11,800
CONSULTANT MONTHS	WR	-	-	-	2	PERSONNEL-CONSULTANTS	-	-	-	-	4,800
						SEMINAR COSTS	-	-	-	-	4,000
TOTAL		-	-	-	2	FELLOWSHIPS	-	-	-	-	3,000
FELLOWSHIPS-SHORT TERM	WR	-	-	-	2						

GUATEMALA-5100, CANCER CONTROL

An integrated program in Guatemala to control cervico-uterine cancer, which is among the most common of malignant tumors affecting Guatemalan women, requires not only cytological detection activities but diagnostic services and treatment of discovered cases as well.

The objective of this project is to collaborate with the Government in the planning of all steps, recognizing the crucial need to achieve maximum coverage of the population groups having the highest risk, i.e., the economically disadvantaged. Support for the School of Exfoliative Cytology of Central America and Panama (Escuela de Citología Exfoliativa de Centroamérica y Panamá) also contributes to the training of the technical and professional personnel needed for the detection programs in all the countries of the Zone, especially the programs being undertaken within the framework of family planning services.

FUND 1973 1974 1975 1976					FUND 1973 1974 1975 1976						
TOTAL		-	1	1	-	TOTAL	WR	-	2,000	3,700	3,000
CONSULTANT MONTHS	WR	-	1	1	-	PERSONNEL-CONSULTANTS		-	2,000	2,200	-
TOTAL		-	-	1	2	FELLOWSHIPS		-	-	1,500	3,000
FELLOWSHIPS-SHORT TERM	WR	-	-	1	2						

GUATEMALA-6200, MEDICAL EDUCATION

The purpose of this project is to cooperate with the Government of Guatemala in efforts to expand the training of health personnel at all levels--professional, technical, and auxiliary--and to achieve a quantitative and qualitative change in the preparation of personnel through the coordinated efforts of the health services in accordance with established goals and the actual need for health personnel.

At the undergraduate level, the project will cooperate in educating physicians in such a way that they can solve the problems of health care in the country and in modernizing the methods and techniques of teaching. At the graduate level, it will help to improve the training of teaching personnel and specialists in the different health sciences and will promote the development of continuing education so that knowledge may be kept up to date.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL					TOTAL							
		-	1	1	1	1	TOTAL	PR	5,587	16,300	20,080	20,660
CONSULTANT MONTHS	PR	1	1	1	1	ZONE ADVISORY SERVICES		-	-	7,580	7,960	
TOTAL		-	3	3	3	PERSONNEL-CONSULTANTS		2,339	2,000	2,200	2,400	
FELLOWSHIPS-ACADEMIC	PR	-	1	1	1	SEMINAR COSTS		1,000	1,500	1,500	1,500	
FELLOWSHIPS-SHORT TERM	PR	-	2	2	2	SUPPLIES AND EQUIPMENT		2,248	5,000	1,000	1,000	
						FELLOWSHIPS		-	7,800	7,800	7,800	

GUATEMALA-6400, SANITARY ENGINEERING EDUCATION

The purpose of this project in Guatemala is to provide environmental sanitation personnel with the technical knowledge of sanitary engineering they need, mainly through the Regional School of Sanitary Engineering of the University of San Carlos. This school serves Central America and Panama and organizes academic courses, short courses, and research. It receives a grant from the Swiss Government.

TOTAL					TOTAL						
		1	1	-	-	TOTAL		55,760	66,301	5,700	6,900
P-4 SANITARY ENGINEER 4,3857	WD	1	1	-	-	SUBTOTAL	PR	10,109	6,500	5,700	6,900
TOTAL		5	1	1	1	PERSONNEL-CONSULTANTS		4,386	2,000	2,200	2,400
CONSULTANT MONTHS	PR	3	1	1	1	SEMINAR COSTS		3,445	-	-	-
CONSULTANT MONTHS	WD	2	-	-	-	SUPPLIES AND EQUIPMENT		397	-	-	-
TOTAL		-	8	1	1	FELLOWSHIPS		-	1,500	1,500	1,500
FELLOWSHIPS-SHORT TERM	PR	-	1	1	1	COURSE COSTS		1,881	3,000	2,000	3,000
FELLOWSHIPS-SHORT TERM	WD	-	7	-	-	SUBTOTAL	WD	45,651	59,801	-	-
						PERSONNEL-POSTS		23,077	13,000	-	-
						PERSONNEL-CONSULTANTS		2,490	-	-	-
						DUTY TRAVEL		384	1,000	-	-
						CONTRACTUAL SERVICES		-	2,000	-	-
						SUPPLIES AND EQUIPMENT		14,700	8,489	-	-
						FELLOWSHIPS		-	10,000	-	-
						GRANTS		5,000	23,340	-	-
						MISCELLANEOUS		-	1,972	-	-

GUATEMALA-6500, VETERINARY MEDICINE EDUCATION

In order to achieve the goals proposed in the Ten-year Health Plan for the Americas in the programming of human resources for health, it is planned to obtain the technical assistance of the School of Veterinary Medicine and Animal Genetics of the University of San Carlos of Guatemala, which is performing a regional role for Central America; provide laboratory departments with equipment and audiovisual aids; and undertake the training of teaching personnel through the grant of short-term academic fellowships. The updating of curricula is also being given priority through technical assistance to the University by the conduct of seminars and workshops and the engaging of short-term consultants.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----	\$	\$	\$	\$

The coordination of veterinary public health and animal health services in the health and agricultural sectors will be encouraged so as to relate veterinary medical education more closely to the needs of national programs in these sectors of government, and also to concentrate the University's research activities on seeking solutions to the animal health problems of the country.

TOTAL		-	1	1	2	TOTAL	PR	18,136	9,150	10,750	13,200
CONSULTANT MONTHS	PR	-	1	1	2	PERSONNEL-CONSULTANTS	-		2,000	2,200	4,800
						SUPPLIES AND EQUIPMENT	3,876	2,350	2,250	2,100	
TOTAL		3	1	2	2	FELLOWSHIPS	14,310	4,800	6,300	6,300	
FELLOWSHIPS-ACADEMIC	PR	2	1	1	1						
FELLOWSHIPS-SHORT TERM	PR	1	-	1	1						

GUATEMALA-6600, DENTAL EDUCATION

Guatemala is suffering from a serious shortage of manpower in the field of dental care. The country has a ratio of 0.5 dentists to each 10,000 inhabitants; 81% of the dentists being concentrated in the capital; and the supply of technical and auxiliary dental personnel is extremely limited. This situation is one of the major factors in the critical oral health problems facing the country, among which are the extremely high rate of prevalence of dental caries (93 to 100%) and the high incidence of periodontal diseases, half of the school population in rural areas being affected by some form of gingival ailment.

The purpose of this project is to cooperate with the Dental School in increasing the output of dentists and of technical and auxiliary personnel, relating their training to health plans and programs in the light of the country's real needs and in the context of the Ten-year Goals, and to assist in the improvement of the administrative and teaching structure of the Dental School, in the training of its academic personnel, with emphasis on an integrated approach, and in the development of scientific research.

TOTAL		1	2	2	2	TOTAL		27,459	9,300	12,700	13,100
CONSULTANT MONTHS	PR	1	2	2	2	SUBTOTAL	PR	18,829	9,300	12,700	13,100
TOTAL		8	1	3	3	PERSONNEL-CONSULTANTS		1,953	4,000	4,400	4,800
FELLOWSHIPS-ACADEMIC	PR	1	1	1	1	SUPPLIES AND EQUIPMENT		500	500	500	500
FELLOWSHIPS-ACADEMIC	WR	1	-	-	-	FELLOWSHIPS		16,376	4,800	7,800	7,800
FELLOWSHIPS-SHORT TERM	PR	6	-	2	2	SUBTOTAL	WR	8,630	-	-	-
						FELLOWSHIPS		8,630	-	-	-

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMKO PROJECTS	617,918	643,497	537,338	577,991
0100 EPIDEMIOLOGY	2,585	6,882	7,255	7,262
0103 EPIDEMIOLOGY (ZONE III)	8,496	9,100	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-
0200 MALARIA TECHNICAL ADVISORY SERVICES	7,636	4,128	4,027	4,485
0203 MALARIA TECHNICAL ADVISORY SERVICES (ZONE III)	24,348	10,200	-	-
0216 RESEARCH ON THE EPIDEMIOLOGY OF MALARIA ERADIC. IN PROB. AREAS	33,915	-	-	-
0218 PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS	869	900	1,030	1,078
0400 TUBERCULOSIS CONTROL	1,140	1,508	1,885	2,392
0403 TUBERCULOSIS CONTROL (ZONE III)	3,786	4,335	-	-
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	-	1,320	-	1,128
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	181	-	-	1,296
0411 STUDY GROUP ON TUBERCULOSIS CONTROL	-	-	1,099	-
0500 LEPROSY CONTROL	2,056	3,536	1,728	1,984
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	375	-	524	556
0600 VENEREAL DISEASE CONTROL	-	240	132	153
0612 VENEREAL DISEASE SEMINARS	-	560	-	-
0700 PAN AMERICAN ZOONOSES CENTER	24,049	29,746	30,212	31,454
0703 VETERINARY PUBLIC HEALTH (ZONE III)	6,893	7,825	-	-
0708 RABIES CONTROL	-	600	540	580
0718 SEMINAR ON EPIDEMIOLOGY OF THE ZOONOSES	731	-	-	-

0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	560	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	489	707
0925 STRENGTH, TYPHUS AND OTHER RICKETT. DIS. SURV. AND DIAG. FACIL.	-	-	1,340	1,380
0928 SURVEILLANCE FOR INSECTICIDE-RESISTANT LICE IN THE AMERICAS	-	-	200	680
1000 PARASITIC DISEASES	378	925	1,750	2,510
1008 CHAGAS* DISEASE	43	483	268	316
2100 ENVIRONMENTAL SANITATION	1,828	705	777	753
2103 SANITARY ENGINEERING (ZONE III)	7,752	8,440	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,395	16,691	15,652	18,298
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	997	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	749	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	4,559	5,236	5,580	5,868
2203 WATER SUPPLIES (ZONE III)	10,311	12,860	-	-
2213 STUDIES AND INVESTIGATION OF WATER RESOURCES	1,644	96	-	-
2220 INSTITUTIONAL DEVELOPMENT	3,388	6,969	8,676	9,368
2223 PUBLIC SERVICES ADMINISTRATION	152	-	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	806	-
2230 RURAL WATER SUPPLY AND SANITATION	-	700	728	756
2300 AEDES AEGYPTI ERADICATION	379	577	644	689
2303 AEDES AEGYPTI ERADICATION (ZONE III)	6,757	-	-	-
2308 ADVISORY COMMITTEE ON DENGUE FEVER	-	720	-	752
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	60	-	-
3000 COORDINATION WITH FOUNDATIONS	1,278	2,568	3,080	3,507
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,303	3,852	3,116	3,394
3125 SPECIAL SEMINARS IN ZONE III	2,801	2,505	-	-
3126 OPERATIONS RESEARCH	134	529	443	459
3129 RESEARCH TRAINING IN BIOMEDICAL SCIENCES	1,375	226	-	-
3130 CONFERENCE ON MYCOLOGY	77	1,307	-	-
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,637	2,004	1,169	1,250
3139 PAHO RESEARCH GRANT PROGRAM	4,906	2,650	3,975	5,300
3145 EMERGENCY PREPAREDNESS	-	532	-	-
3200 NURSING SERVICES	1,665	2,264	2,416	2,534
3203 NURSING (ZONE III)	10,459	14,660	-	-
3210 HOSPITAL NURSING SERVICES	-	715	1,268	1,406
3214 DEFIN. AND IMPL. OF POLICY FOR DEVELOPMENT OF NURSING	554	1,193	1,114	1,173
3215 STUDY ON FACTORS AFFECTING NURSING GROWTH	372	-	-	-
3216 STANDARDS IN NURSING PRACTICE	644	875	-	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	1,261	-	-
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	261	493	309	248
3223 SYSTEMS OF NURSING	51	1,001	1,248	-
3225 UTILIZATION AND TRAINING OF THE TRADITIONAL BIRTH ATTENDANT	-	845	-	-
3300 LABORATORY SERVICES	800	361	452	481
3303 LABORATORY SERVICES (ZONE III)	1,791	4,290	-	-
3311 TRAINING OF LABORATORY PERSONNEL	727	774	894	955
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,432	1,689	2,646	2,913
3318 MYCOLOGY RESEARCH AND TRAINING CENTERS	1,083	2,408	943	965
3400 HEALTH EDUCATION	531	497	311	497
3410 TRAINING OF TEACHERS IN HEALTH EDUCATION	337	773	845	919
3500 HEALTH STATISTICS	1,127	724	932	688
3503 HEALTH STATISTICS (ZONE III)	7,261	6,750	-	-
3516 REGIONAL SEMINAR ON DATA PROCESSING	-	723	-	723
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,259	3,061	3,214	3,421
3603 ADMINISTRATIVE METHODS AND PRACTICES IN PUBL. HEALTH (ZONE III)	2,577	4,590	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,457	1,462	-	-
3700 HEALTH PLANNING	5,074	3,162	3,397	3,747
3703 HEALTH PLANNING (ZONE III)	4,875	4,040	-	-
3709 MEETING OF MINISTERS OF HEALTH	756	-	-	-
3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	6,959	10,814	7,880	6,280
4200 NUTRITION ADVISORY SERVICES	2,224	2,076	2,221	2,351
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	274,514	272,834	279,867	287,870
4212 RESEARCH ON NUTRITION ANEMIAS	95	1,555	933	469
4213 IODINE DETERMINATION IN ENDEMIC GOITER	485	-	-	-
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	70	222	244	444
4230 NUTRITION TRAINING	875	609	810	1,051
4238 NUTRITION RESEARCH	148	760	1,354	2,035
4247 SURVEILLANCE OF NUTRITIONAL STATUS	-	-	827	453
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	474	503
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	574	238
4300 MENTAL HEALTH	389	1,800	2,370	3,132
4312 COURSES IN COMMUNITY PSYCHIATRY	-	1,950	1,340	1,390
4313 NURSING IN MENTAL HEALTH	4,076	5,852	-	-
4320 SEMINAR ON MENTAL RETARDATION	616	-	-	-
4324 ADMINISTRATION OF MENTAL HEALTH SERVICES	-	-	-	1,067
4400 DENTAL HEALTH	956	804	1,005	1,206
4407 DENTAL EPIDEMIOLOGY	532	1,300	1,360	940
4409 FLUORIDATION	4,127	3,969	3,340	4,955
4410 LABORATORY FOR CONTROL OF DENTAL PRODUCTS	-	-	699	581
4412 SEMINAR ON IMPLEMENTATION OF DENTAL HEALTH PROGRAMS	-	442	67	1,052
4500 HEALTH ASPECTS OF RADIATION	788	720	630	660
4507 RADIATION HEALTH PROTECTION	2,308	2,640	2,310	2,440
4516 PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	420	-
4620 MANAGEMENT OF PESTICIDES	-	350	380	435
4700 FOOD AND DRUG CONTROL	979	2,148	2,268	2,372
4703 FOOD REFERENCE LABORATORY (ZONE III)	10,536	-	-	-
4708 FOOD HYGIENE TRAINING CENTER	2,254	2,090	2,355	2,519
4716 TRAINING IN ANALYSIS OF FOOD AND DRUGS	579	900	640	680
4717 SEMINAR ON FOOD HYGIENE	-	610	-	-

4719	WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	896
4800	MEDICAL CARE SERVICES	1,183	1,217	1,336	1,504
4803	MEDICAL CARE SERVICES (ZONE III)	5,129	7,720	-	-
4813	HOSPITAL PLANNING AND ADMINISTRATION	1,623	2,169	2,886	3,652
4815	TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,965	2,667	2,263	3,067
4900	HEALTH AND POPULATION DYNAMICS	15,998	34,559	34,999	59,730
4909	EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	3,007	7,729	7,880	8,668
4915	MATERNAL AND CHILD HEALTH	893	2,700	2,970	3,600
4917	CLINICAL AND SOCIAL PEDIATRICS	203	1,635	1,431	1,431
4918	STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,229	-
4920	LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	2,947	-	3,421	3,943
5000	REHABILITATION	2,154	1,767	1,848	2,002
5010	STUDY GROUP ON HUMAN COMMUNICATIONS	900	-	-	-
5100	CHRONIC DISEASES	277	950	1,075	1,118
5108	SURVEY ON SMOKING PATTERNS IN LATIN AMERICA	1,777	511	-	-
6000	MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	2,476	2,552	2,834	2,992
6100	EDUCATION AND TRAINING IN PUBLIC HEALTH	4,637	3,796	3,702	4,270
6200	EDUCATION IN HEALTH SCIENCES	3,356	3,288	3,350	3,894
6203	MEDICAL EDUCATION (ZONE III)	4,272	7,220	-	-
6216	BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,283	2,880	2,818	2,683
6221	LIBRARY OF MEDICINE	5,101	7,265	5,344	5,302
6223	TEACHING OF BEHAVIORAL SCIENCES	1,702	400	-	-
6234	PROGRAM OF ADVANCED STUDIES IN HEALTH	936	1,718	1,866	2,126
6300	NURSING EDUCATION	209	837	388	409
6310	NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,942	2,914	670	690
6317	SEMINAR ON NURSING EDUCATION	540	1,451	1,535	1,514
6319	TRAINING OF NURSING AUXILIARIES	294	2,952	3,575	3,352
6320	POSTBASIC COURSES IN NURSING	352	805	644	-
6322	RESEARCH IN NURSING TEACHING	-	-	-	2,478
6324	TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	154	518
6325	EDUCATIONAL TECHNOLOGY IN NURSING	-	-	4,628	7,957
6400	SANITARY ENGINEERING EDUCATION	1,938	1,881	2,181	2,385
6500	VETERINARY MEDICINE EDUCATION	3,291	5,507	2,967	3,127
6507	SEMINARS ON VETERINARY MEDICINE EDUCATION	440	-	370	390
6600	DENTAL EDUCATION	1,154	1,495	1,260	1,428
6608	TRAINING OF AUXILIARY DENTAL PERSONNEL	415	530	588	1,571
6611	COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	498	1,013	317	325
6700	BIOSTATISTICS EDUCATION	153	179	-	690
6707	LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	983	964	1,008	1,179
6708	TRAINING PROGRAM IN HOSPITAL STATISTICS	1,145	1,894	1,984	2,070
6712	CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*-----PORTIONS OF INTER-COUNTRY PROJECTS-----*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	412,112	528,850	706,992	732,389	617,918	643,497	537,338	577,991
PAHO-PR-REGULAR BUDGET	179,671	275,750	421,790	472,675	229,233	241,721	157,160	186,442
PW-COMMUNITY WATER SUPPLY	-	-	-	-	909	4,215	5,144	5,410
PI-INCAP REGULAR BUDGET	-	-	-	-	71,652	69,398	72,000	72,000
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	121,485	102,601	102,818	107,073
PG-GRANTS & OTHER CONTRIBUT.	3,518	-	-	-	37,820	35,204	14,087	14,215
PH-PAN AMER. HEALTH & EDUC.FN.	10,638	-	-	-	42,902	58,810	61,422	65,306
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	5,030	-	-	-
PS-SPECIAL FUND FOR RESEARCH	-	-	-	-	399	-	-	-
MHO-WR-REGULAR BUDGET	142,871	78,166	120,702	159,514	91,321	81,386	69,900	69,756
UNDP-UN DEVELOPMENT PROGRAM	29,763	115,133	164,500	100,200	16,883	19,466	13,310	11,967
UNFPA-UN FUND POPULATION ACT.	-	-	-	-	284	30,696	41,497	45,822
WO-GRANTS & OTHER FUNDS	45,651	59,801	-	-	-	-	-	-

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	1,030,030	1,172,347	1,244,330	1,310,380
PAHO-PR-REGULAR BUDGET	408,904	517,471	578,950	659,117
PW-COMMUNITY WATER SUPPLY	909	4,215	5,144	5,410
PI-INCAP REGULAR BUDGET	71,652	69,398	72,000	72,000
PN-INCAP GRANTS & OTHER CONTR.	121,485	102,601	102,818	107,073
PG-GRANTS & OTHER CONTRIBUT.	41,338	35,204	14,087	14,215
PH-PAN AMER. HEALTH & EDUC.FN.	53,540	58,810	61,422	65,306
PK-SPECIAL FUND FOR HEALTH PR.	5,030	-	-	-
PS-SPECIAL FUND FOR RESEARCH	399	-	-	-
MHO-WR-REGULAR BUDGET	234,192	159,552	190,602	229,270
UNDP-UN DEVELOPMENT PROGRAM	46,646	134,599	177,810	112,167
UNFPA-UN FUND POPULATION ACT.	284	30,696	41,497	45,822
WO-GRANTS & OTHER FUNDS	45,651	59,801	-	-

HONDURAS

BACKGROUND DATA

Social and Economic Situation

Honduras is a tropical country with a territorial extent of 112,088 square kilometers and a population of 2,781,400 (estimated), of which 71.7% live in the rural areas. The population density is 24.8 per square kilometer.

The birth rate of 49.3 per 1,000 is the highest in Central America. The crude annual rate of increase is 3.5%, which gives us the characteristics of a predominantly young population, with 46.8% under 15 years of age.

The educational level is low; according to the 1961 census, 52.7% of the population over ten years of age was illiterate, a situation that has not changed substantially over recent years.

The annual per capita income is \$231.50. Of the gainfully employed population, 65.5% work in the primary sector, 65.2% in agriculture and stockraising, and 0.3% in mining and quarrying. The agricultural and livestock sector alone contributes 37% of the gross national product. The centers having the greatest industrial development are San Pedro Sula and Tegucigalpa, where 90% of the industry and of the industrial population is concentrated.

National Social and Economic Development Plan

The general objectives established by the Government in the Plan for the period 1974-1978 are: "Assure to the entire population a level of income adequate to satisfy its basic needs; decrease over a continuing period the unemployment and under-employment rates; improve the quality of life for the population in the rural areas; achieve more equitable distribution of income and means of production; transform the productive structure so as to attain an increasing and sustained growth in national production; achieve a balance in the exploitation of natural resources that will assure their preservation, continuing utilization, and greatest benefit to the Honduran people; expand and modernize national industry to make possible the transformation of our exportable raw materials into finished or semifinished products; assure to the country the maximum benefits from export production; and strengthen the position of our economy vis-à-vis fluctuations in the world market."

Health Level and Structure

Life expectancy at birth, estimated by CELADE for the period 1970-1975 at 52.7 years, is one of the lowest in Central America. The recently announced health policy established as the goal for 1980 raising this figure to 57.7 years.

General mortality is 14.2 per 1,000 inhabitants; infant mortality, 117.6 per 1,000 live births; and maternal mortality, 1.7 per 1,000. However, this last figure would be raised to around 2.7 per 1,000 if it were adjusted to the under-registration of deaths for all ages estimated at 36.6%. Of deaths in all age groups, 41% are recorded for children under five years of age, of which more than 40% are attributable to preventable diseases. In the composition of the mortality figures for the under-five age group, 17.6% is attributable to the diarrheas, 11.3% to respiratory diseases, and 11.7% to other infectious diseases.

Among factors that weigh heavily in the health situation, nutritional problems have a serious negative effect. The National Nutrition Survey, made by INCAP in 1966, showed that 72.5% of the children under five years of age suffered from some degree of protein-calorie deficiency.

The Ministry has 15 hospitals of various types, with a total of 3,200 beds (1.15 per 1,000 inhabitants) available for medical care, 241 health centers of varying degrees of specialization, and 10 rural mobile units.

The Central Government has allocated 8.45% of the total national budget to the Ministry of Health.

National Health Policy

The Government has formulated and is planning to follow a national health policy based on the following: "Integration with the general national development policy; promotion of a system of unified health services; provision of comprehensive health services to the entire community and the Honduran family; priority attention to the majority groups and to the more vulnerable population (rural population, the mother and child, and marginal groups); organizational development of health institutions; assistance to the community in the solution of health problems in relation to 'Health, Justice and Responsibility of All;' work toward an institutional technocracy, with competence, dignity, honesty, austerity and patriotic zeal."

PROTECTION OF HEALTH

Communicable Disease Control

This group of diseases constitutes a serious health problem in Honduras, weighing heavily in the mortality and morbidity rates. The situation in 1971 was as follows:

Smallpox continued to be eradicated (since 1936). The mortality rate for measles was 163 per 100,000 inhabitants; whooping cough, 72; tuberculosis, 5.7; tetanus 2.5, and enteric diseases, 101.5 per 100,000 inhabitants.

The morbidity rate for diphtheria was 1.5 per 100,000; poliomyelitis, 1.3; gonorrhea, 170; syphilis, 112.0; and leprosy, 0.5 per 100,000.

With regard to malaria, 90% of the national territory and 87% of the population are in the malarial area. The consolidation phase covers 7% of the malarial area and 19% of the population of the area, with 93% of the malarial area and 81% of the inhabitants of that area in the attack phase. Eradication of Aedes aegypti was achieved in 1952, but reinfestation occurred in 1968.

For the decade 1971-1980 the goals are:

- To maintain smallpox eradication, and eradicate malaria and Aedes aegypti.
- To reduce deaths from measles by 99.3%, to attain a rate of 1.1 per 100,000; tetanus by 72%, with a rate of 0.7 per 100,000; whooping cough by 96.9% for a rate of 2.2 per 100,000; tuberculosis by 37%, to a rate of 3.6 per 100,000; and enteric diseases by 50%, to a rate of 51.2 per 100,000.
- Reduce morbidity from diphtheria by 67.7% to achieve a rate of 0.5 per 100,000; poliomyelitis by 42%, for a rate of 0.19 per 100,000; gonorrhea by 82%, for a rate of 30.5 per 100,000; syphilis, by 68.5%, for a rate of 35.3 per 100,000; and leprosy, by 40%, for a rate of 0.3 per 100,000.

Environmental Health

The Government has assigned high priority to environmental sanitation in the national social and economic development policy. On 31 December 1972, the situation could be summarized as follows:

Water Supply: Water supply was provided to 64.9% of the urban and 0.7% of the rural population; 87.8% of the urban and 11.5% of the rural population had piped water supply.

Human Waste Disposal: 45.7% of the urban population was served by sanitary sewerage systems, and 9.3% of the rural population with some type of sanitary disposal system, largely latrines.

Collection and Disposition of Solid Waste: The five cities in the country with more than 20,000 inhabitants had refuse collection systems covering from 50 to 80% of the dwellings, although with generally limited means of transportation and inadequate ultimate disposal facilities. Only Tegucigalpa had a sanitary landfill.

For the decade 1971-1980 it is hoped that the following goals will be attained: water supplies for 69% of the urban population through house connections; disinfection of 100% of the urban water mains, improving their efficiency; provision of adequate water supply to 33% of the rural population; provision of adequate human waste disposal means to 42% of the rural population; provision of adequate collection and final disposal of solid waste means to 70% of the cities with more than 20,000 inhabitants.

PROMOTION OF HEALTH

General Services

There is no unified health system that would make possible coordination of activities and comprehensive utilization of resources, which are themselves deficient in all aspects. In relation to theoretical coverage, 68.6% of the population is served.

For the decade 1971-1980, the planned goals are:

- Establish the National Health Service; improve the ratio of medical, technical, and auxiliary personnel; construct 1,000 rural health centers for towns having less than 2,000 total population; construct 21 regional emergency hospital centers for communities of up to 50,000 inhabitants; construct, expand or remodel six regional hospitals and construct the hospital school in Tegucigalpa, expand coverage to reach 100% of the population.

Specific Programs

The country proposes to achieve the following goals for 1980:

Maternal and Child Care Program: Reduce infant mortality by 40%, to a rate of 70 per 1,000 live births. Reduce mortality in the 1-4 age group by 50% to attain a rate of 10.4 per 1,000. Reduce maternal deaths by 40%. Provide family planning services in 90% of the health establishments.

Nutrition: Reduce III degree malnutrition in the children under five years of age by 85% and II degree malnutrition by 30%. Reduce nutritional anemias in pregnant women by 30%.

Medical Care: Reduce the death rates for uterine and breast cancer. Meet all spontaneous demand for the care of chronic diseases. Include rehabilitation services in all regional hospitals. Supply the 21 emergency hospital centers to be constructed with a total of 630 beds for hospitalized patients, to meet the needs of the rural population.

Laboratories: Provide laboratories to 100% of the installations having a fulltime physician, and establish a national laboratory system.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

The Autonomous National University of Honduras is responsible for carrying out that part of the National Development Plan related to the preparation of health manpower in all categories, especially with regard to the basic and preclinical sciences and the practice of medicine, as well as the formation of polyvalent staff for rural services and social welfare. Construction of new sites, raising the academic level of teaching in the University, and developing programs to prepare graduate nurses and sanitary engineers are also envisaged.

The following chart shows the professional, technical, and auxiliary staff now available in the country, and the level proposed for the end of the decade:

Personnel	1973	1980
Physicians	2.8/10,000 inhabitants	3.0/10,000 inhabitants
Dentists	0.6/10,000 "	0.8/10,000 "
Graduate Nurses	1.1/10,000 "	4.5/10,000 "
Veterinarians	0.15/10,000 "	0.2/10,000 "
Sanitary Engineers	0.03/10,000 "	0.05/10,000 "
Nursing Auxiliaries	8.2/10,000 "	14.5/10,000 "

HONDURAS - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
284,243	31.1	260,787	16.1	I. PROTECTION OF HEALTH	263,859	14.5	286,033	15.7
167,503	18.3	137,178	8.4	A. COMMUNICABLE DISEASES	138,642	7.5	148,138	8.1
8,664	1.0	12,342	.8	0100 GENERAL	12,984	.7	13,259	.7
121,960	13.3	75,878	4.7	0200 MALARIA	79,732	4.4	85,249	4.7
5,708	.6	8,741	.5	0400 TUBERCULOSIS	7,514	.4	9,002	.5
2,431	.3	3,536	.2	0500 LEPROSY	2,252	.1	2,540	.1
		800	*	0600 VENEREAL DISEASES	132	*	153	*
28,632	3.1	34,115	2.1	0700 ZOOSES	34,865	1.9	36,438	2.0
		560	*	0900 OTHER	489	*	707	*
108	*	1,206	.1	1000 PARASITIC DISEASES	670	*	790	.1
116,740	12.8	123,609	7.7	B. ENVIRONMENTAL HEALTH	125,217	7.0	137,895	7.6
53,354	5.8	58,683	3.6	2100 GENERAL	57,365	3.2	65,423	3.6
20,905	2.3	38,955	2.4	2200 WATER SUPPLIES	40,424	2.2	43,786	2.4
41,086	4.5	23,921	1.5	2300 AEDS AEGYPTI ERADICATION	29,029	1.4	26,165	1.4
923	.1	1,132	.1	2400 HOUSING	1,429	.1	1,501	.1
472	.1	918	.1	2500 AIR POLLUTION	970	.1	1,020	.1
574,715	62.8	1,319,713	80.7	II. PROMOTION OF HEALTH	1,489,008	82.6	1,468,346	81.0
204,461	22.3	196,898	12.0	A. GENERAL SERVICES	210,352	11.8	213,526	11.8
149,534	16.3	103,513	6.3	3100 GENERAL PUBLIC HEALTH	118,438	6.6	110,153	6.1
11,389	1.2	19,620	1.2	3200 NURSING	18,856	1.1	18,987	1.0
12,462	1.4	11,032	.7	3300 LABORATORY	9,229	.5	14,485	.8
866	.1	1,268	.1	3400 HEALTH EDUCATION	1,153	.1	1,412	.1
6,212	.7	6,508	.4	3500 STATISTICS	6,348	.4	10,140	.6
6,336	.7	37,952	2.3	3600 ADMINISTRATIVE METHODS	40,307	2.2	43,328	2.4
17,662	1.9	17,005	1.0	3700 HEALTH PLANNING	16,021	.9	15,021	.8
370,254	40.5	1,122,815	68.7	B. SPECIFIC PROGRAMS	1,278,656	70.8	1,254,820	69.2
265,368	29.0	264,181	16.2	4200 NUTRITION	272,847	15.1	281,978	15.5
11,025	1.2	8,102	.5	4300 MENTAL HEALTH	4,926	.3	6,644	.4
4,127	.5	3,969	.2	4400 DENTAL HEALTH	5,750	.3	6,384	.4
481	.1	560	*	4500 RADIATION AND ISOTOPES	672	*	1,860	.1
544	.1	877	.1	4600 OCCUPATIONAL HEALTH	1,135	.1	1,233	.1
14,835	1.6	5,748	.4	4700 FOOD AND DRUG	5,262	.3	6,467	.4
16,310	1.8	174,717	10.7	4800 MEDICAL CARE	314,911	17.4	190,191	10.5
55,336	6.0	662,469	40.5	4900 FAMILY HEALTH AND POP. DYNAMICS	670,820	37.2	757,559	41.7
2,090	.2	1,717	.1	5000 REHABILITATION	1,796	.1	1,945	.1
138	*	475	*	5100 CANCER & OTHER CHRONIC DISEASES	537	*	559	*
55,915	6.1	54,444	3.2	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	52,857	2.9	63,493	3.3
4,637	.5	3,796	.2	6100 PUBLIC HEALTH	3,702	.2	4,270	.2
34,531	3.8	30,103	1.8	6200 MEDICINE	26,605	1.5	29,424	1.6
5,327	.6	8,935	.5	6300 NURSING	11,572	.6	16,901	.9
4,901	.5	5,537	.3	6400 ENVIRONMENTAL SCIENCES	5,988	.3	6,346	.3
2,065	.2	3,037	.2	6600 DENTISTRY	1,430	.1	2,038	.1
4,454	.5	3,036	.2	6700 BIOSTATISTICS	3,560	.2	4,514	.2
914,873	100.0	1,634,944	100.0	GRAND TOTAL	1,805,724	100.0	1,817,872	100.0

*LESS THAN .05 PER CENT

HONDURAS - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY-TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER	
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHORT	AMOUNT	PART.			AMOUNT
	\$				\$	\$				\$	\$	\$	
1973													
PAHO--PR	357,598	3	-	14	251,558	23,540	-	9	8,805	-	6,007	35,250	32,038
PM	908	-	-	-	829	79	-	-	-	-	-	-	-
PI	57,322	-	-	-	29,838	1,132	-	-	-	-	-	9,362	16,990
PN	121,480	-	-	-	52,405	5,209	-	-	4,965	-	-	14,478	44,423
PG	73,964	1	-	2	24,373	1,329	-	-	3,090	-	5,358	15,727	24,081
PH	42,147	-	-	-	18,141	2,481	-	-	1,911	-	437	8,324	10,903
PK	3,382	-	-	-	3,202	33	-	-	-	-	-	36	111
PS	399	-	-	-	-	-	-	-	-	-	-	-	399
WHO--MR	240,415	2	-	5	97,802	10,774	5	11	43,357	4	13,715	64,249	10,518
UNDP	16,924	-	-	-	13,104	-	-	-	1,402	-	-	1,705	713
UNFPA	284	-	-	-	284	-	-	-	-	-	-	-	-
TOTAL	914,873	6	-	21	491,536	44,977	5	20	63,536	4	25,517	149,131	140,176
PERCENT OF TOTAL	100.0				53.7	4.9			7.0		2.8	16.3	15.3
1974													
PAHO--PR	357,659	5	-	2	285,045	24,040	1	2	9,194	-	5,815	4,541	28,420
PM	4,215	-	-	-	4,020	195	-	-	-	-	-	-	-
PI	55,517	-	-	-	31,470	720	-	-	-	-	-	6,666	16,641
PN	102,598	-	-	-	56,043	5,191	-	-	5,289	-	-	7,843	28,232
PG	195,381	3	-	18	81,551	12,595	11	-	56,004	-	6,019	7,201	32,011
PH	58,808	-	-	-	24,132	2,464	-	-	5,487	-	129	7,560	19,036
WHO--MR	194,049	2	-	8	99,868	10,654	2	3	22,881	-	14,558	38,330	7,758
UNDP	19,504	-	-	-	14,504	459	-	-	2,240	-	-	1,570	731
UNFPA	647,213	2	-	5	89,230	4,300	-	-	9,166	-	27,334	233,894	283,289
TOTAL	1,634,944	12	-	33	685,866	61,218	14	5	110,261	-	53,859	307,625	416,118
PERCENT OF TOTAL	100.0				42.0	3.8			6.7		3.3	18.8	25.4
1975													
PAHO--PR	388,018	5	-	2	313,695	25,744	1	2	9,112	-	3,262	6,116	30,089
PM	5,144	-	-	-	4,924	220	-	-	-	-	-	-	-
PI	57,599	-	-	-	33,043	720	-	-	-	-	-	6,720	17,116
PN	102,815	-	-	-	56,091	5,179	-	-	5,289	-	-	8,138	28,118
PG	315,115	3	-	30	136,795	12,375	23	-	110,000	-	90	1,659	54,196
PH	61,418	-	-	-	25,377	2,218	-	-	5,754	-	-	7,709	20,360
WHO--MR	199,579	2	-	7	102,949	10,214	3	4	28,140	-	12,320	36,652	9,904
UNDP	13,306	-	-	-	9,250	389	-	-	911	-	-	1,399	1,357
UNFPA	662,730	2	-	5	96,742	4,700	-	-	16,910	-	35,161	179,203	330,014
TOTAL	1,805,724	12	-	44	778,866	61,759	27	6	176,116	-	50,833	246,996	491,154
PERCENT OF TOTAL	100.0				43.1	3.4			9.6		2.8	13.7	27.2
1976													
PAHO--PR	436,404	5	-	3	341,552	27,829	2	3	20,413	-	4,285	8,097	34,228
PM	5,410	-	-	-	5,170	240	-	-	-	-	-	-	-
PI	57,600	-	-	-	34,670	720	-	-	-	-	-	5,600	16,610
PN	107,071	-	-	-	58,865	5,179	-	-	5,289	-	-	8,138	29,600
PG	186,771	3	-	22	88,637	12,525	11	-	55,000	-	225	1,590	28,794
PH	65,305	-	-	-	26,578	2,368	-	-	5,965	-	-	8,605	21,789
WHO--MR	198,649	2	-	6	106,826	10,679	5	9	44,461	-	9,022	16,688	10,673
UNDP	11,966	-	-	-	8,361	480	-	-	734	-	-	1,086	1,305
UNFPA	748,656	2	-	5	100,234	4,900	-	-	17,501	-	48,600	198,397	379,064
TOTAL	1,817,872	12	-	36	770,693	64,920	18	12	149,863	-	62,132	248,201	522,063
PERCENT OF TOTAL	100.0				42.4	3.6			8.2		3.4	13.7	28.7
<p>PAHO--PR-REGULAR BUDGET PM-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO--PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO--MR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES MC-GRANTS AND OTHER FUNDS</p>													

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

 \$ \$ \$ \$

HONDURAS - DETAIL

HONDURAS-0101, EPIDEMIOLOGY

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	5,730	6,000
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ZONE ADVISORY SERVICES		-	-	5,730	6,000

HONDURAS-0200, MALARIA ERADICATION

Starting in 1971 a plan was adopted in Honduras which contemplates the application of measures in the various regions of the malarial area depending on their epidemiological characteristics. It has not been possible to apply the plan in integral form, but priority areas were selected in which propoxur has been applied with very good results.

During 1973, 226,231 blood samples were examined and 8,862 cases of malaria were registered, which compares favorably with the results of the previous year when 226,579 samples were examined of which 18,651 were positive. The population of the malarious area is 2.4 million inhabitants, 19.3% of whom live in areas of consolidation and 80.7% in areas of the attack phase.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

UNICEF cooperates in this project.

TOTAL		2	2	2	2	TOTAL		55,196	59,300	73,130	77,530
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P-4 MEDICAL OFFICER	WR	1	1	1	1						
4.0934						SUBTOTAL	PR	-	-	10,760	11,320
P-1 SANITARIAN	WR	1	1	1	1						
4.0508						ZONE ADVISORY SERVICES		-	-	10,760	11,320
						SUBTOTAL	WR	55,196	59,300	62,370	66,210
						PERSONNEL-POSTS		45,213	44,100	46,970	50,710
						DUTY TRAVEL		5,520	6,000	6,200	6,300
						SUPPLIES AND EQUIPMENT		4,463	9,200	9,200	9,200

HONDURAS-0400, TUBERCULOSIS CONTROL

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	4,530	4,725
-----	-----	-----	-----	-----	-----
ZONE ADVISORY SERVICES		-	-	4,530	4,725

HONDURAS-0701, VETERINARY PUBLIC HEALTH

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	4,670	4,992
-----	-----	-----	-----	-----	-----
ZONE ADVISORY SERVICES		-	-	4,670	4,992

HONDURAS-2100, ENGINEERING AND ENVIRONMENTAL SCIENCES

At the end of 1971 it was estimated that 61.1% of the urban sector in Honduras was served with potable water and 51.6% with sewerage, and that 11.3% of the rural sector had water supplies and 9.3% latrines. Solid waste collection and disposal services were available, although poorly organized, only in the main urban localities. In the rural area, approximately 95% of the dwellings have no hygiene facilities, either because their construction, light, and ventilation

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

are defective, because they lack water or latrines, or because they have earth floors. The lack of control over solid and liquid waste disposal is causing air, water, and soil pollution.

The purposes which this project aims to achieve in the decade 1971-1980 are (1) improving substantially the water supply and sewerage of the Central District and 15 towns in the interior; (2) constructing 500 rural water supply systems; (3) providing garbage removal services for all urban localities with 10,000 or more inhabitants; (4) providing 50% of the rural population with latrines; (5) maintaining control over the main sources of ground water; and (6) exercising sanitary control over dwellings and premises in towns with 5,000 or more inhabitants.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	1	TOTAL	PR	38,733	36,900	45,030	50,730
P-4 SANITARY ENGINEER .0512	PR	1	1	1	1	PERSONNEL-POSTS		28,393	27,100	28,300	29,500
						ZONE ADVISORY SERVICES		-	-	6,630	6,930
						PERSONNEL-CONSULTANTS		5,215	2,000	2,200	4,800
						DUTY TRAVEL		1,352	1,500	1,600	1,700
						FELLOWSHIPS		3,773	6,300	6,300	7,800
TOTAL		3	1	1	2						
CONSULTANT MONTHS	PR	3	1	1	2						
TOTAL		5	2	2	3						
FELLOWSHIPS-ACADEMIC	PR	-	1	1	1						
FELLOWSHIPS-SHORT TERM	PR	5	1	1	2						

HONDURAS-2200, WATER SUPPLIES

At the end of 1972 it was estimated that 64.9% of the population in the urban localities of Honduras (2,000 or more inhabitants) had direct water supply services and that 45.6% were connected to sewerage systems. The Capital of the country needs to have its water supply and sewerage urgently and substantially expanded in order to meet heavy demand, especially in the summer.

Coverage in the rural sector (scattered centers with less than 2,000 inhabitants) is estimated at 11.5%. The national agency (SANAA) responsible for water supplies and sewerage has not yet acquired the technico-administrative capacity required to carry out its duties efficiently. SANAA's financial capacity is very limited; service income allows it to cover only 65% of operating expenditure.

The purpose of this project is to accomplish the following during the decade 1971-1980: (1) improve considerably the water supply and sewerage of the Central District and 15 towns of the interior; (2) construct 350 rural water supply systems; and (3) strengthen definitively the water authority in both the technico-administrative aspects of its organizational structure and its financing.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	4	3	3	TOTAL		-	14,800	23,055	26,105
CONSULTANT MONTHS	WR	-	4	3	3						
TOTAL		-	2	2	3	SUBTOTAL	PR	-	-	10,155	10,605
FELLOWSHIPS-ACADEMIC	WR	-	1	1	1	ZONE ADVISORY SERVICES		-	-	10,155	10,605
FELLOWSHIPS-SHORT TERM	WR	-	1	1	2	SUBTOTAL	WR	-	14,800	12,900	15,500
						PERSONNEL-CONSULTANTS		-	8,000	6,600	7,200
						SUPPLIES AND EQUIPMENT		-	500	-	500
						FELLOWSHIPS		-	6,300	6,300	7,800

HONDURAS-2300, Aedes aegypti ERADICATION

The purpose of this project is to eradicate the Aedes aegypti discovered in 1968 to have reinfested Honduras. For budgetary reasons, eradication efforts in 1969-71 were confined to the city of San Pedro Sula and a few neighboring localities; the results were unsatisfactory. All activities were suspended in 1972. For 1973, however, a budget was approved; it was used to begin the planning, organization, and implementation of the Aedes aegypti eradication campaign, which is conducted as a subprogram of the malaria eradication campaign.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

The attack on the vector was begun in the Departments of Ocotepeque, Copán, Santa Bárbara, and Cortés; it will be expanded until it covers the entire country. To achieve eradication of the vector in Honduras, it is planned to intensify the program's activities and attack the problem in three phases. The first phase, 1973-75, is that of intensive attack; the second, or consolidation phase, will take place in 1976; and the third phase, which is that of maintaining the surveillance of eradication with the country already free of Aedes aegypti, will begin in 1977.

TOTAL		2	3	3	3	TOTAL	34,022	23,400	24,500	25,600
P-2 SANITARIAN .2086	PR	-	1	1	1	SUBTOTAL	PR -	22,200	23,300	24,400
						PERSONNEL-POSTS	-	19,600	20,500	21,400
						DUTY TRAVEL	-	2,600	2,800	3,000
						SUBTOTAL	MR 34,022	1,200	1,200	1,200
						SUPPLIES AND EQUIPMENT	34,022	1,200	1,200	1,200

HONDURAS-3100, HEALTH SERVICES

The purposes of this project are to develop the health services of Honduras in accordance with the National Health Plan and the National Plan for Social and Economic Development, during the period 1974-79, including integration of curative and preventive medical services as well as extension of these services throughout the country. It is planned during 1974-77 to carry out a complete administrative reorganization, including services related to personnel management, budgeting, and transportation; and to improve the statistical systems which provide the information necessary for planning, administration, and evaluation of health programs. It is also planned to complete the integration of the existing hospitals and health centers; to expand the coverage of services through the establishment of new health posts and health stations; and to train needed personnel.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		2	3	3	3	TOTAL	102,284	56,400	116,870	127,770
P-5 PAMC/WHC REPRESENTATIVE .0511	PR	1	1	1	1	SUBTOTAL	PR 49,779	82,100	94,600	97,700
P-4 ADMIN. METHODS OFFICER .0830	PR	-	1	1	1	PERSONNEL-POSTS	33,848	75,100	86,400	90,200
P-4 MEDICAL OFFICER .4036	PR	1	1	1	1	PERSONNEL-CONSULTANTS	8,094	-	-	-
						DUTY TRAVEL	1,260	4,000	4,200	4,500
						FELLOWSHIPS	3,582	-	-	-
						COMMUN SERVICES	2,395	3,000	4,000	3,000
TOTAL		6	-	-	-	SUBTOTAL	MR 52,505	14,300	22,270	30,070
CONSULTANT MONTHS	PR	6	-	-	-	SEMINAR COSTS	-	4,000	4,000	4,000
TOTAL		19	2	4	7	SUPPLIES AND EQUIPMENT	7,805	-	-	-
FELLOWSHIPS-ACADEMIC	PR	-	-	-	-	FELLOWSHIPS	37,905	8,300	12,600	20,400
FELLOWSHIPS-ACADEMIC	MR	5	1	2	3	DEV. OF HUMAN RESOURCES	-	-	1,420	1,420
FELLOWSHIPS-SHORT TERM	PR	3	-	-	-	PARTICIPANTS	6,795	-	-	-
FELLOWSHIPS-SHORT TERM	MR	11	1	2	4	COURSE COSTS	-	4,000	4,250	4,250
TOTAL		4	-	-	-					
PARTICIPANTS	MR	4	-	-	-					

HONDURAS-3104, BORDERING ZONES REHABILITATION PROGRAM

The purpose of this project was to build the health structure in the frontier zones of Honduras in three phases. The first and second phases were completed at the end of 1971, and the third, that of expansion and consolidation, were carried out in the period 1972-73 as part of the National Health Plan.

UNICEF cooperated in this project.

TOTAL	PG	2,421	-	-	-
SUPPLIES AND EQUIPMENT		2,421	-	-	-

HONDURAS-3105, COMMUNITY HEALTH SERVICES

Precarious health conditions in the rural areas and the lack of coverage with health services contribute to the migration from rural areas into towns. Seventy percent of the population is rural, which strongly affects the general health climate of the country. The purpose of this project is to cooperate in developing health protection in rural areas and thus to contribute to the development of the community. The program has these annual goals: construction of 10 aqueducts and improvement of 500 homes.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$
TOTAL						30,388	20,000	20,000	-
SUBTOTAL					PR	30,388	-	-	-
SUPPLIES AND EQUIPMENT						30,388	-	-	-
SUBTOTAL					WR	-	20,000	20,000	-
SUPPLIES AND EQUIPMENT						-	20,000	20,000	-

HONDURAS-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	12,540	13,140
ZONE ADVISORY SERVICES		-	-	12,540	13,140

HONDURAS-3300, LABORATORY SERVICES

The aim of this project is to cooperate with the Government of Honduras in the improvement and expansion of its health and hospital laboratory services. Plans provide for decentralization and for determining levels of function for each type of laboratory; for transferring the central laboratory to a suitable building and providing it with the necessary equipment for expansion of its functions; for strengthening and supplying basic equipment to ten hospitals in the country and those health centers which, in the light of the evaluation conducted by the Laboratory Division, are found to require it; and for training personnel and expanding services to the rural areas.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		3	-	-	-	TOTAL	PR	6,609	1,500	6,045	11,100
CONSULTANT MONTHS	PR	3	-	-	-	ZONE ADVISORY SERVICES		-	-	4,545	4,800
TOTAL		1	1	1	2	PERSONNEL-CONSULTANTS		4,842	-	-	-
FELLOWSHIPS-ACADEMIC	PR	-	-	-	1	SUPPLIES AND EQUIPMENT		447	-	-	-
FELLOWSHIPS-SHORT TERM	PR	1	1	1	1	FELLOWSHIPS		1,320	1,500	1,500	6,300

HONDURAS-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		-	-	5,416	8,731
SUBTOTAL	PR	-	-	750	3,555
ZONE ADVISORY SERVICES		-	-	750	3,555
SUBTOTAL	WR	-	-	4,666	5,176
ZONE ADVISORY SERVICES		-	-	4,666	5,176

HONDURAS-3600, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	7,095	8,610
ZONE ADVISORY SERVICES		-	-	7,095	8,610

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

HONDURAS-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
		-	-	4,365	4,575
ZONE ADVISORY SERVICES		-	-	4,365	4,575

HONDURAS-4800, MEDICAL CARE SERVICES

The purpose of this project is to collaborate with the Government of Honduras in the reorganization of medical and hospital care services; in completing the integration of hospitals and health centers; and in training personnel in medical care and hospital administration.

For the period 1974-1977 it is planned to continue the technical restructuring of the national hospital system as well as to begin the construction of the hospital school in Tegucigalpa. It is also proposed to increase the capacity for medical care through the provision of 700 beds for short-term hospital patients, through better utilization of new resources so as to increase the current ratio of discharges per 100 patients by some 15% by 1977, through re-equipment of the hospitals, and through training of personnel.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1973	1974	1975	1976	TOTAL	1973	1974	1975	1976	
		2	2	2	-		3,465	4,000	10,445	14,115	
CONSULTANT MONTHS	WR	2	2	2	-						
TOTAL		-	-	-	3	SUBTOTAL	PR	-	-	6,045	6,315
						ZONE ADVISORY SERVICES				6,045	6,315
FELLOWSHIPS-ACADEMIC	WR	-	-	-	1		WR	3,465	4,000	4,400	7,800
FELLOWSHIPS-SHORT TERM	WR	-	-	-	2	SUBTOTAL					
						PERSONNEL-CONSULTANTS					
						FELLOWSHIPS					7,800

HONDURAS-4801, HOSPITAL PLANNING AND ADMINISTRATION

The project's main purpose in Honduras is to establish the administrative structure of the Hospital School of Tegucigalpa, permitting the integration of education and service. Not only will this help achieve adequate hospital care for the people; it will also further the clinical teaching of medicine, dentistry, nursing, chemistry, pharmacy, and medical and other health-related technologies at the National Autonomous University of Honduras (Universidad Nacional Autónoma de Honduras).

The project also seeks to train professional, technical, and auxiliary personnel in the disciplines and activities required for the proper operation of the Hospital School's programs of education and service. Subject to the availability of funds under the Technical Assistance Agreement between the Government and the IDB, PAHO/WHO will provide technical assistance and personnel training at home and abroad in the budget period.

TOTAL		1973	1974	1975	1976	TOTAL	1973	1974	1975	1976	
		1	3	3	3		PG	3,029	158,971	298,000	168,000
P-4 HOSPITAL ADMIN. EDUCATOR	PG	-	1	1	1	PERSONNEL-POSTS			30,000	60,000	20,000
.4332						PERSONNEL-CONSULTANTS		3,029	36,971	66,000	56,000
P-4 MEDICAL OFFICER	PG	1	2	2	2	DUTY TRAVEL			12,000	12,000	12,000
.4211 .4216						FELLOWSHIPS			55,000	110,000	55,000
						COURSE COSTS			25,000	50,000	25,000
TOTAL		2	18	30	22						
CONSULTANT MONTHS	PG	2	18	30	22						
TOTAL		-	11	23	11						
FELLOWSHIPS-ACADEMIC	PG	-	11	23	11						

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

 \$ \$ \$ \$

HONDURAS-4900, HEALTH AND POPULATION DYNAMICS

The purposes of this project in Honduras, which was developed with the financial assistance of AID and which ended in January 1974, were the following: (1) to carry out educational and motivational activities in family planning intended for women hospitalized in postdelivery, abortion, and gynecological wards; (2) to extend the coverage of prenatal services and include information on family planning in these services; (3) to support the national family planning program by means of intrahospital activities; and (4) to make more intensive use of the family planning services for women of childbearing age.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	2	2	2	TOTAL	28,786	609,136	618,400	699,733
P-4 MEDICAL OFFICER 4,4365	UNFPA	-	1	1	1					
P-3 NURSE 4,4366	UNFPA	-	1	1	1	SUBTOTAL	PR 3,579	-	-	-
TOTAL		1	5	5	5	PERSONNEL-CONSULTANTS	3,579	-	-	-
CONSULTANT MONTHS	PR	1	-	-	-	SUBTOTAL	PG 25,207	-	-	-
CONSULTANT MONTHS	UNFPA	-	5	5	5	SUPPLIES AND EQUIPMENT	6,586	-	-	-
						LOCAL PERSONNEL COSTS	18,621	-	-	-
						SUBTOTAL	UNFPA -	609,136	618,400	699,733
						PERSONNEL-POSTS	-	53,525	53,525	53,525
						ZONE ADVISORY SERVICES	-	-	6,181	6,799
						PERSONNEL-CONSULTANTS	-	11,000	10,000	10,000
						DUTY TRAVEL	-	3,000	3,000	3,000
						SEMINAR COSTS	-	24,554	29,929	42,845
						SUPPLIES AND EQUIPMENT	-	231,552	176,255	195,154
						TRAINING GRANTS	-	3,400	11,000	11,000
						LOCAL COSTS	-	263,255	315,060	364,460
						MISCELLANEOUS	-	16,850	13,450	12,950

HONDURAS-6200, MEDICAL EDUCATION

The purposes of this project are to collaborate with the National Autonomous University of Honduras in developing the Division of Health Sciences and to provide advice on the academic and administrative organization of this Division; to advise on the integration of teaching of the various careers, especially at the level of teaching the basic and pre-clinical sciences and of community medicine practices, multiprofessional rural internship, and multiprofessional social service; to collaborate in a joint study by the University, the Ministry of Public Health and Social Welfare, and the Medical College on resources and requirements in terms of health professionals in Honduras; to plan and construct the buildings required for this purpose; and to continue planning and developing the university-level academic program and the licensing program for graduate nurses in the country.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		3	2	2	3	TOTAL	14,450	8,500	11,585	14,670
CONSULTANT MONTHS	WR	3	2	2	3					
TOTAL		-	1	1	1	SUBTOTAL	PR 1,900	-	5,685	5,970
FELLOWSHIPS-ACADEMIC	WR	-	-	-	-	ZONE ADVISORY SERVICES	-	-	5,685	5,970
FELLOWSHIPS-SHORT TERM	WR	-	1	1	1	GRANTS	1,900	-	-	-
						SUBTOTAL	WR 12,550	8,500	5,900	8,700
						PERSONNEL-CONSULTANTS	9,892	4,000	4,400	7,200
						SUPPLIES AND EQUIPMENT	398	3,000	-	-
						FELLOWSHIPS	2,260	1,500	1,500	1,500

HONDURAS-6400, SANITARY ENGINEERING EDUCATION

It is considered that the teaching programs on aspects of sanitary engineering are incomplete and that the personnel participating in the development of sanitary engineering projects need better training. It is also necessary to train an additional number of professional and subprofessional personnel in order to meet future demands.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

 \$ \$ \$ \$

The purposes of the project in Honduras are to cooperate with the University in the strengthening of sanitary engineering education; in the further technical training of workers in the field of sanitary engineering; and in the promotion, within the University, of activities for the further training of technical and research staff in sanitary engineering. So far eight short courses for professional and subprofessional personnel have been given. In future years at least one short course will be given every year and research activities in sanitary engineering will be encouraged.

TOTAL	1	1	1	1	TOTAL	PR	3,180	3,750	3,950	4,150
CONSULTANT MONTHS	PR	1	1	1	1		1,238	2,000	2,200	2,400
							-	350	350	350
							2,142	1,400	1,400	1,400

PORTIONS OF INTERCOUNTRY PROJECTS

TOTAL AMMO PROJECTS	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMMO PROJECTS	592,110	598,287	510,368	547,596
0100 EPIDEMIOLOGY	2,583	6,882	7,254	7,259
0103 EPIDEMIOLOGY (ZONE III)	5,096	5,460	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-
0200 MALARIA TECHNICAL ADVISORY SERVICES	7,636	4,128	4,027	4,485
0203 MALARIA TECHNICAL ADVISORY SERVICES (ZONE III)	24,347	10,200	-	-
0216 RESEARCH ON THE EPIDEMIOLOGY OF MALARIA ERADIC. IN PROB. AREAS	33,914	-	-	-
0218 PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS	867	2,250	2,575	3,234
0400 TUBERCULOSIS CONTROL	1,140	1,508	1,885	2,392
0403 TUBERCULOSIS CONTROL (ZONE III)	3,785	4,335	-	-
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	602	1,320	-	-
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	181	1,578	-	-
0411 STUDY GROUP ON TUBERCULOSIS CONTROL	-	-	1,099	-
0412 REGIONAL COMMITTEE ON EVALUATION OF TUBERCULOSIS PROGRAMS	-	-	-	1,885
0500 LEPROSY CONTROL	2,056	3,536	1,728	1,984
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	375	-	524	556
0600 VENEREAL DISEASE CONTROL	-	260	132	153
0612 VENEREAL DISEASE SEMINARS	-	560	-	-
0700 PAN AMERICAN ZOONUSES CENTER	24,041	29,733	30,199	31,446
0703 VETERINARY PUBLIC HEALTH (ZONE III)	3,660	4,382	-	-
0718 SEMINAR ON EPIDEMIOLOGY OF THE ZOONUSES	731	-	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	560	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	489	707
1008 CHAGAS' DISEASE	108	1,206	670	790
2100 ENVIRONMENTAL SANITATION	1,825	705	777	753
2103 SANITARY ENGINEERING (ZONE III)	5,814	6,330	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,391	16,685	15,648	18,295
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	855	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	748	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	4,558	5,236	5,580	5,868
2203 WATER SUPPLIES (ZONE III)	10,311	9,645	-	-
2213 STUDIES AND INVESTIGATION OF WATER RESOURCES	1,644	96	-	-
2220 INSTITUTIONAL DEVELOPMENT	3,387	6,969	8,676	9,368
2223 PUBLIC SERVICES ADMINISTRATION	152	-	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	805	-
2230 RURAL WATER SUPPLY AND SANITATION	-	700	728	756
2300 AEDES AEGYPTI ERADICATION	308	472	529	565
2303 AEDES AEGYPTI ERADICATION (ZONE III)	6,756	-	-	-
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	49	-	-
3000 COORDINATION WITH FOUNDATIONS	1,278	2,568	3,080	3,507
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,302	3,851	3,118	3,392
3125 SPECIAL SEMINARS IN ZONE III	2,801	2,505	-	-
3126 OPERATIONS RESEARCH	68	270	226	235
3129 RESEARCH TRAINING IN BIOMEDICAL SCIENCES	1,375	226	-	-
3130 CONFERENCE ON MYCOLOGY	77	1,307	-	-
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,634	2,004	1,169	1,249
3139 PAHO RESEARCH GRANT PROGRAM	4,906	2,650	3,975	5,300
3145 EMERGENCY PREPAREDNESS	-	532	-	-
3200 NURSING SERVICES	1,665	2,262	2,414	2,533
3203 NURSING (ZONE III)	7,844	10,995	-	-
3210 HOSPITAL NURSING SERVICES	-	695	1,232	1,366
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	553	1,193	1,113	1,171
3215 STUDY ON FACTORS AFFECTING NURSING GROWTH	372	-	-	-
3216 STANDARDS IN NURSING PRACTICE	644	875	-	-

3219	CONFERENCE ON PUBLIC HEALTH NURSING	-	1,261	-	-
3220	NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529
3222	TECHNICAL ADVISORY COMMITTEE ON NURSING	261	493	304	248
3223	SYSTEMS OF NURSING	50	1,001	1,248	-
3225	UTILIZATION AND TRAINING OF THE TRADITIONAL BIRTH ATTENDANT	-	845	-	-
3300	LABORATORY SERVICES	822	371	465	494
3303	LABORATORY SERVICES (ZONE III)	1,790	4,240	-	-
3311	TRAINING OF LABORATORY PERSONNEL	727	774	894	955
3316	PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,431	1,689	882	971
3318	MYCOLOGY RESEARCH AND TRAINING CENTERS	1,083	2,408	943	965
3400	HEALTH EDUCATION	530	496	309	496
3410	TRAINING OF TEACHERS IN HEALTH EDUCATION	336	772	844	916
3500	HEALTH STATISTICS	1,125	723	932	686
3503	HEALTH STATISTICS (ZONE III)	7,260	5,062	-	-
3516	REGIONAL SEMINAR ON DATA PROCESSING	-	723	-	723
3600	ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,259	3,057	3,212	3,418
3603	ADMINISTRATIVE METHODS AND PRACTICES IN PUBL. HEALTH (ZONE III)	2,577	4,590	-	-
3607	MANAGEMENT OF HEALTH SERVICES	1,500	1,505	-	-
3700	HEALTH PLANNING	5,072	3,162	3,776	4,166
3703	HEALTH PLANNING (ZONE III)	4,875	3,030	-	-
3709	MEETING OF MINISTERS OF HEALTH	756	-	-	-
3715	PAN AMERICAN PROGRAM FOR HEALTH PLANNING	6,959	10,813	7,880	6,280
4200	NUTRITION ADVISORY SERVICES	4,321	2,018	2,159	2,285
4203	INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	260,174	258,945	265,455	273,464
4213	IODINE DETERMINATION IN ENDEMIC GOITER	479	-	-	-
4221	SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	69	222	244	443
4230	NUTRITION TRAINING	-	636	844	1,097
4233	NUTRITION TEACHING IN MEDICAL SCHOOLS	177	1,600	1,760	1,920
4238	NUTRITION RESEARCH	148	760	1,354	2,035
4248	NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	473	503
4249	OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	558	231
4300	MENTAL HEALTH	260	2,250	1,894	2,088
4312	COURSES IN COMMUNITY PSYCHIATRY	739	-	-	-
4313	NURSING IN MENTAL HEALTH	4,076	5,852	-	-
4318	EPIDEMIOLOGY OF ALCOHOLISM	5,950	-	3,030	4,556
4409	FLUORIDATION	4,127	3,969	3,340	3,964
4411	HUMAN AND MATERIAL RESOURCES IN DENTISTRY	-	-	2,410	2,420
4500	HEALTH ASPECTS OF RADIATION	98	120	126	396
4507	RADIATION HEALTH PROTECTION	383	440	462	1,464
4516	PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	84	-
4620	MANAGEMENT OF PESTICIDES	-	350	380	435
4700	FOOD AND DRUG CONTROL	1,468	2,148	2,267	2,372
4703	FOOD REFERENCE LABORATORY (ZONE III)	10,535	-	-	-
4708	FOOD HYGIENE TRAINING CENTER	2,253	2,090	2,355	2,514
4716	TRAINING IN ANALYSIS OF FOOD AND DRUGS	579	900	640	680
4717	SEMINAR ON FOOD HYGIENE	-	610	-	-
4719	WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	896
4800	MEDICAL CARE SERVICES	1,149	1,183	1,299	1,462
4803	MEDICAL CARE SERVICES (ZONE III)	5,129	5,790	-	-
4813	HOSPITAL PLANNING AND ADMINISTRATION	1,575	2,108	2,805	3,550
4815	TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,963	2,665	2,362	3,064
4900	HEALTH AND POPULATION DYNAMICS	18,282	39,494	40,000	45,430
4903	HEALTH AND POPULATION DYNAMICS (ZONE III)	5,681	6,017	-	-
4909	EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	2,255	5,797	5,910	6,501
4915	MATERNAL AND CHILD HEALTH	129	390	429	521
4917	CLINICAL AND SOCIAL PEDIATRICS	203	1,635	1,431	1,431
4918	STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,229	-
4920	LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	-	-	3,421	3,943
5000	REHABILITATION	2,090	1,717	1,796	1,945
5100	CHRONIC DISEASES	138	475	537	559
6000	MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	614	640	711	750
6100	EDUCATION AND TRAINING IN PUBLIC HEALTH	4,637	3,796	3,702	4,270
6200	EDUCATION IN HEALTH SCIENCES	6,710	3,288	3,350	3,894
6203	MEDICAL EDUCATION (ZONE III)	3,204	5,415	-	-
6216	BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,283	2,880	2,817	2,682
6221	LIBRARY OF MEDICINE	5,096	7,263	5,344	5,302
6223	TEACHING OF BEHAVIORAL SCIENCES	1,702	400	-	-
6234	PROGRAM OF ADVANCED STUDIES IN HEALTH	467	1,717	2,798	2,126
6300	NURSING EDUCATION	209	837	388	409
6310	NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,942	2,913	670	690
6317	SEMINAR ON NURSING EDUCATION	540	1,451	1,535	1,514
6319	TRAINING OF NURSING AUXILIARIES	294	2,952	3,575	3,352
6320	POSTBASIC COURSES IN NURSING	342	782	624	-
6322	RESEARCH IN NURSING TEACHING	-	-	-	2,476
6324	TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	150	503
6325	EDUCATIONAL TECHNOLOGY IN NURSING	-	-	4,628	7,957
6400	SANITARY ENGINEERING EDUCATION	904	578	1,017	1,112
6600	DENTAL EDUCATION	1,153	1,494	819	928
6608	TRAINING OF AUXILIARY DENTAL PERSONNEL	415	530	294	785
6611	COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	497	1,013	317	325
6700	BIostatistics EDUCATION	153	179	-	690
6707	LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	983	963	1,008	1,178
6708	TRAINING PROGRAM IN HOSPITAL STATISTICS	1,145	1,894	1,984	2,070
6712	CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	322,763	1,036,657	1,295,356	1,270,276	592,110	598,287	510,368	547,596
PAHO-PR-REGULAR BUDGET	134,368	146,450	240,580	262,895	223,230	211,209	147,438	173,509
PW-COMMUNITY WATER SUPPLY	-	-	-	-	908	4,215	5,144	5,410
PI-INCAP REGULAR BUDGET	-	-	-	-	57,322	55,517	57,599	57,600
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	121,480	102,598	102,815	107,071
PG-GRANTS & OTHER CONTRIBUT.	30,657	158,971	298,000	168,000	43,307	36,410	17,115	16,771
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	42,197	58,808	61,418	65,305
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	3,382	-	-	-
PS-SPECIAL FUND FOR RESEARCH	-	-	-	-	399	-	-	-
WHO-WR-REGULAR BUDGET	157,738	122,100	138,376	139,648	82,677	71,949	61,203	59,001
UNDP-UN DEVELOPMENT PROGRAM	-	-	-	-	16,924	19,504	13,306	11,966
UNFPA-UN FUND POPULATION ACT.	-	609,136	618,400	699,733	284	38,077	44,330	48,963

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	914,873	1,634,944	1,805,724	1,817,872
PAHO-PR-REGULAR BUDGET	357,598	357,659	388,018	436,404
PW-COMMUNITY WATER SUPPLY	908	4,215	5,144	5,410
PI-INCAP REGULAR BUDGET	57,322	55,517	57,599	57,600
PN-INCAP GRANTS & OTHER CONTR.	121,480	102,598	102,815	107,071
PG-GRANTS & OTHER CONTRIBUT.	73,964	195,381	315,115	186,771
PH-PAN AMER. HEALTH & EDUC.FN.	42,197	58,808	61,418	65,305
PK-SPECIAL FUND FOR HEALTH PR.	3,382	-	-	-
PS-SPECIAL FUND FOR RESEARCH	399	-	-	-
WHO-WR-REGULAR BUDGET	240,415	194,049	199,579	198,649
UNDP-UN DEVELOPMENT PROGRAM	16,924	19,504	13,306	11,966
UNFPA-UN FUND POPULATION ACT.	284	647,213	662,730	748,696

NICARAGUA

BACKGROUND DATA

Nicaragua has a territory of 130,000 square kilometers with a population of 2,000,000 inhabitants, and a density of 16.2 inhabitants per square kilometer. The crude rate of growth is 2.96%. The rural population is 53% of the total and of this total 49.8% in under 15 years of age.

In 1970 the per capita income was \$350. The primary sector employs 56% of the gainfully employed and the economy is dependent mainly on agriculture production (coffee, cotton, sugar cane, etc.) and livestock. Distributed by social sectors, expenditures in the health sector amounted to \$11 per capita in 1970. Illiteracy rate is 50% and the housing gap is extremely high.

The earthquake of 23 December 1972 destroyed the capital city of Managua, with many fatalities (10,000) and many more injured, and the material destruction was estimated at around \$1 billion. The disaster reduced the health infrastructure in hospitals and health centers by 70%.

As a primary phase of a general plan, the Government has proposed a program of reconstruction (1973-74) to (1) increase the GNP by 2.8% as a net minimum; (2) increase the rate of employment to that prevailing prior to the earthquake; (3) recover the 1972 production levels in goods and services; and (4) promote regional development of the departments surrounding the capital (Masaya, Carazo, León, and Granada).

For the health sector, the following goals would be established: (1) restore the bed capacity of the hospitals and health centers; (2) standardize the water supply and sewerage systems; and (3) implement programs for medical care services and improvement of environmental sanitation in Managua and the cities on its periphery.

The development plan for 1975-79 is now in preparation.

The level and structure of the health activity may be summarized from the following indicators: life expectancy is 51.5 years; the general mortality rate is 16.4 per 1,000 inhabitants; infant mortality rate is 120 per 1,000 live births; and deaths in the one to four year age group are 25.3 per 1,000 inhabitants. Statistical data are not reliable, and some of the figures are adjusted estimates.

Organization of the health sector is the outgrowth of the historic development and evolution of its institutions. Its growth has been by aggregation and there is no basic operational system of integrated or coordinated services.

The principal institutions providing health services in Nicaragua are the Ministry of Public Health (health centers), the Social Welfare Board (hospitals and clinics), and Social Security (hospitals and dispensaries). There is also DENACAL, a company responsible for the water supply and sewerage systems in the country.

PROTECTION OF HEALTH

Communicable Disease Control

The malarial area extends over 100% of the national territory and the program is in the attack phase. The incidence of malaria has been significantly reduced by the use of propoxur. Registered cases totaled 9,964 in 1972. Resistance to DDT has developed in the Pacific zone. The Government proposes to continue the eradication campaign during the period.

Communicable diseases preventable by vaccination, such as measles, diphtheria, tetanus, whooping cough and poliomyelitis, show high morbidity and mortality rates, mainly as result of low level of efficacy in the immunization program. The Ministry of Health proposes to increase coverage and effective levels of vaccination to 80% of the vulnerable population, and through this effort it is hoped to achieve the goals set out in the Ten-year Health Plan in the urban area, and to reduce mortality to 50% in the rural area.

Tuberculosis, with a rate of 140 per 1,000,000 inhabitants, continues to be a priority health problem. It is proposed to increase BCG vaccination in the under five year age group and to develop a program of bacteriological research and treatment in the welfare units, especially for ambulatory patients.

Venereal diseases - syphilis and gonorrhea - have high morbidity rates and health education programs are being carried on in the centers aimed at control of these diseases.

Leprosy appears mainly in the Pacific zone; there is no accurate epidemiological data. Prevalence is 15 per 100,000 inhabitants, of which 50% are lepromatose forms. It is proposed to extend the program throughout the country so as to reduce the incidence to 50% over the decade.

Rabies is endemic, among the zoonoses. In the stockraising zones the vampire bat is the most important vector. There is no foot-and-mouth disease, but there is no information concerning the situation of other zoonoses such as bovine tuberculosis and brucellosis.

Environmental Health

As of 31 December 1973, it is estimated that the total population served by water supply systems was 571,100 (27.9%) and the total population having access to such service was 1,025,000 (50%). In the urban area, 100% of the population (943,400) had access to water supply services, and 52.4% (491,100) had in-house connections. Only 77,000 (7%) of the rural population had in-house water supply, while 122,800 persons (11.1%) had access to such supply.

For human waste disposal, 10.4% of the population was served by urban sanitary sewerage systems, a total of 212,800 inhabitants.

The rural area is served by individual installations, including latrines, that benefit 150,000 persons (13.6%), with an additional 10,300 persons using this means of disposal in the suburban districts of the urban centers (1.3% of the urban population), or a grand total of 160,300 inhabitants with individual means of human waste disposal (0.8%).

Disposal of solid waste is neither regular nor adequate, except in Managua. Final disposition is effected by direct discharge, incineration and, in a part of the capital, by sanitary landfill.

According to the policy formulated by the Ministry of Public Health, the 1980 goals for the country in the field of environmental sanitation are to (1) provide water supply with in-house connections to 75-80% of the urban population, and ready access to such supply to 100%; (2) provide water supply to 20-25% of the rural population; (3) install sanitary sewerage systems to serve 45-55% of the urban population; and (4) assure other means of human waste disposal to 50% of the total population.

It is also planned to establish adequate and sufficient systems of collection, transportation, and final disposal of solid waste in at least the five large cities of the country.

PROMOTION OF HEALTH

General Services

The Government hopes to organize the health institutions, improving their efficiency at the various levels and establishing procedures to decentralize its services, especially in the technical area.

During the decade, the health regions will be strengthened by bringing them into active participation in program planning.

The objectives of the different institutions as described in the national health plan will be coordinated at the national and regional levels.

Specific Programs

Infant deaths averaged 120 per 1,000 live births in 1970. Communicable diseases, malnutrition, and infections of the respiratory tract are the principal causes of death for the infant group.

Maternal mortality was 2.0 per 1,000 live births, and the principal causes were hemorrhages and toxemias. Only 40% of the deliveries had professional care. Coverage of the mother and child group has improved in the urban area, but is still very low in rural areas. A family welfare program is also being developed in the health centers, to cover 8% of the women of child-bearing age. Activities to prevent cervico-uterine cancer are included in the programs for these groups.

In the area of nutrition there is a national program (PRODESAR), initiated in cooperation with the PMA, with different elements to improve feeding of the family group and to develop programs that improve health and social welfare conditions in the rural area.

In 1972 medical care was provided in 29 hospitals with 4,500 beds in the public sector (2.2 per 1,000 inhabitants). The earthquake reduced this figure to some 3,000 beds. There are, in addition, some 475 private hospital beds distributed throughout the country.

The Ministry of Public Health has 119 health centers divided among the several departments. The hospitals have outpatient clinics in connection with their facilities.

As a goal of the plan, the Government hopes to expand coverage of the services by regionalization of the centers, believing that by 1980 they will serve 75% of the population. It is proposed during the decade to improve the quality of hospital services and establish coordination mechanisms aimed at more effective utilization of resources in the sector. Four hospitals, with a total of 2,000 beds, are to be constructed in Managua.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

In 1972, according to the census of professional workers, there were 1,083 physicians, 89 dentists, 463 nurses, and 2,181 nursing auxiliaries in the country.

Manpower resources in the country are prepared at the National University of Nicaragua (UNAM) and in five schools of nursing.

It is proposed to double the ratio of professionals to population by 1980, and to establish the necessary curriculum changes to improve the quality of teaching, adjusting it more closely to the needs of the country

NICARAGUA - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
329,375	35.4	263,075	28.5	I. PROTECTION OF HEALTH	270,566	29.8	271,652	30.4
225,758	24.2	119,776	13.0	A. COMMUNICABLE DISEASES	133,006	14.5	143,545	16.1
8,663	.9	12,342	1.3	0100 GENERAL	12,983	1.4	13,258	1.5
183,070	19.6	62,487	6.8	0200 MALARIA	76,822	8.4	81,623	9.1
2,705	.3	4,210	.5	0400 TUBERCULOSIS	4,151	.5	7,009	.8
2,429	.3	4,232	.4	0500 LEPROSY	2,252	.2	2,540	.3
-	-	800	.1	0600 VENEREAL DISEASES	132	*	153	*
28,622	3.1	34,108	3.7	0700 ZOOSES	34,855	3.8	36,433	4.1
-	-	560	.1	0900 OTHER	489	.1	707	.1
269	*	1,037	.1	1000 PARASITIC DISEASES	1,318	.1	1,822	.2
103,617	11.2	143,299	15.5	B. ENVIRONMENTAL HEALTH	137,560	15.1	128,107	14.3
44,621	4.8	51,783	5.6	2100 GENERAL	17,285	8.4	17,463	8.1
50,469	5.4	88,829	9.6	2200 WATER SUPPLIES	57,242	6.3	52,444	5.8
7,132	.8	637	.1	2300 ALGAE AEGYPTI ERADICATION	644	.1	689	.1
923	.1	1,132	.1	2400 HOUSING	1,429	.2	1,501	.2
472	.1	918	.1	2500 AIR POLLUTION	970	.1	1,020	.1
552,373	58.8	401,054	65.0	II. PROMOTION OF HEALTH	576,945	63.0	548,706	61.0
221,235	23.7	183,165	19.7	A. GENERAL SERVICES	167,975	18.3	177,784	19.7
148,474	15.9	89,582	9.7	3100 GENERAL PUBLIC HEALTH	76,278	8.3	81,001	9.0
30,445	3.2	45,620	4.9	3200 NURSING	46,573	5.1	48,767	5.4
11,244	1.2	14,030	1.5	3300 LABORATORY	11,767	1.3	9,955	1.1
865	.1	1,268	.1	3400 HEALTH EDUCATION	1,153	.1	1,412	.2
6,211	.7	6,508	.7	3500 STATISTICS	6,348	.7	10,140	1.1
6,335	.7	9,152	1.0	3600 ADMINISTRATIVE METHODS	10,307	1.1	12,028	1.3
17,661	1.9	17,005	1.8	3700 HEALTH PLANNING	15,549	1.7	14,501	1.6
331,138	35.1	417,889	45.3	B. SPECIFIC PROGRAMS	409,020	44.7	370,922	41.3
265,177	28.3	265,178	28.7	4200 NUTRITION	273,944	29.4	280,774	31.3
4,334	.5	8,950	1.0	4300 MENTAL HEALTH	1,896	.2	1,566	.2
5,081	.5	4,773	.5	4400 DENTAL HEALTH	4,345	.5	5,170	.6
481	*	560	.1	4500 RADIATION AND ISOTOPES	672	.1	1,728	.2
544	*	877	.1	4600 OCCUPATIONAL HEALTH	1,135	.1	1,233	.1
15,324	1.6	5,748	.6	4700 FETID AND DRUG	5,260	.6	6,466	.7
15,853	1.7	79,381	8.6	4800 MEDICAL CARE	73,714	8.1	21,601	2.4
21,977	2.3	49,755	5.4	4900 FAMILY HEALTH AND POP. DYNAMICS	45,180	4.9	49,322	5.5
2,090	.2	1,717	.2	5000 REHABILITATION	1,744	.2	1,944	.2
277	*	950	.1	5100 CANCER & OTHER CHRONIC DISEASES	1,075	.1	1,118	.1
53,677	5.8	59,921	6.5	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	67,390	7.4	77,363	8.6
576	.1	1,265	.1	6100 PUBLIC HEALTH	2,468	.3	2,847	.3
30,840	3.3	31,105	3.4	6200 MEDICINE	34,821	3.8	36,718	4.1
5,325	.6	8,937	1.0	6300 NURSING	11,582	1.3	16,918	1.9
6,880	.7	8,542	.9	6400 ENVIRONMENTAL SCIENCES	9,273	1.0	9,823	1.1
5,603	.6	7,037	.8	6600 DENTISTRY	5,686	.6	6,543	.7
4,453	.5	3,035	.3	6700 BIOSTATISTICS	3,560	.4	4,514	.5
935,425	100.0	924,050	100.0	GRAND TOTAL	914,951	100.0	897,721	100.0

*LESS THAN .05 PER CENT

NICARAGUA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			* -DUTY- TRAVEL AMOUNT	FELLOWSHIPS			SEMINARS		*SUPPLIES* AND EQUIPMENT	*GRANTS* AND OTHER	
		POSTS PROF.	LOCAL	STC MONTH		AMOUNT	ACAD.	SHORT	AMOUNT	PART.			AMOUNT
	\$				\$	\$			\$	\$	\$	\$	
1973													
PAHO--PR	341,136	2	-	3	222,895	23,658	3	5	17,215	1	5,749	43,192	28,427
PW	10,132	-	-	3	9,056	278	-	-	-	-	-	-	798
PI	57,320	-	-	-	29,838	1,132	-	-	-	-	-	9,360	16,990
PN	121,477	-	-	-	52,404	5,208	-	-	4,965	-	-	14,478	44,422
PG	35,080	-	-	-	16,649	1,083	-	-	3,096	-	2,826	7,162	4,264
PH	42,192	-	-	-	18,139	2,479	-	-	1,911	-	437	8,324	10,902
PK	3,265	-	-	-	3,093	27	-	-	-	-	-	34	111
PS	359	-	-	-	-	-	-	-	-	-	-	-	399
MHO--WR	259,470	4	-	16	138,754	9,434	9	10	50,180	1	7,306	32,347	21,449
UNDP	64,670	3	-	7	60,853	-	-	-	1,401	-	-	1,704	712
UNFPA	284	-	-	-	284	-	-	-	-	-	-	-	-
TOTAL	935,425	9	-	29	551,965	43,299	12	15	78,768	2	16,318	116,601	128,474
PERCENT OF TOTAL	100.0				59.0	4.6			8.4		1.8	12.5	13.7
1974													
PAHO--PR	245,556	1	-	1	187,567	18,696	-	1	3,074	-	6,377	5,443	24,399
PW	56,981	1	-	5	55,096	1,985	-	-	-	-	-	-	300
PI	55,517	-	-	-	31,470	720	-	-	-	-	-	6,686	16,641
PN	102,597	-	-	-	56,043	5,191	-	-	5,288	-	-	7,843	28,232
PG	46,649	-	-	4	21,550	490	-	-	867	-	5,047	12,208	6,482
PH	58,808	-	-	-	24,132	2,464	-	-	5,488	-	129	7,560	19,035
MHO--WR	223,836	3	-	13	136,265	8,073	4	11	43,519	-	10,365	14,006	11,608
UNDP	102,603	4	-	1	79,504	6,459	3	-	13,740	-	-	1,570	1,330
UNFPA	31,503	-	-	-	19,908	1,100	-	-	5,766	-	2,085	1,756	888
TOTAL	924,050	9	-	24	611,540	44,778	7	12	77,742	-	24,003	57,072	108,915
PERCENT OF TOTAL	100.0				66.2	4.8			8.4		2.6	6.2	11.8
1975													
PAHO--PR	258,468	1	-	1	203,013	19,356	-	1	2,614	-	3,259	6,591	23,635
PW	20,432	1	-	-	19,772	660	-	-	-	-	-	-	-
PI	57,599	-	-	-	33,043	720	-	-	-	-	-	6,720	17,116
PN	102,814	-	-	-	56,091	5,179	-	-	5,288	-	-	8,138	28,118
PG	14,083	-	-	-	9,048	-	-	-	-	-	-	1,380	3,655
PH	60,614	-	-	-	25,377	2,218	-	-	5,756	-	-	7,712	19,551
MHO--WR	261,830	4	-	11	176,242	9,075	3	7	32,734	-	7,955	19,212	16,612
UNDP	98,205	3	-	-	84,750	4,889	2	-	5,411	-	-	1,399	1,756
UNFPA	40,906	-	-	-	26,333	1,400	-	-	5,910	-	3,924	2,211	1,128
TOTAL	914,951	9	-	12	633,669	43,497	5	8	57,713	-	15,138	53,363	111,571
PERCENT OF TOTAL	100.0				69.3	4.8			6.3		1.6	5.8	12.2
1976													
PAHO--PR	293,022	1	-	-	222,233	20,911	-	1	8,225	-	4,564	8,693	28,396
PW	16,230	-	-	-	15,910	720	-	-	-	-	-	-	-
PI	57,599	-	-	-	34,670	720	-	-	-	-	-	5,600	16,609
PN	107,070	-	-	-	58,865	5,179	-	-	5,288	-	-	8,138	29,600
PG	14,215	-	-	-	9,383	-	-	-	-	-	-	1,038	3,794
PH	64,127	-	-	-	26,578	2,368	-	-	5,967	-	-	8,609	20,605
MHO--WR	268,547	4	-	10	184,207	10,307	3	6	31,354	-	5,603	19,415	17,661
UNDP	31,766	1	-	-	26,661	1,980	-	-	734	-	-	1,086	1,305
UNFPA	45,145	-	-	-	29,106	1,550	-	-	6,501	-	4,316	2,432	1,240
TOTAL	897,721	6	-	10	607,213	43,735	3	7	58,069	-	14,483	55,011	119,210
PERCENT OF TOTAL	100.0				67.6	4.9			6.5		1.6	6.1	13.3
<p>PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH MHO--WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WO-GRANTS AND OTHER FUNDS</p>													

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

NICARAGUA - DETAIL

NICARAGUA-0100, EPIDEMIOLOGY

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	5,730	6,000
ZONE ADVISORY SERVICES		-	-	5,730	6,000

NICARAGUA-0200, MALARIA ERADICATION

The entire country of Nicaragua is considered malarious and in the attack phase. The plan of operations is based on house spraying with propoxur in areas where the sector is DDT-resistant and on continuing with DDT in areas where the sector is susceptible to this insecticide. The plan was adopted in 1971 and was carried out satisfactorily, except in the first quarter of 1973 when, as an immediate consequence of the problems created by the Managua earthquake, an emergency plan had to be drawn up. As a supplementary measure, the application of larvicides is being continued in Managua and León, with the use of fenthion at weekly intervals. In 1973, 4,247 cases were recorded out of 191,358 blood samples examined, which compares favorably with the results in 1972 when 9,595 cases were recorded out of 208,232 samples.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

UNICEF cooperates in this project.

TOTAL		4	2	2	2	TOTAL	114,310	47,255	72,280	76,060
P-4 MEDICAL OFFICER .0535	PR	1	-	-	-	PERSONNEL-POSTS	50,491	19,600	20,500	21,400
P-4 MEDICAL OFFICER 4.0536	WR	1	1	1	1	ZONE ADVISORY SERVICES	-	-	10,760	11,320
P-2 ENTOMOLOGIST 4.0538	WR	1	-	-	-	DUTY TRAVEL	1,865	1,500	1,500	1,600
P-2 SANITARIAN .0539	PR	1	1	1	1	PERSONNEL-POSTS	53,306	15,459	25,820	27,940
TOTAL		1	-	-	-	DUTY TRAVEL	3,031	1,500	1,500	1,600
FELLOWSHIPS-ACADEMIC	WR	-	-	-	-	SUPPLIES AND EQUIPMENT	4,617	5,200	12,200	12,200
FELLOWSHIPS-SHORT TERM	WR	1	-	-	-	FELLOWSHIPS	3,000	-	-	-
						PERSONNEL-POSTS	53,306	15,459	25,820	27,940
						DUTY TRAVEL	3,031	1,500	1,500	1,600
						SUPPLIES AND EQUIPMENT	4,617	5,200	12,200	12,200
						FELLOWSHIPS	3,000	-	-	-

NICARAGUA-0400, TUBERCULOSIS CONTROL

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	3,020	3,150
ZONE ADVISORY SERVICES		-	-	3,020	3,150

NICARAGUA-0700, VETERINARY PUBLIC HEALTH

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	4,670	4,992
ZONE ADVISORY SERVICES		-	-	4,670	4,992

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

NICARAGUA-2101, ENVIRONMENTAL SANITATION

Because of the destruction caused by the earthquake in late 1972, and the subsequent displacement to rural zones of large numbers of those affected, consultant services in basic rural sanitation programs are being continued.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	TOTAL		15,000	36,630	26,730
P-4 SANITARY ENGINEER 4.4334	UNDP	1	1	1	SUBTOTAL	PR	-	6,630	6,930
					ZONE ADVISORY SERVICES		-	6,630	6,930
					SUBTOTAL	UNDP	15,000	30,000	19,800
					PERSONNEL-POSTS		-	13,500	28,500
					DUTY TRAVEL		-	1,500	1,500

NICARAGUA-2200, WATER SUPPLIES

The National Department of Water Supply and Sewerage (Departamento Nacional de Acueductos y Alcantarillado--DENACAL) operates and administers 43 of the 52 water supply systems in Nicaragua. The Managua Water Supply Enterprise (Empresa Aguadora de Managua--EAM) operated in 1973 virtually as a part of DENACAL, whose Director acts as EAM's manager. Many administrative activities, as well as operation and maintenance, were conducted in a fully consolidated manner by the two entities. In January 1973, the IDB granted a loan to finance part of the improvement and extension of water supply services in 10 towns of the interior, the construction of sewerage systems in nine of those towns, and the construction of water supply systems for 64 localities.

The purpose of this project is to improve and strengthen the administrative practices and technical procedures of the National Department of Water Supply and Sewerage, and thus to improve and expand the services offered by the Department. The preparation of professional and auxiliary personnel is also included in this project.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		2	1	2	1	TOTAL		14,137	5,000	16,055	14,505
CONSULTANT MONTHS	WR	2	1	2	1	SUBTOTAL	PR	-	-	10,155	10,605
TOTAL		3	2	1	1	ZONE ADVISORY SERVICES		-	-	10,155	10,605
FELLOWSHIPS-ACADEMIC	WR	3	-	-	-	SUBTOTAL	WR	14,137	5,000	5,900	3,900
FELLOWSHIPS-SHORT TERM	WR	-	2	1	1	PERSONNEL-CONSULTANTS		3,157	2,000	4,400	2,400
						FELLOWSHIPS		10,980	3,000	1,500	1,500

NICARAGUA-2201, NATIONAL WATER SUPPLY PROGRAM

The purpose of this project was to provide consultant services to the Departamento Nacional de Acueductos y Alcantarillados. The project has introduced improvements and reforms in the administrative methods and practices through provision of manuals, standards, and data collection that will allow greater operating flexibility and control.

TOTAL		3	-	-	-	TOTAL		6,398	-	-	-
CONSULTANT MONTHS	PW	3	-	-	-	PERSONNEL-CONSULTANTS		6,154	-	-	-
						CONTRACTUAL SERVICES		244	-	-	-

NICARAGUA-2202, WATER SUPPLIES IN MANAGUA

The purpose of this project is to provide consultant services for the Empresa Aguadora de Managua in the administrative aspects of the water supply system. A diagnosis of administrative procedures has been made, and manuals on standards and regulations are being developed with emphasis on data processing, accounting, budgeting, auditing, organization and methods, and personnel administration. Personnel are being trained; application of the new procedures is being evaluated; and adjustments will be made as necessary.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
								\$	\$	\$	\$
TOTAL		-	5	-	-	TOTAL	PW	554	10,336	-	-
CONSULTANT MONTHS	PW	-	5	-	-	PERSONNEL-CONSULTANTS		-	10,036	-	-
						CONTRACTUAL SERVICES		554	300	-	-

NICARAGUA-2204, INSTITUTIONAL DEVELOPMENT IN DENACAL

Over the last six years the National Water and Sewerage Agency (DENACAL) has received a series of technical cooperation missions that have assisted them to define objectives, design systems and implement recommendations, manuals and approaches. The purpose of this project is to reinforce the progress attained to date by providing a consultant in the area of organization and methods. This professional will review the present status of implementation and then provide in-depth assistance in those areas where additional work is required to permit the agency to achieve its objectives.

	TOTAL		1973	1974	1975	1976		1973	1974	1975	1976	
								\$	\$	\$	\$	
TOTAL			-	1	1	-	TOTAL	PW	-	34,000	5,000	-
P-4 PROJECT MANAGER .4360	PW		-	1	1	-	PERSONNEL-POSTS		-	33,000	5,000	-
							DUTY TRAVEL		-	1,000	-	-

NICARAGUA-3100, HEALTH SERVICES

The purpose of this project is to improve the pertinent legislation and administrative system of the Ministry of Health of Nicaragua at the national, regional, and local levels through technical assistance in planning, executing, and evaluating health programs, with special attention to the population coverage of basic general health services.

Objectives include the reconstruction of two general hospitals, three health centers, and the central laboratories of the Ministry; reinstallation of the nursing school; rehabilitation of the water and sewerage systems of Managua and improvement of water supplies in another 64 communities; regulation of sanitary laws, medical certificate of death, and iodization of salt; and establishment of a pilot project of ambulatory health care in a district of Managua.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

UNICEF cooperates in this project.

	TOTAL		3	3	3	3		146,138	109,440	120,759	128,129	
TOTAL			3	3	3	3	TOTAL					
P-5 PAHO/WHO REPRESENTATIVE 4.0543	WR		1	1	1	1	SUBTOTAL	PR	24,679	-	-	
P-4 SANITARY ENGINEER 4.0973	WR		-	-	1	1	PERSONNEL-CONSULTANTS		4,675	-	-	
P-4 SANITARY ENGINEER 4.0973	UNDP		1	1	-	-	FELLOWSHIPS		16,345	-	-	
P-3 NURSE 4.0544	WR		1	1	1	1	PARTICIPANTS		828	-	-	
							COMMON SERVICES		2,831	-	-	
TOTAL			18	5	4	4	SUBTOTAL	WR	73,709	87,040	120,759	128,129
CONSULTANT MONTHS	PR		3	-	-	-	PERSONNEL-POSTS		17,496	58,140	88,840	94,610
CONSULTANT MONTHS	WR		8	4	4	4	PERSONNEL-CONSULTANTS		19,049	8,000	8,800	9,600
CONSULTANT MONTHS	UNDP		7	1	-	-	DUTY TRAVEL		1,562	2,300	3,900	4,700
TOTAL			18	5	3	3	FELLOWSHIPS		23,379	12,600	7,800	7,800
FELLOWSHIPS-ACADEMIC	PR		3	-	-	-	DEV. OF HUMAN RESOURCES		-	-	1,419	1,419
FELLOWSHIPS-ACADEMIC	WR		4	2	1	1	PARTICIPANTS		1,005	-	-	-
FELLOWSHIPS-ACADEMIC	UNDP		-	1	-	-	COMMON SERVICES		11,218	6,000	10,000	10,000
FELLOWSHIPS-SHORT TERM	PR		3	-	-	-	SUBTOTAL	UNDP	47,750	22,400	-	-
FELLOWSHIPS-SHORT TERM	WR		8	2	2	2	PERSONNEL-POSTS		30,000	13,500	-	-
TOTAL			2	-	-	-	PERSONNEL-CONSULTANTS		17,750	1,000	-	-
PARTICIPANTS	PR		1	-	-	-	DUTY TRAVEL		-	1,500	-	-
PARTICIPANTS	WR		1	-	-	-	FELLOWSHIPS		-	6,400	-	-

NICARAGUA-3102, EMERGENCY RELIEF AND REHABILITATION SERVICES

Nicaragua suffered an earthquake in December 1972. The authorities estimate that between 5,000 and 10,000 persons were killed and approximately 20,000 injured. Approximately 27 km² of the city of Managua were damaged, 50% of which was completely destroyed. This involved the loss of homes of approximately half of Managua's population of 400,000 persons. The purpose of this project is to provide emergency supplies for Nicaragua.

UNICEF cooperates in this project.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$
					TOTAL	36,963	5,245	-	-
					SUBTOTAL	PR 35,339	-	-	-
					SUPPLIES AND EQUIPMENT	35,339	-	-	-
					SUBTOTAL	PG 1,624	5,245	-	-
					SUPPLIES AND EQUIPMENT	1,624	5,245	-	-

NICARAGUA-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	12,540	13,140
ZONE ADVISORY SERVICES		-	-	12,540	13,140

NICARAGUA-3300, LABORATORY SERVICES

The central laboratories of the Ministry of Public Health of Nicaragua, as well as the best equipped hospital laboratories, were completely destroyed by the earthquake which occurred in Managua in December 1972. One regional and 85 local laboratories have been established in the 116 health centers in the country. Since the health centers have not had funds assigned for laboratory service operating expenses, materials and supplies essential for laboratory routines have always been lacking.

The purposes of this project are to reorganize the administrative structure of the laboratory system of the Health Ministry through reconstruction of the central laboratories of the Ministry; to establish two more regional laboratories; to extend laboratory service to local health centers where it has not yet been established and to continue to provide assistance in training laboratory technicians.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	1	1	-	TOTAL	5,396	4,500	9,245	7,300
CONSULTANT MONTHS	PR	-	1	1	-	SUBTOTAL	PR 805	4,500	9,245	7,300
TOTAL		2	1	1	1	ZONE ADVISORY SERVICES	-	-	4,545	4,800
FELLOWSHIPS-ACADEMIC	PR	1	-	-	-	PERSONNEL-CONSULTANTS	-	2,000	2,200	-
FELLOWSHIPS-SHORT TERM	PR	2	1	1	1	SUPPLIES AND EQUIPMENT	-	1,000	1,000	1,000
						FELLOWSHIPS	805	1,500	1,500	1,500
						SUBTOTAL	WR 4,591	-	-	-
						SUPPLIES AND EQUIPMENT	4,591	-	-	-

NICARAGUA-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		-	-	5,416	8,731
SUBTOTAL	PR	-	-	750	3,555
ZONE ADVISORY SERVICES		-	-	750	3,555
SUBTOTAL	WR	-	-	4,666	5,176
ZONE ADVISORY SERVICES		-	-	4,666	5,176

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

NICARAGUA-3600, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	7,095	8,610
ZONE ADVISORY SERVICES		-	-	7,095	8,610

NICARAGUA-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	4,365	4,575
ZONE ADVISORY SERVICES		-	-	4,365	4,575

NICARAGUA-4200, NUTRITION

Protein-calorie malnutrition is one of the most serious public health problems, especially among young children. The results of the most recent survey show that 51.8% of children under five years present some degree of malnutrition--grade I, 39%; grade II, 11.3%; and grade III, 1.4%. Endemic goiter is present in 32% of the population; nutritional anemias in fertile-age women and vitamin A deficiency are also prevalent. The average daily intake includes 1,986 calories and 59 grams of protein per capita. The country faces a serious food shortage due to the prolonged drought during 1971-1972.

The objectives of this project are to improve food production through coordinated efforts among the ministries of agriculture, education, and public health and other institutions; to train project personnel in nutrition; and to expand supplementary feeding and nutrition education programs.

TOTAL		-	1	1	-	TOTAL	WR	-	2,000	2,200	-
CONSULTANT MONTHS	WR	-	1	1	-	PERSONNEL-CONSULTANTS		-	2,000	2,200	-

NICARAGUA-4800, MEDICAL CARE SERVICES

As a consequence of the earthquake of December 1972, a total of 1,350 beds in the four largest hospitals in Nicaragua, located in the national capital of Managua, were completely destroyed. The available beds for the total population of the country, 2.4 per 1,000 persons before the disaster, have been reduced to 1.9. At present only 370 beds are available in Managua for acute medical demands. Of the 28 existing hospitals, 14 suffered considerable deterioration in their physical condition and diagnostic and treatment equipment.

This project aims at improving the administrative structure of the hospital system through regionalization, so as to provide better quality medical care to the whole population. Collaboration will be provided in the continuous training of medical care personnel in new concepts of hospital administration.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	4	-	1	TOTAL		6,029	21,924	12,345	13,515
CONSULTANT MONTHS	PG	-	2	-	-	CONSULTANT MONTHS	PR	-	-	6,045	6,315
CONSULTANT MONTHS	WR	-	2	-	1	PERSONNEL-CONSULTANTS		-	3,824	-	-
TOTAL		2	5	2	1	PERSONNEL-CONSULTANTS	WR	6,029	18,100	6,300	7,200
FELLOWSHIPS-ACADEMIC	WR	1	2	1	1	FELLOWSHIPS		-	4,000	-	2,400
FELLOWSHIPS-SHORT TERM	WR	1	3	1	-	FELLOWSHIPS		6,029	14,100	6,300	4,800

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

NICARAGUA-4803, REHABILITATION OF HOSPITALS

Most of the hospitals in Managua were destroyed by the earthquake. International technical assistance is indispensable during the phase of reconstruction and rehabilitation of hospital services in order to organize hospital administration and set up a maintenance and equipment center. The project provides for the services of two experts--each for 18 months--and two fellowships.

TOTAL		2	2	2	-	TOTAL	UNDP	-	45,700	54,900	-
P-4 HOSPITAL ADMINISTRATOR 4.4098	UNDP	1	1	1	-	PERSONNEL-POSTS	-		37,000	47,000	-
P-4 SANITARY ENGINEER 4.4099	UNDP	1	1	1	-	DUTY TRAVEL	-		3,000	3,000	-
						FELLOWSHIPS	-		5,100	4,500	-
						MISCELLANEOUS	-		600	400	-
TOTAL		-	2	2	-						
FELLOWSHIPS-ACADEMIC	UNDP	-	2	2	-						

NICARAGUA-4900, HEALTH AND POPULATION DYNAMICS

This project in Nicaragua was carried out with the cooperation of AID and the technical assistance of PAHO to improve the health of the mother by strengthening the prenatal, delivery, and post-delivery care services rendered by the Managua Hospital and five peripheral centers. As the General Hospital was destroyed by the earthquake which devastated Managua in December 1972, the activities of the project have been temporarily suspended, although advisory services continue to be provided as needed.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	3	-	-	TOTAL		-	6,300	6,181	6,799
CONSULTANT MONTHS	PG	-	2	-	-	SUBTOTAL	PG	-	4,300	-	-
CONSULTANT MONTHS	WR	-	1	-	-	PERSONNEL-CONSULTANTS		-	4,300	-	-
						SUBTOTAL	WR	-	2,000	-	-
						PERSONNEL-CONSULTANTS		-	2,000	-	-
						SUBTOTAL	UNFPA	-	-	6,181	6,799
						ZONE ADVISORY SERVICES		-	-	6,181	6,799

NICARAGUA-6200, MEDICAL EDUCATION

In view of the growing demand for health services in Nicaragua, the growth of population, and the marked shortage of health personnel, the preparation of personnel specialized in this field is imperative. The objective of this project is to collaborate with the Medical School of the National Autonomous University of Nicaragua for the purpose of improving the education of future physicians in the health sciences, raising the quality of the teaching staff, encouraging scientific research, and cooperating in the planning and implementation of the new curriculum.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		3	2	2	2	TOTAL		14,125	7,000	17,385	18,070
CONSULTANT MONTHS	WR	3	2	2	2	SUBTOTAL	PR	3,611	-	5,685	5,970
TOTAL		1	2	2	2	ZONE ADVISORY SERVICES		-	-	5,685	5,970
FELLOWSHIPS-ACADEMIC	WR	1	-	1	1	SUPPLIES AND EQUIPMENT		3,611	-	-	-
FELLOWSHIPS-SHORT TERM	WR	-	2	1	1	SUBTOTAL	WR	10,514	7,000	11,700	12,100
						PERSONNEL-CONSULTANTS		5,251	4,000	4,400	4,800
						SUPPLIES AND EQUIPMENT		1,663	-	1,000	1,000
						FELLOWSHIPS		3,600	3,000	6,300	6,300

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

 \$ \$ \$ \$

NICARAGUA-6400, SANITARY ENGINEERING EDUCATION

The purpose of this project in Nicaragua is to cooperate with the Faculty of Engineering in the improvement of sanitary engineering education. One of its main objectives is to cooperate in training the staff of organizations responsible for environmental sanitation programs. It is planned to award short-term fellowships to teachers and personnel of official organizations; to organize intensive short courses in specific subjects; to help launch the laboratory; and to expand the library.

TOTAL		1	1	1	1	TOTAL	WR	3,549	5,000	5,200	5,400
CONSULTANT MONTHS	WR	1	1	1	1	PERSONNEL-CONSULTANTS		364	2,000	2,200	2,400
TOTAL		-	1	1	1	SUPPLIES AND EQUIPMENT		3,245	-	-	-
						FELLOWSHIPS		-	1,500	1,500	1,500
						COURSE COSTS		-	1,500	1,500	1,500
FELLOWSHIPS-SHORT TERM	WR	-	1	1	1						

NICARAGUA-6600, DENTAL EDUCATION

In the last three years only eight to ten dental students were graduated each year from the sole dental faculty in Nicaragua, that of the National University. There are only 0.6 dentists per 10,000 inhabitants; if the regional target for the dentist/population ratio is to be reached by 1980, at least 20 dental students will have to be graduated every year from 1974 on. The Dental Faculty includes six fulltime and four halftime professors and 13 other teachers on temporary contracts. There is a notable deficiency in the amount and physical condition of teaching space. There is no dental health program in the country, and the available dental clinics are only for acute dental services.

The purposes of this project are to continue the development of a new integrated curriculum, to emphasize the social and preventive aspects of dental health, and to assist in research on dental health problems and in planning the dental health program of the country.

TOTAL		2	1	1	1	TOTAL	WR	3,540	4,000	4,200	4,400
CONSULTANT MONTHS	WR	2	1	1	1	PERSONNEL-CONSULTANTS		2,925	2,000	2,200	2,400
TOTAL		-	1	1	1	SUPPLIES AND EQUIPMENT		615	500	500	500
						FELLOWSHIPS		-	1,500	1,500	1,500
FELLOWSHIPS-SHORT TERM	WR	-	1	1	1						

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	582,286	601,346	509,735	547,615
0100 EPIDEMIOLOGY	2,582	6,882	7,253	7,258
0103 EPIDEMIOLOGY (ZONE III)	5,096	5,460	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-
0200 MALARIA TECHNICAL ADVISORY SERVICES	7,636	4,128	4,027	4,485
0203 MALARIA TECHNICAL ADVISORY SERVICES (ZONE III)	24,345	10,200	-	-
0216 RESEARCH ON THE EPIDEMIOLOGY OF MALARIA ERADIC. IN PROB. AREAS	33,912	-	-	-
0218 PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS	867	900	515	1,078
0400 TUBERCULOSIS CONTROL	-	-	1,131	1,435
0403 TUBERCULOSIS CONTROL (ZONE III)	2,524	2,890	-	-
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	-	1,320	-	1,128
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	181	-	-	1,296
0500 LEPROSY CONTROL	2,055	3,536	1,728	1,984
0507 COURSES ON REHABILIT. AND PREVENTION OF DEFORMITIES (LEPROSY)	-	696	-	-
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	374	-	524	556
0600 VENEREAL DISEASE CONTROL	-	240	132	153
0612 VENEREAL DISEASE SEMINARS	-	560	-	-
0700 PAN AMERICAN ZOOHOUSES CENTER	24,031	29,726	30,189	31,441
0703 VETERINARY PUBLIC HEALTH (ZONE III)	3,860	4,382	-	-
0718 SEMINAR ON EPIDEMIOLOGY OF THE ZOOHOUSES	731	-	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	560	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	489	707
1000 PARASITIC DISEASES	226	555	1,050	1,506
1008 CHAGAS' DISEASE	43	482	268	316
2100 ENVIRONMENTAL SANITATION	1,825	705	777	753
2103 SANITARY ENGINEERING (ZONE III)	5,814	6,330	-	-

2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,391	16,685	15,648	18,295
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	855	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	748	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	4,557	5,236	5,580	5,868
2203 WATER SUPPLIES (ZONE III)	10,311	9,645	-	-
2213 STUDIES AND INVESTIGATION OF WATER RESOURCES	1,644	96	-	-
2220 INSTITUTIONAL DEVELOPMENT	11,863	20,907	26,028	28,104
2223 PUBLIC SERVICES ADMINISTRATION	152	-	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	805	-
2230 RURAL WATER SUPPLY AND SANITATION	-	2,100	2,184	2,268
2300 AEDES AEGYPTI ERADICATION	376	577	644	689
2303 AEDES AEGYPTI ERADICATION (ZONE III)	6,756	-	-	-
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	60	-	-
3000 COORDINATION WITH FOUNDATIONS	1,277	2,568	3,080	3,507
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,296	3,840	3,110	3,383
3125 SPECIAL SEMINARS IN ZONE III	2,800	2,505	-	-
3126 OPERATIONS RESEARCH	68	269	225	233
3129 RESEARCH TRAINING IN BIOMEDICAL SCIENCES	1,374	226	-	-
3130 CONFERENCE ON MYCOLOGY	77	1,304	-	-
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,633	2,003	1,169	1,249
3139 PAHO RESEARCH GRANT PROGRAM	4,906	2,650	3,975	5,300
3145 EMERGENCY PREPAREDNESS	-	532	-	-
3200 NURSING SERVICES	1,664	2,262	2,413	2,533
3203 NURSING (ZONE III)	7,843	10,995	-	-
3210 HOSPITAL NURSING SERVICES	-	695	1,231	1,366
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	553	1,193	1,112	1,171
3215 STUDY ON FACTORS AFFECTING NURSING GROWTH	372	-	-	-
3216 STANDARDS IN NURSING PRACTICE	644	875	-	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	1,261	-	-
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	261	493	309	248
3223 SYSTEMS OF NURSING	50	1,001	1,246	-
3225 UTILIZATION AND TRAINING OF THE TRADITIONAL BIRTH ATTENDANT	-	845	-	-
3300 LABORATORY SERVICES	820	371	465	493
3303 LABORATORY SERVICES (ZONE III)	1,789	4,290	-	-
3311 TRAINING OF LABORATORY PERSONNEL	727	774	894	955
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,430	1,688	221	243
3318 MYCOLOGY RESEARCH AND TRAINING CENTERS	1,082	2,407	942	964
3400 HEALTH EDUCATION	530	496	309	496
3410 TRAINING OF TEACHERS IN HEALTH EDUCATION	335	772	844	916
3500 HEALTH STATISTICS	1,125	723	932	686
3503 HEALTH STATISTICS (ZONE III)	7,259	5,062	-	-
3516 REGIONAL SEMINAR ON DATA PROCESSING	-	723	-	723
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,258	3,057	3,212	3,418
3603 ADMINISTRATIVE METHODS AND PRACTICES IN PUBL. HEALTH (ZONE III)	2,577	4,590	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,500	1,505	-	-
3700 HEALTH PLANNING	5,072	3,162	3,304	3,646
3703 HEALTH PLANNING (ZONE III)	4,074	3,030	-	-
3709 MEETING OF MINISTERS OF HEALTH	756	-	-	-
3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	6,959	10,813	7,880	6,280
4200 NUTRITION ADVISORY SERVICES	4,318	2,018	2,158	2,284
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	260,183	258,942	265,454	273,461
4213 IODINE DETERMINATION IN ENDEMIC GOITER	479	-	-	-
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	69	222	244	443
4230 NUTRITION TRAINING	-	636	844	1,097
4233 NUTRITION TEACHING IN MEDICAL SCHOOLS	-	600	660	720
4238 NUTRITION RESEARCH	148	760	1,354	2,035
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	473	503
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	557	231
4300 MENTAL HEALTH	258	1,800	1,896	1,566
4312 COURSES IN COMMUNITY PSYCHIATRY	-	1,308	-	-
4313 NURSING IN MENTAL HEALTH	4,076	5,850	-	-
4400 DENTAL HEALTH	954	804	1,005	1,206
4409 FLUORIDATION	4,127	3,969	3,340	3,964
4500 HEALTH ASPECTS OF RADIATION	98	120	126	264
4507 RADIATION HEALTH PROTECTION	383	440	462	1,464
4516 PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	84	-
4620 MANAGEMENT OF PESTICIDES	-	350	380	435
4700 FOOD AND DRUG CONTROL	1,958	2,148	2,267	2,372
4703 FOOD REFERENCE LABORATORY (ZONE III)	10,534	-	-	-
4708 FOOD HYGIENE TRAINING CENTER	2,253	2,090	2,353	2,518
4716 TRAINING IN ANALYSIS OF FOOD AND DRUGS	579	400	640	680
4717 SEMINAR ON FOOD HYGIENE	-	610	-	-
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	896
4800 MEDICAL CARE SERVICES	1,149	1,183	1,298	1,462
4803 MEDICAL CARE SERVICES (ZONE III)	5,129	5,790	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,575	2,108	2,804	3,548
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,971	2,676	2,372	3,076
4900 HEALTH AND POPULATION DYNAMICS	13,709	29,617	30,000	34,071
4903 HEALTH AND POPULATION DYNAMICS (ZONE III)	5,681	6,017	-	-
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	2,255	5,796	5,910	6,501
4915 MATERNAL AND CHILD HEALTH	129	390	429	520
4917 CLINICAL AND SOCIAL PEDIATRICS	203	1,635	1,431	1,431
4918 STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,229	-
5000 REHABILITATION	2,030	1,717	1,794	1,944
5100 CHRONIC DISEASES	277	950	1,075	1,118
6000 MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	616	640	711	750
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	576	1,265	2,468	2,847

6200 EDUCATION IN HEALTH SCIENCES	3,354	4,932	6,700	7,788
6203 MEDICAL EDUCATION (ZONE III)	3,203	5,415	-	-
6216 BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,282	2,879	2,816	2,682
6221 LIBRARY OF MEDICINE	5,092	7,263	5,344	5,302
6223 TEACHING OF BEHAVIORAL SCIENCES	1,701	400	-	-
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	467	2,576	1,865	2,126
6300 NURSING EDUCATION	210	840	390	411
6310 NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,942	2,913	670	690
6317 SEMINAR ON NURSING EDUCATION	539	1,451	1,535	1,514
6319 TRAINING OF NURSING AUXILIARIES	293	2,951	3,575	3,351
6320 POSTBASIC COURSES IN NURSING	341	782	625	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,476
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	149	503
6325 EDUCATIONAL TECHNOLOGY IN NURSING	-	-	4,638	7,973
6400 SANITARY ENGINEERING EDUCATION	2,714	2,633	3,052	3,339
6600 DENTAL EDUCATION	1,153	1,494	819	928
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	415	530	322	860
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	495	1,013	345	355
6700 BIOSTATISTICS EDUCATION	152	179	-	690
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	983	963	1,008	1,178
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	1,145	1,893	1,984	2,070
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*-----PORTIONS OF INTER-COUNTRY PROJECTS-----*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	353,139	322,704	405,216	350,106	582,286	601,346	509,735	547,611
PAHO-PR-REGULAR BUDGET	116,790	25,600	104,020	110,470	224,346	219,956	154,448	182,552
PW-COMMUNITY WATER SUPPLY	6,952	44,336	5,000	-	3,180	12,645	15,432	16,230
PI-INCAP REGULAR BUDGET	-	-	-	-	57,320	55,517	57,599	57,599
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	121,477	102,597	102,814	107,070
PG-GRANTS & OTHER CONTRIBUT.	1,624	13,369	-	-	33,456	33,280	14,083	14,215
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	42,192	58,808	60,614	64,127
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	3,265	-	-	-
PS-SPECIAL FUND FOR RESEARCH	-	-	-	-	399	-	-	-
WHO-WR-REGULAR BUDGET	180,023	156,299	205,115	213,037	79,447	67,537	56,715	55,510
UNDP-UN DEVELOPMENT PROGRAM	47,750	83,100	84,900	19,800	16,920	19,503	13,305	11,966
UNFPA-UN FUND POPULATION ACT.	-	-	6,181	6,799	284	31,503	34,725	38,346

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	935,425	924,050	914,951	897,721
PAHO-PR-REGULAR BUDGET	341,136	245,556	258,468	293,022
PW-COMMUNITY WATER SUPPLY	10,132	56,981	20,432	16,230
PI-INCAP REGULAR BUDGET	57,320	55,517	57,599	57,599
PN-INCAP GRANTS & OTHER CONTR.	121,477	102,597	102,814	107,070
PG-GRANTS & OTHER CONTRIBUT.	35,080	46,649	14,083	14,215
PH-PAN AMER. HEALTH & EDUC.FN.	42,192	58,808	60,614	64,127
PK-SPECIAL FUND FOR HEALTH PR.	3,265	-	-	-
PS-SPECIAL FUND FOR RESEARCH	399	-	-	-
WHO-WR-REGULAR BUDGET	259,470	223,836	261,830	268,547
UNDP-UN DEVELOPMENT PROGRAM	64,670	102,603	98,205	31,766
UNFPA-UN FUND POPULATION ACT.	284	31,503	40,906	45,145

PANAMA

BACKGROUND DATA

On the basis of 1960 and 1970 census data, the Panamanian population increased during the decade at an annual rate of 3.06%. The growth rate varies, being twice as high in urban as in rural areas. Panama Province has shown the highest increase (4.8%) as the result of the attraction exercised by the metropolis over the rural areas. The urban sector represented 36% of the total population in 1950 and 41.5% in 1960, rising to 47.6% in 1970.

Panama is a young society with 43% of its population under 15 years of age and one-third of its population economically active.

A substantial decrease has been obtained in illiteracy, which has fallen from 25.2% in 1950 to about 14.1% in 1972.

The general mortality rate shows a falling tendency; in 1972, it was estimated at 6.2%, the major causes of death being (1) cardiovascular diseases; (2) tumors; and (3) accidents, poisoning, and acts of violence.

Sixty per cent of deaths are medically certified. Seventy per cent of the population receive professional care in child birth, coverage being as high as 96.8% in urban areas and 41.5% in rural areas.

The infant mortality rate has continued to fall significantly, from 42.7 per 1,000 in 1967 to 34.3 per 1,000 in 1972; for urban areas in 1972 it was 31.3 per 1,000 and in Panama City, 29.7 per 1,000. It is one of the lowest rates in Latin America.

Between 1960 and 1970 the average growth rate of the Panamanian economy was 9.6% per annum.

The marked and sustained increase in gross national product (GNP) represents a rise in per capita income of approximately 5%, an achievement that substantially exceeds the minimum goal set in the Charter of Punta del Este.

In examining the variations in the makeup of the GNP in the past decade, it is clear that the major development has been in the manufacturing and industrial sector, followed by the commercial sector, which tripled its volume during the period.

Imports of goods and services have grown at an accelerated rate and have overtaken exports.

In the exports sector, the banana industry and prawn fisheries were affected in the past year by unfavorable climatic conditions.

An examination of global demand indicates that investments have made an immense contribution to the economic growth achieved over the past five years.

Consumer expenditures represented 80.4% of the GNP in 1972, according to preliminary figures.

Continued banking publicity which represented Panama as an international banking center, the present exchange rate, and political stability have substantially increased banking deposits and loans.

Another factor that should be mentioned, in view of its impact on the global development plan, is the concentration of manufacturing and trading industries in the metropolitan area. Of the industrial output, 81% comes from the capital, which is the home of 42% of the Panamanian population and provides occupations for 75% of the country's employed workers, earning 90% of total salaries and wages and representing 78% of the GNP.

Health Sector Objectives and Policies and Their Relation to Other Sectors

1. First Objective

1.1 Definition

Accelerate the process of incorporation of the marginal population, especially those residing in rural areas, into the health services

The realization in the near future of the objective set calls for a 20% increase over the present coverage of the population in rural areas and the maintenance, without attrition, of the present satisfactory ratios of coverage in urban areas.

1.2 Policies for Achieving this Objective

1.2.1 Allot and organize resources for the provision of minimal, basic, and integrated services for marginal population groups.

1.2.2 Implement organizational and health education programs in the communities.

1.3 Consistency and Implications of Health Sector Policies

1.3.1 Consistency with the Objectives of the Panamanian Revolution

The policy of increased coverage is consistent with the following objective of the national plan: "Achieve a better distribution of income, whilst at the same time maintaining the country rate of economic growth," since it makes available health services to those who either directly or indirectly pay for them and who nevertheless so far do not enjoy their benefits. This policy is also consistent with the national goal of upgrading the quality life of marginal population groups and incorporating them into the productive process, since to improve their health levels is to increase and raise their productive potential.

The national goal of achieving the participation of the population in the development process is expressed and reinforced in the health sector policy that seeks to expand programs of health organization and education at the community level, since these call for the positive and purposeful involvement of the community in the planning, execution, supervision, and evaluation of health programs.

1.3.2. Implications

Two options arise in carrying out a policy that seeks to allot and organize resources to meet the needs of marginal population groups:

- (a) Redistribution of resources concentrated in urban areas.
- (b) Expansion of the rate of acquisition of new resources either inside or outside the country.

Both options have economic and political implications. In the case of the first option a drastic redistribution of resources would provoke reactions from groups and bodies affected by such a step. To achieve such a redistribution, it would be essential to provide personnel who work in areas of difficult access with financial incentives, a step that would increase health sector costs.

The second option, i.e., to increase existing resources, would directly increase health sector costs and would, in addition, call for an increase in domestic production of such resources, which, if not accurately quantified, would give rise to an increase in the supply of labor which, if not absorbed on the job market, would cause migration to other countries and would represent a loss of national wealth.

Any increase in resources, especially personnel, based on their acquisition outside the Republic of Panama would provoke protests in the domestic arena and reactions from organized labor.

The most significant short- and medium-term implications of the policy of expanding community organization and education programs would appear to be increased health sector expenditures, as a result of the continuing expansion of organized demand and the strengthening of the political power of the marginal population, which would be able to participate conscientiously in the planning, execution, supervision, and evaluation of various health programs.

2. Second Objective

2.1 Definition

Guarantee the Quality and Efficiency of Health Services

This objective seeks to ensure the optimal utilization and effectiveness of available human, physical, and financial resources, and to provide efficient and timely health services for the overwhelming majority of the population.

2.2 Policies for the Realization of this Objective

2.2.1 Create a single regionalized health system through integration of the resources of all state agencies furnishing health services.

2.2.2 Overhaul the equipment and operations of health institutions on the basis of centralized sectoral programming.

2.2.3 Reorient and expand the training and retraining of manpower for the health sector.

2.3. Consistency and Implications of Health Sector Policies

2.3.1. Consistency with the Objectives of the Panamanian Revolution

The above policies provide for health services of better quality for a large number of persons, bringing to existence the manpower needed on the basis of present levels of real demand in the health sector, and also contribute to a more rational use of health resources. They are therefore consistent with national objectives for development and change, for the distribution of income, for raising the quality of life of the marginal man, and for his incorporation into the productive process.

2.3.2 Implications

The adoption of a policy of integration would lead to the initiation of a process of administrative reorganization, whose principal short- and medium-term effects would be the offsetting of the accelerating pace of inflation of the health sector by neutralizing its principal causes, i.e., the competition for personnel resources amongst various government agencies.

The overhaul of health institutions will call for the regulation of the rate of investment in facilities and equipment, and restrictions that will prevent the construction of unnecessary buildings.

The expansion and reorientation of the training and retraining of health sector manpower will result in changes in current patterns of instruction that will themselves lead to modifications in the national system of education.

Third Objective

3.1 Definition

Reduce environmental risks especially those resulting from communal and shared facilities

The realization of this objective calls for a wide range of activities covering the supply of potable water; the satisfactory disposal of excreta; the control of arthropods and rodents; the control of chemical, biological, and radioactive pollution of the air, sea, land, lakes, and waterways; and the creation of optimum conditions for conserving and prolonging the useful life of human and natural resources.

3.2 Policy for the realization of this objective

Expand health protection measures.

3.3 Consistency and Implications of Health Sector Policies

3.3.1 Consistency With the Objectives of the Panamanian Revolution

Improvements in sanitary conditions and the increased health protection of the Panamanian population is consistent with those national objectives that call for improvements in the quality of life of the marginal man and his incorporation into the productive process.

3.3.2 The main thrust of the policy adopted is to orient action in the health sector towards the control of adverse environmental factors and therefore to limit other activities in the health sector that are less productive and more costly.

PROTECTION OF HEALTH

Communicable Disease Control

Smallpox has been eradicated since 1958 although surveillance continues to be maintained through border controls. The coverage of the smallpox vaccination program is low, amounting to only 33% of the target.

The incidence of measles has fallen over the past three years, the specific mortality rate being estimated at 10 per 100,000 for 1973. The immunization program for unweaned infants after the ninth month has been intensified.

The diphtheria rate is below 0.3 per 100,000, and effective control is being maintained through the immunization program.

Deaths from poliomyelitis have been reduced to nil since 1970 and the immunization program has been completed.

The tuberculosis mortality rate stands at 15 per 100,000 for 1973.

In recent years the morbidity rate from venereal diseases has increased as a result of better case-finding and case-reporting procedures.

With respect to malaria, there are no areas from which it has been eradicated. Transmission has been interrupted from about 30% of the original malarious area, where attack measures have been suspended. These areas will pass in the course of the present year into the consolidation phase. Seventy per cent of the original malarious area continues to be in the attack phase although the disease has only established foci among 6% of the total population. Transmission is considered halted, except in the Provinces of Bocas del Toro, Panamá, and Darién. In December 1973 there was a resurgence in the San Blas region, which accounted for 66% of all the cases in the country.

Panama City has been reinfested with Aedes aegypti since October 1972.

In July 1973 it was observed that cases of deaths in monkeys in Darién were occurring closer and closer to the capital city. In February 1974 two confirmed cases of jungle yellow fever occurred in Las Serranías de Majé, one of which proved fatal. A large-scale immunization campaign was initiated.

Proposed changes in objectives in communicable disease programs may be summarized as follows: (1) reduce the measles mortality rate to 1 per 100,000 inhabitants; (2) complete the smallpox vaccination program, covering 20% of the entire population each year; (3) reduce the incidence of tuberculosis to 0.5 per 1,000 population and its prevalence to 3.0 per 1,000, and lower the specific mortality rate to 12 per 100,000, a reduction of approximately 40% by the end of the decade; (4) eradicate malaria in 80% of the national territory by 1980 by interrupting transmission in areas under control; and (5) continue measures for eradication of Aedes aegypti and protection of the population in areas of jungle penetration, irrespective of the vertical activities of the yellow fever immunization campaign that is being undertaken.

Environmental Health

Panamanian environmental sanitation services, particularly those in the rural sector, provide inadequate coverage of the population. In early 1973, 91.4% of the urban population had dwellings connected to potable water mains, whereas the corresponding figure for the rural sector was only 50.8%. In sewerage, urban Panama has a coverage of some 72.9%, whereas the rural sector has various forms of sanitary disposal of excreta, such as rural sewerage, septic tanks, or sanitary latrines, covering in total 69.2% of rural communities.

The collection and final disposal of garbage is undertaken in all cities of more than 20,000 inhabitants, although the removal and final disposal arrangements are only fully effective in Panama City and Colón.

The data available on such increasingly serious environmental problems as air and water pollution, radiation, industrial hygiene, and inspection of food products, are either inadequate or of little use. It should also be added that there is a shortage of trained personnel for sanitary engineering programs.

To remedy this situation it is necessary to (1) strengthen the administrative structure of public agencies in this field to enable them to prepare planning and organizational programs and establish priorities and procedures; (2) concentrate attention on water supply and the removal of solid wastes, especially in small communities; (3) determine the extent of air, water, and soil pollution; (4) establish guidelines for carrying out programs in the areas of industrial hygiene, food inspection, collection and removal of solid wastes, marketing and abattoirs, insect and rodent control, and urbanization; and (5) expand basic sanitation programs in rural areas.

The country has set itself the following targets: (1) provide 96% of the urban population with connections to potable water mains, completing the potable water plant and expanding the "Acueducto de Panamá", by extending and improving the seven systems that are lacking out of the 23 included in the program, and promote household main connections through financing from the Revolving Fund; (2) provide 70% of the rural population with potable water supply, programming the construction (IDAAN) of 110 water supply systems in communities of between 500 and 2,000 inhabitants; in addition, the Ministry of Health will construct 70 water supply systems and build 450 sanitary wells in communities with an average of less than 500 inhabitants a year; (3) provide 85% of the urban population with sewerage services, expand and improve 11 sewerage systems in the interior of the country, and also encourage household connections to sewerage mains through financing from the Revolving Fund; (4) provide a similar figure of 85% of the population with sanitary services for the disposal of excreta by the end of the decade, encouraging expansion and improvements of sewerage systems through community self-help and refusing to approve urban developments without sewerage systems; and (5) IDAAN plans to improve all the services for which it is responsible and to make commercial use of garbage through industrial processing and so provide funds for reorganization, the purchase of equipment, and the remuneration of its employees.

PROMOTION OF HEALTH

General Services

Laboratory Services:

An effective laboratory system has not been established. Existing coverage is inadequate, the services available are not effectively used, productivity is limited, and resources of manpower and materials are inadequate.

There are 82 health establishments with regular medical services, of which 43 have a laboratory.

The Blood Bank of the Santo Tomás Hospital (the major hospital in the country), the head of which is also National Supervisor of Blood Banks, is the largest and best equipped; it types and processes blood from which it prepares such derivatives as plasma, frozen plasma, concentrates of platelets, plasma plus platelets, blood deficient in erythrocytes, and globule packages. It has no facilities for the preparation of gammaglobulins. There are also blood banks at Colón, David and in the General Social Security Hospital in Panamá. Blood transfusion services with very limited storage capacity exist at the Chitré, Aguadulce, and Las Tablas Hospitals.

A four-year graduate course in biology, with special studies in medical technology, is held at the University of Panama. Approximately 600 students are currently registered for this course. There is also a course for training laboratory auxiliaries held at the Central Health Laboratory. Students are required to be high school science graduates (bachillerato en ciencias). The course provides one year of practical training and is currently able to take eight students a year.

Nursing:

The programming of nursing has been initiated in recent years and a nursing system for the country has been proposed. To determine the level of care in hospital nursing, the study undertaken in Central America and Panama is being expanded and the standards adopted are being applied to hospital services throughout the country. In any event, nursing manpower exceeds the levels set in the hemispheric goals of the Ten-year Health Plan for the Americas: there is a ratio of 7.2 nurses and 11.2 auxiliaries to each 10,000 inhabitants, although the distribution is distorted by the heavy concentration of personnel in the metropolitan area.

Health Education:

The Health Education Service has been integrated with the Program for Community Organization and Health Education and all its efforts are being concentrated on community organization, with a consequential reduction in educational activities supplementing various basic programs. Health education auxiliaries have been trained in response to the demand for personnel in the health education field. There are at present 14 health educators and 21 health education auxiliaries.

Epidemiological Surveillance:

No institutionalized system of epidemiological surveillance at present exists. Action in this field is confined to the central epidemiological section and to control programs along traditional lines.

Specific Programs

Rural Health Program:

The development process in Panama does not yet fully incorporate a system of community participation, and the health services are operated without adequate community planning and preparation. Communities without organization are less receptive to health programs and fail to effectively identify their problems and to make full use of available resources. The urban sector is better organized and better able to benefit from health services than the rural sector. As a result, rural areas receive inadequate attention or are only served sporadically and in cases of emergency.

The Rural Health Program, within the framework of national health policy, seeks to raise health levels in communities through more active participation on their part and by better organization. It has therefore promoted, encouraged, and organized health committees throughout Panama (currently some 600 committees have been formed and are at work); coverage of rural communities with minimal services has been increased; in medical care the emphasis has been laid on a system of regionalization; a community nursing school has been established; community self-help activities have been promoted and encouraged with a view to the installation of rural water supply systems with community labor and the improvement of family gardens through the adoption of modern techniques and the addition of some new species; and standardized procedures are being introduced and the domestic rearing of stock which can provide a source of protein has been developed and encouraged. The aim is also to decentralize basic programs at the executive level in order to regionalize the utilization of health teams and medical equipment, and also to introduce the community to specific aspects of health and relate basic needs to available resources.

Maternal and Child Health and Family Welfare Program

In 1972 the infant mortality rate was 37.6 per 1,000 live births, the mortality rate in the one to four year age group was 7.4 per 1,000, and the maternal mortality rate 1.1 per 1,000 live births. Prenatal care reached only 28.6% and professional care in childbirth only 62.8%. The main causes of death in infants of less than one year were diarrheal diseases, acute respiratory infections, malnutrition, intestinal parasitosis, and accidents.

Facilities for hospital care of children are heavily concentrated in the capital and in the other two major cities of the country.

Mental Health

On the basis of hospital records for the 1961-70 decade, it is estimated that one to three per 1,000 of the population require special inpatient treatment and that some 15 per 1,000 can be covered on an outpatient basis at a rate of three visits a year. Whereas the demand for inpatient treatment can be regarded as satisfactorily met, only 25% of the demand for outpatient services is covered.

For the most part health care provides for measures of primary prevention in the biological aspects of mental health. So far as its psychosocial and sociocultural aspects are concerned, a slow but systematic start has been made, currently confined to some sectors of the metropolitan region and Colón, and what is being done at the Azuero regional hospital. These measures will only affect certain school groups and women during pregnancy.

No reliable or valid data is available on drug dependency. During the past decade average admissions to the National Psychiatric Hospital for these problems amounted to only 10 patients. Some unquantified evidence exists on the use of narcotics, especially marihuana, among adolescents in the upper and middle classes.

Hospital and medical records constitute the only available data and there is no epidemiological basis for an evaluation of the mental health situation in the population as a whole.

Nutrition

The most recent and reliable data on the nutrition situation in Panama is that provided by INCAP in the 1967 survey. Among children of less than five years of age the prevalency rate for grade II protein-calorie malnutrition may be regarded as 10.8%, and for grade III malnutrition as 1.1%. The prevalence of iron-deficiency anemias in pregnant women is not known, except for the data furnished by studies made in a few communities in connection with community medicine seminars, which show a rate of some 33% in certain localities but are not representative of the situation in the country as a whole. At the express instructions of the Head of the Government, work is now being undertaken on a supplementary food program for localities in which the mortality rate for the one to four age group exceeds 24.7%.

Medical Care Program for Adults

Sixty per cent of adult deaths are attributable to chronic diseases, atendency that is on the increase. Of all deaths, 81% are the result of cancers and tumors, a proportion that increases to 12.5% in the adult group alone. The average rate of occupation in hospital establishments was 80.3% in 1972 and the average duration of stay 125.5 days.

Over the past three years, outpatient care at major metropolitan hospitals has been transferred to district clinics as a result of a realistic decentralization policy that seeks to bring medical resources closer to population centers.

Dental Care

There are 1.4 dentists to each 10,000 inhabitants, i.e., the professional resources represent only 60% of the hemispheric goal. The Dental School of the University of Panama has an average output of seven dentists a year, a figure that is to be raised to 20 or more in the next three years.

There is a relative shortage of dental equipment, a situation that it is hoped to remedy through the acquisition of PAHO turbines. All communities of more than 50,000 inhabitants have fluoridated water supplies. Fifteen per cent of the total time available for dental services in the country has been devoted to preventive epidemiological measures. There is an extensive and intensive training program for auxiliary personnel.

Administrative Program

Administrative Reform:

Although no program of administrative reform has been formally introduced, some individual measures have been taken with a view to administrative improvements, largely by the Organization and Methods Section, and the bases for the adoption of institutional development processes as part of the national health plan are being studied.

Sectoral Coordination:

No fully articulated system of sectoral coordination has been introduced. The National Institute of Water Supply and Sewerage (IDAAN) has based its operational policy on the recommendations in the Ten-year Health Plan for the Americas, and the other two major agencies in the sector have been working for one year on the integration of services and resources, a target already achieved in three Panamanian provinces representing 20% of the country's total population. This process of integration will be reinforced by an active regionalization program.

Health Planning and Statistics:

The country is at the stage of reformulating its National Health Plan in the light of the targets for economic and social development set by the Ministry of Planning and Economic Policy. Work is proceeding by health areas, and local plans are being prepared starting with the integrated areas. During 1973, 30 directing personnel from the three agencies in the health sector attended an intensive nine-week training course. During recent months a review of all medical care guidelines and standards has been under way, and efforts will be made to adjust the situation shown in the survey accordingly.

Substantial progress has been made in the collection, analysis, and presentation of statistical information. Since 1968 the Ministry of Health has had a 360/20 computer, which has significantly speeded up data tabulation.

The Commission on Vital Health Statistics, which had not met since 1969, became active again in April 1973 as a result of action by the Population and Planning Department of the Ministry of Health.

Research:

Health research is undertaken by the Ministry of Health, the Social Security Fund, and the University. Coordination of these activities is ineffective.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

No procedures for planning human resources for health exist in Panama. There are only 7.2 physicians and 1.1 dentists for each 10,000 inhabitants. In absolute terms there are 7.2 nurses for each 10,000 inhabitants, but they are inequitably distributed with a high concentration in the capital city and in other cities of more than 20,000 inhabitants.

By express decision of the Government the number of places in the Medical School is to be increased, although neither the funds nor the capacity for this are available. The shortage of professional dentists will continue for a further decade, although within three years the annual output can be quadrupled to an estimated 20 or 30 dentists a year.

The Engineering Faculty of the University of Panama includes instruction in sanitary engineering subjects in its curricula. Specialized studies in this field must, however, be undertaken in universities abroad. The number of professional specialists is estimated at 25.

PANAMA - PROGRAM BUDGET

1 9 7 3		1 9 7 4			1 9 7 5		1 9 7 6	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
291,457	31.8	341,495	34.3	I. PROTECTION OF HEALTH	263,892	28.8	270,838	27.9
158,916	17.3	137,626	13.9	A. COMMUNICABLE DISEASES	127,253	13.9	138,657	14.3
27,365	3.0	25,822	2.6	0100 GENERAL	11,073	1.2	11,258	1.2
109,029	11.9	80,728	8.1	0200 MALARIA	86,202	9.4	91,941	9.5
3,966	.4	5,655	.6	0400 TUBERCULOSIS	5,661	.6	8,045	.8
2,428	.3	3,536	.4	0500 LEPROSY	2,252	.3	2,540	.3
-	-	800	.1	0600 VENEREAL DISEASES	132	*	153	*
15,859	1.7	19,228	1.9	0700 ZOONOSES	19,746	2.2	20,695	2.1
-	-	820	.1	0900 OTHER	869	.1	2,203	.2
269	*	1,037	.1	1000 PARASITIC DISEASES	1,318	.1	1,822	.2
132,541	14.5	203,869	20.4	B. ENVIRONMENTAL HEALTH	136,639	14.9	132,181	13.6
78,225	8.5	62,083	6.2	2100 GENERAL	58,765	6.4	65,323	6.7
41,396	4.5	120,878	12.1	2200 WATER SUPPLIES	55,532	6.0	63,434	6.5
11,525	1.3	18,858	1.9	2300 AEGES AEGYPTI ERADICATION	19,943	2.2	903	.1
923	.1	1,132	.1	2400 HOUSING	1,429	.2	1,501	.2
472	.1	918	.1	2500 AIR POLLUTION	970	.1	1,020	.1
557,492	61.0	594,060	59.2	II. PROMOTION OF HEALTH	588,399	63.6	622,278	64.0
183,803	20.1	184,647	18.5	A. GENERAL SERVICES	184,462	19.9	195,066	20.1
90,837	9.9	78,497	7.8	3100 GENERAL PUBLIC HEALTH	86,528	9.4	114,030	11.7
11,014	1.2	19,620	2.0	3200 NURSING	18,853	2.0	26,337	2.7
14,197	1.6	11,030	1.1	3300 LABORATORY	9,227	1.0	9,681	1.0
865	.1	1,267	.1	3400 HEALTH EDUCATION	1,153	.1	1,412	.2
6,252	.7	6,908	.7	3500 STATISTICS	6,788	.7	10,620	1.1
6,658	.7	9,591	1.0	3600 ADMINISTRATIVE METHODS	10,767	1.2	12,518	1.3
53,980	5.9	57,734	5.8	3700 HEALTH PLANNING	51,146	5.5	20,468	2.1
373,689	40.9	409,413	40.7	B. SPECIFIC PROGRAMS	403,937	43.7	427,212	43.9
263,009	28.7	262,568	26.2	4200 NUTRITION	271,079	29.4	280,048	28.8
6,554	.7	11,138	1.1	4300 MENTAL HEALTH	7,740	.8	7,405	.8
5,081	.6	5,214	.5	4400 DENTAL HEALTH	6,822	.7	9,209	1.0
2,415	.3	4,180	.4	4500 RADIATION AND ISOTOPES	3,516	.4	3,360	.3
544	.1	877	.1	4600 OCCUPATIONAL HEALTH	1,135	.1	1,233	.1
14,344	1.6	4,601	.4	4700 FOOD AND DRUG	4,692	.5	5,649	.6
9,824	1.1	19,556	1.9	4800 MEDICAL CARE	17,018	1.8	18,901	1.9
68,994	7.5	96,712	9.6	4900 FAMILY HEALTH AND POP. DYNAMICS	66,915	7.4	96,109	9.9
2,090	.2	1,717	.2	5000 REHABILITATION	1,794	.2	1,944	.2
834	.1	2,850	.3	5100 CANCER & OTHER CHRONIC DISEASES	3,226	.4	3,354	.3
66,202	7.2	66,572	6.5	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	69,278	7.6	79,929	8.1
1,157	.1	2,530	.2	6100 PUBLIC HEALTH	2,468	.3	2,847	.3
20,144	2.2	33,220	3.3	6200 MEDICINE	27,749	3.0	29,577	3.0
8,767	1.0	13,337	1.3	6300 NURSING	15,282	1.7	20,817	2.1
7,772	.8	7,913	.8	6400 ENVIRONMENTAL SCIENCES	8,964	1.0	9,391	1.0
23,910	2.6	6,537	.6	6600 DENTISTRY	7,790	.8	9,185	.9
4,452	.5	3,035	.3	6700 BIostatistics	7,025	.8	8,112	.8
915,151	100.0	1,002,127	100.0	GRAND TOTAL	921,569	100.0	973,045	100.0

*LESS THAN .05 PER CENT

PANAMA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	*PERSONNEL*		*DUTY*	*TRAVEL*	*FELLOWSHIPS*		*SEMINARS*	*SUPPLIES*	*GRANTS*			
		POSTS PROF.	LOCAL MONTH	AMOUNT	AMOUNT	ACAD.	SHORT	AMOUNT	PART.	AMOUNT	AND EQUIPMENT	AND OTHER	
	\$			\$	\$			\$	\$	\$	\$		
1973													
PAHO--PR	318,006	4	-	4	234,385	23,849	3	1	15,085	1	5,725	10,213	28,749
PW	15,198	-	-	6	14,820	278	-	-	-	-	-	-	100
PI	57,317	-	-	-	29,838	1,131	-	-	-	-	-	9,359	16,989
PN	121,475	-	-	-	52,404	5,208	-	-	4,965	-	-	14,476	44,422
PG	79,302	-	-	6	31,461	1,509	-	6	9,129	-	4,487	7,359	25,357
PH	43,901	-	-	-	18,432	2,514	-	-	1,935	-	876	8,759	11,385
PK	3,452	-	-	-	3,269	38	-	-	-	-	-	34	111
PS	399	-	-	-	-	-	-	-	-	-	-	-	399
WHO--WR	204,525	2	-	5	102,816	7,526	7	15	53,117	4	10,666	14,536	15,864
UNDP	71,292	2	-	18	67,655	-	-	-	864	-	-	1,788	985
UNFPA	284	-	-	-	284	-	-	-	-	-	-	-	-
TOTAL	915,151	8	-	39	555,364	42,053	10	22	85,095	5	21,754	66,524	144,361
PERCENT OF TOTAL	100.0				60.7	4.6			9.3		2.4	7.2	15.8
1974													
PAHO--PR	313,389	3	-	3	228,230	20,310	3	8	27,621	-	5,878	5,489	25,861
PW	84,730	-	-	30	77,145	585	-	-	-	-	-	-	7,000
PI	55,515	-	-	-	31,470	718	-	-	-	-	-	6,686	16,641
PN	102,554	-	-	-	56,042	5,191	-	-	5,288	-	-	7,841	28,232
PG	58,815	-	-	-	12,025	679	-	-	1,170	-	6,985	8,967	28,989
PH	61,128	-	-	-	24,494	2,544	-	-	5,724	-	129	8,760	19,477
WHO--WR	204,682	3	-	6	125,280	8,134	3	9	35,827	-	10,110	12,215	13,116
UNDP	72,361	2	-	-	63,804	3,609	-	-	1,582	-	-	2,175	1,191
UNFPA	48,913	-	-	-	28,123	1,375	-	-	11,532	-	3,475	2,928	1,480
TOTAL	1,002,127	8	-	39	646,613	43,145	6	17	88,744	-	26,577	55,061	141,987
PERCENT OF TOTAL	100.0				64.5	4.3			8.9		2.7	5.5	14.1
1975													
PAHO--PR	334,987	3	-	4	253,674	22,154	2	6	19,552	-	3,607	8,087	27,913
PW	15,432	-	-	-	14,772	660	-	-	-	-	-	-	-
PI	57,595	-	-	-	33,043	718	-	-	-	-	-	6,718	17,116
PN	102,814	-	-	-	56,091	5,179	-	-	5,288	-	-	8,138	28,118
PG	9,479	-	-	-	5,194	-	-	-	-	-	-	1,214	3,071
PH	62,237	-	-	-	25,377	2,218	-	-	5,756	-	-	7,712	21,174
WHO--WR	228,075	3	-	9	141,805	7,934	4	10	42,251	-	8,081	13,473	14,531
UNDP	46,469	1	-	-	39,464	2,054	-	-	455	-	-	1,959	2,537
UNFPA	64,481	-	-	-	38,681	1,875	-	-	11,820	-	6,540	3,685	1,880
TOTAL	921,569	7	-	13	608,101	42,792	6	16	85,122	-	18,228	50,986	116,340
PERCENT OF TOTAL	100.0				66.0	4.7			9.2		2.0	5.5	12.6
1976													
PAHO--PR	473,213	2	-	5	267,602	21,851	2	9	29,556	-	5,419	14,436	34,349
PW	16,230	-	-	-	15,510	720	-	-	-	-	-	-	-
PI	57,597	-	-	-	34,670	718	-	-	-	-	-	5,600	16,609
PN	107,070	-	-	-	58,865	5,179	-	-	5,288	-	-	8,138	29,600
PG	9,504	-	-	-	5,440	-	-	-	-	-	-	868	3,196
PH	66,562	-	-	-	26,578	2,306	-	-	5,967	-	-	8,609	22,982
WHO--WR	256,350	3	-	18	170,878	6,608	4	10	42,656	-	6,369	11,424	16,415
UNDP	15,460	-	-	-	10,510	509	-	-	366	-	-	1,683	2,332
UNFPA	71,179	-	-	-	42,737	2,125	-	-	13,002	-	7,194	4,053	2,068
TOTAL	973,045	5	-	23	632,790	42,076	6	19	96,835	-	18,982	54,811	127,551
PERCENT OF TOTAL	100.0				65.0	4.3			10.0		2.0	5.6	13.1
<p>PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO-WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WHO-GRANTS AND OTHER FUNDS</p>													

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

PANAMA - DETAIL

PANAMA-0100, EPIDEMIOLOGY

Panama does not have sufficient specialized personnel in the field of epidemiology. PAHO will provide a full-time epidemiologist to work in the Department of Epidemiology. The project has been extended since new centers of development are being opened up, especially in the eastern region of the country along Río Bayamo and in the Province of Darién. Both are malaria endemic zones, which will require more than the usual surveillance activities in order to avoid resurgence of the disease.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	-	-	TOTAL	20,400	15,300	3,820	4,000	
P-4 EPIDEMIOLOGIST 4.3688	UNDP	1	1	-	-	SUBTOTAL	PR	-	-	3,820	4,000
						ZONE ADVISORY SERVICES		-	-	3,820	4,000
						SUBTOTAL	UNDP	20,400	15,300	-	-
						PERSONNEL-POSTS		20,400	13,800	-	-
						DUTY TRAVEL		-	1,500	-	-

PANAMA-0200, MALARIA ERADICATION

In the malarious area of Panama (69,840 square kilometers) there are 1.5 million inhabitants. At the present time a three-year plan (1973-1975) is being carried out which the National Government finances and executes with the technical assistance of PAHO/WHO. The epidemiological situation has developed favorably, and it has already been possible to suspend attack operations in areas of five provinces which, in the judgment of an evaluation group which visited the program in November 1973, will be able to pass to the consolidation phase in 1974. In these areas there are 410,000 inhabitants.

More than 70% of the infestation continues to be focused in limited areas of persistence located east of the Panama Canal in which only 5% of the total population of the malarious area live. In 1973, 1,595 cases of malaria were registered, based on 344,315 blood samples examined, which represented an increase over the year 1972 when only 819 cases were registered. The increase was mainly due to an outbreak that occurred in San Blas, which is being controlled through emergency measures.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		2	3	3	3	TOTAL	52,703	70,600	80,115	85,300	
P-4 MEDICAL OFFICER .0551	PR	1	-	-	-	SUBTOTAL	PR	23,549	21,100	27,480	28,760
P-4 SANITARY ENGINEER 4.0552	WR	1	1	1	1	PERSONNEL-POSTS		23,442	19,600	20,500	21,400
P-2 ENTOMOLOGIST 4.0538	WR	-	1	1	1	ZONE ADVISORY SERVICES		-	-	5,380	5,660
P-2 SANITARIAN .0556	PR	-	1	1	1	DUTY TRAVEL		107	1,500	1,600	1,700
						SUBTOTAL	WR	29,154	49,500	52,635	56,540
						PERSONNEL-POSTS		26,432	42,800	45,635	49,340
FELLOWSHIPS-SHORT TERM	WR	1	-	-	-	DUTY TRAVEL		1,711	2,500	2,800	3,000
						SUPPLIES AND EQUIPMENT		751	4,200	4,200	4,200
						FELLOWSHIPS		260	-	-	-

PANAMA-0400, TUBERCULOSIS CONTROL

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	4,530	4,725
ZONE ADVISORY SERVICES		-	-	4,530	4,725

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

 \$ \$ \$ \$

PANAMA-0700, VETERINARY PUBLIC HEALTH

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	4,670	4,992
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ZONE ADVISORY SERVICES		-	-	4,670	4,992

PANAMA-2100, ENVIRONMENTAL SANITATION

The population of Panama, particularly in rural areas, is inadequately covered by basic environmental sanitation. An effort is being made to improve water quality in rural supply systems and to increase the number of home connections. Rural sewerage service is minimal; human waste is disposed of almost exclusively in outhouses. Relatively speaking, urban areas enjoy satisfactory water supply and sewerage services. Panama City and Colón are the only towns with acceptable solid waste collection, removal, and disposal services. Since data are lacking or insufficient, the extent and gravity of air, water, and soil pollution problems are unknown. The professional and auxiliary personnel needed to conduct environmental sanitation programs must be trained.

This project seeks to improve the situation by (1) strengthening the technical and administrative structure of the government agencies responsible for developing plans and programs of urban and rural sanitation; (2) devoting attention to the provision of water supply services, particularly in rural communities through home connections; (3) fostering provision of adequate urban sanitation services; (4) establishing legal standards for monitoring and controlling air, water, and soil pollution; (5) developing and conducting programs in industrial and food hygiene, control of markets and slaughterhouses, improvement of housing, and insect and rodent control; (6) expanding basic sanitation programs in rural areas; and (7) training professional and auxiliary personnel for responsibilities in sanitation programs.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	1	TOTAL	43,142	40,300	46,430	50,630
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P-4 SANITARY ENGINEER .0549	PR	1	1	1	1	SUBTOTAL	40,102	40,300	46,430	50,630
TOTAL		1	2	1	2	PERSONNEL-POSTS	22,205	27,100	28,300	29,500
-----	-----	-----	-----	-----	-----	ZONE ADVISORY SERVICES	-	-	6,630	6,930
CONSULTANT MONTHS	PR	1	2	1	2	PERSONNEL-CONSULTANTS	1,804	4,000	2,200	4,800
TOTAL		6	3	3	3	DUTY TRAVEL	1,040	1,200	1,300	1,400
-----	-----	-----	-----	-----	-----	SUPPLIES AND EQUIPMENT	-	200	200	200
FELLOWSHIPS-ACADEMIC	PR	3	1	1	1	FELLOWSHIPS	15,053	7,800	7,800	7,800
FELLOWSHIPS-SHORT TERM	PR	1	2	2	2	SUBTOTAL	3,040	-	-	-
FELLOWSHIPS-SHORT TERM	WR	2	-	-	-	-----	-----	-----	-----	-----
						FELLOWSHIPS	3,040	-	-	-

PANAMA-2200, WATER SUPPLIES

By the end of 1972, 100% of the urban population of Panama had water services and 91.4% had house connections. In the rural sector, 50.8% of the population had water supplies, but only 9.1% had connection to a distribution system. In regard to the disposal of liquid household wastes, 72.9% of the urban and 0.6% of the rural population had sewerage services, while a further 25.3% of the population in the urban and 68.6% in the rural sector had septic tanks or sanitary latrines. The National Water Supply and Sewerage Institute (IDAAN), the agency responsible for the country's sanitary works, is in need of a technico-administrative reorganization in order to achieve the optimum utilization of its economic and human resources through individual or group advisory services and the training of professional and auxiliary personnel.

The purposes of this project are (1) to continue the water supply and sewerage system construction and administration programs; (2) to enhance the technico-administrative capacity of IDAAN by methods and procedures which will improve and streamline the organizational structure, human resources, and general productivity; and (3) to train the professional and auxiliary personnel, both technical and administrative, needed to develop water and sewerage programs.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976		
						\$	\$	\$	\$		
TOTAL	6	30	2	2	TOTAL	12,019	81,385	19,355	25,505		
CONSULTANT MONTHS	PR	-	-	2	2						
CONSULTANT MONTHS	PW	6	30	-	-	PR	-	9,300	19,355	25,505	
TOTAL		-	4	1	4						
FELLOWSHIPS-ACADEMIC	PR	-	1	1	1	ZONE ADVISORY SERVICES	-	-	10,155	10,605	
FELLOWSHIPS-SHORT TERM	PR	-	3	-	3	PERSONNEL-CONSULTANTS	-	-	4,400	4,800	
						FELLOWSHIPS	-	9,300	4,800	9,300	
						GRANTS	-	-	-	800	
						SUBTOTAL	PW	12,019	72,085	-	-
						PERSONNEL-CONSULTANTS	11,919	65,085	-	-	
						CONTRACTUAL SERVICES	100	7,000	-	-	

PANAMA-2300, Aedes Aegypti ERADICATION

Aedes aegypti was declared eradicated in the Republic of Panama in 1958. In March 1969, however, a reinfestation was discovered in Colón. It was necessary to revert to the attack phase until February 1972, when, believing that the mosquito had again been eradicated, a final verification was begun. In October of that year, during the first surveillance cycle, several active foci were found in Panama City. The campaign had to be reorganized, and 60,000 housing units in Panama City were treated with malathion and abate.

As of September 1973, after two consecutive treatments, Panama City remains positive, although the infestation index has been reduced. The province of Chiriquí is negative, but the situation in the rest of the country is unknown. The program has been greatly reinforced with human, material, and financial resources. It is hoped that the nationwide entomological inspection will be completed and the mosquito eradicated within a short time.

TOTAL		-	1	1	-	TOTAL	PR	4,700	18,000	19,800	-
P-1 SANITARIAN 3689	PR	-	1	1	-	PERSONNEL-POSTS	-	15,600	16,400	-	-
						DUTY TRAVEL	-	1,400	2,000	-	-
						SUPPLIES AND EQUIPMENT	4,700	1,000	1,400	-	-

PANAMA-3100, HEALTH SERVICES

Panama is a young country with 43% of the population less than 15 years old, a growth rate of 3.1%, and 52% of the population in the rural area. Dangers to health, on the average, are greater in the rural population. Since February of the present year an experimental process has been initiated in the integration of medical care in three provinces of the country (Colón, Veraguas, and Bocas del Toro) that represent 20% of the total population. This integration between the two national agencies that provide medical care (Ministerio de Salud and Caja del Seguro Social) has been started as an expression of a policy decision by the Government without prior programming.

The purpose of this project is to assist, in a general way, the health activities in the field of adult medical care, MCH, nutrition, nursing, administration of services, and the preventive and social aspects of epidemiology.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

UNICEF cooperates in this project.

TOTAL		1	1	1	1	TOTAL	WR	75,102	62,600	74,969	100,359
P-5 PAHO/WHO REPRESENTATIVE 4,0546	WR	1	1	1	1	PERSONNEL-POSTS	27,217	32,000	33,750	35,340	
						PERSONNEL-CONSULTANTS	7,246	2,000	6,600	28,800	
						DUTY TRAVEL	1,251	1,400	1,500	1,600	
TOTAL		2	1	3	12	FELLOWSHIPS	33,603	18,900	25,200	25,200	
CONSULTANT MONTHS	WR	2	1	3	12	DEV. OF HUMAN RESOURCES	-	-	1,419	1,419	
TOTAL		14	6	8	8	COMMON SERVICES	5,785	8,300	6,500	8,000	
FELLOWSHIPS-ACADEMIC	WR	5	3	4	4						
FELLOWSHIPS-SHORT TERM	WR	9	3	4	4						

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

PANAMA-3102, COMMUNITY HEALTH PROMOTION

A problem in Panama is that not all the rural population is being reached by the health systems. The need for community organization is evident in order for the rural population to identify its health problems and to participate actively in their solution. Forty-six per cent of the rural population live in villages of less than 1,000 inhabitants and many of these do not receive minimal assistance. Creation of health committees is being planned in certain communities so that basic programs of the Ministry of Health can be carried out there and extended progressively to communities with less than 2,000 inhabitants. PAHO/WHO has been cooperating in this project.

TOTAL		2	-	-	-	TOTAL	PR	21,768	-	-	-
P-4 MEDICAL OFFICER	PR	1	-	-	-	PERSONNEL-POSTS		20,463	-	-	-
.4101						DUTY TRAVEL		1,305	-	-	-
P-2 SANITARIAN	PR	1	-	-	-						
.0556											

PANAMA-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	12,540	13,140
ZONE ADVISORY SERVICES		-	-	12,540	13,140

PANAMA-3300, LABORATORY SERVICES

Although considerable progress has been made, coverage remains incomplete, utilization inadequate, and productivity limited in Panama's laboratory service. The aim is to expand and improve the existing services, to train professional and auxiliary personnel, and to implement a development plan with a view to extending the coverage of the services to all levels.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		2	1	1	1	TOTAL		8,350	1,500	6,045	6,300
FELLOWSHIPS-ACADEMIC	WR	1	-	-	-						
FELLOWSHIPS-SHORT TERM	WR	1	1	1	1	SUBTOTAL	PR	-	-	4,545	4,800
						ZONE ADVISORY SERVICES		-	-	4,545	4,800
						SUBTOTAL	MR	8,350	1,500	1,500	1,500
						FELLOWSHIPS		8,350	1,500	1,500	1,500

PANAMA-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		-	-	5,416	6,731
SUBTOTAL	PR	-	-	750	3,555
ZONE ADVISORY SERVICES		-	-	750	3,555
SUBTOTAL	MR	-	-	4,666	5,176
ZONE ADVISORY SERVICES		-	-	4,666	5,176

FUND	1973	1974	1975	1976

FUND	1973	1974	1975	1976
	\$	\$	\$	\$

PANAMA-3600, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
		-	-	7,095	8,610
ZONE ADVISORY SERVICES		-	-	7,095	8,610

PANAMA-3700, HEALTH PLANNING

Since the creation of the Ministry of Planning and Economic Policy in March, 1973, Panama has a legal framework for proceeding with health planning as an integral part of the economic and social development process. Apart from this, the political decision has been taken to steer the organization of the agencies providing health services toward integration at the national level.

The project is designed to support the process of health planning by means of permanent training and advisory services leading to the formulation of a national/sectoral health plan, and to assist in building up a professional team duly trained to give advice at all health team levels on the implementation, evaluation and reformulation of the plan.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	-	TOTAL		29,500	30,000	32,365	4,575
P-4 HEALTH PLANNER 4.3912	UNDP	1	1	1	-	SUBTOTAL	PR	-	-	4,365	4,575
TOTAL		18	-	-	-	ZONE ADVISORY SERVICES		-	-	4,365	4,575
CONSULTANT MONTHS	UNDP	18	-	-	-	SUBTOTAL	UNDP	29,500	30,000	28,000	-
						PERSONNEL-POSTS		-	28,500	26,500	-
						PERSONNEL-CONSULTANTS		29,500	-	-	-
						DUTY TRAVEL		-	1,500	1,500	-

PANAMA-4100, MATERNAL AND CHILD HEALTH (renumbered PANAMA-4901)

PANAMA-4500, RADIATION PROTECTION

The effects on health of the various forms of radiation used in Panama in medicine, industry, education, research and other fields are unknown. Suitable legislation to protect health against the effects of radiation is lacking, as are personnel qualified to conduct a program for protection from such radiation.

The project's objectives are (1) to study the growth of risk of exposure due to the growing use of various radiation sources; (2) to draw up a health policy for establishing a radiation protection program; and (3) to incorporate this program into the work of the Ministry of Health.

TOTAL		-	1	1	1	TOTAL	WR	-	1,500	1,500	1,500
FELLOWSHIPS-SHORT TERM	WR	-	1	1	1	FELLOWSHIPS		-	1,500	1,500	1,500

PANAMA-4800, MEDICAL CARE SERVICES

In Panama there is a concentration of medical care services in urban areas, especially in the capital. There are insufficient human resources and financing and utilization of existing establishments needs improvement.

The purpose of this project is to cooperate in the expansion and improvement of medical care services with emphasis on the rural and suburban areas.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
								\$	\$	\$	\$
TOTAL		-	3	3	3	TOTAL	PR	-	7,800	10,545	10,815
FELLOWSHIPS-ACADEMIC	PR	-	1	-	-	ZONE ADVISORY SERVICES		-	-	6,045	6,315
FELLOWSHIPS-SHORT TERM	PR	-	2	3	3	FELLOWSHIPS		-	7,800	4,500	4,500

PANAMA-4900, HEALTH AND POPULATION DYNAMICS

PAHO has cooperated with the Government of Panama in the training of personnel for work in health and population dynamics.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

		1	-	-	-			5,779	-	4,636	5,100
TOTAL		-	-	-	-	TOTAL		-	-	-	-
CONSULTANT MONTHS	PG	1	-	-	-	SUBTOTAL	PG	5,779	-	-	-
TOTAL		6	-	-	-	PERSONNEL-CONSULTANTS		2,053	-	-	-
FELLOWSHIPS-SHORT TERM	PG	6	-	-	-	FELLOWSHIPS		3,726	-	-	-
						SUBTOTAL	UNFPA	-	-	4,636	5,100
						ZONE ADVISORY SERVICES		-	-	4,636	5,100

PANAMA-4901, MATERNAL AND CHILD HEALTH (previously PANAMA-4100)

In Panama the maternal and child health situation is expressed by the following indicators: maternal mortality 1.1 per 1,000 live births, and child mortality 33.7 per 1,000 live births. These rates are moderately high and are influenced by malnutrition and infections and risks attendant upon the reproductive cycle and perinatal period. Maternal and child health services coverage is limited, reaching 28.6%; institutionalized delivery care is 97.3% in urban areas and 39.7% in rural areas; infant care is 63.7%, and care during childhood is 21.9%.

The purpose of the project is to contribute toward reducing the above-mentioned health risks by extending the health services available to mothers and children, especially in rural areas, fostering for this purpose among other things participation of the community and favoring professional training.

		-	2	3	3			1,799	5,500	8,100	8,700
TOTAL		-	-	-	-	TOTAL	WR	-	-	-	-
CONSULTANT MONTHS	WR	-	2	3	3	PERSONNEL-CONSULTANTS		-	4,000	6,600	7,200
TOTAL		2	1	1	1	FELLOWSHIPS		1,799	1,500	1,500	1,500
FELLOWSHIPS-SHORT TERM	WR	2	1	1	1						

PANAMA-6200, MEDICAL EDUCATION

A growing demand is evident in Panama for health personnel to meet the need for health services. The purpose of this project is to cooperate with the Medical School of the University of Panama in the introduction of structural changes designed to improve the use of existing facilities, incorporating the School into a Division of Health Sciences, fostering the improvement of the teaching staff in the basic and clinical sciences, and improving its technical and administrative level.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

		-	1	1	1			-	6,000	9,385	9,870
TOTAL		-	-	-	-	TOTAL		-	-	-	-
CONSULTANT MONTHS	WR	-	1	1	1	SUBTOTAL	PR	-	-	5,685	5,970
TOTAL		-	1	1	1	ZONE ADVISORY SERVICES		-	-	5,685	5,970
FELLOWSHIPS-SHORT TERM	WR	-	1	1	1	SUBTOTAL	WR	-	6,000	3,700	3,900
						PERSONNEL-CONSULTANTS		-	2,000	2,200	2,400
						SUPPLIES AND EQUIPMENT		-	2,500	-	-
						FELLOWSHIPS		-	1,500	1,500	1,500

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$
SUBTOTAL					MR.	13,504	3,500	3,700	3,900
PERSONNEL-CONSULTANTS						6,240	2,000	2,200	2,400
FELLOWSHIPS						-	1,500	1,500	1,500
PARTICIPANTS						4,864	-	-	-
COURSE COSTS						2,400	-	-	-

PORTIONS OF INTERCOUNTRY PROJECTS									
	1973	1974	1975	1976					
	\$	\$	\$	\$					
TOTAL AMRO PROJECTS	582,941	628,242	556,653	605,993					
0100 EPIDEMIOLOGY	2,582	6,882	7,253	7,258					
0103 EPIDEMIOLOGY (ZONE III)	3,398	3,640	-	-					
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-					
0200 MALARIA TECHNICAL ADVISORY SERVICES	7,635	4,128	4,027	4,485					
0203 MALARIA TECHNICAL ADVISORY SERVICES (ZONE III)	24,344	5,100	-	-					
0216 RESEARCH ON THE EPIDEMIOLOGY OF MALARIA ERADIC. IN PROB. AREAS	22,611	-	-	-					
0218 PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS	1,736	900	2,060	2,156					
0400 TUBERCULOSIS CONTROL	-	-	1,131	1,435					
0403 TUBERCULOSIS CONTROL (ZONE III)	3,785	4,335	-	-					
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	-	1,320	-	-					
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	181	-	-	-					
0412 REGIONAL COMMITTEE ON EVALUATION OF TUBERCULOSIS PROGRAMS	-	-	-	1,885					
0500 LEPROSY CONTROL	2,054	3,536	1,728	1,984					
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	374	-	524	556					
0600 VENEREAL DISEASE CONTROL	-	240	132	153					
0612 VENEREAL DISEASE SEMINARS	-	560	-	-					
0700 PAN AMERICAN ZOOSES CENTER	12,000	14,846	15,076	15,703					
0703 VETERINARY PUBLIC HEALTH (ZONE III)	3,859	4,382	-	-					
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	560	-	-					
0923 DISEASES PREVENTABLE BY VACCINES	-	-	489	707					
0926 ENTEROVIRUS COLLABORATIVE TESTING PROGRAM	-	260	-	480					
0929 STRENGTHENING HEPATITIS DIAG. SURVEIL. SERV. IN THE AMERICAS	-	-	-	636					
0932 PERFORMANCE EVALUATION OF ARBOVIRUS SEROLOGIC DIAGNOSIS	-	-	380	380					
1000 PARASITIC DISEASES	226	555	1,050	1,506					
1008 CHAGAS' DISEASE	43	482	268	316					
2100 ENVIRONMENTAL SANITATION	1,825	705	777	753					
2103 SANITARY ENGINEERING (ZONE III)	5,813	6,336	-	-					
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,391	16,685	15,648	18,295					
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	855	-	-					
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	748	1,167	1,221					
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516					
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-					
2200 WATER SUPPLIES	4,557	5,236	5,580	5,868					
2203 WATER SUPPLIES (ZONE III)	10,311	9,645	-	-					
2213 STUDIES AND INVESTIGATION OF WATER RESOURCES	1,644	96	-	-					
2220 INSTITUTIONAL DEVELOPMENT	11,860	20,907	26,028	28,104					
2223 PUBLIC SERVICES ADMINISTRATION	152	-	-	-					
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	805	-					
2230 RURAL WATER SUPPLY AND SANITATION	-	2,100	2,184	2,268					
2300 AEDES AEGYPTI ERADICATION	82	125	143	151					
2303 AEDES AEGYPTI ERADICATION (ZONE III)	6,743	-	-	-					
2308 ADVISORY COMMITTEE ON DENGUE FEVER	-	720	-	752					
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	13	-	-					
3000 COORDINATION WITH FOUNDATIONS	1,277	2,568	3,080	3,507					
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,296	3,840	3,110	3,382					
3125 SPECIAL SEMINARS IN ZONE III	2,800	2,505	-	-					
3126 OPERATIONS RESEARCH	68	269	225	233					
3129 RESEARCH TRAINING IN BIOMEDICAL SCIENCES	1,374	226	-	-					
3130 CONFERENCE ON MYCOLOGY	77	1,304	-	-					
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,633	2,003	1,169	1,249					
3139 PAHO RESEARCH GRANT PROGRAM	4,905	2,650	3,975	5,300					
3145 EMERGENCY PREPAREDNESS	-	532	-	-					
3200 NURSING SERVICES	1,664	2,262	2,413	2,533					
3203 NURSING (ZONE III)	7,842	10,995	-	-					
3210 HOSPITAL NURSING SERVICES	-	695	1,231	1,366					
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	553	1,193	1,112	1,171					
3216 STANDARDS IN NURSING PRACTICE	844	875	-	-					
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	1,261	-	-					
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529					
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	261	493	309	248					

3223	SYSTEMS OF NURSING	50	1,001	1,248	-
3225	UTILIZATION AND TRAINING OF THE TRADITIONAL BIRTH ATTENDANT	-	845	-	-
3226	NURSE PRACTITIONERS IN INFANT/CHILD SERVICES	-	-	-	7,350
3300	LABORATORY SERVICES	820	371	464	493
3305	LABORATORY SERVICES (ZONE III)	1,788	4,290	-	-
3311	TRAINING OF LABORATORY PERSONNEL	727	774	894	953
3316	PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,430	1,688	882	971
3318	MYCOLOGY RESEARCH AND TRAINING CENTERS	1,082	2,407	942	964
3400	HEALTH EDUCATION	530	496	309	496
3410	TRAINING OF TEACHERS IN HEALTH EDUCATION	335	771	844	916
3500	HEALTH STATISTICS	1,125	723	932	686
3503	HEALTH STATISTICS (ZONE III)	7,258	5,062	-	-
3515	TRAINING IN USE OF COMPUTERS IN HEALTH STATISTICS	-	400	440	480
3516	REGIONAL SEMINAR ON DATA PROCESSING	-	723	-	723
3600	ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,581	3,496	3,672	3,908
3603	ADMINISTRATIVE METHODS AND PRACTICES IN PUBL. HEALTH (ZONE III)	2,577	4,590	-	-
3607	MANAGEMENT OF HEALTH SERVICES	1,500	1,505	-	-
3700	HEALTH PLANNING	4,933	3,075	3,021	3,333
3703	HEALTH PLANNING (ZONE III)	4,873	3,030	-	-
3709	MEETING OF MINISTERS OF HEALTH	756	-	-	-
3715	PAN AMERICAN PROGRAM FOR HEALTH PLANNING	13,918	21,629	15,760	12,560
4200	NUTRITION ADVISORY SERVICES	2,160	2,017	2,158	2,284
4203	INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	260,154	258,933	265,449	273,456
4213	IODINE DETERMINATION IN ENDEMIC GOITER	478	-	-	-
4221	SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	69	222	244	443
4230	NUTRITION TRAINING	-	636	844	1,096
4238	NUTRITION RESEARCH	148	760	1,354	2,035
4248	NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	473	503
4249	OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	557	231
4300	MENTAL HEALTH	388	2,250	2,370	2,610
4312	COURSES IN COMMUNITY PSYCHIATRY	185	-	670	695
4313	NURSING IN MENTAL HEALTH	4,076	5,850	-	-
4314	EPIDEMIOLOGICAL STUDY ON EPILEPSY	617	3,038	4,700	4,100
4320	SEMINAR ON MENTAL RETARDATION	615	-	-	-
4323	CONFERENCE ON THE EPIDEMIOLOGY OF DRUG ABUSE	673	-	-	-
4400	DENTAL HEALTH	954	804	1,005	1,206
4409	FLUORIDATION	4,127	3,969	3,340	4,955
4411	HUMAN AND MATERIAL RESOURCES IN DENTISTRY	-	-	2,410	2,420
4412	SEMINAR ON IMPLEMENTATION OF DENTAL HEALTH PROGRAMS	-	441	67	628
4500	HEALTH ASPECTS OF RADIATION	492	480	378	396
4507	RADIATION HEALTH PROTECTION	1,923	2,200	1,386	1,464
4516	PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	252	-
4620	MANAGEMENT OF PESTICIDES	-	350	380	435
4700	FOOD AND DRUG CONTROL	978	1,611	1,700	1,779
4703	FOOD REFERENCE LABORATORY (ZONE III)	10,534	-	-	-
4708	FOOD HYGIENE TRAINING CENTER	2,253	2,090	2,352	2,518
4716	TRAINING IN ANALYSIS OF FOOD AND DRUGS	579	900	640	680
4719	WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	672
4800	MEDICAL CARE SERVICES	1,149	1,183	1,298	1,462
4803	MEDICAL CARE SERVICES (ZONE III)	5,129	5,790	-	-
4813	HOSPITAL PLANNING AND ADMINISTRATION	1,575	2,108	2,804	3,548
4815	TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,971	2,675	2,371	3,076
4900	HEALTH AND POPULATION DYNAMICS	22,051	49,368	50,000	56,787
4903	HEALTH AND POPULATION DYNAMICS (ZONE III)	4,259	4,513	-	-
4909	EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	4,510	11,593	11,820	13,002
4915	MATERNAL AND CHILD HEALTH	596	1,800	1,980	2,400
4917	CLINICAL AND SOCIAL PEDIATRICS	203	1,635	1,431	1,431
4918	STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,229	-
4920	LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	2,945	2,303	6,845	7,889
4922	MATERNAL CHILD HEALTH-FAM. PLAN. CONTIN. EDUC. AND STAFF TRAIN.	-	-	874	800
5000	REHABILITATION	2,090	1,717	1,794	1,944
5100	CHRONIC DISEASES	834	2,850	3,226	3,354
6000	MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	616	636	706	746
6100	EDUCATION AND TRAINING IN PUBLIC HEALTH	1,157	2,530	2,468	2,847
6200	EDUCATION IN HEALTH SCIENCES	1,676	1,644	6,700	7,788
6203	MEDICAL EDUCATION (ZONE III)	3,203	5,415	-	-
6216	BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,282	2,879	2,816	2,682
6221	LIBRARY OF MEDICINE	10,199	14,525	5,344	5,302
6223	TEACHING OF BEHAVIORAL SCIENCES	1,701	400	-	-
6234	PROGRAM OF ADVANCED STUDIES IN HEALTH	467	1,717	2,798	3,189
6300	NURSING EDUCATION	209	840	390	411
6310	NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,942	2,913	670	690
6317	SEMINAR ON NURSING EDUCATION	539	1,451	1,535	1,514
6319	TRAINING OF NURSING AUXILIARIES	293	2,951	3,575	3,351
6320	POSTBASIC COURSES IN NURSING	341	782	625	-
6322	RESEARCH IN NURSING TEACHING	-	-	-	2,476
6324	TRAIN. OF PROF., ADMINISTK., AND SPECIALISTS IN CLINICAL AREAS	-	-	149	503
6325	EDUCATIONAL TECHNOLOGY IN NURSING	-	-	4,638	7,972
6400	SANITARY ENGINEERING EDUCATION	1,550	1,504	1,743	1,907
6600	DENTAL EDUCATION	1,153	1,444	2,835	2,499
6608	TRAINING OF AUXILIARY DENTAL PERSONNEL	414	530	910	2,431
6611	COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	495	1,013	345	355
6700	BIostatistics EDUCATION	152	179	-	690
6707	LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	983	963	1,008	1,178
6708	TRAINING PROGRAM IN HOSPITAL STATISTICS	1,144	1,893	1,984	2,070
6712	CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576
6713	OPERATIONS RESEARCH IN MEDICAL RECORDS	-	-	3,465	3,598

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	332,210	373,885	364,916	367,352	582,941	628,242	556,653	605,993
PAHO-PR-REGULAR BUDGET	100,854	102,000	173,140	171,485	217,152	211,389	161,847	201,728
PM-COMMUNITY WATER SUPPLY	12,019	72,085	-	-	3,179	12,645	15,432	16,230
PI-INCAP REGULAR BUDGET	-	-	-	-	57,317	55,515	57,595	57,597
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	121,475	102,594	102,814	107,070
PG-GRANTS & OTHER CONTRIBUT.	35,615	20,000	-	-	43,687	38,815	9,479	9,504
PH-PAN AMER. HEALTH & EDUC.FN.	-	900	-	-	43,901	60,228	62,237	66,502
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	3,452	-	-	-
PS-SPECIAL FUND FOR RESEARCH	-	-	-	-	399	-	-	-
WHO-WR-REGULAR BUDGET	133,822	133,600	159,140	190,467	70,703	71,082	68,935	65,883
UNDP-UN DEVELOPMENT PROGRAM	49,900	45,300	28,000	-	21,392	27,061	18,469	15,400
UNFPA-UN FUND POPULATION ACT.	-	-	4,636	5,100	284	48,913	59,845	66,079

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	915,151	1,002,127	921,569	973,045
PAHO-PR-REGULAR BUDGET	318,006	313,389	334,987	373,213
PM-COMMUNITY WATER SUPPLY	15,198	84,730	15,432	16,230
PI-INCAP REGULAR BUDGET	57,317	55,515	57,595	57,597
PN-INCAP GRANTS & OTHER CONTR.	121,475	102,594	102,814	107,070
PG-GRANTS & OTHER CONTRIBUT.	79,302	58,815	9,479	9,504
PH-PAN AMER. HEALTH & EDUC.FN.	43,901	61,128	62,237	66,502
PK-SPECIAL FUND FOR HEALTH PR.	3,452	-	-	-
PS-SPECIAL FUND FOR RESEARCH	399	-	-	-
WHO-WR-REGULAR BUDGET	204,525	204,682	228,075	256,350
UNDP-UN DEVELOPMENT PROGRAM	71,292	72,361	46,469	15,400
UNFPA-UN FUND POPULATION ACT.	284	48,913	64,481	71,179

PART III, ZONE IV - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
1,675,837	30.5	2,131,496	29.0	I. PROTECTION OF HEALTH	1,738,875	25.0	1,832,387	27.6
953,385	17.4	1,179,199	16.1	A. COMMUNICABLE DISEASES	1,059,298	15.3	1,088,273	16.4
146,858	2.7	133,636	1.8	0100 GENERAL	127,567	1.8	172,674	2.6
305,627	5.5	306,215	4.2	0200 MALARIA	291,833	4.2	291,064	4.4
31,596	.6	38,413	.5	0300 SMALLPOX	32,031	.5	28,405	.4
52,867	1.0	48,165	.7	0400 TUBERCULOSIS	47,799	.7	68,279	1.0
20,306	.4	29,632	.4	0500 LEPROSY	15,632	.2	19,500	.3
1,101	*	1,440	*	0600 VENEREAL DISEASES	792	*	11,414	.2
366,669	6.7	596,511	8.1	0700 ZONDOSES	514,172	7.4	454,142	6.9
26,427	.5	14,120	.2	0900 OTHER	19,740	.3	28,623	.4
1,934	*	11,067	.2	1000 PARASITIC DISEASES	9,732	.2	14,172	.2
722,452	13.1	952,297	12.9	B. ENVIRONMENTAL HEALTH	679,577	9.7	744,114	11.2
381,970	6.9	454,572	6.2	2100 GENERAL	409,517	5.9	450,237	6.8
221,453	4.0	438,611	5.9	2200 WATER SUPPLIES	194,984	2.9	212,446	3.2
102,276	1.9	28,996	.4	2300 Aedes Aegypti ERADICATION	57,556	.5	41,344	.6
11,088	.2	13,591	.2	2400 HOUSING	17,162	.2	18,033	.3
9,665	.1	16,527	.2	2500 AIR POLLUTION	15,358	.2	22,054	.3
3,261,021	59.2	4,538,185	61.6	II. PROMOTION OF HEALTH	4,531,670	65.5	4,081,562	61.8
1,270,564	23.0	1,541,444	21.0	A. GENERAL SERVICES	1,247,829	18.7	1,169,655	17.8
685,595	12.4	564,836	7.7	3100 GENERAL PUBLIC HEALTH	502,692	7.2	492,432	7.5
73,660	1.3	126,495	1.7	3200 NURSING	136,646	2.0	147,111	2.2
93,756	1.7	100,458	1.4	3300 LABORATORY	98,119	1.4	130,530	2.0
3,477	.1	6,580	.1	3400 HEALTH EDUCATION	5,628	.1	7,163	.1
133,790	2.4	226,733	3.1	3500 STATISTICS	160,306	2.3	84,771	1.3
118,644	2.2	291,882	4.0	3600 ADMINISTRATIVE METHODS	148,770	2.9	155,708	2.4
161,642	2.9	224,460	3.0	3700 HEALTH PLANNING	195,418	2.8	151,940	2.3
1,990,457	36.2	2,996,741	40.6	B. SPECIFIC PROGRAMS	3,233,841	46.8	2,911,907	44.0
522,970	9.5	535,047	7.3	4200 NUTRITION	531,969	7.7	532,054	8.0
9,807	.2	56,984	.8	4300 MENTAL HEALTH	62,047	.9	66,294	1.0
27,965	.5	40,479	.5	4400 DENTAL HEALTH	40,348	.6	43,053	.7
16,903	.3	18,600	.2	4500 RADIATION AND ISOTOPES	18,440	.3	17,236	.3
11,972	.2	51,856	.7	4600 OCCUPATIONAL HEALTH	76,570	1.1	70,366	1.1
24,791	.5	34,641	.5	4700 FOOD AND DRUG	59,527	.9	59,712	.9
157,158	2.9	508,649	6.9	4800 MEDICAL LAKE	145,200	2.1	152,425	2.3
1,188,565	21.6	1,667,543	22.6	4900 FAMILY HEALTH AND POP. DYNAMICS	2,233,876	32.2	1,928,380	29.1
23,814	.4	61,720	.8	5000 REHABILITATION	33,383	.5	7,950	.1
6,512	.1	21,822	.3	5100 CANCER & OTHER CHRONIC DISEASES	32,481	.5	34,437	.5
570,039	10.3	652,938	9.4	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	665,824	9.5	703,461	10.6
87,821	1.6	72,731	1.0	6100 PUBLIC HEALTH	76,148	1.1	72,018	1.1
291,656	5.3	289,626	3.9	6200 MEDICINE	258,863	3.7	270,077	4.1
48,900	.9	128,351	1.7	6300 NURSING	112,598	1.6	140,171	2.1
60,805	1.1	72,501	1.0	6400 ENVIRONMENTAL SCIENCES	77,438	1.1	87,044	1.3
24,725	.4	26,815	.4	6500 VETERINARY MEDICINE	37,836	.5	41,526	.6
46,115	.8	74,080	1.0	6600 DENTISTRY	60,155	.9	39,250	.6
10,017	.2	28,834	.4	6700 BIOSTATISTICS	42,786	.6	53,375	.8
5,506,897	100.0	7,362,619	100.0	GRAND TOTAL	6,936,369	100.0	6,617,410	100.0

*LESS THAN .05 PER CENT

PART III, ZONE IV - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER		
		POSTS PROF.	LOCAL	STC MONTH		ACAD.	SHORT	AMOUNT	PART.			AMOUNT	
	\$				\$	\$	\$	\$	\$	\$	\$		
1973													
PAHO--PR	1,941,938	24	1	46	1,192,602	118,698	20	49	156,735	12	31,298	251,832	190,773
PW	135,786	3	-	24	123,473	1,894	-	-	-	-	-	169	10,250
PN	226,586	-	-	-	97,736	9,721	-	-	9,268	-	-	27,003	82,858
PG	1,297,716	3	-	30	217,385	6,576	-	-	18,169	-	18,743	124,240	912,603
PH	191,231	-	-	-	50,221	6,484	-	-	5,667	-	12,523	79,130	37,206
PK	44,324	-	-	-	37,643	1,393	-	-	-	-	-	1,276	4,012
PS	1,583	-	-	-	-	-	-	-	-	-	-	-	1,583
WHO--WR	1,086,817	11	-	46	546,085	46,678	26	52	216,002	23	42,810	151,900	83,342
UNDP	531,617	14	-	59	462,891	-	2	5	20,221	-	-	42,067	6,438
UNFPA	46,474	-	-	2	6,666	-	-	-	-	-	-	39,808	-
WO	2,825	-	-	1	2,825	-	-	-	-	-	-	-	-
TOTAL	5,506,897	55	1	208	2,737,527	191,444	48	106	426,062	35	105,374	717,425	1,329,065
PERCENT OF TOTAL	100.0				49.7	3.5			7.8		1.9	13.0	24.1
1974													
PAHO--PR	2,052,069	26	4	31	1,486,240	128,234	11	30	108,379	-	55,466	105,117	168,633
PW	351,650	3	-	67	300,520	3,730	-	3	4,500	-	27,500	2,000	13,400
PN	191,343	-	-	-	104,518	9,683	-	-	9,865	-	-	14,626	52,651
PG	567,537	3	-	11	269,136	13,508	-	-	4,272	-	28,059	88,766	163,796
PH	217,755	-	-	-	58,423	5,836	-	-	25,493	-	517	78,659	48,827
WHO--WR	1,145,177	10	1	46	657,587	53,485	12	42	149,458	2	81,623	128,494	74,530
UNDP	1,404,972	16	-	82	710,807	25,452	19	17	440,103	-	-	192,941	35,669
UNFPA	1,415,166	1	-	17	146,623	5,500	-	-	41,796	-	22,163	453,134	745,950
WO	16,950	1	-	-	14,250	750	-	-	-	-	-	-	1,950
TOTAL	7,362,619	60	5	254	3,748,104	246,178	42	92	783,866	2	215,328	1,063,737	1,305,406
PERCENT OF TOTAL	100.0				50.9	3.4			10.7		2.9	14.4	17.7
1975													
PAHO--PR	2,263,904	35	10	49	1,697,875	137,940	8	37	103,301	-	43,712	100,400	180,676
PW	80,516	-	-	1	70,936	3,060	-	1	1,500	-	-	-	5,000
PN	191,759	-	-	-	104,606	9,662	-	-	9,865	-	-	15,182	52,444
PG	196,514	-	-	7	114,030	3,000	-	-	-	-	720	27,394	51,370
PH	144,163	-	-	-	51,072	4,142	-	-	12,531	-	-	17,416	59,002
WHO--WR	1,226,380	15	3	58	790,010	60,730	10	31	124,480	2	54,219	97,701	99,240
UNDP	757,743	14	-	36	487,910	21,334	15	3	105,888	-	-	120,601	22,010
UNFPA	2,058,440	3	-	5	213,037	9,250	-	-	35,460	-	22,890	765,672	1,012,131
WO	16,950	1	-	-	14,250	750	-	-	-	-	-	-	1,950
TOTAL	6,936,369	68	13	156	3,543,726	249,888	33	72	393,025	2	121,541	1,144,366	1,483,823
PERCENT OF TOTAL	100.0				51.1	3.6			5.7		1.7	16.5	21.4
1976													
PAHO--PR	2,578,233	35	10	59	1,898,079	148,877	6	38	129,101	-	53,321	127,037	221,818
PW	80,240	-	-	-	72,380	3,366	-	1	1,500	-	-	-	3,000
PN	199,692	-	-	-	109,783	9,662	-	-	9,865	-	-	15,182	55,200
PG	145,384	-	-	-	79,692	1,050	-	-	-	-	450	15,379	48,813
PH	164,122	-	-	-	53,485	4,418	-	-	13,372	-	-	20,210	72,637
WHO--WR	1,324,241	15	3	52	845,489	63,404	11	46	155,662	2	41,437	116,293	101,456
UNDP	385,245	6	-	21	269,080	12,812	3	3	27,251	-	-	93,709	22,393
UNFPA	1,740,253	3	-	4	226,619	10,625	-	-	39,006	-	25,180	621,345	817,478
TOTAL	6,617,410	59	13	136	3,555,107	254,208	20	88	375,757	2	120,388	969,155	1,342,795
PERCENT OF TOTAL	100.0				53.7	3.9			5.7		1.8	14.6	20.3
<p>PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p>													
<p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO-WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WO-GRANTS AND OTHER FUNDS</p>													

PART III, ZONE IV - ZONE ADVISORY SERVICES

TOTAL	FUND	1973	1974	1975	1976
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		-	-	19	20
P-5 SANITARY ENGINEER	PR	-	-	1	1
.0868					
P-4 ADMIN. METHODS OFFICER	PR	-	-	1	1
.0958					
P-4 EPIDEMIOLOGIST	PR	-	-	1	1
.2028					
P-4 HOSPITAL ADMINISTRATOR	PR	-	-	1	1
.0911					
P-4 LABORATORY ADVISER	PR	-	-	-	1
.4383					
P-4 MEDICAL EDUCATOR	PR	-	-	1	1
.3401					
P-4 MEDICAL OFFICER - NUTRITION	WR	-	-	1	1
4.0877					
P-4 MED. OFFICER - TUBERCULOSIS	WR	-	-	1	1
4.0909					
P-4 NURSE	PR	-	-	1	1
.0893					
P-4 STATISTICIAN	WR	-	-	1	1
4.0838					
P-4 VETERINARIAN	WR	-	-	1	1
4.3088					
P-3 MEDICAL RECORDS LIBRARIAN	WR	-	-	1	1
4.0840					
G-6 ADMINISTRATIVE ASSISTANT	PR	-	-	1	1
.0894					
G-6 SECRETARY	PR	-	-	1	1
.0869					
G-5 SECRETARY	PR	-	-	1	1
.1061					
G-4 CLERK STENOGRAPHER	PR	-	-	1	1
.2191					
G-4 CLERK STENOGRAPHER	WR	-	-	1	1
4.2133					
G-4 SECRETARY	PR	-	-	2	2
.3441 .4089					
G-4 SECRETARY	WR	-	-	1	1
4.3440					

BOLIVIA

BACKGROUND DATA

The Republic of Bolivia, a landlocked country situated in the center of South America, has an area of 1,098,58 square kilometers of which 16% are mountains, 14% valleys and 70% the eastern lowlands.

The estimated population on 1 July 1973 was 5,330,700 inhabitants with a population density of 4.9 inhabitants per square kilometer. Minors of 15 years or less make up 40% of the population. In 1971 only 36.6% were literate. The economically active population is estimated at 2,100,000 inhabitants with 69% engaged in agriculture and in livestock, 13% in manufacturing and related activities, and 18% in other activities.

Government plans to accelerate the economic development of Bolivia are aimed at improving the road infrastructure, promoting agricultural development, stepping up mineral and oil exploration, and industrializing production. For 1970 the gross national product was 919 Bolivian pesos and per capita income was the equivalent of \$183 per inhabitant per year.

Vital statistics are deficient because of marked under-registration and an inadequate system. They indicate an estimated rate of general mortality of 19 per 1,000 inhabitants, an infant mortality of 155 per 1,000 live births, a birth rate of 44 per 1,000, and a population growth rate of 25 per 1,000. For 1970 life expectancy at birth was estimated at 46 years. Medical certification of recorded deaths amounted to 20%. The main causes of death for 1968 were, in decreasing order of importance, infectious diseases of the respiratory tract, infections of the digestive system, and infant diseases.

The organization of health services is not unified but there is a trend towards interagency coordination in this sector. The Ministry of Social Welfare and Public Health, with 1.7% of the national budget, covers 90% of the population. It has under its jurisdiction 599 health establishments including hospitals, hospital health centers, medical posts, health posts, and polyclinics. The regional organization includes 11 health units.

Under the National Health Plan priority is given to programs dealing with communicable diseases, maternal and child health, nutrition, medical and hospital care, and environmental sanitation. The improvement of the physical, technical and administrative aspects of the health infrastructure is also contemplated.

The communicable diseases program envisages an increase in activities designed to maintain eradication of certain diseases and the effective control of others. Emphasis will be placed on vaccination programs through the operation of the National Vaccines Bank, with effective interagency coordination.

It is planned to extend the maternal and child health program gradually to the whole country using the services infrastructure and including family planning activities.

The nutrition program will develop activities to control and treat infantile malnutrition and to reduce the prevalence of endemic goiter.

The program of medical and hospital care includes dental health and nursing activities in the rural areas - the only way of bringing health care to the rural masses. It is hoped to increase the number of people with access to these services to 80% of the population.

In the field of environmental sanitation the authorities envisage the implementation of the Rural Water Supply Plan, the development of basic environmental programs in the main cities, and the provision of minimum environmental services in the rural areas.

Infrastructural plans include the broadening and improvement of health statistics; the extension and improvement of central health laboratories; the expansion of staff training activities; the extension of health planning to the whole sector; administrative reorganization of finance, personnel, transport, supply, maintenance, and administrative support activities; the continued extension of services to the rural areas; organization of the River Medical Fleet on the major rivers Beni and Pando; and improvement in the rate of utilization of medical consultations and hospital beds.

PROTECTION OF HEALTH

Communicable Diseases

Communicable diseases as a whole constitute the main health problem in Bolivia. Hence the Government is concentrating, within the health sector, on strengthening programs for the eradication or control of the diseases which cause most damage and against which effective action may be taken.

Malaria is still one of the communicable diseases which constitutes a serious problem for the country. The malarial area covers 75% of the country and 32.2% of the total population of Bolivia. The malaria eradication program started in 1957 and, on 31 December 1972, 52.2% of the malarial area (453,486 square kilometers), with 678,000 inhabitants, was in the attack phase, and 44.8% (367,940 square kilometers), with 999,000 inhabitants, was in the consolidation phase.

Since 1965 the program has encountered financial difficulties because of budgetary cuts and irregular delivery of funds, which have impeded the normal development of the program and caused a marked deterioration in the progress achieved.

However, in pursuance of the objectives of the National Health Plan, there has been a noticeable improvement which it is hoped to maintain so as to ensure by the end of the decade that 78.5% of the population are covered by the maintenance phase and 20.3% by the consolidation phase.

At the same time the authorities will strengthen antimalarial programs of cooperation and coordination with neighboring countries so as to secure the common aim of eradication and to avoid the reintroduction of the disease.

Tuberculosis is another problem which affects large sectors of the population. It is estimated that the mortality rate is 120 per 100,000 and the morbidity rate 56 per 100,000. Since 1967 a tuberculosis control program has been in operation but, because of lack of funds, it has not been properly carried out. The detection and treatment of cases has been limited but a massive and successful BCG vaccination campaign has covered 75% of the population under 20 years of age. It is planned to achieve and maintain a level of immunization against tuberculosis covering 60% of the population under 20 (an estimated 1,500,000 inhabitants). It is thus hoped that by the end of the decade mortality will be reduced by 30%.

Bolivian hemorrhagic fever, although it is usually found only in a limited area of the Department of Beni and affects only a small number of persons, is a very significant disease because it is highly contagious and lethal and so far no effective means of prevention and treatment has been discovered. Control activities are aimed at reducing the population of the Calomys callosus, a rodent identified as the natural reservoir of the disease. With the cooperation of the United States Army Medical Research Institute of Infectious Diseases and PAHO/WHO, a program has been started for the preparation of immunoglobulin for passive immunization against the disease. This is to be given to the field and laboratory workers of the program. At the same time intensive studies are being carried out with a view to preparing a vaccine, which it is hoped will be ready before 1980.

Smallpox has not existed in Bolivia since 1964, the year in which the last case was recorded. Since then the national program of antismallpox vaccination has been continued without interruption and has covered 80% of the population from all age groups with a rate of coverage of over 95% for first vaccinations. One of the objectives of the National Health Plan is to maintain the eradication of smallpox.

Plague is endemic in a strip of territory which traverses the rural areas of the Departments of Tarija, Chuquisaca and Santa Cruz and also in a small area of the Province of Caupolicán in the Department of La Paz. At the moment there is no control program but there are plans for developing during the decade a program of exterminating rats and insects in the enzootic and risk areas.

Measles is one of the most important causes of morbidity and mortality in minors under five years of age. The vaccination campaigns so far undertaken have been on a small scale. However, during the second half of the decade it is hoped to carry out intensive vaccination programs which will help to reduce the specific mortality rate to one per 100,000 inhabitants.

Exanthematic typhus is endemic, with epidemic outbreaks in extensive areas of the high plateau and the valleys. The success achieved in pilot areas with a new vaccine prepared by the University of Maryland has paved the way for a vaccination program covering all the population of the typhous areas. By 1980 it is hoped to achieve a significant reduction in the rates of mortality and morbidity.

There are frequent epidemic outbreaks of diphtheria, whooping cough, and tetanus, diseases of simultaneous control and great significance. They are important because they are a main cause of death of newborn children. The population protected with DPT is under 6% and among children of less than one year only 1%. With the help of the National Vaccines Bank it is hoped to reduce whooping cough mortality to 1.0 per 100,000 and tetanus mortality to 0.1 per 100,000.

Outbreaks of jungle yellow fever occur occasionally in areas bordering on Brazil but the Aedes aegypti has been eradicated and a program of epidemiological vigilance is being maintained. There is therefore no risk that urban yellow fever will reappear. Vaccination of the exposed population will continue.

Among the zoonoses, rabies is endemic throughout the country, the dog being the chief domestic reservoir. Of samples taken from biting dogs 30% were positive. Satisfactory results were obtained in a pilot program carried out in Santa Cruz de la Sierra. These have been used to plan similar programs in the main cities and suburban areas. For the control of the most important zoonoses which affect cattle, it is hoped to implement a large-scale program which will cover simultaneously rabies, brucellosis, and foot-and-mouth disease.

Environmental Health

For 1973, the following data have been gathered on environmental sanitation in Bolivia:

- 55.6% of the urban population were supplied with potable water with house connections or easy access
- 23.3% of the urban population had sewerage systems
- 3.2% of the rural population had excreta disposal facilities
- 31% of the urban population living in towns of more than 20,000 inhabitants had solid waste collection services, without any service for final elimination
- Only 4.3% of the rural population had water supply with house connections or easy access
- About 10% of the working population at risk were protected
- Only 15% of the country's markets were acceptable from the point of view of food-handling and practically no meat-processing plant was satisfactory.

There is a program of atmospheric control in the city of La Paz but there is no control of water contamination.

The appropriate departments of the Ministry of Public Health and of the Ministry of Housing and Town-planning are eager to carry out environmental sanitation programs during the present decade. The plans of both Ministries up to 1980 may be summarized as follows:

- Potable water: The National Environmental Sanitation Council will be established under the Housing Bank (a body already in existence which is also concerned with the financing of environmental sanitation projects). It is hoped that 67% of the urban population will have house connections and that 19% of the rural population will have house connections and/or easy access.
- Sewage systems: It is hoped that 37% of the urban population and 15% of the rural population will have excreta disposal facilities.
- Solid wastes: 70% of the population living in the 10 towns of more than 20,000 inhabitants will have services for the collection, transport and final disposal of solid wastes. Moreover, street cleaning in these same towns will achieve a coverage of 65%.
- The protection of the working population at risk in mines, agro-industry and factories will be extended.
- Meat-processing plants will be built or improved in the six towns with more than 50,000 inhabitants and conditions will be improved in 60% of the markets in these six towns.
- Atmospheric control will be continued in the city of La Paz and a study will be initiated for protection against water contamination in the three water basins of the country.

PROMOTION OF HEALTH

General Services

The health sector is made up of the Ministry of Social Welfare and Public Health which, since 1973, has been linked with the Bolivian Institute of Social Security and other official, autonomous, and private institutions, including the Bolivian Mining Corporation, the Armed Forces, and the national banks.

In 1973 Bolivia had 757 health establishments, including 83 hospitals, 75 hospital care centers, 11 health centers, 86 medical posts, 410 health posts, 166 clinics and consulting offices, and 26 miscellaneous establishments. Of these, 599 come under the Ministry of Social Welfare and Public Health, 44 under the National Social Security Fund, 104 under COMIBOL, 13 under the Railwaymen's Fund, 9 under the Drivers' Fund, 13 under the Oil Workers' Fund, 70 under private institutions, and 5 under miscellaneous bodies.

Of the 9,954 hospital beds available in 1971, 4,610 belong to the Ministry of Social Welfare and Public Health, 1,713 to CNSS, 1,541 to COMIBOL, and the rest to other institutions.

There are enough medical personnel in the country but for budgetary reasons the health institutions have not been able to absorb them and thereby meet the health care needs of the population. Also for financial reasons many trained persons have left for other countries.

Plans for the decade are aimed at greater intersectoral coordination for the rationalization and utilization of available resources; continued expansion of services so as to bring the basic coverage of rural areas up to 80% from the present 45%; 90% coverage with integrated basic services of localities of between 2,000 and 20,000 inhabitants; and 100% coverage with basic and specialized services of towns of 20,000 inhabitants and above.

Specific Programs

Health Statistics:

The national statistical system is underdeveloped because of lack of coordination between the various bodies in this sector and the need to organize regional and local services. There are not enough trained technical and auxiliary staff. The Government proposes to strengthen the whole system by modernizing standards and procedures, coordinating the production of health statistics, setting up a program of staff training and supervision and gradually establishing a standard system for registering health statistics.

Maternal and Child Health:

The high rates of maternal and child mortality recorded in the country result from the inadequate and often inappropriate care received by the mother during pregnancy, birth, and puerperium, and by the child in the womb, at the moment of birth, and during his early years. The Government recognizes this situation and proposes to develop a national maternal and child health program including health education, family planning, and better nutrition for mothers and children. This will gradually cover the nine departments of the country and it is hoped thereby to reduce significantly the maternal and infant mortality rates during the decade.

Nutrition:

The nutritional status of Bolivian children under five years of age is not accurately known. However, in investigations made in selected areas of the Departments of La Paz, Cochabamba, Chuquisaca and Tarija 43.4% of the preschool children examined were found to be suffering from malnutrition. Of these 32.6% were suffering from grade I malnutrition, 9.4% from grade II, and 1.3% from grade III. It has been found that the average deficit in the consumption of food calories throughout the country is 14.6%; for the consumption of animal protein it is 40.7%. The nutrition policy of the Government is designed to secure the rehabilitation of the undernourished children in grades II and III; to eliminate malnutrition in school children through supplementary feeding programs; and to increase nutritional research.

Endemic goiter constitutes another serious nutritional problem for the country. Short-term action programs are being developed with the introduction of iodized oil in areas where goiter is prevalent. Also, during the next few years three iodized salt plants will be built. The compulsory consumption of iodized salt should definitely reduce the prevalence of endemic goiter.

Medical Care:

Resources for medical care are in short supply in relation to the needs. The country has two hospital beds and three hours of medical consultations for each 1,000 inhabitants. Medical resources are concentrated mainly in the urban centers. Ninety per cent of hospital care and 50% of outpatient care is provided in towns with more than 10,000 inhabitants. About half of the hospital beds in the country are unused during the whole year. The number of medical consultations is barely more than two per hour. Installed capacity is also inadequately and inefficiently utilized.

In this field the policy for the decade is to continue the extension of health services to the rural areas so as to increase medical coverage of the population; to improve installed capacity and its utilization; to increase efficiency; to improve the regional system of health services; to improve the organization and administration of medical agencies; to expand staff training; and to coordinate medical care within the sector.

Occupational Health:

The difficult conditions of work in the mining centers and the significant increase in the establishment of new industries have stimulated a special interest in developing an effective occupational health program which will reduce the risks of occupational diseases and accidents with measures for the safety and protection of workers.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

The new Fundamental University Law promulgated in 1972 grouped courses in medicine, dentistry, pharmacy, chemistry, veterinary studies, nursing, and nutrition under the Faculties of Health Sciences. In Bolivia there are five Faculties of Health Sciences, although none of them includes all the courses listed above; three establishments include medicine, four dentistry, three pharmacy, three biochemistry, three nursing, one veterinary medicine, and one nutrition.

According to information available in 1970 Bolivia had 2,143 doctors, 903 dentists, 1,600 pharmacists, 250 veterinarians, 542 graduate nurses, 1,264 nursing auxiliaries, 296 social workers, 12 health educators, and 24 dietitians.

In 1973 the personnel available for environmental sanitation programs included 35 sanitary engineers, 66 civil engineers and other professionals, and 280 technicians.

The Government's health training policy for this decade consists in revising study plans and teaching methods; improving teacher training; and planning curricula in the light of health needs, the type of problems facing the country, and the socioeconomic conditions of the population.

A study will be made of the supply of and demand for nurses with a view to formulating a policy for the training of nurses and for the utilization of their services.

The staff training policy will be developed in the light of the needs in this sector and the targets set for the decade under the National Health Plan and the Ten-year Health Plan for the Americas. Encouragement will be given to the activities of the School of Public Health of the Ministry of Social Welfare and Public Health.

BOLIVIA - PROGRAM BUDGET

1 9 7 3		1 9 7 4			1 9 7 5		1 9 7 6	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
341,042	39.2	328,041	36.9	I. PROTECTION OF HEALTH	244,012	31.0	346,167	33.1
209,493	24.0	177,027	19.9	A. COMMUNICABLE DISEASES	165,795	17.5	204,011	19.5
49,139	5.6	39,865	4.5	0100 GENERAL	31,740	3.3	43,820	4.2
73,090	8.4	58,529	6.6	0200 MALARIA	40,657	4.4	64,263	6.1
6,265	.7	7,481	.9	0300 SMALLPOX	6,758	.7	7,102	.7
20,522	2.4	16,173	1.8	0400 TUBERCULOSIS	13,209	1.4	22,470	2.2
4,937	.6	7,188	.8	0500 LEPROSY	4,471	.5	5,510	.5
-	-	320	*	0600 VENEREAL DISEASES	176	*	1,554	.2
42,711	4.9	43,311	4.9	0700 ZOOSES	43,901	4.6	52,854	5.0
12,536	1.4	2,080	.3	0900 OTHER	3,431	.4	4,458	.4
293	*	1,280	.1	1000 PARASITIC DISEASES	1,452	.2	1,980	.2
131,549	15.2	151,014	17.0	B. ENVIRONMENTAL HEALTH	128,217	13.5	142,156	13.6
84,814	9.7	72,496	8.2	2100 GENERAL	71,983	7.6	82,842	7.9
44,955	5.2	75,827	8.5	2200 WATER SUPPLIES	53,184	5.6	56,097	5.4
383	.1	638	.1	2300 ACES AEGYPTI ERADICATION	646	.1	691	.1
925	.1	1,133	.1	2400 HOUSING	1,431	.1	1,504	.1
472	.1	920	.1	2500 AIR POLLUTION	973	.1	1,022	.1
446,793	51.2	462,950	52.2	II. PROMOTION OF HEALTH	558,647	58.7	582,331	55.4
254,212	29.2	193,267	21.8	A. GENERAL SERVICES	199,365	20.9	217,219	20.7
116,090	13.3	95,240	10.7	3100 GENERAL PUBLIC HEALTH	96,637	10.2	107,485	10.2
38,737	4.5	44,084	5.0	3200 NURSING	44,902	4.7	48,442	4.6
22,973	2.6	13,174	1.5	3300 LABORATORY	20,463	2.1	22,854	2.2
872	.1	1,271	.1	3400 HEALTH EDUCATION	1,159	.1	1,417	.1
42,997	4.9	9,880	1.1	3500 STATISTICS	10,064	1.0	11,351	1.1
12,968	1.5	15,638	1.8	3600 ADMINISTRATIVE METHODS	14,862	1.6	15,638	1.5
19,575	2.3	13,980	1.6	3700 HEALTH PLANNING	11,278	1.2	10,032	1.0
192,581	22.0	269,683	30.4	B. SPECIFIC PROGRAMS	359,282	37.6	365,112	34.7
127,179	14.6	106,501	12.0	4200 NUTRITION	100,331	10.5	107,732	10.3
-	-	-	-	4300 MENTAL HEALTH	4,408	.5	7,208	.7
4,994	.6	4,688	.5	4400 DENTAL HEALTH	3,940	.4	5,675	.5
1,918	.2	1,740	.2	4500 RADIATION AND ISOTOPES	3,685	.4	2,317	.2
5,549	.6	34,503	3.9	4600 OCCUPATIONAL HEALTH	61,510	6.5	52,374	5.0
2,707	.3	4,962	.6	4700 FOOD AND DRUG	6,232	.6	7,283	.7
27,702	3.2	45,989	5.2	4800 MEDICAL CARE	52,877	5.6	52,964	5.0
20,092	2.3	68,582	7.7	4900 FAMILY HEALTH AND POP. DYNAMICS	123,375	13.0	126,439	12.0
2,161	.2	1,768	.2	5000 REHABILITATION	1,848	.2	2,002	.2
274	*	950	.1	5100 CANCER & OTHER CHRONIC DISEASES	1,076	.1	1,118	.1
83,873	9.6	96,811	10.9	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	97,624	10.3	120,872	11.5
4,646	.5	3,796	.4	6100 PUBLIC HEALTH	3,702	.4	4,271	.4
52,525	6.0	44,600	5.0	6200 MEDICINE	44,188	4.6	49,608	4.7
5,339	.6	14,111	1.6	6300 NURSING	12,036	1.3	23,169	2.2
13,057	1.5	17,083	1.9	6400 ENVIRONMENTAL SCIENCES	18,007	1.9	19,748	1.9
4,801	.6	7,754	.9	6500 VETERINARY MEDICINE	7,436	.8	9,418	.9
1,500	.2	4,079	.5	6600 DENTISTRY	4,372	.5	5,425	.5
2,005	.2	5,388	.6	6700 BIOSTATISTICS	7,881	.8	9,233	.9
871,708	100.0	887,802	100.0	GRAND TOTAL	950,283	100.0	1,049,370	100.0

*LESS THAN .05 PER CENT

BOLIVIA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		*SUPPLIES* AND EQUIPMENT	*GRANTS* AND OTHER	
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHORT	AMOUNT	PART.			AMOUNT
	\$				\$	\$			\$	\$	\$	\$	
1973													
PAHO--PR	427,261	5	-	10	266,728	26,004	3	4	18,352	-	5,552	45,917	62,708
PW	23,205	-	-	11	22,727	279	-	-	-	-	-	-	199
PN	45,952	-	-	-	19,836	1,976	-	-	1,883	-	5,482	16,815	-
PG	51,774	-	-	3	14,765	347	-	-	3,886	-	2,746	17,154	12,876
PH	31,652	-	-	-	7,645	1,019	-	-	750	-	1,317	13,478	7,443
PK	4,754	-	-	-	4,111	55	-	-	-	-	-	142	446
PS	393	-	-	-	-	-	-	-	-	-	-	-	393
WHO--NR	219,016	1	-	17	108,722	7,359	6	14	60,474	21	14,810	23,068	4,583
UNDP	67,376	2	-	5	62,288	-	-	-	1,407	-	-	2,962	719
UNFPA	285	-	-	-	285	-	-	-	-	-	-	-	-
TOTAL	871,708	8	-	46	507,107	39,039	9	18	86,752	21	24,425	108,203	106,182
PERCENT OF TOTAL	100.0				58.2	4.5			9.9		2.8	12.4	12.2
1974													
PAHO--PR	372,821	5	1	4	276,531	26,356	1	5	13,878	-	4,927	18,364	32,765
PW	45,396	-	-	13	41,813	663	-	-	-	-	-	-	2,900
PN	38,832	-	-	-	21,210	1,966	-	-	2,003	-	-	2,969	10,684
PG	43,870	-	-	3	18,420	310	-	-	602	-	3,116	7,266	14,156
PH	25,218	-	-	-	9,935	981	-	-	2,435	-	130	3,654	8,083
WHO--NR	234,140	1	-	16	121,246	8,267	7	8	52,344	2	25,878	18,680	7,725
UNDP	69,563	2	-	-	58,490	2,712	-	-	2,219	-	-	4,574	1,568
UNFPA	57,962	-	-	11	27,297	200	-	-	14,688	-	10,695	4,586	296
TOTAL	887,802	8	1	47	574,942	41,475	8	13	86,369	2	44,766	60,093	78,177
PERCENT OF TOTAL	100.0				64.8	4.7			9.9		5.0	6.8	8.8
1975													
PAHO--PR	415,482	6	1	9	325,339	28,696	1	2	8,919	-	3,302	16,180	33,044
PW	18,004	-	-	-	17,234	770	-	-	-	-	-	-	-
PN	38,914	-	-	-	21,225	1,962	-	-	2,003	-	-	3,082	10,642
PG	14,094	-	-	-	9,051	-	-	-	-	-	-	1,383	3,660
PH	26,885	-	-	-	10,672	841	-	-	2,702	-	-	3,803	4,867
WHO--NR	246,467	1	-	18	140,943	9,084	5	9	43,631	2	22,251	19,749	10,609
UNDP	73,922	-	-	7	27,253	392	2	2	13,514	-	-	31,402	1,361
UNFPA	116,515	2	-	2	63,274	2,300	-	-	7,080	-	1,308	10,237	31,516
TOTAL	950,283	9	1	36	614,991	44,047	8	13	78,849	2	26,861	85,836	99,699
PERCENT OF TOTAL	100.0				64.7	4.7			8.3		2.8	9.0	10.5
1976													
PAHO--PR	486,314	6	1	6	367,151	31,333	1	5	19,355	-	7,805	18,451	42,219
PW	18,935	-	-	-	18,095	840	-	-	-	-	-	-	-
PN	40,523	-	-	-	22,276	1,962	-	-	2,003	-	-	3,082	11,200
PG	14,225	-	-	-	9,387	-	-	-	-	-	-	1,041	3,797
PH	29,751	-	-	-	11,177	898	-	-	2,912	-	-	4,468	10,296
WHO--NR	276,420	1	-	20	160,232	9,627	6	12	54,379	2	17,183	22,511	12,488
UNDP	63,377	-	-	7	26,362	482	1	3	10,038	-	-	25,188	1,307
UNFPA	119,825	2	-	2	65,003	2,850	-	-	8,668	-	1,439	10,311	31,554
TOTAL	1,049,370	9	1	35	679,683	47,992	8	20	97,355	2	26,427	85,052	112,861
PERCENT OF TOTAL	100.0				64.8	4.6			9.3		2.5	8.1	10.7
<p>PAHO--PR--REGULAR BUDGET PW--COMMUNITY WATER SUPPLY PI--INCAP - REGULAR BUDGET PN--INCAP - GRANTS AND OTHER CONTRIBUTIONS PG--GRANTS AND OTHER CONTRIBUTIONS PH--PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO--PK--SPECIAL FUND FOR HEALTH PROMOTION PS--SPECIAL FUND FOR RESEARCH WHO--NR--REGULAR BUDGET UNDP--UNITED NATIONS DEVELOPMENT PROGRAM UNFPA--UNITED NATIONS FUND FOR POPULATION ACTIVITIES WC--GRANTS AND OTHER FUNDS</p>													

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

BOLIVIA - DETAIL

BOLIVIA-0100, EPIDEMIOLOGY

Communicable diseases in Bolivia continue to be a major problem since they represent more than half of the general morbidity and somewhat less than half of the mortality from all causes. This project is designed to cooperate with the Government in applying effective methods for combating communicable diseases so as to considerably reduce the aforementioned rates. Among the principal efforts will be those in the following areas: training of personnel; improvement of detection, diagnosis, reporting, and recording; campaigns against the diseases; and epidemiological surveillance. Systematic, intensive vaccination programs are the most relevant factor for achieving a reduction in the present rates.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	1	TOTAL		36,793	25,750	24,480	36,552
P-4 EPIDEMIOLOGIST .3333	PR	-	-	1	1						
P-4 EPIDEMIOLOGIST 4.3333	UNDP	1	1	-	-	SUBTOTAL	PR	15,043	9,500	24,480	36,552
TOTAL		3	-	-	-	PERSONNEL-POSTS		-	-	15,000	23,700
CONSULTANT MONTHS	UNDP	3	-	-	-	ZONE ADVISORY SERVICES		-	-	5,680	5,952
TOTAL		2	3	-	2	DUTY TRAVEL		-	-	1,800	1,900
FELLOWSHIPS-ACADEMIC	PR	1	-	-	-	SEMINAR COSTS		2,832	-	-	-
FELLOWSHIPS-SHORT TERM	PR	1	3	-	2	SUPPLIES AND EQUIPMENT		8,438	5,000	2,000	2,000
						FELLOWSHIPS		3,773	4,500	-	3,000
						SUBTOTAL	UNDP	21,750	16,250	-	-
						PERSONNEL-POSTS		15,000	15,500	-	-
						PERSONNEL-CONSULTANTS		6,750	-	-	-
						DUTY TRAVEL		-	750	-	-

BOLIVIA-0200, MALARIA ERADICATION

The epidemiological situation in Bolivia improved as a result of the intensification of the antimalaria measures applied in 1972. Unfortunately, this progress was cancelled due to a reduction in resources available to the program. In 1973, 7,696 cases were registered as compared with 4,275 in 1972. The collaboration of the Argentine Republic had been obtained under a bilateral agreement for intensifying the measures in frontier zones. The direct help provided by UNICEF for this program has been discontinued.

TOTAL		2	2	2	2	TOTAL		66,768	53,500	55,600	58,700
P-4 MEDICAL OFFICER .0334	PR	1	1	1	1	PERSONNEL-POSTS		43,331	42,700	44,700	46,700
P-1 SANITARIAN .0335	PR	1	1	1	1	DUTY TRAVEL		6,701	6,800	6,900	7,000
						SUPPLIES AND EQUIPMENT		16,736	4,000	4,000	5,000

BOLIVIA-0300, SMALLPOX ERADICATION

Although the last cases of smallpox were recorded in 1964, Bolivia was declared free of the disease only in 1968. Eradication was achieved by conducting three mass national campaigns--1957/59, 1963/68, and 1967/73. The objective of the project is to keep the country free of smallpox through epidemiological surveillance and maintenance vaccination. This program is an integral part of the continental plan for eradication of smallpox.

TOTAL		-	1,000	-	-
SUPPLIES AND EQUIPMENT	WR	-	1,000	-	-

BOLIVIA-0400, TUBERCULOSIS CONTROL

Tuberculosis, with a death rate estimated at 100 per 100,000 inhabitants in 1972, is among the five leading causes of death in Bolivia. The chief objective of this program is to reduce the death rate by 60% in this decade. The work consists primarily of BCG vaccination of children and adolescents, bacteriological diagnosis of patients with respiratory symptoms, and outpatient chemotherapy treatment. A mass BCG and smallpox vaccination program, reaching an average of 80% of the population under 20, was conducted in most of the country's departments. But maintenance of the levels of immunization achieved has not yet been provided for adequately. The health units of Santa Cruz, Oruro, and La Paz have begun to perform bacteriological diagnosis and outpatient chemotherapy treatment.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	-\$

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	-	1	1	TOTAL	9,798	4,000	10,224	15,769
CONSULTANT MONTHS	PR	-	-	1	1					
TOTAL		-	1	1	1	SUBTOTAL	PR 9,798	4,000	5,700	10,900
FELLOWSHIPS-SHORT TERM	PR	-	1	1	1	PERSONNEL-CONSULTANTS	-	-	2,200	2,400
						SUPPLIES AND EQUIPMENT	9,798	2,500	2,000	4,000
						FELLOWSHIPS	-	1,500	1,500	1,500
						GRANTS	-	-	-	3,000
						SUBTOTAL	WR -	-	4,524	4,869
						ZONE ADVISORY SERVICES	-	-	4,524	4,869

BOLIVIA-0701, ZONONOSES CONTROL

Rabies, brucellosis and bovine tuberculosis are among the principal zoonoses prevalent in Bolivia, causing epizootic outbreaks and constituting both economic and social problems. The laboratories of the National Institute of Animal Biology and National Institute of Health Laboratories produce vaccines to control some of the zoonoses but in insufficient quantities and, in some cases of doubtful effectiveness, so that vaccines have to be imported at high cost. The aim of this project is to assist the Government through the Ministries of Social Security, Health and Agriculture, to take measures designed to effectively control the principal zoonoses.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		6	1	1	2	TOTAL	WR 13,258	6,000	13,102	20,767
CONSULTANT MONTHS	WR	6	1	1	2	ZONE ADVISORY SERVICES	-	-	7,402	7,967
TOTAL		-	1	1	2	PERSONNEL-CONSULTANTS	7,652	2,000	2,200	4,800
FELLOWSHIPS-SHORT TERM	WR	-	1	1	2	SUPPLIES AND EQUIPMENT	5,606	2,500	2,000	5,000
						FELLOWSHIPS	-	1,500	1,500	3,000

BOLIVIA-0901, TYPHUS

Louse-borne typhus remains endemic in an area of Bolivia covering 260,000 km² with a population of 2,700,000. Over 5,000 cases have been reported during the last decade, chiefly in the age-group 15 to 19 years. Project funds have been used to conduct two field trials with attenuated type E typhus vaccine in 1971 and 1973. Over 6,000 vaccines have been studied for serological response, acceptability of the vaccine, and its ability to protect against the disease. Results to date have been excellent. Surveillance will continue with improvement of the laboratory diagnostic capabilities, provision of standardized reagents, and performance of periodic serological surveys of the population. Plans will be prepared for mass immunization with the type E vaccine, if sufficient quantities become available.

TOTAL		1	-	-	-	TOTAL	8,889	1,000	-	-
CONSULTANT MONTHS	WR	1	-	-	-	SUBTOTAL	PR 59	1,000	-	-
						SUPPLIES AND EQUIPMENT	59	1,000	-	-
						SUBTOTAL	WR 8,830	-	-	-
						PERSONNEL-CONSULTANTS	1,528	-	-	-
						CONTRACTUAL SERVICES	800	-	-	-
						SUPPLIES AND EQUIPMENT	6,502	-	-	-

BOLIVIA-2100, ENVIRONMENTAL SANITATION

Sanitation conditions in Bolivia are inadequate. In regard to coverage, 75% of the urban and 5% of the rural population have potable water; 27% of the urban and 2% of the rural population, respectively, have sewerage and adequate solid waste disposal; 31% of the population living in towns of over 20,000 inhabitants have garbage collection but no final disposal; some watercourses are polluted; and only 10% of the working population exposed to hazards is protected. In addition, the quality of the services is unsatisfactory; the health sector, with its 14 institutions, needs to be regulated; human resources are in short supply; and financial resources are very limited.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
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						\$	\$	\$	\$

The purposes of the project are to improve urban and rural environmental sanitation; to extend substantially the coverage of the population served with potable water, sewerage, adequate waste disposal, and garbage removal; to improve food production and distribution; to regulate the sector, coordinate its component institutions, and improve their technico-administrative capacity; and to train personnel in this sector. In short, it is proposed to formulate a national sanitation plan in line with the targets laid down in the Ten-year Health Plan for the Americas.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	1	TOTAL	65,924	45,500	59,575	62,225
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P-4 SANITARY ENGINEER .0342	PR	1	1	1	1					
						SUBTOTAL	50,645	28,700	41,975	43,825
TOTAL		1	4	4	4					
CONSULTANT MONTHS	WR	1	4	4	4	PERSONNEL-POSTS	24,172	27,100	28,300	29,500
						ZONE ADVISORY SERVICES	-	-	11,975	12,525
TOTAL		4	1	3	3	DUTY TRAVEL	1,473	1,600	1,700	1,800
						GRANTS	25,000	-	-	-
FELLOWSHIPS-ACADEMIC	WR	1	1	1	1	SUBTOTAL	15,279	16,800	17,600	18,400
FELLOWSHIPS-SHORT TERM	WR	3	-	2	2	PERSONNEL-CONSULTANTS	2,367	8,000	8,800	9,600
						SUPPLIES AND EQUIPMENT	907	4,000	1,000	1,000
						FELLOWSHIPS	12,005	4,800	7,800	7,800

BOLIVIA-2200, WATER SUPPLIES

The limited coverage of urban and rural basic sanitation services, their poor quality, the absence of financial incentives in the sector, and the lack of order and policy among its 14 or more component institutions, are some of the obstacles and problems apparent in Bolivia's water supply and sewerage systems. It is hoped that by studying and regulating the sector, by aiming to extend coverage to provide, by the end of this decade, 80% of the urban and 20% of the rural population with potable water, and 50% of the urban and 18% of the rural population, respectively, with sewerage and waste disposal, and by training human resources, positive advances will have been made in this field.

For this purpose, with the reorganization of the water and sewerage sector, it is proposed to formulate and implement a national sanitary works plan.

TOTAL		-	4	4	4	TOTAL	5,886	11,500	12,300	13,100
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CONSULTANT MONTHS	WR	-	4	4	4	PERSONNEL-CONSULTANTS	-	8,000	8,800	9,600
						SUPPLIES AND EQUIPMENT	840	500	500	500
TOTAL		5	2	2	2	FELLOWSHIPS	5,046	3,000	3,000	3,000
FELLOWSHIPS-SHORT TERM	WR	5	2	2	2					

BOLIVIA-2201, WATER AND SEWER ADMINISTRATION

The purpose of this project is to provide consultant services to the Corporación de Aguas Potables y Alcantarillado on administrative reform and institution building in order to foster the best utilization of resources and better service for the people of Bolivia.

TOTAL		3	6	-	-	TOTAL	6,574	13,499	-	-
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CONSULTANT MONTHS	PW	3	6	-	-	PERSONNEL-CONSULTANTS	6,523	12,299	-	-
						CONTRACTUAL SERVICES	51	1,200	-	-

BOLIVIA-2202, WATER AND SEWER ADMINISTRATION (COCHABAMBA)

The purpose of this project is to provide consultant services and operational manuals to the Municipal Water Supply and Sewerage Service of Cochabamba, Bolivia, on the analysis of present standards, systems, and practices, and recommendations for improvement.

TOTAL		2	3	-	-	TOTAL	5,563	6,398	-	-
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CONSULTANT MONTHS	PW	2	3	-	-	PERSONNEL-CONSULTANTS	5,493	6,098	-	-
						CONTRACTUAL SERVICES	70	300	-	-

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

BOLIVIA-2203, WATER AND SEWER ADMINISTRATION (POTOSI)

The Autonomous Administration for Sanitary Works (AAPOS) in Potosí, in initiating its activities in 1972, lacked experience and knowledge. Rapid corrective action was needed, especially since it has received an IDB loan for the construction of a new potable water supply for the city, calling for immediate modifications in administrative and operational methods.

A diagnosis of the agency showed those areas of AAPOS in which improvements were necessary for the implementation of the water works construction program and with a view to applying modern management methods in the engineering, administrative and financial fields that would enable the agency to undertake the operation and maintenance of both existing and prospective services. From November 1972 onwards advice has been furnished in the areas of accounts, budgeting, financing and auditing, supplies, personnel administration and internal services, rate-structure, invoicing, collections and public relations. Provision is being made for PAHO technical support in 1974 in preparing a broad program to identify various activities and determine those responsible for their implementation in order to carry out the recommendations made. This project which is expected to be completed by December 1974, includes a final appraisal at the end of the present year.

TOTAL		6	4	-	-	TOTAL	PW	7,886	10,746	-	-
CONSULTANT MONTHS	PW	6	4	-	-	PERSONNEL-CONSULTANTS		7,808	9,346	-	-
						CONTRACTUAL SERVICES		78	1,400	-	-

BOLIVIA-3100, HEALTH SERVICES

The infrastructure for health services and coverage, in spite of increases occurring within the economic possibilities of Bolivia, continue being insufficient to meet the needs of the population in the health field. The national health plan includes programming of actions destined to make positive contributions to the country's meeting the goals established in the Ten-year Health Plan for the Americas. The purpose of this project is to cooperate with the Government in reaching these objectives and in raising the level of health of the population in all the country.

TOTAL		2	3	3	3	TOTAL		129,036	101,300	106,710	114,140
P-5 PAHO/MHO REPRESENTATIVE .3045	PR	1	1	1	1	SUBTOTAL	PR	48,333	45,900	49,400	53,900
P-3 NURSE 4.0338	WR	1	1	1	1	PERSONNEL-POSTS		27,118	33,000	37,600	41,000
G-4 SECRETARY .4275	PR	-	1	1	1	PERSONNEL-CONSULTANTS		4,570	-	-	-
TOTAL		6	3	5	5	DUTY TRAVEL		1,452	1,700	1,800	1,900
CONSULTANT MONTHS	PR	-	-	-	-	FELLOWSHIPS		1,288	-	-	-
CONSULTANT MONTHS	WR	6	3	5	5	COMMON SERVICES		13,905	11,200	10,000	11,000
TOTAL		10	4	3	3	SUBTOTAL	WR	80,703	55,400	57,310	60,240
FELLOWSHIPS-ACADEMIC	WR	4	2	1	1	PERSONNEL-POSTS		27,553	24,700	26,310	28,240
FELLOWSHIPS-SHORT TERM	PR	1	-	-	-	PERSONNEL-CONSULTANTS		10,443	6,000	11,000	12,000
FELLOWSHIPS-SHORT TERM	WR	5	2	2	2	DUTY TRAVEL		1,952	2,000	2,100	2,200
TOTAL		1	-	-	-	SEMINAR COSTS		3,400	1,000	1,000	1,000
PARTICIPANTS	WR	1	-	-	-	SUPPLIES AND EQUIPMENT		3,619	5,100	5,100	5,000
						FELLOWSHIPS		31,790	12,600	7,800	7,800
						PARTICIPANTS		1,946	-	-	-
						COURSE COSTS		-	4,000	4,000	4,000

BOLIVIA-3102, FELLOWSHIPS

Fellowships are provided in order to train personnel for the improvement and expansion of health services in Bolivia.

TOTAL		1	2	2	3	TOTAL	WR	2,113	6,300	6,300	7,800
FELLOWSHIPS-ACADEMIC	WR	-	1	1	1	FELLOWSHIPS		2,113	6,300	6,300	7,800
FELLOWSHIPS-SHORT TERM	WR	1	1	1	2						

BOLIVIA-3104, HEALTH SERVICES (COCHABAMBA AND TARIJA)

PAHO has cooperated in improving the sanitary conditions of the environment in both urban and rural populations in order to provide integrated health services for the socioeconomic development of Bolivia.

UNICEF cooperates in this project.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
								\$	\$	\$	\$
TOTAL		2	-	-	-	TOTAL	PR	2,414	-	-	-
CONSULTANT MONTHS	PR	2	-	-	-	PERSONNEL-CONSULTANTS		2,414	-	-	-

BOLIVIA-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

	TOTAL	PR	1973	1974	1975	1976
ZONE ADVISORY SERVICES			-	-	10,125	10,650
			-	-	10,125	10,650

BOLIVIA-3300, LABORATORY SERVICES

Hitherto no program aimed at overall improvement of the health laboratories at all levels has been developed in Bolivia. There are crying deficiencies in regard to personnel, installations, equipment, financing, and operation, together with insufficient utilization of the diagnostic laboratories. The purpose of this project is to cooperate with the Government in organizing a national system of laboratories and in the activities required to improve the efficiency and promote the utilization of that service.

Beginning in 1976, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

	TOTAL	PR	1973	1974	1975	1976
CONSULTANT MONTHS			-	-	4	2
FELLOWSHIPS-SHORT TERM	PR		-	-	1	2
ZONE ADVISORY SERVICES			-	-	-	9,650
PERSONNEL-CONSULTANTS			-	-	8,800	4,000
SUPPLIES AND EQUIPMENT			-	-	3,000	-
FELLOWSHIPS			-	-	1,500	3,000
COURSE COSTS			-	-	4,000	2,000

BOLIVIA-3301, PRODUCTION OF IMMUNOGLOBULIN AGAINST HEMORRHAGIC FEVER

The purpose of this project is to collect by the plasmapheresis technique at least 200 units of plasma from 15 donors immune to Bolivian hemorrhagic fever, i.e., residents of Beni who have adequate levels of antibodies against the Machupo virus. From this, gammaglobulin will be prepared for use in emergencies and the protection obtained will be evaluated in the laboratory and in the field.

	TOTAL	PG	1973	1974	1975	1976
CONSULTANT MONTHS			2	2	-	-
PERSONNEL-CONSULTANTS			2,156	5,444	-	-
SUPPLIES AND EQUIPMENT			7,842	767	-	-
LOCAL PERSONNEL COSTS			3,900	-	-	-

BOLIVIA-3500, HEALTH STATISTICS

The system of health statistics in Bolivia is only partially developed as a means of providing information on which to base decisions. There is no proper coordination between organizations in the health sector. Some regional and local services have to be organized. Most of the existing statistical subsystems only provide information produced by the services of the Ministry of Social Welfare and Public Health. There is a shortage of trained technicians and auxiliaries. There are no clinical histories or standardized records systems.

It is proposed to develop the national system of health statistics so that it can provide integral information on the sector. This will be done by strengthening the organization of the National Department of Biostatistics, updating established rules and procedures, coordinating the production of statistics with other bodies in the health sector, organizing regional and local services, decentralizing the processing of information, gradually introducing standard clinical histories, and establishing a training program and a program of supervision at the different levels.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	-\$

BOLIVIA-4201, ENDEMIC GOITER CONTROL PROGRAM IN BOLIVIA

Four towns in Bolivia in the area of high endemicity of goiter are being studied to determine the incidence of goiter in a sample population, and to administer iodized oil orally in two towns and intramuscularly in the other two towns, as a demonstration of its efficacy and as an interim measure until iodized salt is readily available.

TOTAL	PH	12,302	203	-	-
SUPPLIES AND EQUIPMENT		9,482	-	-	-
LOCAL PERSONNEL COSTS		2,820	203	-	-

BOLIVIA-4202, EFFECTS OF IODINE DEFICIENCY AND ITS CORRECTION ON MENTAL PERFORMANCE OF CHILDREN

In some parts of Bolivia endemic goiter reaches rates as high as 60%; cretinism and other harmful effects on mental development are also frequent. It has not yet been possible to set up a national salt iodization program to control this problem. The purpose of this project is to evaluate the effects of iodine deficiency on the mental development of school-age children and the effects of administering iodized oil as a preventive measure in areas with a high incidence of goiter until such time as salt iodization can be implemented nationwide.

TOTAL		1	-	-	-	TOTAL	PG	2,635	8,068	-	-
CONSULTANT MONTHS	PG	1	-	-	-	PERSONNEL-CONSULTANTS		715	-	-	-
						LOCAL COSTS		1,920	8,068	-	-

BOLIVIA-4600, OCCUPATIONAL HEALTH PROGRAM

The purpose of this project is to collaborate with the Government of Bolivia in protecting the mining population from the risk of contracting diseases such as silicosis which are rather widely disseminated in the mines, the principal industry of the country, and to establish programs for the protection of workers in all other industries.

TOTAL		-	1	-	-	TOTAL	UNDP	5,004	33,835	60,600	51,400
P-5 SANITARY ENGINEER 4,4217	UNDP	-	1	-	-	PERSONNEL-POSTS		-	28,500	-	-
						PERSONNEL-CONSULTANTS		5,000	-	18,000	18,000
						DUTY TRAVEL		-	1,500	-	-
TOTAL		2	-	7	7	SUPPLIES AND EQUIPMENT		4	3,000	30,000	26,100
CONSULTANT MONTHS	UNDP	2	-	7	7	FELLOWSHIPS		-	-	12,600	9,300
						MISCELLANEOUS		-	835	-	-
TOTAL		-	-	4	4						
FELLOWSHIPS-ACADEMIC	UNDP	-	-	2	1						
FELLOWSHIPS-SHORT TERM	UNDP	-	-	2	3						

BOLIVIA-4800, MEDICAL CARE SERVICES

The purpose of this project is to collaborate with the governmental agencies in Bolivia in the organization of a coordinated program of medical care for the entire health sector, in order to improve its quality, through the development of more effective systems of organization and administration for health services and the training of personnel, and in order to raise standards of interinstitutional coordination.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	1	1	1	TOTAL		14,561	29,800	45,780	44,728
P-4 MEDICAL OFFICER .4228	PR	-	1	1	1	SUBTOTAL	PR	14,561	16,000	30,780	33,528
TOTAL		4	1	1	1	PERSONNEL-POSTS		-	15,000	23,700	24,900
CONSULTANT MONTHS	PR	4	-	-	-	ZONE ADVISORY SERVICES		-	-	5,580	5,858
CONSULTANT MONTHS	WR	-	1	1	1	PERSONNEL-CONSULTANTS		8,561	-	-	-
						DUTY TRAVEL		-	1,000	1,500	1,600
TOTAL		-	1	1	1	DEV. OF HUMAN RESOURCES		-	-	-	1,170
						COURSE COSTS		6,000	-	-	-
FELLOWSHIPS-ACADEMIC	WR	-	1	1	1	SUBTOTAL	WR	-	13,800	15,000	11,200
						PERSONNEL-CONSULTANTS		-	2,000	2,200	2,400
						SEMINAR COSTS		-	7,000	6,000	4,000
						SUPPLIES AND EQUIPMENT		-	-	2,000	-
						FELLOWSHIPS		-	4,800	4,800	4,800

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

BOLIVIA-4900, MATERNAL AND CHILD HEALTH (previously BOLIVIA-4100)

With the assistance of PAHO, a project was formulated for the extension of maternal and child care services, which was presented officially for financing by UNFPA. The purposes of the project are to reduce the mortality and morbidity rates for mothers and children, to extend coverage of institutional childbirth, supervised childbirth at home, prenatal care and care of the newborn, provision of educational and clinical services to promote responsible parenthood, control of cervico-uterine cancer, and the timely detection and referral of cases presenting a high degree of obstetric and perinatal risk. An additional purpose is to establish centers of training and service in maternal and child health and family planning, which will develop the training of personnel for extension of services and for conducting operational research.

TOTAL		-	-	2	2	TOTAL	5,221	46,977	99,030	100,540
P-4 MEDICAL OFFICER 4.4368	UNFPA	-	-	1	1	SUBTOTAL	PR 5,221	3,500	-	-
P-3 NURSE 4.4369	UNFPA	-	-	1	1	PERSONNEL-CONSULTANTS FELLOWSHIPS	6,181	2,000	-	-
TOTAL		3	13	2	2		3,040	1,500	-	-
CONSULTANT MONTHS	PR	3	1	-	-	SUBTOTAL	PG -	1,777	-	-
CONSULTANT MONTHS	PG	-	1	-	-	PERSONNEL-CONSULTANTS	-	1,777	-	-
CONSULTANT MONTHS	UNFPA	-	11	2	2	SUBTOTAL	UNFPA -	43,700	99,030	100,540
TOTAL		2	1	-	-	PERSONNEL-FCSTS	-	-	53,590	55,000
FELLOWSHIPS-ACADEMIC	PR	1	-	-	-	PERSONNEL-CONSULTANTS	-	22,500	2,400	2,400
FELLOWSHIPS-SHORT TERM	PR	1	1	-	-	DUTY TRAVEL	-	-	2,000	2,500
						SEMINAR COSTS	-	10,000	-	-
						SUPPLIES AND EQUIPMENT	-	4,000	9,500	9,500
						TRAINING GRANTS	-	7,200	-	-
						GRANTS	-	-	8,000	8,000
						COURSE COSTS	-	-	10,000	10,000
						LOCAL PERSONNEL COSTS	-	-	11,640	11,640
						MISCELLANEOUS	-	-	1,500	1,500

BOLIVIA-6200, MEDICAL EDUCATION

The new Fundamental University Law of Bolivia provided, in mid-1972, for the establishment of faculties of health sciences and organized the system of departmentalization, with responsibility for developing the careers of medicine, dentistry, chemistry, pharmacy, nursing, nutrition, and dietetics. Accordingly, the purpose of this project is to cooperate with the universities of the country in organizing the faculties of health sciences and in planning curricula, with emphasis on basic subjects and on public health and preventive and social medicine, in order to adjust the plan of studies to the type of professional which the country requires.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		2	1	1	2	TOTAL	17,618	12,800	21,330	23,810
CONSULTANT MONTHS	WR	2	1	1	2	SUBTOTAL	PR -	-	7,530	7,910
TOTAL		1	1	1	1	ZONE ADVISORY SERVICES	-	-	7,530	7,910
FELLOWSHIPS-ACADEMIC	WR	1	1	1	1	SUBTOTAL	WR 17,618	12,800	13,800	15,900
TOTAL		20	2	2	2	PERSONNEL-CONSULTANTS	4,317	2,000	2,200	4,800
PARTICIPANTS	WR	20	2	2	2	SEMINAR COSTS	-	2,000	2,000	1,000
						SUPPLIES AND EQUIPMENT	-	-	400	500
						FELLOWSHIPS	8,310	4,800	4,800	4,800
						PARTICIPANTS	4,991	4,000	4,400	4,800

BOLIVIA-6300, NURSING EDUCATION

In spite of the great need for qualified nurses, the number of applicants to the nursing profession is very small. In general, the nursing programs are not adapted to Bolivia's actual demands, and the number and qualifications of the nurse educators need improvement. The Universities of Sucre and La Paz offer four-year nursing degree programs. The Elizabeth Seton School has economic problems. All the schools need additional teaching equipment and reference materials.

The purpose of this project is to improve the quality of instruction in nursing at a professional level through the training of the teaching staff, the reorganization of schools and departments of nursing, and the restructuring of their curricula.

 PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	373,264	428,615	350,895	399,437
0100 EPIDEMIOLOGY	2,588	6,885	7,260	7,268
0104 EPIDEMIOLOGY (ZONE IV)	8,772	7,230	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	986	-	-	-
0200 MALARIA TECHNICAL ADVISORY SERVICES	4,585	4,129	4,027	4,485
0218 PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS	1,737	900	1,030	1,078
0300 SMALLPOX ERADICATION	6,265	6,481	6,758	7,102
0400 TUBERCULOSIS CONTROL	1,997	2,262	1,886	2,392
0404 TUBERCULOSIS CONTROL (ZONE IV)	7,941	7,015	-	-
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	604	1,320	-	1,128
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	182	1,578	-	1,296
0411 STUDY GROUP ON TUBERCULOSIS CONTROL	-	-	1,099	-
0412 REGIONAL COMMITTEE ON EVALUATION OF TUBERCULOSIS PROGRAMS	-	-	-	1,885
0500 LEPROSY CONTROL	3,599	6,188	3,024	3,472
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	658	-	917	973
0512 TRAINING AND RESEARCH IN LEPROSY AND RELATED DISEASES	680	1,000	530	1,065
0600 VENEREAL DISEASE CONTROL	-	320	176	204
0612 VENEREAL DISEASE SEMINARS	-	-	-	1,350
0700 PAN AMERICAN ZOONOSES CENTER	24,094	29,801	30,259	31,507
0704 VETERINARY PUBLIC HEALTH (ZONE IV)	4,626	6,910	-	-
0708 RABIES CONTROL	-	600	540	580
0718 SEMINAR ON EPIDEMIOLOGY OF THE ZOONOSES	733	-	-	-
0900 PLAGUE CONTROL	772	900	630	660
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	980	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	491	708
0924 INTERNATIONAL SYMP. CONTROL OF LICE AND LOUSE-BORNE DISEASES	2,875	-	-	-
0925 STRENGTH, TYPHUS AND OTHER RICKETT. DIS. SURV. AND DIAG. FACIL-	-	-	2,010	2,070
0928 SURVEILLANCE FOR INSECTICIDE-RESISTANT LICE IN THE AMERICAS	-	-	300	1,020
1000 PARASITIC DISEASES	227	555	1,050	1,506
1008 CHAGAS' DISEASE	66	725	402	474
2100 ENVIRONMENTAL SANITATION	1,833	759	837	811
2104 SANITARY ENGINEERING (ZONE IV)	10,059	11,325	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,412	16,712	15,675	18,325
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	998	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	750	1,167	1,222
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2127 SANITARY ENGINEERING PLANNING IN THE ANDEAN REGION (ZONE IV)	-	-	-	5,850
2200 WATER SUPPLIES	4,561	5,236	5,580	5,868
2213 STUDIES AND INVESTIGATION OF WATER RESOURCES	1,614	95	-	-
2220 INSTITUTIONAL DEVELOPMENT	11,867	24,392	30,366	32,788
2223 PUBLIC SERVICES ADMINISTRATION	150	-	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	807	-
2230 RURAL WATER SUPPLY AND SANITATION	-	2,450	2,548	2,646
2300 AEDS AEGYPTI ERADICATION	383	578	646	691
2309 STUDY GROUP ON AEDS AEGYPTI ERADICATION	-	60	-	-
3000 COORDINATION WITH FOUNDATIONS	1,279	2,573	3,085	3,518
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,307	3,860	3,125	3,400
3126 OPERATIONS RESEARCH	73	273	229	238
3129 RESEARCH TRAINING IN BIOMEDICAL SCIENCES	1,351	222	-	-
3130 CONFERENCE ON MYCOLOGY	78	1,310	-	-
3135 DEVELOPMENT OF RIVER BASINS	-	960	528	576
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,642	2,008	1,170	1,253
3139 PAHO RESEARCH GRANT PROGRAM	4,816	2,600	3,900	5,200
3141 DEVELOPMENT OF RIVER BASINS (ZONE IV)	-	-	-	600
3142 COORDIN. OF INTEGRATED HEALTH SERV. IN FRONTIER AREAS (ZONE IV)	-	-	-	600
3143 STUDY PARTIC. OTHER PUBL. SECTORS DEVELOP. HEALTH SERV. (ZONE IV)	-	-	-	600
3144 HEALTH LEGISLATION	472	-	-	-
3145 EMERGENCY PREPAREDNESS	14	534	-	-
3200 NURSING SERVICES	1,667	2,268	2,420	2,536
3204 NURSING (ZONE IV)	6,319	9,600	-	-
3210 HOSPITAL NURSING SERVICES	-	717	1,269	1,408
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	558	1,195	1,118	1,177
3215 STUDY ON FACTORS AFFECTING NURSING GROWTH	373	-	-	-
3216 STANDARDS IN NURSING PRACTICE	-	-	-	1,450
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	1,264	-	-
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	532
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	262	493	310	249
3223 SYSTEMS OF NURSING	53	1,002	1,250	-
3225 UTILIZATION AND TRAINING OF THE TRADITIONAL BIRTH ATTENDANT	-	845	-	-
3300 LABORATORY SERVICES	802	361	453	484
3304 LABORATORY SERVICES (ZONE IV)	5,752	-	-	-
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,435	1,690	1,764	1,942
3318 MYCOLOGY RESEARCH AND TRAINING CENTERS	1,086	2,412	946	968
3320 CREATION OF A BIOLOGICAL PRODUCTS BANK (ZONE VI)	-	2,500	-	-
3400 HEALTH EDUCATION	534	497	312	497
3410 TRAINING OF TEACHERS IN HEALTH EDUCATION	338	774	847	920
3500 HEALTH STATISTICS	1,130	725	933	690
3504 HEALTH STATISTICS (ZONE IV)	7,016	8,753	-	-
3513 INTER-AMERICAN INVESTIGATION OF MORTALITY IN CHILDHOOD	7,198	2,972	3,279	3,536
3516 REGIONAL SEMINAR ON DATA PROCESSING	-	723	-	723

3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,583	3,496	3,672	3,908
3604 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE IV)	8,927	10,680	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,458	1,462	-	-
3700 HEALTH PLANNING	5,082	3,164	3,398	3,752
3704 HEALTH PLANNING (ZONE IV)	6,773	-	-	-
3709 MEETING OF MINISTERS OF HEALTH	759	-	-	-
3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	6,961	10,816	7,880	6,280
4200 NUTRITION ADVISORY SERVICES	2,225	2,079	2,224	2,353
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	76,811	77,009	78,685	81,717
4204 NUTRITION ADVISORY SERVICES (ZONE IV)	7,131	8,250	-	-
4211 RESEARCH ON PROTEIN-CALORIE MALNUTRITION	2,458	-	-	1,133
4213 IODINE DETERMINATION IN ENDEMIC GOITER	487	1,500	1,600	1,700
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	70	222	245	445
4230 NUTRITION TRAINING	877	610	810	1,052
4233 NUTRITION TEACHING IN MEDICAL SCHOOLS	178	800	880	960
4238 NUTRITION RESEARCH	150	760	1,355	2,035
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	180	191
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	574	238
4313 NURSING IN MENTAL HEALTH	-	-	4,408	7,208
4400 DENTAL HEALTH	942	792	600	720
4409 FLUORIDATION	4,052	3,896	3,340	4,955
4500 HEALTH ASPECTS OF RADIATION	296	240	630	928
4507 RADIATION HEALTH PROTECTION	1,540	1,320	2,310	1,464
4509 RADIATION SURVEILLANCE	82	180	325	325
4516 PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	420	-
4620 MANAGEMENT OF PESTICIDES	-	140	152	174
4700 FOOD AND DRUG CONTROL	492	1,074	1,135	1,186
4708 FOOD HYGIENE TRAINING CENTER	2,215	2,052	2,312	2,474
4715 FOOD HYGIENE	-	1,225	2,145	2,495
4716 TRAINING IN ANALYSIS OF FOOD AND DRUGS	-	-	640	680
4717 SEMINAR ON FOOD HYGIENE	-	611	-	-
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	448
4800 MEDICAL CARE SERVICES	1,186	1,219	1,338	1,507
4804 MEDICAL CARE SERVICES (ZONE IV)	8,360	10,125	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,625	2,173	2,890	3,656
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,970	2,672	2,368	3,073
4831 STUDY GROUP ON MAINTENANCE SYSTEMS IN LATIN AMERICA	-	-	501	-
4900 HEALTH AND POPULATION DYNAMICS	4,576	9,879	10,000	11,359
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	3,007	7,730	7,880	8,668
4915 MATERNAL AND CHILD HEALTH	130	391	430	522
4917 CLINICAL AND SOCIAL PEDIATRICS	200	1,405	1,404	1,404
4918 STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,207	-
4920 LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	2,958	-	3,424	3,946
5000 REHABILITATION	2,161	1,768	1,848	2,002
5100 CHRONIC DISEASES	279	950	1,076	1,118
6000 MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	2,478	2,552	2,834	2,992
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	4,646	3,796	3,702	4,271
6200 EDUCATION IN HEALTH SCIENCES	6,716	9,864	10,050	11,683
6204 MEDICAL EDUCATION (ZONE IV)	5,985	7,170	-	-
6216 BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,238	2,822	2,761	2,629
6221 LIBRARY OF MEDICINE	15,317	7,272	5,346	5,305
6223 TEACHING OF BEHAVIORAL SCIENCES	1,704	400	-	-
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	469	1,720	1,867	3,189
6300 NURSING EDUCATION	210	840	390	411
6310 NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,943	2,910	670	690
6317 SEMINAR ON NURSING EDUCATION	542	1,453	1,537	1,516
6319 TRAINING OF NURSING AUXILIARIES	290	2,897	3,509	3,291
6320 POSTBASIC COURSES IN NURSING	354	805	644	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,480
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	154	518
6325 EDUCATIONAL TECHNOLOGY IN NURSING	-	-	4,632	7,963
6400 SANITARY ENGINEERING EDUCATION	2,650	2,572	2,983	3,262
6500 VETERINARY MEDICINE EDUCATION	1,646	2,754	2,968	3,128
6507 SEMINARS ON VETERINARY MEDICINE EDUCATION	441	-	370	390
6600 DENTAL EDUCATION	1,135	1,467	1,575	1,428
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	165	210	294	786
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	200	402	303	311
6700 BIostatistics EDUCATION	154	182	-	690
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	984	965	1,009	1,180
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	575	948	992	1,035
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	498,444	459,187	599,388	649,933	373,264.	428,615	350,895	399,437
PAHO-PR-REGULAR BUDGET	252,683	182,700	272,980	306,955	174,578	190,121	142,502	179,359
PW-COMMUNITY WATER SUPPLY	20,023	30,643	-	-	3,182	14,753	18,004	18,935
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	45,992	38,832	38,914	40,523
PG-GRANTS & OTHER CONTRIBUT.	16,533	16,056	-	-	35,241	27,814	14,094	14,225
PH-PAN AMER. HEALTH & EDUC.FN.	12,302	203	-	-	19,350	25,015	26,885	29,751
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	4,754	-	-	-
PS-SPECIAL FUND FOR RESEARCH	-	-	-	-	393	-	-	-
WHO-NR-REGULAR BUDGET	146,401	135,800	166,778	191,038	72,615	98,340	79,689	85,382
UNDP-UN DEVELOPMENT PROGRAM	50,502	50,085	60,600	51,400	16,874	19,478	13,322	11,977
UNFPA-UN FUND POPULATION ACT.	-	43,700	99,030	100,540	285	14,262	17,485	19,285

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	871,708	887,802	950,283	1,049,370
PAHO-PR-REGULAR BUDGET	427,261	372,821	415,482	486,314
PW-COMMUNITY WATER SUPPLY	23,205	45,396	18,004	18,935
PN-INCAP GRANTS & OTHER CONTR.	45,992	38,832	38,914	40,523
PG-GRANTS & OTHER CONTRIBUT.	51,774	43,870	14,094	14,225
PH-PAN AMER. HEALTH & EDUC.FN.	31,652	25,218	26,885	29,751
PK-SPECIAL FUND FOR HEALTH PR.	4,754	-	-	-
PS-SPECIAL FUND FOR RESEARCH	393	-	-	-
WHO-NR-REGULAR BUDGET	219,016	234,140	246,467	276,420
UNDP-UN DEVELOPMENT PROGRAM	67,376	69,563	73,922	63,377
UNFPA-UN FUND POPULATION ACT.	285	57,962	116,515	119,825

COLOMBIA

BACKGROUND DATA

Of medium size (one million square kilometers) and 23 million inhabitants, Colombia is situated in the northwest corner of South America. Irregular in area with long coastlines on the Pacific and the Caribbean, it has four large lowland areas separated by three high mountain chains running from north to south, the western coastal area the valley of the Cauca, the valley of the Magdalena and the eastern lowlands (which occupy half Colombia's territory).

Its latitude close to the equator and its geographical makeup are responsible for clearly defined climatic zones, flora and fauna, and the relative isolation of its demographic groupings and its cultural variations. (It takes one hour by plane or 10 hours by road or train to go from the center to the periphery of the country.)

The population, rapidly growing (3% a year) and with a high proportion of children (47% are 15 or under), is concentrated in the three mountain chains and in the intermediate valleys. It is grouped in more than a dozen cities with more than 100,000 inhabitants, none of which attains three million inhabitants. These cities double their population every 10 years (7% a year). Half the population lives in communities of less than 2,000 inhabitants and 80% are scattered.

The per capita national product is less than \$400 a year and is growing rapidly (8% a year). It has a regressive distribution (70% below the average); progress is concentrated in these urban areas at the expense of the rural areas. The accelerated growth of industrialization (10% a year) represents 50% of the gross national product (GNP) and 50% of the exports.

The growth of the economy has been unable to absorb the country's manpower: 15% of the active population remain unemployed and, of these, 25% are workers formerly employed in industries with growing automation.

The inequality of income, unemployment, and urban migration are factors which increase social tensions.

Politically, the country is organized into an executive at the central, departmental, and municipal levels, counterbalanced by a legislature and a judiciary at the same levels. Although formally a unitary state, it has a strong regional outlook, especially politically and financially.

A high rate of mortality (10%), which is rapidly decreasing, is concentrated in the infant population. Half of the deaths are of children under five years and a third of the deaths are of children under one year. Half of the mortality rate is attributable to eradicable and reducible diseases of the digestive and respiratory systems. The high mortality and morbidity rates are due to the vulnerability of the population because of its age composition and malnutrition which affects two-thirds of the children under seven years of age. The low income level, illiteracy (30%), and the lack of environmental sanitation (a 20% deficit in drinking water among the urban population and a 75% deficit among the rural population), illustrate the environmental difficulties. The mechanization of labor and urban transport is accelerating the risks of occupational accidents and diseases.

The shortage of health resources (\$15 per capita per year), their concentration on the urban areas (two-thirds), the institutional fragmentation and the inaccessibility of half the population (geographical, financial, and cultural), determine the low productivity and large unused capacity (40%) of health resources, the low coverage (60% of the population), the low demand for services (one consultation per inhabitant per year and 50 hospitalizations per 1,000 inhabitants), and the paradoxical urban proliferation.

Besides the permanent health care services for the accessible population, the Government is developing programs which penetrate deep into the interior with a view to controlling by vaccination the eradicable and reducible diseases.

The institutional fragmentation of the health sector is shown by the fact that almost 2,000 health establishments with 40,000 beds belong to some 100 institutions (public, semiprivate, and private) and come under the jurisdiction of more than half a dozen ministries. Public and semipublic institutions are responsible for 50% of the outpatient consultations and 90% of the hospitalizations.

This institutional fragmentation is responsible for the lack of uniformity in health policy, in the administration of resources, in planning, in information, in physical investment, and in the training and utilization of human resources. It also contributes to the low productivity, low use of capacity, and low coverage previously mentioned.

Development Policy

A Government four-year plan, launched in 1971, is aimed at accelerating the growth of the economy (by 7-10% a year) through the industrialization and expansion of supply for the outside market, compatible with a reduction in unemployment and the redistribution of income in the housing, health, and education sectors. The Government is promoting the reduction of demographic growth through information and nonmandatory birth control services and the strengthening of intermediate urban areas (30,000 inhabitants).

The Government is striving for greater state participation in food and nutritional policy through the reorganization of food supplies to the local markets, for the reduction of the gap between prices and purchasing power, and for the supplementary feeding of vulnerable groups.

The system of constitutional planning and the formulation of program budgets has been strengthened by the transformation of the public administration authorized by a special Act of Congress.

Health Policy

Health policy is aimed at the accelerated expansion of coverage of the outlying population without detriment to the urban population. Services will be concentrated on the care of mothers and children by outlying units of auxiliary personnel within a regional system of medical treatment and provision of resources. It is also planned to expand polyvalent services under programs aimed at the outlying population, with a view to controlling the risks of diseases which are eradicable and reducible by vaccination, and diseases of mothers and children.

To achieve this aim the Government will expand the environmental sanitation services and health establishments with the cooperation of outside financial agencies (foreign or international) and with the accelerated and extensive transformation of health institutions through the unification of the subsystems of physical investment, staff training and utilization, supplies of consumer goods, information, administration, planning, legislation, and transport and communications.

These transformations, and the centralization of the national health policy and its formulation at the central level by the Ministry of Public Health, have been authorized by a special Act of Congress.

PROTECTION OF HEALTH

Communicable Disease Control

Within the personal services sector of the Ten-year Health Plan for the Americas there is an eradication and control program for communicable diseases. Its aim is to maintain the eradication of smallpox and Aedes aegypti; reduce morbidity and mortality from diseases which can be prevented by vaccination (diphtheria, measles, whooping cough, tetanus and poliomyelitis); reduce mortality and morbidity from tuberculosis; expand the control of venereal diseases; reduce the incidence and prevalence of leprosy and enteric infections (especially infant diarrhea); and study viral diseases and schistosomiasis.

In the field of malaria the aim is to expand the geographical areas where transmission has been stopped and expand efforts to suppress or reduce it to minimum levels in areas where transmission still exists. The problems derived from the vector and the parasite which impede eradication will be studied.

Detailed work is being done on the quantification of health targets, activities, and resources, on their readjustment within the framework of the Ten-year Health Plan for the Americas, and on the yearly timetable for the rest of the decade.

This work is being done through the Regional Pyramidal System of National Health, which is being redesigned, and through central command programs for polyvalent activities.

Environmental Health

The environmental sector of the Ten-year Health Plan for the Americas includes programs for water supply and sewage systems, solid waste disposal, control of water, air and soil contamination, control of occupational and industrial hygiene, health care in regional development, control of animal health, use of pesticides, quality of food, and traffic accidents.

The detailed programming of the above is under way with a view to adjusting targets, defining future activities, and allocating resources in accordance with the yearly timetable of the Ten-year Health Plan for the Americas.

The programs are executed through the Regional Pyramidal System of National Health and with the active participation of semipublic water and sewage organizations in the urban areas (with the support and supervision of the National Institute of Municipal Development). In the rural areas the National Institute of Special Health Programs (INPES) and the Autonomous Regional Development Corporations of Bogotá, Valle del Cauca, and Río Medellín participate directly.

PROMOTION OF HEALTH

This sector comprises the other programs of the Ten-year Health Plan for the Americas which are related to personal services, supplementary services, and the infrastructure.

General Services

The Government is planning a medical infrastructure aimed at providing minimum basic services for 80% of the population and basic and specialized services for 100% of the accessible population. For this purpose it is building up the Regional Pyramidal System of National Health with specific programs for the subsystems of investment, information, administration, maintenance, supplies, legislation, and transport and communications. It is expanding installed capacity by means of specific programs for investment and equipment and for staff training and utilization.

The targets, activities and resources are being readjusted within the framework of the Ten-year Health Plan for the Americas for the rest of the decade, and its yearly timetable.

In the field of supplementary services the Government is expanding the subsystems of nursing support, social services (under the Colombian Institute of Family Welfare) and diagnostic and biological production laboratories (under INPES).

The redesign of these subsystems and the programming of their operations is being adjusted to the Ten-year Health Plan for the Americas, as regards its targets, activities, and resources for the rest of the decade, and its yearly timetable.

Specific Programs

These relate to the other aspects of the personal services sector of the Ten-year Health Plan for the Americas. They include maternal and child welfare, population dynamics, nutrition, dentistry and mental health.

These programs are being adjusted to the Ten-year Health Plan for the Americas as regards targets, activities, and resources for the rest of the decade, and its yearly timetable.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

This relates to the human resources aspect of the infrastructural sector of the Ten-year Health Plan for the Americas.

The country is faced with a serious problem of human resources. The shortage of such resources is aggravated by their uneven distribution and their inefficient composition and management.

Institutional fragmentation results in competition for scarce human resources and lack of uniformity in proposals and guidelines for their training. The exodus to urban areas and foreign countries makes the problem worse.

The Government has formulated a policy for the training and utilization of human resources. It seeks to provide auxiliary personnel for outlying services and to concentrate professionals in an escalating system of services of growing complexity within the Regional Pyramidal System of National Health.

It supports with specific programs the many teaching centers of the country, standardizing training and limiting their areas of geographical attraction. It has teaching establishments at the local, regional, sectoral, and national levels for the training of auxiliaries, technicians, and professionals at the undergraduate stage and for specialization at the postgraduate stage. It subsidizes the training of personnel through fellowships for auxiliaries, undergraduate and postgraduate students, and maintains a system of continuing education for those who have completed their studies. The Central Department of Human Resources for Health supervises the necessary transformations in close collaboration with the National Associations of University Faculties and with Regional Councils on Training of Human Resources.

The targets, activities, and resources for the rest of the decade, and their yearly timetable, are being readjusted within the framework of the Ten-year Health Plan for the Americas.

COLOMBIA - PROGRAM BUDGET

1973		1974		1975		1976		
AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT	
\$		\$		\$		\$		
552,892	22.9	669,791	18.5	I. PROTECTION OF HEALTH	480,647	14.5	509,571	17.4
251,481	10.4	308,951	8.6	A. COMMUNICABLE DISEASES	269,620	8.1	295,856	10.2
10,589	.4	15,923	.4	0100 GENERAL	18,617	.6	20,469	.7
108,186	4.5	123,329	3.4	0200 MALARIA	131,942	3.9	138,063	4.7
6,697	.3	11,678	.3	0300 SPALLPOX	11,758	.4	7,101	.3
9,891	.4	10,651	.3	0400 TUBERCULOSIS	9,017	.3	11,570	.4
7,399	.3	9,420	.3	0500 LEPADSY	3,875	.1	5,305	.2
-	-	400	*	0600 VENEREAL DISEASES	220	*	6,701	.2
107,869	4.5	134,168	3.7	0700 ZOOZOSIS	90,801	2.7	96,714	3.3
515	*	1,820	.1	0900 OTHER	1,670	*	7,637	.3
335	*	1,762	.1	1000 PARASITIC DISEASES	1,720	.1	2,296	.1
301,411	12.5	360,840	9.9	B. ENVIRONMENTAL HEALTH	211,027	6.4	213,715	7.2
109,006	4.5	145,267	4.0	2100 GENERAL	126,640	3.8	123,209	4.2
88,475	3.7	182,887	5.0	2200 WATER SUPPLIES	42,464	1.3	44,686	1.5
101,138	4.2	27,083	.7	2300 Aedes Aegypti ERADICATION	35,620	1.1	39,273	1.3
1,848	.1	2,265	.1	2400 HOUSING	2,860	.1	3,005	.1
944	*	3,338	.1	2500 AIR POLLUTION	3,443	.1	3,542	.1
1,680,615	69.3	2,766,021	75.5	II. PROMOTION OF HEALTH	2,670,136	79.8	2,213,289	75.4
424,095	17.5	728,793	19.9	A. GENERAL SERVICES	517,429	15.4	430,924	14.6
227,646	9.4	171,502	4.7	3100 GENERAL PUBLIC HEALTH	155,937	4.1	141,737	4.8
10,826	.5	16,425	.4	3200 NURSING	14,555	.4	15,884	.5
34,547	1.4	64,860	1.8	3300 LABORATORY	61,243	1.8	70,403	2.4
870	*	1,271	*	3400 HEALTH EDUCATION	1,158	*	1,417	*
47,016	1.9	161,411	4.4	3500 STATISTICS	70,900	2.1	19,216	.7
55,970	2.3	216,355	5.9	3600 ADMINISTRATIVE METHODS	149,102	4.5	102,371	3.5
47,220	2.0	96,965	2.7	3700 HEALTH PLANNING	84,526	2.5	79,896	2.7
1,256,520	51.8	2,037,228	55.6	B. SPECIFIC PROGRAMS	2,152,707	64.4	1,782,365	60.8
128,805	5.3	130,393	3.6	4200 NUTRITION	139,413	4.2	138,334	4.7
7,573	.3	20,398	.6	4300 MENTAL HEALTH	26,881	.8	22,728	.8
12,387	.5	18,278	.5	4400 DENTAL HEALTH	15,157	.5	15,236	.5
4,552	.2	4,440	.1	4500 RADIATION AND ISOTOPES	5,857	.2	5,057	.2
1,089	.1	1,405	*	4600 OCCUPATIONAL HEALTH	1,893	*	2,033	.1
14,152	.6	17,089	.5	4700 FOOD AND DRUG	19,174	.6	19,606	.7
72,596	3.0	403,505	11.0	4800 MEDICAL CARE	27,764	.8	12,915	.4
994,824	41.0	1,373,116	37.5	4900 FAMILY HEALTH AND POP. DYNAMICS	1,676,566	50.1	1,547,438	52.7
17,407	.7	56,468	1.5	5000 REHABILITATION	26,821	.8	2,002	.1
3,135	.1	12,136	.3	5100 CANCER & OTHER CHRONIC DISEASES	13,181	.4	17,016	.6
191,731	7.8	222,963	6.0	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	194,630	5.7	213,230	7.2
30,132	1.2	27,222	.7	6100 PUBLIC HEALTH	21,538	.6	23,465	.8
98,810	4.1	101,979	2.8	6200 MEDICINE	88,373	2.6	91,144	3.1
10,364	.4	35,375	1.0	6300 NURSING	19,333	.6	24,664	.8
32,486	1.3	33,709	.9	6400 ENVIRONMENTAL SCIENCES	35,934	1.1	39,235	1.3
6,328	.3	7,554	.2	6500 VETERINARY MEDICINE	5,208	.1	8,018	.3
10,888	.4	7,981	.2	6600 DENTISTRY	9,739	.3	5,971	.2
2,723	.1	9,143	.2	6700 BIOSTATISTICS	14,505	.4	20,733	.7
2,425,238	100.0	3,658,775	100.0	GRAND TOTAL	3,345,413	100.0	2,936,090	100.0

*LESS THAN .05 PER CENT

COLOMBIA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		AMOUNT	SEMINARS PART.	AMOUNT	SUPPLIES AND EQUIPMENT	GRANTS AND OTHER
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHGR					
	\$				\$	\$		\$		\$	\$	\$	
1973													
PAHO--PR	746,924	9	1	20	381,852	37,029	15	31	118,608	12	14,236	118,762	76,437
PM	74,796	3	-	3	72,784	1,058	-	-	-	-	169	785	
PN	67,324	-	-	-	29,038	2,089	-	-	2,754	-	8,024	24,619	
PG	1,052,131	3	-	16	101,917	3,354	-	-	5,441	-	7,195	78,459	
PH	53,899	-	-	-	17,537	2,136	-	-	1,109	-	5,165	19,786	
PK	18,456	-	-	-	15,269	544	-	-	-	-	-	637	
PS	392	-	-	-	-	-	-	-	-	-	-	392	
WHO--WR	228,683	2	-	8	125,999	10,214	7	8	63,401	-	6,522	16,760	
UNDP	167,068	3	-	35	129,839	-	1	5	12,216	-	-	22,587	
UNFPA	15,565	-	-	-	285	-	-	-	-	-	-	15,280	
TOTAL	2,425,238	20	1	82	874,120	57,224	23	44	203,529	12	33,118	280,444	976,803
PERCENT OF TOTAL	100.0				36.1	2.4			8.4		1.3	11.5	40.3
1974													
PAHO--PR	728,526	11	3	14	515,457	45,531	7	15	60,790	-	10,354	22,117	74,277
PM	186,481	3	-	23	168,298	1,683	-	1	1,500	-	15,000	-	-
PN	56,851	-	-	-	31,052	2,878	-	-	2,932	-	-	4,346	15,643
PG	268,352	3	-	8	152,766	9,464	-	-	1,437	-	9,103	30,909	64,648
PH	67,387	-	-	-	18,604	1,793	-	-	9,763	-	130	22,126	14,951
WHO--WR	253,541	2	-	17	164,627	11,026	2	9	31,695	-	22,006	16,422	7,371
UNDP	802,872	3	-	78	309,542	5,831	17	5	401,240	-	-	72,415	13,844
UNFPA	1,277,815	1	-	6	73,754	3,400	-	-	11,532	-	-	4,865	441,422
WO	16,950	1	-	-	14,250	750	-	-	-	-	-	-	1,950
TOTAL	3,658,775	24	3	146	1,448,170	82,925	26	30	520,909	-	61,458	609,757	935,526
PERCENT OF TOTAL	100.0				39.6	2.3			14.2		1.7	16.7	25.5
1975													
PAHO--PR	777,867	11	3	10	556,082	46,638	6	18	60,377	-	6,821	31,181	76,768
PM	18,004	-	-	-	17,234	770	-	-	-	-	-	-	-
PN	56,975	-	-	-	31,080	2,870	-	-	2,932	-	-	4,511	15,582
PG	76,303	-	-	-	43,442	1,500	-	-	-	-	360	13,241	17,260
PH	39,159	-	-	7	14,908	1,231	-	-	3,564	-	-	4,906	14,550
WHO--WR	278,425	2	-	17	189,365	13,328	1	7	23,377	-	9,699	23,450	19,206
UNDP	246,814	3	-	23	161,439	5,717	10	-	66,282	-	-	4,340	9,036
UNFPA	1,834,916	1	-	3	84,364	4,100	-	-	11,820	-	9,156	748,433	977,043
WO	16,950	1	-	-	14,250	750	-	-	-	-	-	-	1,950
TOTAL	3,345,413	18	3	60	1,112,664	76,904	17	25	168,352	-	26,036	830,062	1,131,395
PERCENT OF TOTAL	100.0				33.3	2.3			5.0		.8	24.8	33.8
1976													
PAHO--PR	879,571	11	3	15	619,222	49,774	5	18	69,663	-	10,317	39,036	91,559
PM	18,935	-	-	-	18,095	840	-	-	-	-	-	-	-
PN	59,331	-	-	-	32,618	2,870	-	-	2,932	-	-	4,511	16,400
PG	47,905	-	-	-	25,968	525	-	-	-	-	225	5,601	15,586
PH	43,447	-	-	-	15,614	1,313	-	-	3,774	-	-	5,636	17,110
WHO--WR	276,496	2	-	9	184,296	13,802	1	6	23,518	-	7,447	27,815	19,616
UNDP	108,160	2	-	2	88,124	4,381	-	-	1,840	-	-	3,477	10,338
UNFPA	1,502,245	1	-	2	89,393	4,450	-	-	13,002	-	10,072	603,333	781,995
TOTAL	2,936,090	16	3	28	1,073,332	77,955	6	24	114,729	-	28,061	689,409	952,604
PERCENT OF TOTAL	100.0				36.6	2.7			3.9		.9	23.5	32.4
<p>PAHO-PR-REGULAR BUDGET PM-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO-WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WC-GRANTS AND OTHER FUNDS</p>													

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$
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COLOMBIA - DETAIL

COLOMBIA-0100, EPIDEMIOLOGY

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
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		-	-	11,359	11,904
ZONE ADVISORY SERVICES		-	-	11,359	11,904

COLOMBIA-0200, MALARIA ERADICATION

There are 13.6 million living in the malarious area of Colombia. The program developed favorably until 1971, but in 1972 and 1973 epidemic outbreaks occurred, particularly in the eastern flatlands of the country, and emergency action therefore had to be taken.

The targets of the program were adopted in the context of the Ten-year Health Plan for the Americas, approved by the III Meeting of Ministers of Health in Santiago, Chile, in 1972, and consist of maintaining the results achieved in zones where the epidemiological situation has been favorable and of eliminating mortality and reducing morbidity in the zones where transmission continues in spite of the application of antimalaria measures. For this purpose, 305,000 dwellings will be sprayed twice a year and 127,000 once a year, and 100,000 will be treated with preventive sprayings. In addition, antimalaria medicaments will be administered.

During 1973, 631,563 blood samples were examined, and 56,494 cases were registered, the departments of Antioquia, Chocó, and Meta being proportionately the worst affected.

UNICEF cooperates in this project.

TOTAL		4	5	5	5	TOTAL	PR	91,173	118,300	127,400	132,500
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P-4 MEDICAL OFFICER .2121	PR	1	1	1	1	PERSONNEL-POSTS		56,219	96,500	105,400	110,200
P-3 ENTOMOLOGIST .2184	PR	-	1	1	1	DUTY TRAVEL		7,353	10,300	10,500	10,800
P-2 SANITARIAN .0400 .0402	PR	2	2	2	2	SUPPLIES AND EQUIPMENT		22,769	10,000	10,000	10,000
P-1 SANITARIAN .0405	PR	1	1	1	1	FELLOWSHIPS		4,832	1,500	1,500	1,500
TOTAL		3	1	1	1						
FELLOWSHIPS-SHORT TERM	PR	3	1	1	1						

COLOMBIA-0300, SMALLPOX ERADICATION

In harmony with the Ten-year Health Plan for the Americas, national policy in Colombia calls for maintenance of morbidity from smallpox at zero, the level attained in 1965. A national budget of 50 million pesos per year is intended for all the immunizations carried out by the Division of Direct Campaigns--smallpox, DPT, BCG, and measles. These national funds will be used to maintain coverage through the departmental health services; 40,000 doses of lyophilized vaccine will be produced annually.

PAHO/WHO is cooperating in 1974-75 by providing equipment and supplies for preparation of lyophilized vaccine. Subsequently, advisory services to the national program will be continued through visits by zone and regional specialists and staff of PAHO/WHO in Colombia.

TOTAL	WR	433	5,000	5,000	-
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SUPPLIES AND EQUIPMENT		433	5,000	5,000	-

COLOMBIA-0400, TUBERCULOSIS CONTROL

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	6,032	4,869
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ZONE ADVISORY SERVICES		-	-	6,032	4,869

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

COLOMBIA-0500, LEPROSY CONTROL

In harmony with the Ten-year Health Plan for the Americas, national policy in Colombia calls for a reduction in the incidence and prevalence of leprosy and a concomitant decline in disablement. Since the microbiology of leprosy still contains many unknowns, experimental research on human and murine leprosy in laboratory animals, including inoculation, protection, and treatment is stressed. PAHO/WHO will cooperate by providing grants for research.

TOTAL	PR	3,000	3,000	-	-
GRANTS		3,000	3,000	-	-

COLOMBIA-0700, VETERINARY PUBLIC HEALTH

In Colombia the zoonoses are the cause of major economic problems in the livestock industry and also seriously affect public health. Among these diseases are hydatidosis, foot-and-mouth disease, Venezuelan equine encephalitis, brucellosis, cysticercosis, anthrax, leptospirosis, salmonellosis, streptococcus, and paralytic bovine rabies. These diseases result in losses in foods of animal origin, especially meat and milk; reduce agricultural earnings; and increase the cost of health services. The Government, with financial support from IDB, has decided to form an animal health section whose main objective will be the control of foot-and-mouth disease and brucellosis, which cause serious damage to production and to the development of animal husbandry. To resolve these problems will call for the joint efforts of the Ministries of Health and Agriculture.

The aim of this project is to strengthen collaboration between the veterinary services of both Ministries and promote the introduction of unified zoonoses control programs, especially for brucellosis and equine encephalitis.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	1	1	-	TOTAL	WR	5,078	6,000	11,453	13,959
CONSULTANT MONTHS	WR	-	1	1	-	ZONE ADVISORY SERVICES		-	-	9,253	9,959
TOTAL		2	2	-	1	PERSONNEL-CONSULTANTS		69	2,000	2,200	-
FELLOWSHIPS-ACADEMIC	WR	1	-	-	-	SUPPLIES AND EQUIPMENT		-	1,000	-	2,500
FELLOWSHIPS-SHORT TERM	WR	1	2	-	1	FELLOWSHIPS		5,009	3,000	-	1,500

COLOMBIA-0701, RABIES CONTROL

National health policy has set as a goal the eradication of human rabies through the control of urban canine rabies in accordance with the Ten-year Health Plan for the Americas.

In the light of the results of the two first years of the pilot project in the valley of the Rio Cauca, which studied the various epidemiological, administrative and socioeconomic aspects of rabies control, it was decided to concentrate efforts under the program at the national level with the principal emphasis on Bogotá, D.E., responsible for 25% of the national incidence of canine rabies and showing the highest demand for services for persons exposed to it.

The aim of the project is to control urban canine rabies and to reduce the risk of its communication to man by improving procedures for the clinical observation of dogs prone to bite and increasing the percentage of laboratory-confirmed diagnoses.

TOTAL		2	-	-	-	TOTAL	WR	9,836	5,000	3,250	3,500
CONSULTANT MONTHS	WR	2	-	-	-	PERSONNEL-CONSULTANTS		1,234	-	-	-
						SEMINAR COSTS		-	5,000	-	-
						SUPPLIES AND EQUIPMENT		8,602	-	3,250	3,500

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

COLOMBIA-2100, ENVIRONMENTAL SANITATION

National health policy in Colombia calls for achievement by 1980 of the goals set forth in the sanitation field in the Ten-year Health Plan for the Americas. A serious obstacle to this achievement is the institutional atomization of the health sector in this field. An effort is being made to concentrate leadership in the Ministry of Health as the head of the new health system and to decentralize implementation among peripheral bodies with clearly delimited fields of competence.

In the coming years, it is proposed to carry out national or regional environmental sanitation plans that are consistent with the plans for economic and social development, accelerating institutional development and developing the human resources needed to execute the plans and achieve the goals set through regular, intensive educational programs.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	1	TOTAL	54,927	35,700	55,535	59,285	
P-4 SANITARY ENGINEER 4.0410	WR	1	1	1	1	SUBTOTAL	PR	-	-	11,975	12,525
TOTAL		1	4	4	4	ZONE ADVISORY SERVICES		-	-	11,975	12,525
CONSULTANT MONTHS	WR	1	4	4	4	SUBTOTAL	WR	54,927	35,700	43,560	46,760
TOTAL		6	1	1	1	PERSONNEL-POSTS		24,896	24,700	26,560	28,760
FELLOWSHIPS-ACADEMIC	WR	4	-	-	-	PERSONNEL-CONSULTANTS		766	8,000	8,800	9,600
FELLOWSHIPS-SHORT TERM	WR	2	1	1	1	DUTY TRAVEL		1,305	1,500	1,700	1,900
						FELLOWSHIPS		27,960	1,500	1,500	1,500
						GRANTS		-	-	5,000	5,000

COLOMBIA-2102, WATER QUALITY STUDIES

The Corporación Autónoma Regional de la Sabana de Bogotá (CAR), within its function of social and economic development of the region, administers the water resources of the Rio Bogotá basin. PAHO/WHO cooperates with CAR in its program of development of the basin, including the preservation of the ecological system in certain areas as well as the optimization of the uses of water. The impact of the discharge of used waters and the high cost of its control are studied in relation to other uses, applying new techniques of analysis.

TOTAL		1	10	-	-	TOTAL	PW	3,035	24,034	-	-
CONSULTANT MONTHS	PW	1	10	-	-	PERSONNEL-CONSULTANTS		3,027	22,534	-	-
TOTAL		-	1	-	-	SUPPLIES AND EQUIPMENT		8	-	-	-
FELLOWSHIPS-SHORT TERM	PW	-	1	-	-	FELLOWSHIPS		-	1,500	-	-

COLOMBIA-2105, DEVELOPMENT OF THE RIO CAUCA WATERSHED

The Corporación Autónoma Regional del Valle del Cauca (CVC) carries out the socioeconomic development of that region and administers the water resources of the Cauca riverbed.

PAHO collaborates with the CVC in its development program of the Cauca River, which has as its purpose attaining satisfactory management of the water by combining the use of facilities and treatments, to the satisfaction of the socioeconomic goals of the CVC. This includes consideration of water quality, which is affected by residual municipal and industrial waters, as well as the regulation of water volumes.

TOTAL		-	7	7	-	TOTAL	PG	-	20,000	20,000	-
CONSULTANT MONTHS	PG	-	7	7	-	PERSONNEL-CONSULTANTS		-	15,000	15,000	-
						SUPPLIES AND EQUIPMENT		-	5,000	5,000	-

COLOMBIA-2201, WATER AND SEWER ADMINISTRATION IN PALMIRA

The purpose of this project was to cooperate with the Government of Colombia and the Empresas Públicas Municipales de Palmira in the study, analysis, and evaluation of the existing administration systems, policies, and practices for the provision of water and sewerage services. Recommendations on changes were made in the areas of organization, accounting, budgeting, auditing, billing and collection, personnel administration, and supply.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$
TOTAL					PW	739	-	-	-
CONTRACTUAL SERVICES						739	-	-	-

COLOMBIA-2202, WATER AND SEWER ADMINISTRATION

The National Institute for Municipal Development (INSFOPAL) is the Colombian agency responsible for the supply of potable water and for sewerage services in urban centers of 2,500 inhabitants or more. It is one of the decentralized agencies implementing the national sanitation policies recommended in the Ten-year Health Plan for the Americas. Its operational resources need strengthening to enable it to perform efficiently the institutional role assigned to it, which is under study by the Government, in the framework of the new national health system. PAHO/WHO is supporting this project through the services of three experts (sanitary engineering, finance, and administration). The second development phase of the Institute has now been completed and basic policies and institutional, financial, and coverage objectives have been formulated, macrostructures developed for INSFOPAL, and a program prepared for 1974 that includes the formulation of its new statutes, the reorganization of the Institute, and the design and introduction of new procedures in the areas of supplies, industrial relations, auditing, budget, accounts and treasury, planning, design and building of water supply and sewerage systems, water-metering, and invoicing and collection.

TOTAL		3	3	-	-	TOTAL	PW	67,840	147,694	-	-
P-4 ADMIN. METHODS OFFICER .3936	PW	1	1	-	-	PERSONNEL-POSTS		61,758	106,694	-	-
P-4 PROJECT MANAGER .3885	PW	1	1	-	-	PERSONNEL-CONSULTANTS		5,096	25,000	-	-
P-4 SANITARY ENGINEER .4025	PW	1	1	-	-	DUTY TRAVEL		779	1,000	-	-
						CONTRACTUAL SERVICES		46	-	-	-
						SEMINAR COSTS		-	15,000	-	-
						SUPPLIES AND EQUIPMENT		161	-	-	-
TOTAL		2	13	-	-						
CONSULTANT MONTHS	PW	2	13	-	-						

COLOMBIA-2300, AEDES AEGYPTI ERADICATION

In harmony with the Ten-year Health Plan for the Americas, national health policy in Colombia establishes the goal of eradicating Aedes aegypti in infested areas and pursuing surveillance in regions ecologically favorable to the vector. It also calls for a reduction in mortality and morbidity from selvatic yellow fever, which is endemic in various parts of the country. There were recently (1971 and 1972) half a million cases of dengue on the northern coast, due to type II virus.

PAHO/WHO is assisting the national effort by providing the services of a technical official in the field, technical assistance by regional staff, and supplies, equipment, and fellowships for training.

TOTAL		1	1	1	1	TOTAL	PR	90,864	22,100	32,600	33,700
P-2 SANITARIAN .0406	PR	1	1	1	1	PERSONNEL-POSTS		17,739	19,600	20,500	21,400
						DUTY TRAVEL		2,471	2,500	2,600	2,800
						SUPPLIES AND EQUIPMENT		68,964	-	8,000	8,000
TOTAL		3	-	1	1	FELLOWSHIPS		1,690	-	1,500	1,500
FELLOWSHIPS-SHORT TERM	PR	3	-	1	1						

COLOMBIA-2301, INVESTIGATION AND CONTROL OF DENGUE FEVER

A major epidemic of dengue fever in the Caribbean region was reported in Colombia during 1971-72. An estimated 416,000 cases occurred in the Atlantic coastal area following reinfestation with Aedes aegypti mosquitoes after 1969. Project funds were used to support field studies in three coastal cities. These studies established the type of dengue virus circulating, the geographic extent of the epidemic, and the estimated total population affected. A laboratory was established with the latest techniques for the isolation and identification of dengue viruses. Provision for one short-term fellowship was included in the project. Results of the investigation guided the reestablishment of the Aedes aegypti eradication campaign in Colombia. The project will be concluded in 1974 when special funds terminate.

TOTAL	PG	8,500	918	-	-
SUPPLIES AND EQUIPMENT		5,941	477	-	-
LOCAL COSTS		2,559	441	-	-

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

COLOMBIA-2500, AIR POLLUTION

Rapid population growth in Colombia, with resulting urban and industrial development, has been the main factor during the last decade contributing to a marked increase in environmental pollution, especially air pollution in urban areas. The purpose of this project is to prevent air pollution from reaching dangerous levels not now existing and to lower these levels where they are high. For this purpose, the 19 stations of the Pan American Air Pollution Sampling Network will continue to operate in the six largest towns of Colombia, and personnel will be trained.

TOTAL		-	1	1	1	TOTAL	WR	-	1,500	1,500	1,500
FELLOWSHIPS-SHORT TERM	WR	-	1	1	1	FELLOWSHIPS	-	1,500	1,500	1,500	1,500

COLOMBIA-3100, HEALTH SERVICES

The Government of Colombia has decided to tackle the problem of explosive demand for health services through an increase in installed capacity, as well as transformation of the health sector into a single national health system, with a pyramidal structure that culminates in the Ministry of Health, and with a broad peripheral base of implementation in basic, minimal services rendered by auxiliary personnel. The national policy is in agreement with the Ten-year Health Plan for the Americas, and also contributes to the development of the country in the areas of demography and redistribution of income.

PAHO cooperates not only in this project, but also in the coordination of all other external cooperation projects of the country.

UNICEF cooperates in this project.

TOTAL		6	7	7	7	TOTAL	239,985	197,123	173,410	178,710
P-5 PAHO/WHO REPRESENTATIVE .0390	PP	1	1	1	1	SUBTOTAL	PR 192,075	101,900	126,300	147,550
P-4 MEDICAL OFFICER .0391	PR	1	1	1	1	PERSONNEL-POSTS	69,846	70,900	94,200	99,400
P-4 SANITARY ENGINEER 4.0392	WR	1	1	1	1	PERSONNEL-CONSULTANTS	11,485	-	-	12,000
P-3 ADMIN. METHODS OFFICER .2026	PR	1	1	1	1	DUTY TRAVEL	4,846	5,000	5,600	6,000
P-3 NURSE 4.0393	UNDP	1	-	-	-	SUPPLIES AND EQUIPMENT	3,566	3,000	3,000	3,150
G-7 ADMINISTRATIVE ASSISTANT .0395	PR	1	1	1	1	FELLOWSHIPS	58,366	-	-	3,000
G-5 SECRETARY 4.4203	PR	-	1	1	1	PARTICIPANTS	5,707	-	-	-
G-2 CHAUFFEUR 4.4257	PR	-	1	1	1	GRANTS	18,000	10,000	10,000	10,000
						COMMON SERVICES	20,259	13,000	13,500	14,000
TOTAL		15	28	8	5	SUBTOTAL	WR 30,410	36,900	39,860	31,160
CONSULTANT MONTHS	PR	8	-	-	5	PERSONNEL-POSTS	23,027	24,700	26,560	28,760
CONSULTANT MONTHS	WR	-	5	5	-	PERSONNEL-CONSULTANTS	-	10,000	11,000	-
CONSULTANT MONTHS	UNDP	7	23	3	-	DUTY TRAVEL	2,148	2,200	2,300	2,400
TOTAL		27	-	-	2	FELLOWSHIPS	5,235	-	-	-
FELLOWSHIPS-ACADEMIC	PR	8	-	-	2	SUBTOTAL	UNDP 17,500	58,323	7,250	-
FELLOWSHIPS-SHORT TERM	PR	15	-	-	2	PERSONNEL-POSTS	-	-	-	-
FELLOWSHIPS-SHORT TERM	WR	4	-	-	-	PERSONNEL-CONSULTANTS	17,500	57,500	7,250	-
TOTAL		4	-	-	-	MISCELLANEOUS	-	823	-	-
PARTICIPANTS	PR	4	-	-	-					

COLOMBIA-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	8,100	8,520
ZONE ADVISORY SERVICES	-	-	-	8,100	8,520

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

COLOMBIA-3300, LABORATORY SERVICES

Services have been provided in improving and expanding the national laboratory services. These will continue to be provided by the Zone IV consultant in laboratory services.

Beginning in 1976, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	-	-	-	TOTAL	PR	13,931	-	-	6,440
P-4 LABORATORY ADVISER .3597	PR	1	-	-	-	PERSONNEL-POSTS		11,917	-	-	-
						ZONE ADVISORY SERVICES		-	-	-	6,440
						DUTY TRAVEL		474	-	-	-
TOTAL		1	-	-	-	FELLOWSHIPS		1,540	-	-	-
FELLOWSHIPS-SHORT TERM	PR	1	-	-	-						

COLOMBIA-3301, NATIONAL INSTITUTE OF HEALTH (CARLOS FINLAY)

Within the national health policy of Colombia, expansion of installed capacity and implementation of institutional change in the sector require the establishment of a national system of health laboratories. The Government is proposing to create a system with a pyramidal structure: a central regulatory, reference, research, and production level and decentralized levels for diagnosis.

PAHO will assist in this effort by strengthening the National Institute of Health (Carlos Finlay) through the provision of an adviser (who will also serve other countries), specialized short-term consultants, training fellowships, and grants for special assignments. The Institute will serve as an international reference and production center in areas connected with the control of yellow fever.

TOTAL		-	1	1	1	TOTAL	PR	12,695	57,900	57,200	59,600
P-4 LABORATORY ADVISER .3048	PR	-	1	1	1	PERSONNEL-POSTS		-	27,100	28,300	29,500
						PERSONNEL-CONSULTANTS		3,873	10,000	6,600	7,200
						DUTY TRAVEL		-	1,500	1,500	1,600
TOTAL		2	5	3	3	SUPPLIES AND EQUIPMENT		8,822	-	-	-
						FELLOWSHIPS		-	9,300	10,800	10,800
CONSULTANT MONTHS	PR	2	5	3	3	GRANTS		-	10,000	10,000	10,500
TOTAL		-	4	5	5						
FELLOWSHIPS-ACADEMIC	PR	-	1	1	1						
FELLOWSHIPS-SHORT TERM	PR	-	3	4	4						

COLOMBIA-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	16,746	18,231
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ZONE ADVISORY SERVICES		-	-	16,746	18,231

COLOMBIA-3501, REDESIGN OF HEALTH INFORMATION SYSTEMS

The expansion of the installed capacity of the health sector and its institutional transformation in the light of the national health policy (consonant with the Ten-year Health Plan for the Americas) have highlighted the urgent need to overhaul the national health information system. The system in force at present has structural limitations and operational features which stand in the way of reliable, complete, and timely information for the purpose of decision-making and operational control.

The Colombian Government has decided to redesign the health information system. PAHO/WHO will assist the national effort by providing the advisory services of a permanent consultant, and short-term consultants specializing in the areas it is considered desirable to promote, as well as training fellowships, supplies, and equipment. Cooperation on these lines will continue from 1976 onwards by way of advice to be given by the permanent PAHO/WHO staff in Colombia, the Zone IV specialist staff, and regional programs.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

 \$ \$ \$ \$

COLOMBIA-4100, SOCIAL SERVICES (renumbered COLOMBIA-4903)

COLOMBIA-4101, CLINICAL AND SOCIAL PEDIATRICS (renumbered COLOMBIA-4904)

COLOMBIA-4200, NUTRITION

The decision of the Colombian authorities to expand existing installed capacity and to transform the health sector into a single health system has highlighted the shortcomings of the nutrition and dietetics services in health establishments. The purpose of this project is to cooperate in training teaching staff for the existing schools of nutrition and dietetics in the country.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

WFP cooperates in this project.

TOTAL		2	2	2	-	TOTAL		1,140	3,000	13,402	5,754
FELLOWSHIPS-ACADEMIC	PR	-	-	1	-						
FELLOWSHIPS-SHORT TERM	PR	2	2	1	-	SUBTOTAL	PR	1,140	3,000	6,300	-
						FELLOWSHIPS		1,140	3,000	6,300	-
						SUBTOTAL	WR	-	-	7,102	5,754
						ZONE ADVISORY SERVICES		-	-	7,102	5,754

COLOMBIA-4500, RADIATION PROTECTION

In accordance with the Ten-year Health Plan for the Americas, national health policy in Colombia calls for controlled expansion of the benefits offered by radiation use.

Both elements in the purpose--expansion of benefits and control of damage--require training of the personnel who operate the radiation sources used for diagnosis and treatment, adoption of control programs, and updating of the legislation. The field of action comprises 2,500 radiological units, 50 therapy units, and 10 nuclear medicine units.

The objective of this project is to establish a basic program for protection against ionizing radiation so as to identify and evaluate radiation sources, promulgate the needed legislation, and enforce control measures.

TOTAL		1	-	-	-	TOTAL		1,634	1,500	1,500	1,500
CONSULTANT MONTHS	WR	1	-	-	-	PERSONNEL-CONSULTANTS		807	-	-	-
						FELLOWSHIPS		827	1,500	1,500	1,500
FELLOWSHIPS-ACADEMIC	WR	-	-	-	-						
FELLOWSHIPS-SHORT TERM	WR	1	1	1	1						

COLOMBIA-4700, FOOD HYGIENE

That there has been no significant improvement in either the quality or availability of food over the past decade is attributable to a number of factors. Little has been done to improve the situation in Colombia, where 83% of the total population is without food inspection services. The 43 pasteurizing plants in existence only process 17.8% of the milk produced and even this proportion is inadequately inspected. The remaining 82% of the milk produced is consumed raw and practically without inspection of any kind. Seventy-four per cent of meat consumption is uninspected and standards of inspection of a further 22% are unsatisfactory. There is a shortage of services in the area of public health protection and funds available for health and food inspection are inadequate. There is a parallel shortage of well-qualified personnel.

The Government in decree No. 1061-73 has formulated a specific program for Good quality-control to be introduced by the Veterinary Public Health Section of the Ministry of Health and the Sectional Services.

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
	\$	\$	\$	\$

The aim of the present project is to reduce the harm done by the incidence of toxic and other infections originating in food and prevent losses through both chemical and physical microbiotic contamination and through the deterioration of food in the processing, storage, transportation and distribution stages, by the integration of food quality-control and food hygiene measures in Ministry of Health programs, by manpower training and by the introduction of food regulations to protect health and to promote food supplies and the food trade.

TOTAL		-	3	3	1	TOTAL	MR	9,980	9,000	9,600	7,400
CONSULTANT MONTHS	MR	-	3	3	1	PERSONNEL-CONSULTANTS	-	-	6,000	6,600	2,400
TOTAL		2	2	2	-	SUPPLIES AND EQUIPMENT	-	-	-	-	5,000
						FELLOWSHIPS	9,980	3,000	3,000	-	-
FELLOWSHIPS-ACADEMIC	MR	2	-	-	-						
FELLOWSHIPS-SHORT TERM	MR	-	2	2	-						

COLOMBIA-4800, MEDICAL CARE ADMINISTRATION

The Government of Colombia has decided to expand the installed capacity and transform the institutional structure of the health sector, in order to cope with the problems created by the explosive growth in the requirements of this sector. In order to do so, it has resolved to mobilize the country's financial and credit resources to undertake an extensive program of renewal and expansion of the installed capacity of the health sector. The adoption of this policy has pointed up the need to improve the national system of health investment. To undertake the first stage of this system, it has been decided to develop the regulatory and operational resources of the National Hospital Fund. In this connection PAHO has been furnishing support in the form of the permanent advisory services of two consultants (financed by a subsidy of the Government of Colombia), specialist short-term consultant services, and training of personnel through fellowships and traveling scholarships.

PAHO will continue its support of the national effort in the form of advisory services furnished by personnel stationed in Colombia, visits of specialists from Zone IV and regional programs, and probably also through other technical assistance projects that have been requested by the Government.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		2	2	-	-	TOTAL		14,257	35,743	3,720	4,685
P-4 ADMIN. METHODS OFFICER .4204	PG	1	1	-	-	SUBTOTAL	PR	-	-	3,720	4,685
P-4 HOSPITAL ADMINISTRATOR .4205	PG	1	1	-	-	ZONE ADVISORY SERVICES DEV. OF HUMAN RESOURCES		-	-	3,720	3,905
TOTAL		1	-	-	-			-	-	-	780
CONSULTANT MONTHS	PG	1	-	-	-	SUBTOTAL	PG	14,257	35,743	-	-
						PERSONNEL-POSTS		12,575	33,081	-	-
						PERSONNEL-CONSULTANTS		1,537	-	-	-
						DUTY TRAVEL		145	2,662	-	-

COLOMBIA-4801, HOSPITAL MAINTENANCE AND ENGINEERING

The expansion of installed capacity in Colombia which, together with institutional changes in the sector, constitutes the nation's health policy, has made clear the almost total lack of a system for maintaining the sector's buildings, facilities, and equipment. The total amount of capital investment to date reaches several billion pesos. The next outlays will boost the total considerably. On the other hand, the underutilization of installed capacity and its current low productivity are due in part to the lack of maintenance in 95% of the country's 749 public hospitals.

The Government wishes to correct this situation and has requested the cooperation of PAHO/WHO. With UNDP financing, PAHO will assist in the establishment of a national maintenance center through long and short fellowships to train personnel, provision of supplies and equipment, and counseling on the conduct of an operational program in 1974. PAHO/WHO will later continue its cooperation through personnel stationed in Colombia and through visits by Zone IV and Regional Program specialists.

TOTAL		-	1	-	-	TOTAL		24,904	331,689	-	-
P-4 ADMIN. METHODS OFFICER .4269	PG	-	1	-	-	SUBTOTAL	PR	4,619	-	-	-
TOTAL		3	3	-	-	PERSONNEL-CONSULTANTS		4,619	-	-	-
CONSULTANT MONTHS	PR	3	-	-	-						
CONSULTANT MONTHS	UNDP	-	3	-	-						

	FUND				FUND	1973	1974	1975	1976
	1973	1974	1975	1976		\$	\$	\$	\$
TOTAL		1	2	2	2				
FELLOWSHIPS-ACADEMIC	PR	1	1	1	1				
FELLOWSHIPS-SHORT TERM	PR	-	1	1	1				

COLOMBIA-4904, CLINICAL AND SOCIAL PEDIATRICS (previously COLOMBIA-4101)

There is insufficient awareness among pediatricians, obstetricians, and nurses of the socioeconomic factors which affect the health of mothers and children in Colombia. Moreover, many of these specialists have not had sufficient administrative preparation, and this lack diminishes their potential contribution to maternal and child health programs.

The purpose of this project is to provide knowledge regarding clinical, public health, and administrative aspects of maternal and child health to pediatricians, obstetricians, pediatric nurses, and other personnel working in institutions related to family welfare, in order to enable them to be efficient collaborators in maternal and child health and family welfare programs. Courses will be offered annually to physicians and nurses, preferably to those in teaching positions or those who are involved in the direction of programs in the maternal and child health field.

UNICEF cooperates in this project.

TOTAL		-	1	1	1	TOTAL	WR	-	3,500	3,700	3,900
CONSULTANT MONTHS	WR	-	1	1	1	PERSONNEL-CONSULTANTS FELLOWSHIPS	-	-	2,000	2,200	2,400
TOTAL		-	1	1	1		-	-	1,500	1,500	1,500
FELLOWSHIPS-SHORT TERM	WR	-	1	1	1						

COLOMBIA-5001, MEDICAL REHABILITATION

The national health policy of Colombia, in line with the Ten-year Health Plan for the Americas, proposes to include medical rehabilitation in the medical care programs. There are sufficient numbers of trained human resources in the country on which to base a rehabilitation program integrated with the medical care program. For this purpose the Government proposes to improve training and establish a medical rehabilitation system with a national center, several regional centers, and units in the hospitals.

At the Government's request, PAHO/WHO will collaborate in the effort by providing the advisory services of a specialized consultant on a continuing basis, and by awarding long training fellowships, supplies, and equipment. It will later continue its collaboration through the advisory services of the personnel stationed in Colombia and through visits by specialists of Zone IV and regional programs.

TOTAL		6	12	10	-	TOTAL	UNDP	15,250	54,700	23,900	-
CONSULTANT MONTHS	UNDP	6	12	10	-	PERSONNEL-CONSULTANTS SUPPLIES AND EQUIPMENT FELLOWSHIPS	15,250	29,750	22,500	-	-
TOTAL		-	3	-	-	MISCELLANEOUS	-	21,250	-	-	-
FELLOWSHIPS-SHORT TERM	UNDP	-	3	-	-		-	700	1,400	-	-

COLOMBIA-6100, SCHOOL OF PUBLIC HEALTH

In view of the growing demand for public health services in Colombia, the country's need to educate people in this field remains great. The purpose of this project is to cooperate with the National School of Public Health in training leaders at the national, institutional, sectional, and regional levels; in establishing and strengthening the development of health manpower; and in reviewing organizational and administrative systems. The School also carries out teaching, advisory, and research activities.

TOTAL		4	3	3	3	TOTAL	WR	19,689	17,100	12,900	13,500
CONSULTANT MONTHS	WR	4	3	3	3	PERSONNEL-CONSULTANTS FELLOWSHIPS	7,070	6,000	6,600	7,200	
TOTAL		-	3	2	2	TRAINING GRANTS	2,619	11,100	6,300	6,300	
FELLOWSHIPS-ACADEMIC	WR	-	2	1	1		10,000	-	-	-	
FELLOWSHIPS-SHORT TERM	WR	-	1	1	1						

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

COLOMBIA-6201, MEDICAL EDUCATION

The new national health system in Colombia calls for changes in the teaching of the health sciences to enable professionals in the health sector to cooperate more fully in the pursuit of the proposed goals. The purpose of this project is to cooperate with the country's medical schools in training physicians so that the problems of the sector can be solved with techniques available within the country, expanding their capacity within a regionalized medical care system. Another purpose of the project is to collaborate in the improvement of teaching personnel and in the expansion of continuing education programs through short courses at the graduate level and distribution of medical publications.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		7	2	2	2	TOTAL	PR	25,248	16,300	23,830	24,210
FELLOWSHIPS-ACADEMIC	PR	4	1	1	1	ZONE ADVISORY SERVICES	-	-	-	7,930	7,910
FELLOWSHIPS-SHORT TERM	PR	3	1	1	1	SUPPLIES AND EQUIPMENT	133	-	-	-	-
						FELLOWSHIPS	23,927	6,300	6,300	6,300	6,300
						GRANTS	1,188	10,000	10,000	10,000	10,000

COLOMBIA-6300, NURSING EDUCATION

Expanded health services coverage of the population of Colombia, especially in the fields of maternal and child health, calls for a new approach in both qualitative and quantitative terms to the development of the nursing profession. With this in view, a center for education and research in maternal and child nursing and family planning was established in 1971 to train teaching and in-service nurses, both Colombian and non-Colombian. PAHO has contributed annually to the development of the center and its courses in the form of a subsidy, fellowships, technical advisory services, and publications.

TOTAL		5	-	-	-	TOTAL		37,820	47,800	27,800	7,800
CONSULTANT MONTHS	PR	3	-	-	-						
CONSULTANT MONTHS	PG	2	-	-	-	SUBTOTAL	PR	8,525	7,800	7,800	7,800
TOTAL		3	3	3	3	PERSONNEL-CONSULTANTS		3,494	-	-	-
FELLOWSHIPS-ACADEMIC	PR	-	1	1	1	FELLOWSHIPS		5,031	7,800	7,800	7,800
FELLOWSHIPS-SHORT TERM	PR	3	2	2	2	SUBTOTAL	PG	29,295	20,000	-	-
						PERSONNEL-CONSULTANTS		3,295	-	-	-
						GRANTS		26,000	20,000	-	-
						SUBTOTAL	UNFPA	-	20,000	20,000	-
						COURSE COSTS		-	20,000	20,000	-

COLOMBIA-6400, SANITARY ENGINEERING EDUCATION

National health policy as it relates to the installed capacity of public works has created a sudden increase in the demand for personnel specialized in sanitary engineering. The number of such specialized engineers is insufficient (100 in 1971) but the potential for increasing this number is present, since about 700 civil engineers work in environmental sanitation activities.

The purpose of this project is to cooperate with the Government in the training of personnel to meet the requirement for specialized training.

TOTAL		2	6	4	5	TOTAL		26,727	27,500	28,800	31,500
CONSULTANT MONTHS	PR	2	6	4	5						
TOTAL		3	4	5	6	SUBTOTAL	PR	23,992	27,500	28,800	31,500
FELLOWSHIPS-ACADEMIC	PR	2	1	1	1	PERSONNEL-CONSULTANTS		3,028	12,000	8,800	12,000
FELLOWSHIPS-SHORT TERM	PR	1	3	4	5	SUPPLIES AND EQUIPMENT		-	200	200	200
						FELLOWSHIPS		13,291	9,300	10,800	12,300
						COURSE COSTS		7,673	6,000	9,000	7,000
						SUBTOTAL	WR	2,735	-	-	-
						COURSE COSTS		2,735	-	-	-

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

COLOMBIA-6500, VETERINARY MEDICINE EDUCATION

Colombia is in dire need of professional veterinarians to direct, plan, and carry out national programs for the prevention and control of the principal diseases affecting human and animal health. Furthermore, the expansion of meat and meat by-product export markets has increased the demand for veterinarians for the inspection of food quality. Five schools of veterinary medicine and two postgraduate study centers exist in Colombia. Notwithstanding the efforts made by the Colombian authorities to produce specialists in the basic disciplines, their numbers are still insufficient to satisfy the country's needs. Curricula at the veterinary schools will have to be revised in order to adapt them to realistic needs and introduce modern instructional techniques.

The purpose of this project is to improve instruction in veterinary medicine in the veterinary schools, improve teaching methods, introduce the disciplines of human and animal health research into the profession, and bring about closer cooperation between members of the scientific community (including veterinarians) and agencies engaged in the socioeconomic development of rural areas, especially in relation to meat production.

TOTAL		-	1	1	1	TOTAL	PR	3,800	4,800	1,500	4,500
FELLOWSHIPS-ACADEMIC	PR	-	1	-	-	FELLOWSHIPS PARTICIPANTS	-	-	4,800	1,500	1,500
FELLOWSHIPS-SHORT TERM	PR	-	-	1	1	GRANTS	3,800	-	-	-	3,000
TOTAL		8	-	-	-						
PARTICIPANTS	PR	8	-	-	-						

COLOMBIA-6600, DENTAL EDUCATION

National oral health policy in Colombia, following the guidelines set in the Ten-year Health Plan for the Americas, calls for a new approach to the training of professionals in the dental field. To this end the Government is to undertake an extensive information program for dentists, the restructuring of teaching programs, and the promotion of research. The support provided by PAHO will be in the form of advisory services from short-term specialist consultants and of training fellowships.

TOTAL		1	1	1	-	TOTAL	PR	8,858	5,000	5,200	-
CONSULTANT MONTHS	PR	1	1	1	-	PERSONNEL-CONSULTANTS	1,858	2,000	2,200	-	-
TOTAL		-	2	2	-	CONTRACTUAL SERVICES	7,000	-	-	-	-
FELLOWSHIPS-SHORT TERM	PR	-	2	2	-	FELLOWSHIPS	-	3,000	3,000	-	-

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	649,378	828,194	676,586	753,578
0100 EPIDEMIOLOGY	2,586	6,885	7,258	7,265
0104 EPIDEMIOLOGY (ZONE IV)	7,018	9,038	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-
0117 EPIDEMIOLOGICAL MONITORING OF MORBIDITY DATA	-	-	-	1,300
0200 MALARIA TECHNICAL ADVISORY SERVICES	15,276	4,129	4,027	4,485
0218 PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS	1,737	900	515	1,078
0300 SMALLPOX ERADICATION	6,264	6,478	6,758	7,101
0400 TUBERCULOSIS CONTROL	1,426	1,885	1,866	2,392
0404 TUBERCULOSIS CONTROL (ZONE IV)	6,352	5,610	-	-
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	1,207	-	-	1,128
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	906	3,156	-	1,296
0411 STUDY GROUP ON TUBERCULOSIS CONTROL	-	-	1,099	-
0412 REGIONAL COMMITTEE ON EVALUATION OF TUBERCULOSIS PROGRAMS	-	-	-	1,885
0500 LEPROSY CONTROL	2,570	4,420	2,160	2,480
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	470	655	-	695
0512 TRAINING AND RESEARCH IN LEPROSY AND RELATED DISEASES	1,359	2,000	1,060	2,130
0600 VENEREAL DISEASE CONTROL	-	400	220	255
0612 VENEREAL DISEASE SEMINARS	-	-	-	1,350
0613 SURVEILLANCE OF VIRAL AND BACTERIAL VENEREAL DISEASES	-	-	-	5,096
0700 PAN AMERICAN ZOONOSES CENTER	60,149	74,408	75,558	78,675

0704 VETERINARY PUBLIC HEALTH (ZONE IV)	9,252	8,638	-	-
0708 RABIES CONTROL	-	600	540	580
0718 SEMINAR ON EPIDEMIOLOGY OF THE ZOONOSIS	1,464	-	-	-
0719 CENSUS OF PRIMATES	22,090	39,522	-	-
0900 PLAGUE CONTROL	515	600	420	440
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	700	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	490	707
0926 ENTEROVIRUS COLLABORATIVE TESTING PROGRAM	-	520	-	960
0929 STRENGTHENING HEPATITIS DIAG. SURVEIL. SERV. IN THE AMERICAS	-	-	-	4,770
0932 PERFORMANCE EVALUATION OF ARBOVIRUS SEROLOGIC DIAGNOSIS	-	-	760	760
1000 PARASITIC DISEASES	227	555	1,050	1,506
1008 CHAGAS' DISEASE	108	1,207	670	790
2100 ENVIRONMENTAL SANITATION	1,830	705	778	753
2104 SANITARY ENGINEERING (ZONE IV)	10,058	11,325	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	20,804	33,399	31,326	36,622
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	998	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	749	1,167	1,222
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2127 SANITARY ENGINEERING PLANNING IN THE ANDEAN REGION (ZONE IV)	-	-	-	5,850
2200 WATER SUPPLIES	4,560	5,236	5,580	5,868
2213 STUDIES AND INVESTIGATION OF WATER RESOURCES	1,614	95	-	-
2220 INSTITUTIONAL DEVELOPMENT	11,866	24,392	30,366	32,788
2223 PUBLIC SERVICES ADMINISTRATION	149	-	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	807	-
2230 RURAL WATER SUPPLY AND SANITATION	-	2,450	2,548	2,646
2300 AEDES AEGYPTI ERADICATION	1,774	2,704	3,020	3,231
2308 ADVISORY COMMITTEE ON DENGUE FEVER	-	1,080	-	752
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	281	-	-
2311 DENGUE SURVEILLANCE IN THE CARIBBEAN	-	-	-	1,590
3000 COORDINATION WITH FOUNDATIONS	1,359	2,732	3,276	3,734
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,305	3,854	3,121	3,396
3126 OPERATIONS RESEARCH	202	787	661	685
3129 RESEARCH TRAINING IN BIOMEDICAL SCIENCES	1,350	222	-	-
3130 CONFERENCE ON MYCOLOGY	78	1,310	-	-
3133 SYMPOSIUM ON PARACOCCIDIOIDOMYCOSIS	598	-	-	-
3135 DEVELOPMENT OF RIVER BASINS	-	1,200	660	720
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,639	2,007	1,169	1,252
3139 PAHO RESEARCH GRANT PROGRAM	4,814	2,600	3,900	5,200
3141 DEVELOPMENT OF RIVER BASINS (ZONE IV)	-	-	-	600
3142 COORDIN. OF INTEGRATED HEALTH SERV. IN FRONTIER AREAS (ZONE IV)	-	-	-	600
3143 STUDY PARTIC. OTHER PUBL. SECTORS DEVELOP. HEALTH SERV. (ZONE IV)	-	-	-	600
3144 HEALTH LEGISLATION	478	-	-	-
3145 EMERGENCY PREPAREDNESS	13	567	-	-
3200 NURSING SERVICES	1,666	2,266	2,417	2,536
3204 NURSING (ZONE IV)	7,898	7,680	-	-
3210 HOSPITAL NURSING SERVICES	-	716	1,269	1,408
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	557	1,195	1,117	1,175
3215 STUDY ON FACTORS AFFECTING NURSING GROWTH	372	-	-	-
3216 STANDARDS IN NURSING PRACTICE	-	875	-	1,450
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	1,264	-	-
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	532
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	278	522	328	263
3223 SYSTEMS OF NURSING	55	1,060	1,324	-
3225 UTILIZATION AND TRAINING OF THE TRADITIONAL BIRTH ATTENDANT	-	845	-	-
3300 LABORATORY SERVICES	801	361	453	483
3304 LABORATORY SERVICES (ZONE IV)	4,602	-	-	-
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,434	1,689	2,646	2,913
3318 MYCOLOGY RESEARCH AND TRAINING CENTERS	1,084	2,410	944	967
3320 CREATION OF A BIOLOGICAL PRODUCTS BANK (ZONE VI)	-	2,500	-	-
3400 HEALTH EDUCATION	533	497	311	497
3410 TRAINING OF TEACHERS IN HEALTH EDUCATION	337	774	847	920
3500 HEALTH STATISTICS	1,128	724	933	688
3504 HEALTH STATISTICS (ZONE IV)	10,524	13,130	-	-
3513 INTER-AMERICAN INVESTIGATION OF MORTALITY IN CHILDHOOD	14,392	5,943	6,557	7,071
3515 TRAINING IN USE OF COMPUTERS IN HEALTH STATISTICS	42	400	440	480
3516 REGIONAL SEMINAR ON DATA PROCESSING	-	722	-	722
3521 DETERMINATION OF BASIC DATA NEEDED ON DELIVERY OF HEALTH CARE	-	-	-	652
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,583	3,496	3,672	3,908
3604 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE IV)	4,463	7,120	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,458	1,462	-	-
3700 HEALTH PLANNING	5,080	3,163	3,776	4,166
3704 HEALTH PLANNING (ZONE IV)	13,544	-	-	-
3709 MEETING OF MINISTERS OF HEALTH	757	-	-	-
3710 DEVELOPMENT OF NATIONAL INFORMATION SYSTEMS	-	11,000	11,520	10,600
3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	27,839	37,852	27,580	21,980
4200 NUTRITION ADVISORY SERVICES	4,448	2,078	2,223	2,352
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	112,430	112,728	115,191	119,624
4204 NUTRITION ADVISORY SERVICES (ZONE IV)	5,704	6,600	-	-
4211 RESEARCH ON PROTEIN-CALORIE MALNUTRITION	-	-	-	1,134
4212 RESEARCH ON NUTRITION ANEMIAS	96	1,555	933	489
4213 IODINE DETERMINATION IN ENDEMIC GOITER	486	-	-	-
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	70	222	244	445
4230 NUTRITION TRAINING	3,808	2,650	3,520	4,570
4233 NUTRITION TEACHING IN MEDICAL SCHOOLS	474	800	880	960
4238 NUTRITION RESEARCH	149	760	1,355	2,035
4247 SURVEILLANCE OF NUTRITIONAL STATUS	-	-	828	454
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	263	279
4249 OPER. RES. IN METHODS OF PREV. MALNUTH. AND IMPROV. NUTRI. STAT.	-	-	574	238
4300 MENTAL HEALTH	390	3,600	3,318	3,654

4312 COURSES IN COMMUNITY PSYCHIATRY	-	1,300	1,340	1,390
4313 NURSING IN MENTAL HEALTH	-	-	4,408	7,208
4314 EPIDEMIOLOGICAL STUDY ON EPILEPSY	617	1,215	4,700	4,100
4316 EPIDEMIOLOGY OF SUICIDES	-	375	395	-
4317 STUDY GROUP ON TEACHING MENTAL HEALTH IN SCHOOLS OF PUB. HEALTH	-	990	-	-
4318 EPIDEMIOLOGY OF ALCOHOLISM	5,950	12,318	12,120	4,559
4320 SEMINAR ON MENTAL RETARDATION	616	-	-	-
4322 DEVELOPMENT OF PSYCHIATRY AND MENTAL HEALTH LIBRARIES	-	600	600	750
4324 ADMINISTRATION OF MENTAL HEALTH SERVICES	-	-	-	1,067
4400 DENTAL HEALTH	941	792	990	1,188
4407 DENTAL EPIDEMIOLOGY	2,128	2,600	2,720	1,410
4409 FLUORIDATION	4,051	3,895	5,010	4,955
4410 LABORATORY FOR CONTROL OF DENTAL PRODUCTS	2,272	3,507	1,516	1,258
4411 HUMAN AND MATERIAL RESOURCES IN DENTISTRY	2,495	6,600	4,820	4,840
4412 SEMINAR ON IMPLEMENTATION OF DENTAL HEALTH PROGRAMS	-	884	101	1,585
4500 HEALTH ASPECTS OF RADIATION	492	480	756	792
4507 RADIATION HEALTH PROTECTION	2,308	2,200	2,772	2,440
4509 RADIATION SURVEILLANCE	118	260	325	325
4516 PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	504	-
4620 MANAGEMENT OF PESTICIDES	-	350	380	435
4700 FOOD AND DRUG CONTROL	1,960	3,222	3,402	3,558
4708 FOOD HYGIENE TRAINING CENTER	2,212	2,051	2,311	2,473
4715 FOOD HYGIENE	-	2,205	3,861	4,491
4716 TRAINING IN ANALYSIS OF FOOD AND DRUGS	-	-	-	340
4717 SEMINAR ON FOOD HYGIENE	-	611	-	-
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	1,344
4800 MEDICAL CARE SERVICES	1,186	1,219	1,338	1,506
4804 MEDICAL CARE SERVICES (ZONE IV)	6,688	8,100	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,621	2,171	2,889	3,656
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,967	2,669	2,366	3,068
4816 PROGRESSIVE PATIENT CARE	16,029	3,385	-	-
4826 IMPROVEMENT OF MEDICAL CARE ADMINISTRATION LIBRARIES	5,942	1,579	-	-
4831 STUDY GROUP ON MAINTENANCE SYSTEMS IN LATIN AMERICA	-	-	501	-
4900 HEALTH AND POPULATION DYNAMICS	32,001	69,120	70,001	79,505
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	4,510	11,594	11,820	13,002
4915 MATERNAL AND CHILD HEALTH	124	391	430	521
4917 CLINICAL AND SOCIAL PEDIATRICS	200	1,605	1,404	1,404
4918 STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,207	-
4919 NURSING MIDWIFERY	3,610	3,740	3,950	4,120
4920 LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	5,902	9,219	13,690	15,778
4921 EDUC. CENTER FOR OBSTET. MATERNAL-INFANT NURS. IN FAM. WELFARE	-	2,880	2,928	2,376
4922 MATERNAL CHILD HEALTH-FAM. PLAN. CONTIN. EDUC. AND STAFF TRAIN.	-	-	876	800
5000 REHABILITATION	2,157	1,768	1,848	2,002
5012 STUDY GROUP ON BLIND REHABILITATION IN LATIN AMERICA	-	-	1,073	-
5100 CHRONIC DISEASES	835	4,275	4,841	5,031
5108 SURVEY ON SMOKING PATTERNS IN LATIN AMERICA	1,777	511	-	-
5109 CANCER CONTROL	523	7,350	8,340	8,745
5111 STUDY OF THE RELATION BETWEEN GASTRIC CANCER AND NITRATES	-	-	-	3,240
6000 MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	11,139	11,484	12,753	13,444
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	10,443	10,122	8,638	9,965
6200 EDUCATION IN HEALTH SCIENCES	6,714	6,576	6,700	7,788
6204 MEDICAL EDUCATION (ZONE IV)	5,983	7,170	-	-
6208 TEACHING OF STATISTICS IN MEDICAL SCHOOLS	-	1,600	-	600
6214 FACULTY TRAINING FOR MEDICAL SCHOOLS	1,162	-	-	-
6216 BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,237	2,821	2,760	2,628
6221 LIBRARY OF MEDICINE	35,722	43,602	32,068	31,824
6223 TEACHING OF BEHAVIORAL SCIENCES	1,704	400	-	-
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	8,901	12,026	10,262	10,630
6300 NURSING EDUCATION	209	840	390	411
6310 NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,943	2,915	670	690
6317 SEMINAR ON NURSING EDUCATION	540	1,452	1,537	1,516
6319 TRAINING OF NURSING AUXILIARIES	289	2,897	3,509	3,291
6320 POSTBASIC COURSES IN NURSING	352	805	644	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,478
6324 TRAIN. OF PROF., ADMINISR., AND SPECIALISTS IN CLINICAL AREAS	-	-	154	518
6325 EDUCATIONAL TECHNOLOGY IN NURSING	-	18,666	4,629	7,960
6400 SANITARY ENGINEERING EDUCATION	4,524	4,389	5,089	5,565
6500 VETERINARY MEDICINE EDUCATION	1,646	2,754	2,968	3,128
6507 SEMINARS ON VETERINARY MEDICINE EDUCATION	882	-	740	390
6600 DENTAL EDUCATION	1,134	1,467	2,835	3,213
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	407	520	840	1,870
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	489	994	864	888
6700 BIOSTATISTICS EDUCATION	153	1,344	-	5,175
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	984	964	1,009	1,179
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	1,148	1,895	4,960	5,175
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	1,775,860	2,830,581	2,668,827	2,182,512	649,378	828,194	676,586	753,578
PAHO-PR-REGULAR BUDGET	492,646	422,850	508,164	543,594	254,278	305,676	269,703	335,977
PW-COMMUNITY WATER SUPPLY	71,614	171,728	-	-	3,182	14,753	18,004	18,935
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	67,324	56,851	56,975	59,331
PG-GRANTS & OTHER CONTRIBUT.	938,892	132,161	20,000	-	113,239	136,191	56,303	47,905
PM-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	53,899	67,387	39,159	43,447
PK-SPECIAL FUND FOR HEALTH PR.	837	-	-	-	17,619	-	-	-
PS-SPECIAL FUND FOR RESEARCH	-	-	-	-	392	-	-	-
WHO-WR-REGULAR BUDGET	134,722	121,200	162,203	152,033	93,961	132,341	116,222	124,463
UNDP-UN DEVELOPMENT PROGRAM	121,869	745,425	205,650	71,953	45,199	57,447	41,164	36,207
UNFPA-UN FUND POPULATION ACT.	15,280	1,220,267	1,755,860	1,414,932	285	57,548	79,056	87,313
WO-GRANTS & OTHER FUNDS	-	16,950	16,950	-	-	-	-	-

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	2,425,238	3,658,775	3,345,413	2,936,090
PAHO-PR-REGULAR BUDGET	746,924	728,526	777,867	879,571
PW-COMMUNITY WATER SUPPLY	74,796	186,481	18,004	18,935
PN-INCAP GRANTS & OTHER CONTR.	67,324	56,851	56,975	59,331
PG-GRANTS & OTHER CONTRIBUT.	1,052,131	268,352	76,303	47,905
PM-PAN AMER. HEALTH & EDUC.FN.	53,899	67,387	39,159	43,447
PK-SPECIAL FUND FOR HEALTH PR.	18,456	-	-	-
PS-SPECIAL FUND FOR RESEARCH	392	-	-	-
WHO-WR-REGULAR BUDGET	228,683	253,541	278,425	276,496
UNDP-UN DEVELOPMENT PROGRAM	167,068	802,872	246,814	108,160
UNFPA-UN FUND POPULATION ACT.	15,565	1,277,815	1,834,916	1,502,245
WO-GRANTS & OTHER FUNDS	-	16,950	16,950	-

ECUADOR

BACKGROUND DATA

Description of the Socioeconomic Situation

In 1974 Ecuador's population is 6,951,300, on the basis of the 1962 census. A new census will be taken this year. No official figures are available on the area of the national territory or on its density of population. The area of cultivable land amounts to 4,686,262 hectares with 1.2 inhabitants to each hectare cultivated.

The expectation of life at birth was 56.1 years in 1970. Health indicators show an infant mortality rate of 78.5% in 1971 with a mortality rate for children between one and four years of 16.6%. The mortality rate from infectious and parasitic diseases represents 40% of the general mortality rate. Children under five years of age constitute more than 50% of deaths. Fifty-six per cent are without medical certificates. These figures should be regarded as substantially below actual levels. There are 3,000 persons to each physician and 478 to each hospital bed.

Environmental indicators show that in 1962 (the year of the last census) 12 localities had more than 20,000 inhabitants, representing a total of 1,230,000 inhabitants. A high proportion (62%) of the total population is dispersed in localities of less than 2,000 inhabitants. In 1973 31.9% of the total population was supplied with water: within this total the coverage was 63% for the urban population and 6.5% for the rural population. Twenty-four per cent of the total population has sewerage connections, the coverage being 56% in urban zones and 0.8% in rural areas. Per capita food consumption in 1968 was 2,078 calories and 48 grams/day of proteins.

In the educational field in 1969 the literacy rate for the group 15 years and above was 72%. Primary school enrollments for the 6 to 12-year age group amounted to 79.7% in the same year. Secondary enrollments represented 24.2% of the 13 to 18-year age group.

In the economic sector the gross domestic product represented a per capita rate of \$208.9 in 1970. In the year 1968-69 the primary sector generated 32.9% and the secondary sector 21.8% of the total. The economically active population in the primary sector represents 56.4% of the total population.

Demographic data shows that in 1974 the under 15 age group represented 46.8% of the total population and the over 55 age group 6.7%. The crude rate of natural growth in 1962 was 3.5%. The adjusted fertility rate for the same year was 172.2%.

The present Government defined the general situation in 1972 as that of an economically underdeveloped, socially inequitable, and politically dependent society.

Summary of the Integrated 1973-77 Transformation and Development Plan

Up to 1969 and over the preceding 20 years the Ecuadorian economy has evolved slowly, subject to fluctuation and dependence on external trade to the detriment of its trade and payments balances and resulting in revenue deficits. In the sixties, Ecuador had the lowest level of consumption (an average of \$221 per inhabitant) in South America, with the exception of Bolivia, and it increased during the decade by only 1.8%. This average is also distorted by the inequitable distribution of wealth.

In 1970, with the discovery of excellent oil fields, foreign investment expanded and the GDP increased by 9.8% in 1972 and some 12% in 1973. The increase in the availability of funds from abroad has led to a substantial rise in public revenues to a point at which major changes can be made in the Ecuadorian economy and in Ecuadorian society.

This dynamic growth has extended to traditional exports, although the agricultural sector has been little affected since it still faces the traditional obstacles to growth, together with unfavorable climatic factors. Exports abroad, which amounted to less than \$200 million in the sixties, had reached \$555 million by 1973, and an even greater expansion is assured.

Revenue deficits which amounted in 1971 to \$65 million have been falling and had disappeared by 1973. In 1972 the balance of payments had improved by \$104 million.

Prices have been rising at more than 10% per annum as a result of both external and internal inflation, the latter as a consequence of an abundance of means of payment.

The 1973-77 Transformation and Development Plan proposes a transformation in the economic and social situation. These changes can be effected by a positive state role through the assumption of responsibility for major decisions previously taken outside the country.

A whole series of political measures and projects are proposed to reorient previous patterns of behavior, and develop an economy that can absorb a substantial labor force and create a dynamic, integrated, and constantly expanding market. Political action is to take the form of agrarian, fiscal, and financial reforms, and investment projects to restrict monetary expansion; social expenditure will be increased and used as an instrument for the redistribution of income in the interests of the marginal population, and for reducing differences in the standards and patterns of living of the various social classes.

By 1977 a more equitable distribution of income and a sounder regional balance will have been achieved.

Projects are to be undertaken in the sectors of transportation and communications, small-scale industry and handicrafts, potable water and sewerage, health, and education, in order to achieve a broader geographical coverage in the process of development.

The new economic and social structure presupposes a reorientation of the machinery of production towards the satisfaction of the basic needs of the people. This new structure will have a high measure of social and cultural flexibility and a power basis providing representations for neglected sectors and giving them participation in decision-making, without detracting from the authority needed for effective government.

The participation of the masses on an increasing scale will be encouraged, as will the strengthening of the public sector, so as to enable it to exercise a large measure of autonomy in decision-making, external credit policies, and international technical cooperation, in order to guard against any increase in external dependency and prevent uncontrolled intervention, especially by agencies that are not multilateral in character.

The continuing national objectives are to preserve the integrity of the nation; achieve its territorial, political, economic, social, and psychological integration; ensure the permanent preservation of its national sovereignty; accomplish the aims of integrated national development; and realize maximum social well-being and national security.

Summary of Health Levels and Structure

The Ministry of Health was established in 1967. Unfortunately, until 1972, its functions were divided between the Ministry in Quito and the Health Department in Guayaquil. Formation of the Ministry ran parallel with legislation to prevent organizational changes; the difficulties were only overcome and final approval granted in 1972.

The weakness of the Ministry of Health up to 1972 was manifest: it was responsible for only 3% of the country's hospital beds and for administering 50 health centers. From 1972 onwards, with the new provisions, it assumed responsibility for 56% of hospital beds and 176 auxiliary health centers, and 102 dispensaries were established. Its budget was increased sevenfold, as was the number of officials for which it was responsible. These changes have resulted in institutional integration and an increase in the number of units. A policy of active coordination is being developed with the Social Security Agency, with other semipublic institutions, and with both public and private universities and faculties in Ecuador.

The health situation is characterized by a high infant mortality rate (more than 50% of deaths are in the under-five age group) and a general mortality rate in which the causes of death are preventable in 40% of the cases. The poor quality of the environment, housing and places of work, low nutritional levels, and nutritional shortages associated with parasitic infections and diseases, all contribute to low health levels, not to mention the scarcity and inadequate distribution of resources and the lack of health service coverage.

Summary of Proposals in the National Health Policy

In the document entitled "Philosophy and Operational Plan of the Government" the following principles have been laid down. It is the duty of the State to maintain, protect and promote health levels. The right to health of all the members of the population is recognized. Every member of the population shall protect his health level in support of the Government's objectives and programs.

The Ministry of Health is the executive agency responsible for the Health Plan, which, by progressive planning, centralized regulation, and evolution of executive action, shall undertake prevention of disease and measures for promoting health, for recuperation and for rehabilitation.

To establish a national health service, institutions shall be progressively integrated, following periods of coordinated activity, and services shall be regionalized, with the introduction of regional, provincial, and cantonal hospital levels supplemented by health centers, auxiliary health centers, and mobile dispensaries.

Among programs, priority should be given to epidemiology and epidemiological surveillance of both humans and animals (diseases communicable to man), with a view to achieving, in some instances, total eradication, and in others control of the diseases. This task will be associated with the production of biologicals in Ecuador and by the Andean Group, purchases by the State, and the activities of the national laboratory system.

Priority is also to be accorded to maternal and child health with a view, in association with the foregoing action and with measures in the field of nutrition, to reducing maternal and child mortality and morbidity and strengthening the physical and intellectual capacity of coming generations. Nutrition programs and the control of deficiency diseases will be expanded.

The percentage of the population in both urban and rural areas with sewerage and garbage disposal facilities will be increased. Heavy emphasis will be laid on these programs with special reference to the needs of the marginal population with little or no purchasing power.

Control, protection and improvement of the environment, and prevention of its pollution through coordinated interagency programs, will be achieved.

In the infrastructure, obsolete units are to be renovated and rebuilt with a view to continuing present levels of achievement. They will be designed as integrated and complete health units at the service of the community and will be made available with a view to broadening the health coverage of the population.

Consideration is being given to the training of human resources, with modifications designed to relate this to actual needs at undergraduate and graduate levels and in further education, as well as at the professional, intermediate and auxiliary levels, extending coverage to all professions in the health field and, in particular, to the informational, administrative, planning, rural health and epidemiological services.

A policy of liberal financing will be adopted in the areas of equipment, supplies, and medicines.

PROTECTION OF HEALTH

Communicable Disease Control

Communicable diseases represent a very serious problem in Ecuador, especially in the under-five age group.

Those diseases that are preventable by immunization show a high rate of incidence in Ecuador and the government's plans therefore are especially concerned with their control and eradication in the short term. The changes proposed call for the achievement of effective immunization levels designed to reduce the incidence of communicable diseases, as follows:

A. Control

- (1) Mortality rates (per 100,000): measles - from 35.4 to 1
whooping cough - from 26.2 to 1
tetanus - from 16.5 to 0.5
- (2) Morbidity rates (per 100,000): diphtheria - from 3.1 to 1
typhoid - from 35.2 to 17.6

B. Eradication: poliomyelitis; yellow fever; smallpox (eradicated - maintenance stage)

So far as tuberculosis is concerned the Central Government, through the incorporation of the Ecuadorian Tuberculosis League (LEA) into the Ministry of Health, has succeeded in reorganizing control activity and in integrating antituberculosis measures into the general health services, expanding the protection of susceptible members of the population through immunization, finding new cases through bacilloscopy and treating patients effectively under a standard system, these measures being designed to reduce by some 50% the tuberculosis mortality rate, currently estimated at 17.6 per 100,000.

The incidence of venereal diseases is high, especially in the coastal cities where syphilis rates reach as high as 105.4 per 100,000 and those of gonorrhoea 209.5 per 100,000. The gradual development of venereal disease departments in health agencies, the improvement of technical and administrative structures, standardized diagnosis and treatment, the location of contacts, and sexual education are the pillars of the Government's policy of change and improvement, which aims to interrupt the chain of transmission and reduce morbidity.

Surveys show that yaws is endemic in the province of Esmeraldas and an eradication program is now being pursued.

Plague is confined in Ecuador to the jungle form in the mountainous regions of the provinces of Chimborazo and Loja, and in its urban form to the provinces of Manabí, Guayas and El Oro. In the past decade there have been 870 cases of bubonic plague. Its emergence is conditioned by the density of the murine and ectoparasitic populations and by internal relationships between urban and jungle areas. Control measures have been reorganized to prevent dispersal of resources on activities that have no epidemiological significance in the prevention of the disease. Measures have accordingly been confined to the treatment of human cases, epidemiological research, offensive and defensive measures of prevention against foci in areas falling within their influence, and continuing epidemiological surveillance of the enzootic zone.

Leprosy is regarded as endemic on a national scale, the provinces most affected being Los Ríos, Guayas and El Oro. Of the 2,626 cases reported, 2,228 are under control. The prevalence of endemic leprosy is estimated at 3,500 cases, i.e., 0.6 per 1,000 inhabitants. Policy modifications are designed to find unreported cases, control contacts, and ensure early and continuing treatment of the disease.

Studies of the enteric and parasitic diseases, the arboviruses, the rickettsias, schistosomiasis, paragonimiasis and other communicable diseases prevalent in the country have only been conducted on a very limited scale; there is research programmed for the decade with a view to facilitating the development of control measures.

Chagas' disease in its cardiac and digestive forms has been diagnosed in the coastal region; entomological research has demonstrated the existence of triatoma infestation in the city of Guayaquil; more extensive studies are being undertaken on a national scale to determine its frequency and distribution.

Urban yellow fever has not existed in the country since 1958 as a result of the eradication of *Aedes aegypti*; the jungle version is suspected in the northeastern region where the vector exists. A program is being initiated this year to maintain the eradication of *Aedes* and to investigate the prevalence of the jungle variety. Members of the population in susceptible areas are being immunized, as are travelers entering receptive areas, so as to meet the requirements of international certification.

The malarious region of Ecuador covers 175,462 square kilometers, of which 147,665 square kilometers is in the attack and 27,797 square kilometers in the consolidation phase (16% of the total malarious area). The population of the malarious area is estimated at 3,800,000 persons, representing 56% of the country's total population. Most of the malarious area is on the coast in regions of intensive arable farming and animal husbandry, the balance being located in the inter-Andean valleys and the eastern region of the country, where oil-drilling is taking place. Current control measures have succeeded in reducing the incidence of the disease and may result in forthcoming years in a reduction in the attack area and an expansion of the consolidation area.

No efficient and expeditious system of epidemiological surveillance of communicable diseases exists in the absence of complementary services. It should be possible to reinforce the measures being taken as a result of the strengthening of the health infrastructure programmed for the decade.

With regard to the zoonoses, control measures are limited to rabies, bovine tuberculosis, brucellosis, hydatidosis and foot-and-mouth disease; no programs with national coverage exist for the other diseases. The forthcoming decade will see a substantial expansion in public health action in the veterinary sector and in research into animal pathology as a result of measures planned in the veterinary laboratories project.

The National Institute of Health, which was established to provide public health laboratory facilities, is continuing its activities for the promotion, protection and rehabilitation of human and animal health through a system of laboratories throughout the country. Its work in the fields of diagnosis, control, production, and research will be developed in both qualitative and quantitative terms through manpower training, improvement of techniques, and the renewal and modernization of equipment.

Environmental Health

Commencing in 1974 measures have been taken to strengthen the central agency responsible for water supply and sewerage through the provision of a revolving fund to assist the municipalities and through the installation or improvement of their systems for water supply and the disposal of excreta. By 1980 it is hoped that 64% of the urban population will have household connections to potable water mains and that 56% of this population will be connected to the public sewerage system, while 64% of rural population centers will have household connections to potable water mains and 24% of dispersed rural populations will be supplied from water tanks or by public fountains; by the same date latrines and other similar methods of disposal of excreta will be available to 14% of the rural population.

The control of environmental pollution is a matter of concern to the present Government and a law establishing legal procedures with machinery for their enforcement is expected to be introduced shortly. A quality control program for water is currently being undertaken by the Ecuadorian Institute of Water Resources (INERHI), the agency responsible for enforcing the Water Act of 1973.

The Environmental Sanitation Division will be undertaking food inspection programs and is responsible for ensuring that by 1980 the 21 cities in the country with over 20,000 inhabitants have effective garbage collection services.

PROMOTION OF HEALTH

General Services

The existing infrastructure of Ministry of Health services consists of 1,258 health establishments. The country has 13,066 hospital beds, of which 7,221 are administered by the Ministry of Health (73% for short and 27% for long stays) and the rest by decentralized institutions in the public and private sectors.

In 1973 there were estimated to be 4.04 discharges per 100 inhabitants per year and a 19% coverage in medical consultation for health recovery and promotion.

By 1977 it is planned to achieve a coverage of 5.5 discharges per 100 inhabitants per year and a 42% coverage in medical consultations for health recovery and promotion.

The total manpower in the service of the Ministry amounts to 787 physicians, 112 dentists, 321 nurses, 2,483 nursing auxiliaries, 572 technicians, and 2,066 general service and administrative officials.

The National Institute of Hygiene will progressively cover laboratory requirements for diagnosis and extend its coverage of medical check-up examinations. The Institute is currently producing certain biologicals on a scale sufficient to meet the country's requirements, i.e., smallpox, rabies, DPT and liquid BCG. It is hoped to begin the production of freeze-dried BCG in the near future.

The health planning, informational, statistical and health administration infrastructures are in the course of reorganization and are to operate as an integrated unit forming a single health service under the provisions of the National Five-year Health Plan and within the framework of the Ten-year Health Plan for the Americas.

Specific Programs

Fertile women in the under-15 age group represent 67.6% of the population. The maternal mortality rate is high (2 per 1,000 live births) as is the infant mortality rate (78.5 per 1,000 live births).

Deaths in the under-five age group represent more than 50% of all deaths in the country. In the field of maternal and child health and family welfare the country proposes to reduce the child mortality rate by some 30% and the maternal mortality rate by a similar figure in the course of the decade, and to achieve effective levels of prenatal (60%), natal (60%), and postpartum care. In birth control it is proposed to achieve a 5.5% coverage of first consultations for women of fertile age. In the care of infants and preschool children, coverages of some 70% are proposed, concentrating on the most vulnerable groups.

The objectives of the nutrition program are to furnish supplementary food for 10% of preschool children suffering from first degree malnutrition, 40% of those suffering from second degree malnutrition, and to provide nutritional support for 15% of those suffering from third degree malnutrition. The food and dietetic services of the hospital system are to be organized and the training of manpower for the expansion of the nutrition infrastructure will be accelerated.

In the course of the present decade the Government is to give biological emphasis to its food and nutrition policy and priority to the control of endemic goiter.

In the mental health field a diagnosis of the situation will be made in the course of the first five years of the decade, and a policy of prevention and community therapy adopted with a view to the development of an effective infrastructure for mental health during the second half of the decade.

The Ministry of Health, in association with the Ecuadorian Institute of Social Security, proposes to introduce occupational health programs, providing protection for 45% of the working population exposed to occupational risks by the end of the decade.

In medical care the Ministry of Health will pursue a policy and strategy of coordination and integration with a view to developing a national health service by the end of the decade. The overhaul and expansion of the infrastructure of the present health services has been programmed for completion by 1977, with the building of 24 new hospital/health centers, and an increase in the number of health centers to 104 and of auxiliary health centers to 300 in selected rural areas.

The rational utilization of the hospital beds available, through the modernization and conversion of existing capacity and the creation of new capacity, will enable the country to handle 430,000 discharges by 1977, 71% of which will be the responsibility of the Ministry of Health.

The quality control of foodstuffs, medicaments, and drugs will be given priority in the second half of the decade with the integration of the functions of hygiene and quality control through the issue of guidelines and health regulations, the registration of foods, and the inspection of laboratories.

Traffic accidents are assuming increasing importance as a cause of death and disability. The Government is anxious to evaluate the true epidemiological significance of this field and to control the situation by legal, educational and information measures and through the organization of emergency and medical rehabilitation services.

Chronic diseases do not represent a priority problem and the measures proposed by the Government are confined to the study and progressive introduction of centers specializing in treatment and in physical and mental rehabilitation in the three major urban areas of the country.

Responsibility for cancer lies with the Cancer Society (Sociedad de Lucha contra el Cáncer). Provision is being made for an increasing state role in this field and for the introduction of specific control programs for uterine cancer in women and for cancer of the respiratory organs.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

The data available (1960) shows ratios per 10,000 inhabitants of 3.4 physicians, 1.0 dentists, 0.05 sanitary engineers, 0.4 veterinarians, 0.9 nurses, and 0.02 nutritionists. More reliable information is expected as a result of the National Census of Health Resources undertaken in 1973. In any case, the ratios are very low and the distribution unbalanced. Unrestricted student admissions to faculties have led to a remarkable increase in enrollments, and a very substantial rise in the number of graduates is expected over the next few years. With a view to achieving a more balanced distribution, a law has been passed and is now being enforced requiring members of the medical, dental, midwifery, nursing, and biochemical professions to work for one year in a rural area of the country. Internships for dentists, midwives, nurses, and also for physicians, are being restructured to provide for a period in Quito together with a period in one of the cantonal capitals. A program of residency in specialized medical fields is currently being undertaken and programs of further education have been introduced. The Associations of Faculties, covering four of the five existing medical schools, all five existing nursing schools, the three existing dental schools, and the four existing veterinary schools, are seeking to form a federation of health sciences, in which they hope to be joined by the Association of Schools of Administration, Engineering, Obstetrics, and Pharmacy.

Efforts are being made to develop machinery for coordination between the agencies responsible for producing professionals and those that employ them, and to review curricula to adapt them to national needs.

By 1980 it is hoped to achieve the following ratios per 10,000 in each profession: 5.0 for physicians; 1.5 for dentists; 2.0 for nurses; 0.7 for midwives, together with substantial unquantified increases in sanitary engineering (40 sanitary engineers in 1973-74); in nutrition (100 nutritionists in 1973-77); and in veterinary medicine.

At the intermediate level of medical education, reforms are to be made in laboratory instruction and in the teaching of x-ray techniques and physiotherapy, which are to be incorporated in internships. A broader educational basis is to be introduced into other special fields.

At the auxiliary level in nursing, supplementary and other courses are to be expanded (650 units per year), and made available to dental, pharmaceutical and nutrition auxiliaries, sanitary inspectors, statisticians and health educators.

ECUADOR - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
349,331	31.6	590,370	39.7	I. PROTECTION OF HEALTH	528,961	38.0	479,153	37.8
252,121	22.8	420,598	28.2	A. COMMUNICABLE DISEASES	422,249	30.3	361,301	28.5
73,035	6.6	50,621	3.4	0100 GENERAL	41,711	3.0	71,555	5.6
60,760	5.5	59,129	4.0	0200 MALARIA	61,877	4.4	43,975	3.5
6,263	.6	6,477	.4	0300 SMALLPOX	6,758	.5	7,101	.6
10,149	.9	11,418	.8	0400 TUBERCULOSIS	13,541	1.0	16,177	1.3
4,933	.5	8,604	.6	0500 LEPROSY	4,471	.3	5,510	.4
1,101	.1	400	*	0600 VENEREAL DISEASES	220	*	1,605	.1
94,258	8.5	279,187	18.7	0700 ZOOSES	268,111	20.7	205,905	16.2
1,287	.1	3,000	.2	0900 OTHER	3,040	.3	7,177	.6
335	*	1,762	.1	1000 PARASITIC DISEASES	1,720	.1	2,296	.2
97,210	8.8	169,772	11.5	B. ENVIRONMENTAL HEALTH	106,712	7.7	117,852	9.3
67,462	6.1	70,034	4.7	2100 GENERAL	58,281	4.2	67,140	5.3
27,973	2.5	97,048	6.5	2200 WATER SUPPLIES	45,382	3.3	47,495	3.7
379	*	638	.1	2300 AEDS AEGYPTI ERADICATION	646	*	691	.1
924	.1	1,133	.1	2400 HCUSING	1,431	.1	1,504	.1
472	.1	919	.1	2500 AIR POLLUTION	972	.1	1,022	.1
618,859	56.2	747,689	50.1	II. PROMOTION OF HEALTH	702,845	50.4	641,476	50.4
327,044	29.7	383,255	25.6	A. GENERAL SERVICES	327,290	23.5	225,437	17.7
176,658	16.0	188,546	12.6	3100 GENERAL PUBLIC HEALTH	168,884	12.1	117,305	9.2
9,224	.8	30,330	2.0	3200 NURSING	37,884	2.7	40,493	3.2
16,193	1.5	10,459	.7	3300 LABORATORY	6,242	.4	14,701	1.2
870	.1	2,771	.2	3400 HEALTH EDUCATION	2,158	.2	2,917	.2
32,527	3.0	43,136	2.9	3500 STATISTICS	38,710	2.8	12,013	.9
37,023	3.4	46,423	3.1	3600 ADMINISTRATIVE METHODS	16,674	1.2	12,741	1.0
54,549	4.9	61,590	4.1	3700 HEALTH PLANNING	56,738	4.1	25,267	2.0
291,815	26.5	364,434	24.5	B. SPECIFIC PROGRAMS	375,555	26.9	416,039	32.7
120,150	10.9	140,961	9.5	4200 NUTRITION	129,625	9.3	133,142	10.5
194	*	1,350	.1	4300 MENTAL HEALTH	6,777	.5	9,295	.7
4,050	.4	10,495	.7	4400 DENTAL HEALTH	15,100	1.1	15,175	1.2
2,150	.2	2,940	.2	4500 RADIATION AND ISOTOPES	3,013	.2	3,425	.3
544	.1	878	.1	4600 OCCUPATIONAL HEALTH	1,137	.1	1,234	.1
4,703	.4	5,537	.4	4700 FOOD AND DRUG	25,641	1.8	22,206	1.7
16,279	1.5	26,954	1.8	4800 MEDICAL CARE	20,469	1.5	40,552	3.2
141,450	12.8	173,077	11.6	4900 FAMILY HEALTH AND POP. DYNAMICS	171,407	12.3	188,449	14.8
2,156	.2	1,767	.1	5000 REHABILITATION	1,848	.1	2,002	.2
139	*	475	*	5100 CANCER & OTHER CHRONIC DISEASES	538	*	559	*
137,220	12.2	154,374	10.2	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	161,952	11.6	151,550	11.8
5,799	.5	5,061	.3	6100 PUBLIC HEALTH	4,936	.4	5,694	.4
60,082	5.4	58,884	3.9	6200 MEDICINE	49,028	3.5	48,967	3.8
26,960	2.4	36,264	2.4	6300 NURSING	40,299	2.9	46,823	3.7
5,610	.5	7,795	.5	6400 ENVIRONMENTAL SCIENCES	8,567	.6	9,144	.7
8,190	.7	4,754	.3	6500 VETERINARY MEDICINE	9,875	.7	11,045	.9
28,006	2.5	33,639	2.3	6600 DENTISTRY	37,719	2.7	16,734	1.3
2,573	.2	7,977	.5	6700 BIOSTATISTICS	11,528	.8	13,143	1.0
1,105,410	100.0	1,492,433	100.0	GRAND TOTAL	1,393,758	100.0	1,272,179	100.0

*LESS THAN .05 PER CENT

ECUADOR - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER		
		POSTS PROF.	LOCAL	STC MONTH		AMOUNT	ACAC.	SHORT	AMOUNT			PANT.	
	\$				\$	\$			\$	\$	\$		
1973													
PAHO--PR	293,456	5	-	4	202,471	25,629	2	7	12,676	-	4,669	22,343	25,668
PW	12,081	-	-	3	11,743	279	-	-	-	-	-	-	59
PN	45,969	-	-	-	19,829	1,971	-	-	1,880	-	-	5,478	16,811
PG	105,765	-	-	11	62,033	2,349	-	-	5,382	-	6,064	12,574	17,363
PH	29,435	-	-	-	7,869	1,174	-	-	1,088	-	1,315	6,591	11,398
PK	11,599	-	-	-	9,993	430	-	-	-	-	-	284	892
PS	399	-	-	-	-	-	-	-	-	-	-	-	399
WHO--WR	350,645	6	-	21	187,936	17,287	9	11	53,877	-	6,017	34,213	47,315
UNDP	222,856	8	-	19	206,109	-	1	-	3,588	-	-	12,279	920
UNFPA	30,340	-	-	2	5,812	-	-	-	-	-	-	24,528	-
WD	2,825	-	-	1	2,825	-	-	-	-	-	-	-	-
TOTAL	1,105,410	19	-	61	716,620	49,119	12	18	76,491	-	20,065	120,290	120,825
PERCENT OF TOTAL	100.0				64.8	4.5			7.1		1.8	10.9	10.9
1974													
PAHO--PR	408,134	5	-	6	299,148	26,862	1	9	19,845	-	11,037	25,782	25,460
PW	70,616	-	-	16	45,934	642	-	2	3,000	-	12,500	-	8,500
PN	38,823	-	-	-	21,207	1,964	-	-	2,001	-	-	2,968	10,683
PG	91,729	-	-	-	35,140	1,157	-	-	1,637	-	12,379	16,130	25,286
PH	30,348	-	-	-	10,926	1,171	-	-	3,122	-	129	4,757	10,243
WHO--WR	361,708	5	1	8	208,139	18,156	3	17	46,967	-	18,621	32,095	37,730
UNDP	424,025	10	-	-	260,553	14,080	2	3	25,231	-	-	111,276	12,885
UNFPA	67,050	-	-	-	40,775	1,700	-	-	9,610	-	5,908	6,541	2,516
TOTAL	1,492,433	20	1	30	921,822	65,772	6	31	111,413	-	60,574	199,549	133,303
PERCENT OF TOTAL	100.0				61.8	4.4			7.5		4.0	13.4	8.9
1975													
PAHO--PR	429,508	5	-	6	315,465	28,039	1	5	13,416	-	6,379	29,526	36,683
PW	22,504	-	-	-	17,234	770	-	1	1,500	-	-	-	3,000
PN	38,907	-	-	-	21,225	1,960	-	-	2,001	-	-	3,080	10,641
PG	31,938	-	-	-	24,050	-	-	-	-	-	-	2,431	5,457
PH	34,178	-	-	-	10,668	641	-	-	2,701	-	-	3,800	16,168
WHO--WR	361,377	5	1	6	240,322	20,512	2	9	29,830	-	11,545	19,435	39,733
UNDP	383,852	10	-	6	260,031	12,511	3	1	23,812	-	-	80,519	6,979
UNFPA	91,494	-	-	-	58,515	2,550	-	-	9,850	-	11,118	6,265	3,196
TOTAL	1,393,758	20	1	18	947,510	67,183	6	16	83,110	-	29,042	145,056	121,857
PERCENT OF TOTAL	100.0				68.0	4.8			6.0		2.1	10.4	8.7
1976													
PAHO--PK	459,556	4	-	16	343,519	28,717	-	6	15,660	-	8,149	27,696	35,815
PW	23,435	-	-	-	18,095	840	-	1	1,500	-	-	-	3,000
PN	40,517	-	-	-	22,276	1,960	-	-	2,001	-	-	3,080	11,200
PG	16,767	-	-	-	9,383	-	-	-	-	-	-	1,739	5,645
PH	40,435	-	-	-	11,171	896	-	-	2,911	-	-	4,467	20,990
WHO--WR	412,892	6	1	8	294,261	22,733	1	9	25,879	-	10,669	22,098	37,312
UNDP	177,509	4	-	12	129,471	6,570	2	-	13,536	-	-	21,567	6,365
UNFPA	101,068	-	-	-	64,621	2,975	-	-	10,835	-	12,230	6,891	3,516
TOTAL	1,272,179	14	1	36	892,797	64,691	3	16	72,322	-	30,988	87,538	123,843
PERCENT OF TOTAL	100.0				70.2	5.1			5.7		2.4	6.9	9.7
<p>PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO--WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WD-GRANTS AND OTHER FUNDS</p>													

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
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						\$	\$	\$	\$

ECUADOR - DETAIL

ECUADOR-0100, COMMUNICABLE DISEASE CONTROL

Communicable diseases remain a major health problem in Ecuador; 58% of the deaths are among children under five years of age, and efforts in the health field could do much to remove the causes of these deaths. Vertical campaigns, through projects aimed at individual diseases, have been conducted to control certain diseases nationwide. The specificity has been such as to limit the scope of epidemiological control, since efforts have been directed almost exclusively at diseases specified in agreements.

Beginning in 1974, the communicable diseases control project has been approaching diseases, regardless of their etiology, as a collective phenomenon. It avoids isolated, disparate programs which, while calling for epidemiological activities, lack cohesion with each other. Thus, control efforts will be expanded to include such diseases as Chagas' disease, arboviruses, and rickettsioses. The control of these diseases is now very deficient, for they lack their own projects.

The epidemiological surveillance system will be institutionalized and consolidated throughout the country. It will make use of the existing health infrastructure and assign multiple tasks to health officials. In this way, it is hoped to develop considerable knowledge of the country's epidemiological situation, establish efficient control of widespread diseases, diminish morbidity and mortality from communicable diseases, and eradicate diseases which are vulnerable to immunization.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		2	1	1	2	TOTAL	60,693	34,700	34,455	64,292
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P-4 EPIDEMIOLOGIST 4.2130	WR	-	-	-	1					
P-4 EPIDEMIOLOGIST 4.2130	UNDP	1	-	-	-	SUBTOTAL	PR 3,000	11,000	11,680	9,952
P-1 SANITARIAN 4.3905	WR	1	1	1	1	ZONE ADVISORY SERVICES	-	-	5,680	5,952
						SUPPLIES AND EQUIPMENT	2,500	11,000	6,000	4,000
						FELLOWSHIPS	500	-	-	-
TOTAL		2	-	-	-	SUBTOTAL	WR 27,693	23,700	22,775	54,340
FELLOWSHIPS-SHORT TERM	PR	1	-	-	-	PERSONNEL-POSTS	16,447	18,100	19,075	49,340
FELLOWSHIPS-SHORT TERM	WR	1	-	-	-	DUTY TRAVEL	3,557	3,600	3,700	5,000
						SEMINAR COSTS	-	2,000	-	-
						SUPPLIES AND EQUIPMENT	6,669	-	-	-
						FELLOWSHIPS	1,020	-	-	-
						SUBTOTAL	UNDP 30,000	-	-	-
						PERSONNEL-POSTS	30,000	-	-	-

ECUADOR-0200, MALARIA ERADICATION

The malarious area of Ecuador covers an expanse of 175,000 square kilometers and has a population of 3.9 million inhabitants. The banana, cacao, and coffee crops are grown on the Pacific coast, and the oil fields are located in the eastern region. The farming activities and those relating to the exploitation of oil would prove to be more expensive and their yield would be less, owing to the debilitating effect of the disease, if antimalarial measures were not applied.

In 1970, 28,375 cases were registered. The program has had a very favorable effect, since the number of cases declined to 6,709 in 1972 and to 6,346 in 1973, up to November. The situation in 1973 was influenced by two outbreaks: one of them hit 14 localities on the Mira River, producing 220 cases of P. falciparum; another outbreak, although less severe, occurred in the Yunquillas River valley.

The National Malaria Eradication Service participates in other health activities, such as immunizations, studies on the prevalence of yaws, and the promotion of family planning. The purpose of this project is to continue cooperation in the eradication program.

UNICEF cooperates in this project.

FUND					FUND						
1973 1974 1975 1976					1973 1974 1975 1976						
					PR						
					\$ \$ \$ \$						
TOTAL		2	2	2	1	TOTAL	PR	55,968	50,500	52,700	34,100
P-4 MEDICAL OFFICER .0453	PR	1	1	1	-	PERSONNEL-POSTS		42,394	42,700	44,700	17,200
P-1 SANITARIAN .0460	PR	1	1	1	1	PERSONNEL-CONSULTANTS		-	-	-	14,400
						DUTY TRAVEL		3,666	3,800	4,000	2,500
						SUPPLIES AND EQUIPMENT		9,658	4,000	4,000	-
						FELLOWSHIPS		250	-	-	-
TOTAL		-	-	-	6						
CONSULTANT MONTHS	PR	-	-	-	6						
TOTAL		1	-	-	-						
FELLOWSHIPS-ACADEMIC	PR	1	-	-	-						

ECUADOR-0400, TUBERCULOSIS CONTROL

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	HR	10,556	11,361
ZONE ADVISORY SERVICES	-	-	10,556 11,361

ECUADOR-0600, TREPONEMATOSES

PAHO cooperated in the review of the venereal diseases problem and program and made recommendations for improving case finding, treatment regimens, and control management. The plans for completion of the yaws eradication program were also reviewed in light of the recent increase in cases in Esmeralda State.

TOTAL	PR	1,101	-	-	-
CONSULTANT MONTHS	PR	1	-	-	-
PERSONNEL-CONSULTANTS		1,101	-	-	-

ECUADOR-0700, ZOOSES CONTROL

The purpose of this project is to cooperate in the reduction of the prevalence of all the zoonoses in Ecuador through field work that detects the existence of these diseases, confirms the diagnosis in the laboratory, and avoids these diseases through administration of vaccines. A close relationship between the Ministerio de Salud and the Ministerio de Ganadería y Agricultura has been established and programs have been initiated against canine and bovine rabies and brucellosis. It is expected that the rabies program will soon be national in scope and that strong actions will be taken in the brucellosis program as well as against equine encephalitis. Leptospirosis and hydatidosis are also under study.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL	HR	-	1,500	10,752	11,459
FELLOWSHIPS-SHORT TERM	HR	-	1	1	1
ZONE ADVISORY SERVICES		-	-	9,252	9,959
FELLOWSHIPS		-	1,500	1,500	1,500

ECUADOR-0701, NATIONAL VETERINARY LABORATORIES

The long-term objectives of this project in Ecuador are to reduce the losses caused in the livestock industry through animal diseases, to produce and inspect vaccines to combat these diseases, to introduce diagnostic laboratories, and to give support to diagnostic field services. Among the short-term objectives are the building of effective laboratories in Guayaquil and Quito and their provision with the necessary personnel and equipment, and the organization of small local laboratories of limited capacity.

FUND	1973	1974	1975	1976

FUND	1973	1974	1975	1976
	\$	\$	\$	\$

ECUADOR-2102, INSTITUTE OF HYDRAULIC RESOURCES

The Ecuadorian Institute of Hydraulic Resources administers water programs in Ecuador and establishes regulations concerning protection and utilization of these water resources. The Health Code establishes that sanitation is subject to the general health policy determined by the Ministry of Health.

The purpose of this project is to cooperate with the Ministry and the Institute: (1) in determining the impact of the uses of water on the economic utilization of water resources, particularly in the aspects related to sanitation and health, in order to optimize the use of water resources; (2) in studying the problems of sanitation resulting from water development projects; (3) in controlling the epidemiological risks that may arise from water works, especially those related to water-borne diseases or the proliferation of disease vectors; (4) in controlling the quality of water; and (5) in training personnel.

TOTAL					TOTAL	PR			
	-	2	1	1		-	3,000	1,500	1,500
FELLOWSHIPS-SHORT TERM	PR	-	2	1	FELLOWSHIPS	-	3,000	1,500	1,500

ECUADOR-2201, SEWER ADMINISTRATION IN GUAYAQUIL

The Guayaquil Municipal Sewerage Authority (EMAG) is undertaking the implementation of the first stage of the master sewerage plan for the city, together with a study for the master storm-drain plan at a cost of \$11,600,000, financed in part by an IDB loan for \$7.6 million.

EMAG has signed a two-year agreement with PAHO for institutional development through the analysis and introduction of new administrative guidelines, systems, and procedures, with a view to seeking methods and means of discharging its functions more efficiently. PAHO's advisory services, which will be completed by August 1974, cover organization, financial and accounting administration, administrative services, invoices and collections, public relations, rate structure, handling of loans, and staff training.

TOTAL					TOTAL				
	3	15	-	-		8,900	51,864	-	-
CONSULTANT MONTHS	PW	3	15	-		8,900	44,364	-	-
TOTAL		-	5	-	SUBTOTAL				
FELLOWSHIPS-SHORT TERM	WR	-	5	-	PERSONNEL-CONSULTANTS	8,841	29,864	-	-
					CONTRACTUAL SERVICES	59	2,000	-	-
					SEMINAR COSTS	-	12,500	-	-
					SUBTOTAL		7,500	-	-
					FELLOWSHIPS	-	7,500	-	-

ECUADOR-2202, INSTITUTIONAL DEVELOPMENT

The purpose of this project is to achieve adequate preparation of the personnel of IEOS and of the towns that provide water supply and sewage disposal services in Ecuador as a means of taking maximum advantages of the resources available to IEOS and from external credits. It is proposed to carry out courses in administration and to provide fellowships for observation. These courses and fellowships will be an initial part of the continuing training program for the institution.

TOTAL					TOTAL	PW			
	-	1	-	-		-	11,500	4,500	4,500
CONSULTANT MONTHS	PW	-	1	-	PERSONNEL-CONSULTANTS	-	2,000	-	-
TOTAL		-	2	1	FELLOWSHIPS	-	3,000	1,500	1,500
FELLOWSHIPS-SHORT TERM	PW	-	2	1	COURSE COSTS	-	6,500	3,000	3,000

ECUADOR-3100, HEALTH SERVICES

The purpose of this project is the establishment of a health system in Ecuador that would provide uniform services and assignment of responsibilities for carrying them out, and that would increase life expectancy at birth through programs established on a priority basis in the following fields of health protection: (1) immunization against smallpox, polio, measles, diphtheria, pertussis, tetanus, and tuberculosis; (2) infant and maternal care; (3) nutrition; and (4) environmental sanitation, all supported by legislation, further resources, and administration of the health services.

UNICEF cooperates in this project.

FUND					FUND						
1973 1974 1975 1976					1973 1974 1975 1976						
					\$ \$ \$ \$						
TOTAL		2	3	3	3	TOTAL	121,529	99,980	116,893	122,873	
P-5 PAHO/WHO REPRESENTATIVE 4,0450	WR	1	1	1	1	SUBTOTAL	1,964	-	11,000	13,200	
P-3 NURSE 4,0452	WR	1	1	1	1	PERSONNEL-POSTS	1,964	-	-	-	
G-5 SECRETARY 4,4161	WR	-	1	1	1	SUPPLIES AND EQUIPMENT	-	-	11,000	13,200	
TOTAL		6	3	2	3	SUBTOTAL	WR	119,565	99,980	105,893	109,673
CONSULTANT MONTHS	WR	6	3	2	3	PERSONNEL-POSTS	30,646	49,480	58,893	61,873	
TOTAL		10	4	5	4	PERSONNEL-CONSULTANTS	13,687	6,000	4,400	7,200	
FELLOWSHIPS-ACADEMIC	WR	4	1	1	1	DUTY TRAVEL	3,377	4,100	4,300	4,500	
FELLOWSHIPS-SHORT TERM	WR	6	3	4	3	SUPPLIES AND EQUIPMENT	12,989	5,000	-	-	
						FELLOWSHIPS	23,144	9,300	10,800	9,300	
						COMMON SERVICES	35,722	26,100	27,500	26,800	

ECUADOR-3103, MODERNIZATION OF RURAL LIFE

The rural population of Ecuador, because of its intrinsic characteristics, presents a problem that must be viewed from all angles of development. Therefore, all projects that the government has in progress in that area include the health sector.

The considerable number of government agencies that have traditionally functioned in the rural area independently from one another do not permit a clear picture of work accomplished in the health field. From within the project the expansion of basic rural health services and their integration into a regionalized system provides a work profile, which will be extended to reach the marginal rural population.

The establishment of a health infrastructure which will cover the main regions and 70% of the parochial seats of more than 1,500 inhabitants with health centers, hospitals, and sub-centers will constitute the reference points for later coverage for smaller settlements where minimal health units will be installed within supervisory reach.

TOTAL		1	-	-	-	TOTAL	2,825	13,000	-	-
CONSULTANT MONTHS	WR	1	-	-	-	SUBTOTAL	WR	-	13,000	-
TOTAL		-	2	-	-	SUPPLIES AND EQUIPMENT	-	10,000	-	-
FELLOWSHIPS-SHORT TERM	WR	-	2	-	-	FELLOWSHIPS	-	3,000	-	-
						SUBTOTAL	WR	2,825	-	-
						PERSONNEL-CONSULTANTS	2,825	-	-	-

ECUADOR-3105, CENSUS OF HEALTH RESOURCES

The purpose of this project was to collect and analyze data on physical and human resources in the health sector in Ecuador, to permit the Government to apply the pertinent findings to national health plans. The process was the first step in the development of an information system for evaluation, control, and decision-making.

TOTAL	PR	1,000	-	-	-
CONTRACTUAL SERVICES		1,000	-	-	-

ECUADOR-3106, STRENGTHENING OF THE HEALTH SECTOR

The health sector in Ecuador as conceived recently represents a responsibility of the State toward the community. The Ministry of Public Health was initiated five years ago, and a year and a half ago this body was united with the technical complex of Health Direction, which formerly had dual residence in Quito and Guayaquil.

The public sector lacked sufficient resources until, a little over a year ago, Social Aid was integrated into the Ministry of Public Health. In order to make up for this historic delay, an intense parallel process of development in legal, administration, accounting, and physical and human resources became necessary, coupled with intense financial support in the areas of investment and operation.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
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Basic service programs must be implemented by a decision-making body, awarding priority to the area of epidemiologic vigilance for the health protection of the most vulnerable, marginal rural population.

TOTAL		3	5	5	-	TOTAL	UNDP	82,500	145,000	120,000	-
P-4 EPIDEMIOLOGIST 4.2130	UNDP	-	1	1	-	PERSONNEL-POSTS	65,000	128,250	90,500	-	-
P-4 HEALTH PLANNER 4.3489	UNDP	-	1	1	-	PERSONNEL-CONSULTANTS	17,500	-	-	-	-
P-4 MEDICAL OFFICER 4.4077	UNDP	1	1	1	-	DUTY TRAVEL	-	6,750	4,500	-	-
P-3 ADMIN. METHODS OFFICER 4.4079	UNDP	1	1	1	-	SUPPLIES AND EQUIPMENT	-	10,000	25,000	-	-
P-3 STATISTICIAN 4.4078	UNDP	1	1	1	-						
TOTAL		7	-	-	-						
CONSULTANT MONTHS	UNDP	7	-	-	-						

ECUADOR-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	10,125	10,650
ZONE ADVISORY SERVICES		-	-	10,125	10,650

ECUADOR-3300, LABORATORY SERVICES

In 1976 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	-	6,440
ZONE ADVISORY SERVICES		-	-	-	6,440

ECUADOR-3301, NATIONAL INSTITUTE OF HEALTH

The National Institute of Health was set up in 1941 to carry out the functions assigned to it as Ecuador's public health laboratory. In 1971 the veterinary laboratories were integrated into the Institute, and at present its programs are concerned with human and animal health in the areas of diagnosis, control of biological and pharmaceutical products, production of vaccines and antigens, research on diseases, and training of personnel.

The aspects concerned with diagnosis and with control of vaccines and antigens for animals, together with research on animal pathology, are dealt with through a specific department called Veterinary Laboratories. The Institute carries out its activities through a network of laboratories installed all over the country; its income is derived from various governmental sources; its budget totals 37,597,000 sucres, of which 12,135,000 is allocated to the veterinary laboratories.

TOTAL		-	1	1	1	TOTAL	PR	7,126	3,500	2,200	3,900
CONSULTANT MONTHS	PR	-	1	1	1	PERSONNEL-CONSULTANTS	-	2,000	2,200	2,400	-
TOTAL		3	1	-	1	FELLOWSHIPS	7,126	1,500	-	1,500	-
FELLOWSHIPS-ACADEMIC	PR	1	-	-	-						
FELLOWSHIPS-SHORT TERM	PR	2	1	-	1						

ECUADOR-3400, HEALTH EDUCATION

Dissemination of health knowledge and practice of health procedures is limited in Ecuador because of various factors, such as the socioeconomic level, the high percentage of the population that is widely scattered, varied dialects and cultural patterns, difficulties in communication, the high index of illiteracy and school dropouts, and the scarcity of teachers with professional degrees.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
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						\$	\$	\$	\$

The purpose of this project is to promote the dissemination of health knowledge and practice of health procedures--the relationship between man and his environment, protection and recovery of health, and disease prevention--among families, especially the groups that are susceptible to preventable diseases. Likewise this project aims at raising the degree of acceptance and confidence of the individual and his family in the programs and services furnished by national health organizations. Specifically, cooperation will be given in the elaboration of policy and work standards of the national unit executing the health education programs and with the Ministry of Education in the training of suitable personnel for all levels of execution of the national program.

TOTAL		10	-	-	-	TOTAL	30,212	1,500	1,000	1,500
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CONSULTANT MONTHS	PG	8	-	-	-					
CONSULTANT MONTHS	UNFPA	2	-	-	-					
						SUBTOTAL	PG 14,523	-	-	-
						PERSONNEL-CONSULTANTS	14,523	-	-	-
						SUBTOTAL	WR -	1,500	1,000	1,500
						SEMINAR COSTS	-	1,500	1,000	1,500
						SUBTOTAL	UNFPA 15,689	-	-	-
						PERSONNEL-CONSULTANTS	5,527	-	-	-
						SUPPLIES AND EQUIPMENT	10,162	-	-	-

ECUADOR-3500, HEALTH STATISTICS

At present health and vital statistics in Ecuador are very deficient in coverage, quality, timeliness, and utilization. National data obtained from preventive-curative establishments and from the various organizations comprising the health sector are usually compiled on the basis of uncoordinated procedures, forms, and regulations, so that the final results cannot be integrated. Hence only diverse, noncomparable statistics are available, which also suffer from lack of timeliness.

The purpose of this project is to promote the strengthening of the statistical services of the Ministry of Health at all levels; the improvement of the quality, coverage, comprehensiveness, timeliness, dissemination, and utilization of health statistics; and the coordination of governmental and private agencies concerned with the collection, processing, publication or utilization of health statistics.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	-	-	-	TOTAL	WR	3,009	5,000	17,246	19,231
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P-3 STATISTICIAN	WR	1	-	-	-	PERSONNEL-PCSTS	2,030	-	-	-	-
4.3039						ZONE ADVISORY SERVICES	-	-	16,746	18,231	-
						DUTY TRAVEL	979	-	-	-	-
						SEMINAR COSTS	-	-	-	-	1,000
TOTAL		-	3	-	-	SUPPLIES AND EQUIPMENT	-	500	500	-	-
						FELLOWSHIPS	-	4,500	-	-	-
FELLOWSHIPS-SHURT TERM	WR	-	3	-	-						

ECUADOR-3600, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH

The last quadrennial projections in Ecuador, and the preliminary diagnosis prepared so that the Ministry of Health could set up bodies which were active in the social welfare field, revealed organizational, structural, and operational defects in the health services. The purpose of this project is to render assistance in the development and overall modernization of the administrative systems, training personnel with a view to improving, adjusting, and strengthening the infrastructure of the sector so that the administration lends support in the implementation of health plans and programs.

The project will help to strengthen the sector and will very definitely promote the establishment of a system of reporting, evaluation, control, and decision-making which is needed by the administrative and planning processes in order to guide decisions under the country's overall health and socioeconomic development policy.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

FUND					FUND					
1973 1974 1975 1976					1973 1974 1975 1976					
					\$ \$ \$ \$					
TOTAL		1	-	-	TOTAL	PR	4,203	4,500	10,960	9,320
P-3 ADMIN. METHODS OFFICER .3680	PR	1	-	-	PERSONNEL-POSTS		1,376	-	-	-
					ZONE ADVISORY SERVICES		-	-	7,460	7,820
TOTAL		2	1	1	DUTY TRAVEL		663	-	-	-
					FELLOWSHIPS		2,164	1,500	1,500	1,500
FELLOWSHIPS-SHORT TERM	PR	2	1	1	COURSE COSTS		-	3,000	2,000	-

ECUADOR-3700, HEALTH PLANNING

The recently-formed Ministry of Public Health has a growing need for organization and planning if it is to attain its goal of launching a health system and making proper use of the available resources. Machinery for programming, evaluation and coordination must be set up at all levels within the sector so as to achieve the goals of the Five-year Plan, which in turn reflects the Ten-year Health Plan for the Americas.

The regionalization system must be redefined and organized: activities must be programmed, production evaluated, and the requirements by way of material, financial, and human resources must be assessed. The design, organization and introduction of an information system to facilitate decision making and administrative programming constitute an integral part of the infrastructural planning and strengthening requirements.

FUND					FUND					
1973 1974 1975 1976					1973 1974 1975 1976					
					\$ \$ \$ \$					
TOTAL		1	1	-	TOTAL		31,505	16,955	1,500	1,500
P-4 HEALTH PLANNER 4.3489	UNDP	1	1	-	SUBTOTAL	PR	2,505	1,500	1,500	1,500
TOTAL		1?	-	-	FELLOWSHIPS		2,505	1,500	1,500	1,500
CONSULTANT MONTHS	UNDP	12	-	-	SUBTOTAL	UNDP	29,000	15,455	-	-
TOTAL		2	1	1	PERSONNEL-POSTS		-	14,250	-	-
FELLOWSHIPS-SHORT TERM	PR	2	1	1	PERSONNEL-CONSULTANTS		29,000	-	-	-
					DUTY TRAVEL		-	750	-	-
					MISCELLANEOUS		-	455	-	-

ECUADOR-4100, MATERNAL AND CHILD HEALTH (renumbered ECUADOR-4902)

ECUADOR-4200, NUTRITION

Studies carried out by the National Nutrition Institute of Ecuador indicate that in 1968 calorie availability was 2,078 per capita per day, while protein availability was 48 grams, of which 20 were of animal origin. In addition, the diet is deficient in vitamin A, thiamine, riboflavin, and calcium. Forty per cent of the children under five display protein-calorie malnutrition, and 20% of the population suffers from endemic goiter. The sectors responsible for food and nutrition matters in the country generally lack the human and material resources required for implementation of programs, and carry out limited and isolated campaigns without the proper coordination.

The basic objective of this project is to help to improve the nutritional status of the population by progressively increasing the operational capabilities of the programs, by training personnel in nutrition, and by implementing coordinated intersectoral activities as part of a national food and nutrition policy.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

WFP cooperates in this project.

FUND					FUND					
1973 1974 1975 1976					1973 1974 1975 1976					
					\$ \$ \$ \$					
TOTAL		1	1	1	TOTAL	WR	22,488	37,800	41,837	41,550
P-3 NUTRITIONIST 4.3447	WR	1	1	1	PERSONNEL-POSTS		16,684	24,700	26,560	28,760
					ZONE ADVISORY SERVICES		-	-	8,877	9,590
TOTAL		-	1	-	PERSONNEL-CONSULTANTS		-	2,000	-	-
					DUTY TRAVEL		1,174	1,500	1,600	1,700
CONSULTANT MONTHS	WR	-	1	-	FELLOWSHIPS		4,630	4,800	4,800	1,500
TOTAL		1	1	1	COURSE COSTS		-	4,800	-	-
FELLOWSHIPS-ACADEMIC	WR	1	1	1						
FELLOWSHIPS-SHORT TERM	WR	-	-	-						

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

ECUADOR-4202, GOITER PREVENTION

Ecuador has a high prevalence of goiter, particularly in the Andean area, and an estimated 700,000 of its inhabitants suffer from this endemic disease. A study of the school-age population in 10 provinces in Ecuador showed the prevalence of goiter to be 27.6% in the central area and 11.7% in the coastal area. Two villages in Pichincha Province (Tocachi and La Esperanza) showed a prevalence of 70.9 and 51.8%, respectively. The fact that the people are scattered over wide areas where communications are difficult raises serious problems for the distribution and sale of iodized salt precisely where it is needed most.

The purpose of this project is to conduct a longitudinal investigation among the inhabitants of Tocachi and La Esperanza, including preventive and curative treatment of the population exposed to endemic goiter, by administering iodized oil.

TOTAL	PR	2,700	2,700	-	-
GRANTS		2,700	2,700	-	-

ECUADOR-4203, NUTRITION (PORTOVIEJO)

Based on the high prevalence of protein-calorie malnutrition in childhood, a nutritional recuperation center was established. The project is presently assisting the National Institute of Nutrition in the completion of a nutrition survey that includes assessment of endemic goiter prevalence and trends.

TOTAL	PG	-	8,863	-	-
LOCAL COSTS		-	8,863	-	-

ECUADOR-4701, PRODUCTION, CONTROL AND DISTRIBUTION OF FOOD AND DRUG PRODUCTS

The Ten-year Health Plan for the Americas emphasizes the necessity of improving the diagnosis of diseases and controlling those that are preventable by immunization. In addition, it recommends the reduction of the risk of illness from foods of poor quality.

The Junta that promotes the development of the Agreement of Cartagena has requested PAHO's technical assistance in this project the purpose of which is to cooperate in the improvement, quality control and distribution of sera, vaccines, biological reagents and food products destined for use in the Andean region.

TOTAL		-	-	4	6	TOTAL	PR	-	-	18,800	14,400
CONSULTANT MONTHS	PP	-	-	4	6	PERSONNEL-CONSULTANTS		-	-	8,800	14,400
						GRANTS		-	-	10,000	-

ECUADOR-4800, MEDICAL CARE SERVICES

The purpose of this project is to support the development of the infrastructure for medical care services in Ecuador and to promote better employment and utilization of resources. To achieve this, measures will be taken to encourage the coordination and integration of these services so as to ensure their increased efficiency and productivity, together with action to promote the programming of the construction of new health institutions providing preventive maintenance programs, and to support the training and retraining of medical, nursing, technical, and auxiliary personnel.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	-	-	1	TOTAL	PR	4,820	12,800	13,980	32,327
P-4 MEDICAL OFFICER .4293	PR	-	-	-	1	PERSONNEL-POSTS		-	-	-	15,000
						ZONE ADVISORY SERVICES		-	-	5,580	5,857
TOTAL		1	2	-	2	PERSONNEL-CONSULTANTS		820	4,000	-	4,800
CONSULTANT MONTHS	PR	1	2	-	2	DUTY TRAVEL		-	-	-	1,000
						SEMINAR COSTS		-	4,000	3,000	3,000
TOTAL		-	1	1	1	FELLOWSHIPS		-	4,800	4,800	1,500
FELLOWSHIPS-ACADEMIC	PR	-	1	1	-	DEV. OF HUMAN RESOURCES		-	-	-	1,170
FELLOWSHIPS-SHORT TERM	PR	-	-	-	1	COURSE COSTS		4,000	-	-	-

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
						\$	\$	\$	\$

and obstetrics in 1972. The facilities for bibliographic updating are meager, and the opportunities for reasearch on biosocial and demographic aspects of maternal and child health are very limited.

The main purpose of this project was to help improve education and research in maternal and child health by revising and adjusting the undergraduate curricula in pediatrics, gynecology, and obstetrics; developing academic programs of residential medical training; organizing seminars and meetings for university teaching staff; providing audiovisual and bibliographical teaching aids; and encouraging the development of research subjects in maternal and child health and in social and demographic aspects related to this group.

TOTAL	2	-	-	-	TOTAL	PG	5,055	-	-	-
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CONSULTANT MONTHS	PG	2	-	-	PERSONNEL-CONSULTANTS		5,055	-	-	-

ECUADOR-6200, MEDICAL EDUCATION

The purpose of this project is to develop and intensify the teaching of medicine in Ecuador, adjusting it to the country's requirements at the undergraduate, postgraduate, and follow-up education levels, with the following objectives in mind: strengthening of the administrative structure of the faculties of medicine; training and advanced training of teaching staff; development of teaching methods and techniques; providing seminars on updating teaching methods and curricula; increasing coordination with other branches of health professionals; and continuation of the activities being carried out with the collaboration of the Association of Faculties of Medicine (AFEME).

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL	3	2	2	2	TOTAL	14,793	13,000	24,695	22,665	
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CONSULTANT MONTHS	WR	3	2	2						
TOTAL		2	-	2	-		3,000	11,295	11,865	
		-----	-----	-----	-----		-----	-----	-----	
FELLOWSHIPS-SHORT TERM	WR	2	-	2	-			11,295	11,865	
		-----	-----	-----	-----		3,000	-	-	
		-----	-----	-----	-----		-----	-----	-----	
						WR	14,793	10,000	13,400	10,800
							-----	-----	-----	-----
							5,441	4,000	4,400	4,800
							-	6,000	6,000	6,000
							3,342	-	3,000	-
							6,010	-	-	-

ECUADOR-6210, MEDICAL EQUIPMENT FOR TRAINING

The purpose of this project was to establish a system for the acquisition of teaching equipment for medical schools and governmental agencies in Ecuador in order to support the training of medical personnel for the hospitals and health services of the country.

TOTAL	4,934	-	-	-
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SUPPLIES AND EQUIPMENT	PR	4,934	-	-
		-----	-----	-----

ECUADOR-6300, NURSING EDUCATION

Analysis of the nursing situation in Ecuador shows a growing need to increase the quantity and improve the quality of nursing personnel, and the National Health Plan provides for an increase in the active nursing labor force from 6 to 12 per 10,000 population. In 1973 the country redefined its policy for training of nursing personnel, establishing at the professional level graded programs which prepare nurses in two and a half years (five semesters) and degree-level nurses in four years. It instituted compulsory rural service for nurses after obtaining their diplomas and integrated the program for training of auxiliaries into the nursing schools.

The objective of this project is to strengthen the existing educational programs through greater coordination of the training of personnel and delivery of services, through preparation of teaching personnel, and through restructuring of the curriculum in order to increase output and improve the quality of the teaching.

3200 NURSING SERVICES	1,665	2,265	2,417	2,535
3204 NURSING (ZONE IV)	6,318	7,680	-	-
3210 HOSPITAL NURSING SERVICES	-	715	1,269	1,407
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	556	1,194	1,114	1,173
3215 STUDY ON FACTORS AFFECTING NURSING GROWTH	372	-	-	-
3216 STANDARDS IN NURSING PRACTICE	-	875	-	1,450
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	1,262	-	-
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	530
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	262	493	309	248
3223 SYSTEMS OF NURSING	51	1,001	1,250	-
3225 UTILIZATION AND TRAINING OF THE TRADITIONAL BIRTH ATTENDANT	-	845	-	-
3300 LABORATORY SERVICES	800	361	452	482
3304 LABORATORY SERVICES (ZONE IV)	5,751	-	-	-
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,432	1,689	2,646	2,913
3318 MYCOLOGY RESEARCH AND TRAINING CENTERS	1,084	2,409	944	966
3320 CREATION OF A BIOLOGICAL PRODUCTS BANK (ZONE VI)	-	2,500	-	-
3400 HEALTH EDUCATION	533	497	311	497
3410 TRAINING OF TEACHERS IN HEALTH EDUCATION	337	774	847	920
3500 HEALTH STATISTICS	1,127	724	932	688
3504 HEALTH STATISTICS (ZONE IV)	7,016	13,130	-	-
3516 REGIONAL SEMINAR ON DATA PROCESSING	-	722	-	722
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,259	3,061	3,214	3,421
3604 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE IV)	7,438	8,900	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,457	1,462	-	-
3700 HEALTH PLANNING	5,074	3,163	3,398	3,747
3704 HEALTH PLANNING (ZONE IV)	6,773	-	-	-
3709 MEETING OF MINISTERS OF HEALTH	756	-	-	-
3710 DEVELOPMENT OF NATIONAL INFORMATION SYSTEMS	-	11,000	11,520	10,600
3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	10,441	16,222	11,820	9,420
4200 NUTRITION ADVISORY SERVICES	4,446	2,076	2,221	2,351
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	76,763	76,981	78,659	81,690
4204 NUTRITION ADVISORY SERVICES (ZONE IV)	7,130	8,250	-	-
4213 IODINE DETERMINATION IN ENDEMIC GOITER	486	1,500	1,600	1,700
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	70	222	244	444
4230 NUTRITION TRAINING	5,444	609	810	1,051
4233 NUTRITION TEACHING IN MEDICAL SCHOOLS	474	1,200	1,320	1,440
4238 NUTRITION RESEARCH	149	760	1,354	2,035
4247 SURVEILLANCE OF NUTRITIONAL STATUS	-	-	827	453
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	179	190
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	574	238
4300 MENTAL HEALTH	194	1,350	2,370	2,088
4313 NURSING IN MENTAL HEALTH	-	-	4,407	7,207
4400 DENTAL HEALTH	-	-	450	540
4409 FLUORIDATION	4,050	3,895	5,010	4,955
4411 HUMAN AND MATERIAL RESOURCES IN DENTISTRY	-	6,600	9,640	9,680
4500 HEALTH ASPECTS OF RADIATION	492	480	504	660
4507 RADIATION HEALTH PROTECTION	1,540	2,200	1,848	2,440
4509 RADIATION SURVEILLANCE	118	260	325	325
4516 PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	336	-
4620 MANAGEMENT OF PESTICIDES	-	350	380	435
4700 FOOD AND DRUG CONTROL	2,449	1,611	1,701	1,779
4708 FOOD HYGIENE TRAINING CENTER	2,254	2,040	2,355	2,520
4715 FOOD HYGIENE	-	1,225	2,145	2,495
4716 TRAINING IN ANALYSIS OF FOOD AND DRUGS	-	-	640	340
4717 SEMINAR ON FOOD HYGIENE	-	611	-	-
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	672
4800 MEDICAL CARE SERVICES	1,183	1,217	1,336	1,504
4804 MEDICAL CARE SERVICES (ZONE IV)	6,687	8,100	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,623	2,170	2,887	3,653
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,966	2,667	2,366	3,068
4831 STUDY GROUP ON MAINTENANCE SYSTEMS IN LATIN AMERICA	-	-	500	-
4900 HEALTH AND POPULATION DYNAMICS	38,854	83,930	85,002	96,541
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	3,759	9,662	9,850	10,835
4915 MATERNAL AND CHILD HEALTH	298	400	990	1,200
4917 CLINICAL AND SOCIAL PEDIATRICS	204	1,635	1,431	1,431
4918 STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,230	-
4919 NURSING MIDWIFERY	3,607	3,740	3,950	4,120
4920 LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	44,256	23,047	34,226	39,446
4921 EDUC. CENTER FOR OBSTET. MATERNAL-INFANT NURS. IN FAM. WELFARE	-	-	2,928	2,376
4922 MATERNAL CHILD HEALTH-FAM. PLAN. CONTIN. EDUC. AND STAFF TRAIN.	-	-	-	800
5000 REHABILITATION	2,156	1,767	1,848	2,002
5100 CHRONIC DISEASES	139	475	538	559
6000 MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	4,951	5,104	5,668	5,984
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	5,799	5,061	4,936	5,694
6200 EDUCATION IN HEALTH SCIENCES	6,713	3,288	3,350	3,894
6204 MEDICAL EDUCATION (ZONE IV)	8,976	10,755	-	-
6216 BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,237	2,819	2,759	2,628
6221 LIBRARY OF MEDICINE	15,307	21,800	10,690	10,607
6223 TEACHING OF BEHAVIORAL SCIENCES	1,702	400	-	-
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	469	1,718	1,866	3,189
6300 NURSING EDUCATION	209	840	389	410
6310 NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,942	2,914	670	690
6317 SEMINAR ON NURSING EDUCATION	540	1,452	1,536	1,515
6319 TRAINING OF NURSING AUXILIARIES	294	2,953	3,577	3,353
6320 POSTBASIC COURSES IN NURSING	352	805	644	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,478
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	154	518
6325 EDUCATIONAL TECHNOLOGY IN NURSING	-	-	4,629	7,959
6400 SANITARY ENGINEERING EDUCATION	2,973	2,884	3,344	3,658
6500 VETERINARY MEDICINE EDUCATION	1,645	2,754	5,935	6,255

6507 SEMINARS ON VETERINARY MEDICINE EDUCATION	881	-	740	390
6600 DENTAL EDUCATION	1,154	1,495	2,835	1,928
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	416	530	1,120	2,618
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	498	1,014	864	888
6700 BIOSTATISTICS EDUCATION	153	179	-	690
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	983	964	1,008	1,179
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	1,145	1,894	1,984	2,070
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	645,428	910,520	884,934	702,753	459,982	581,913	508,824	569,426
PAHO-PR-REGULAR BUDGET	102,175	180,500	233,715	225,179	191,281	227,634	195,793	234,377
PW-COMMUNITY WATER SUPPLY	8,900	55,864	4,500	4,500	3,181	14,752	18,004	18,935
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	45,969	38,823	38,907	40,517
PG-GRANTS & OTHER CONTRIBUT.	30,417	27,863	15,000	-	75,348	63,866	16,938	16,767
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	29,435	30,348	34,178	40,435
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	11,599	-	-	-
PS-SPECIAL FUND FOR RESEARCH	-	-	-	-	399	-	-	-
WHO-WR-REGULAR BUDGET	268,527	245,580	265,119	310,674	82,118	116,128	96,258	102,218
UNDP-UN DEVELOPMENT PROGRAM	202,529	399,150	366,600	162,400	20,367	24,875	17,252	15,109
UNFPA-UN FUND POPULATION ACT.	30,055	1,563	-	-	285	65,487	91,494	101,068
WD-GRANTS & OTHER FUNDS	2,825	-	-	-	-	-	-	-

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	1,105,410	1,492,433	1,393,758	1,272,179
PAHO-PR-REGULAR BUDGET	293,456	408,134	429,508	459,556
PW-COMMUNITY WATER SUPPLY	12,081	70,616	22,504	23,435
PN-INCAP GRANTS & OTHER CONTR.	45,969	38,823	38,907	40,517
PG-GRANTS & OTHER CONTRIBUT.	105,765	91,729	31,938	16,767
PH-PAN AMER. HEALTH & EDUC.FN.	29,435	30,348	34,178	40,435
PK-SPECIAL FUND FOR HEALTH PR.	11,599	-	-	-
PS-SPECIAL FUND FOR RESEARCH	399	-	-	-
WHO-WR-REGULAR BUDGET	350,645	361,708	361,377	412,892
UNDP-UN DEVELOPMENT PROGRAM	222,896	424,025	383,852	177,509
UNFPA-UN FUND POPULATION ACT.	30,340	67,050	91,494	101,068
WD-GRANTS & OTHER FUNDS	2,825	-	-	-

PERU

BACKGROUND DATASocioeconomic Situation

The Republic of Peru, in the center of South America, has an area of 1,285,215 square kilometers and a population of 13,572,052 inhabitants, 45% of whom are under 15 years of age. The density for the entire country is 10.5 inhabitants per square kilometer, a figure that does not express the population structure of the interior of the Republic; thus, for example, the jungle, which occupies nearly 40% of the territorial area, has a density of 0.5 inhabitants per square kilometer. This undoubtedly brings about adverse situations as regards planning and furnishing services of these areas. Moreover, accentuated internal migration is to be noted: Lima is growing at a rate of over 7% a year, which represents more than double the country's annual rate of growth (2.9%). This fact brings about, from the standpoint of services, a high proportion of marginal population living under undesirable environmental conditions, where the furnishing of adequate preventive medical care services is also very limited.

The low level of education is another condition which makes activities in the health field difficult: it is estimated that 32% of those over 15 years of age are illiterate. Moreover, the makeup of the population, up to 50% of whom are aborigines, also brings about poor attitudes, knowledge, and practices with regard to health and disease.

From the economic standpoint the country's per capita income is low (\$387), and it should also be pointed out that almost 80% of the population is below that income level.

The unemployment problem is one of the socioeconomic situations which is of outstanding importance in the country, toward which the Government is presently directing its actions. Underemployment is estimated at 44.4% of the economically active population.

National Development Plan

The five-year Socioeconomic Development Plan for 1971-1975 is revised and brought up to date every two years. In the Biennial Plan for 1973-1974, statements of general policy are defined relating to (1) policy relating to transformation of the property structure, in which three fields are established - economic enterprises in the public sector, social property enterprises, and reformed private enterprises; (2) policy of support for social mobilization, leading to the securing of active participation of the popular sectors in the exchange process and promoting the establishment of an economy of scale; (3) employment policy, which promotes the development of integral rural settlement projects, development plans, administrative decentralization, and training of personnel; (4) external sector policy, oriented in the direction of diversifying exports and areas of commercial trade; (5) income policy, which outlines guidelines directed toward correcting economic distortions, establishing minimum wages, and promoting the development of agro-industrial complexes, agrarian associations, and price policy; (6) technological policy, which endeavors to establish a suitable technology for specific sectors, and attributes great importance to the development of technological research benefiting social sectors (health, education, nutrition, housing); (7) food and nutrition policy, which deals with the various subjects relating to the production, storage, and distribution of food and whose objective is to raise the nutritional level of the population, especially that of the mother and child, to promote the production of agricultural and industrial foods, to set up a domestic marketing system, to form a national system of food support, and to guide research and the preparation and training of the population along food and nutrition lines; (8) territorial preparation and regional development policy, closely related to agrarian reform and agro-industrial regionalization; (9) international technical cooperation policy, which systematizes the work of promotion, coordination, adjustment, and evaluation of international aid; and (10) policy of transformation of the public administration, which includes regionalization, creation of a national food supply system, adaptation of the sectoral organization, establishment and improvement of a national information system, and establishment of a personnel policy.

The Government considers that these policies are going to engender action, on a middle- and long-term basis, that will affect the economic progress of the marginal urban groups, the redistribution of income, and the economic growth of the country, as well as effect an improvement of the administration, information, and planning systems of the country.

Health Level and Structure

The general registered mortality is 8.7 per 1,000 inhabitants (half of the deaths are children under five years of age), and infant mortality is 66.8 per 1,000 live births; however, it is recognized that a considerable number are not recorded. The birth rate is also high, estimated at 42 per 1,000 inhabitants. The principal causes of disease and death are related to the infectious diseases and malnutrition, which could be avoided or reduced by applying known technological processes, and to malnutrition. The most important health problems are (1) diseases susceptible of being controlled by immunization (e.g., measles, whooping cough); (2) diseases due to inadequate supply of drinking water and disposal of excreta (e.g., gastroenteritis, typhoid, dysentery); (3) tuberculosis; and (4) other transmissible diseases which are preventable or reducible.

In the period 1961-1970 the recorded mortality rate went down from 11.4 to 8.7. According to official estimates, the life expectancy at birth increased during the same period from 53.1 years in 1961 to 60.4 in 1970.

The Ministry of Health is the agency which is legally responsible for coordinating and standardizing all activities carried out in the health field, through the institutions of the public subsector and also the private subsector; this responsibility is exercised only partially, an institutional pluralism being observed which affects the placement of action areas, especially in the urban centers, while extensive areas of the country, particularly rural areas, lack any medical care. The resources, both economic, human, and institutional, are insufficient and inadequately distributed.

Proposed Aims of the National Health Policy

The Sectoral Health Plan for the five-year period 1971-1975 aims, among its medium-term objectives, to (1) expand the coverage furnished by the health services, especially to the marginal groups; (2) expand the services of a preventive nature, redirecting the resources utilized by the sector in order to meet priority needs; (3) bring about an increase in production and in the productivity of the sector, making full use of the installed capacity and guiding the outlays in the right direction; (4) encourage and guide the investigation and study of the country's health problems and bring about adequate production of immunizing biologicals; and (5) reorient social relief within the general context of social mobilization in order to advance the marginal groups toward awareness and to obtain their active participation in the process of change.

For each of these main objectives the Sectoral Health Plan has laid down policy and strategy guidelines directed toward expanding coverage of health services; promoting cooperation and integration of agencies in the sector with a view to establishing a single health service; continuing and expanding programs for control of the most prevalent communicable diseases; designing and executing a human resources policy; strengthening and augmenting the food and nutrition policy; strengthening environmental sanitation programs; encouraging and guiding investigation and study of health problems; and improving statistics.

PROTECTION OF HEALTH

Communicable Disease Control

In Peru communicable diseases constitute a priority problem, since approximately 11% of the general mortality is from causes that could be prevented by vaccination; 45% of these deaths are children under five years of age; and deaths are still being caused by two quarantinable diseases - plague and yellow fever, which are endemic in certain areas. The Government has a special interest in augmenting control of these diseases, or in eradicating them, as in the case of malaria and smallpox.

Malaria

The malaria eradication campaign, initiated in 1956, continues to constitute the health program of greatest national scope. The status of the program in June 1974 is as follows: The malarious area embraces 961,172 square kilometers, that is, 74.8% of the country's area. The population of the malarious area is 5,350,689 (34.9% of the total population), distributed as follows: in the attack phase, 1,305,050 inhabitants (24.4%); in the consolidation phase, 2,580,318 inhabitants (48.2%); and in the maintenance phase, 1,465,321 inhabitants (27.4%).

If the program continues as it is developing at present, the proposed goals will not be attained; on the contrary; it is to be expected that cases in the attack area will increase as a result of expansion of oil exploration work in the jungle, and new foci will appear in areas in consolidation and/or maintenance phases. In order to correct this situation, the Government is planning to revise the program and to make adjustments to it, from a technical and administrative standpoint, providing it with the necessary resources and sufficient flexibility to manage and execute the program. If these measures are carried out by 1977, 61.2% of the population will be living in areas in the consolidation phase, 27.4% in the maintenance phase, and 11.4% in the attack phase. By 1980, 88.6% of the inhabitants will be living in areas in the maintenance phase and 11.4% in the attack phase, where it is hoped to have focalized the infection and reduced transmission to minimum levels.

Smallpox

The transmission of smallpox has been halted throughout the country, and an active immunization program is being carried out in order to attain and maintain a high level of immunization among the population. Likewise, epidemiological surveillance through the network of notification posts will be continued in order to detect and investigate suspicious cases from an epidemiological standpoint.

Tuberculosis

Tuberculosis continues to constitute an important health problem in the country, occupying third place as a definite cause of death. The mortality rate is 38.3 per 100,000 and the morbidity rate (notification of cases) is 150. The estimated prevalence is 0.5%. The Sectoral Health Plan gives particular importance to combating this disease. The established goal is to reduce the mortality rates for the next ten-year period by 50 to 65%, through systematic vaccination with BCG of those under 20 years of age, with special emphasis on the group under five years of age; to intensify the discovery of new cases by extending and strengthening the network of laboratories; and to ensure the adequate treatment and follow-up of the cases discovered. All these activities will continue to be carried out through the general health services.

Plague

The area of Peru where plague is found is located in the northern part of the country and embraces some 100,000 square kilometers, where the disease has been of an endemo-epidemic nature for over 30 years. The situation has remained steady, as shown by the data for 1972, in which 118 cases and 15 deaths were reported. Actions to control this disease are considered on a priority basis in the Biennial Health Plan.

Yellow Fever

Urban yellow fever disappeared from Peru about 1940. Cases of sylvatic yellow fever have continued to be registered, especially in the eastern region. Programs for vaccinating especially exposed groups continue to be carried on. The eradication of *Aedes aegypti* was confirmed in 1960, and an epidemiological surveillance program continues to be carried out with quarterly inspection of the latest positive foci and possible gateways for entry of the vector.

Chagas' Disease

Infestation by the vector of Chagas' disease extends to 17 of the 23 departments of Peru, although the presence of the disease has not been substantiated in all of them. The epidemiological investigations made up to now show that the disease is concentrated in two regions: the southeastern region, which includes sectors of four departments (Tacna, Moquegua, Arequipa, and Ica), whose only vector is the *T. infestans*, which is of great epidemiological importance on account of its markedly domestic habits; and the northeastern region, which embraces part of three departments (Cajamarca, Amazonas, and San Martín), where there are numerous vectors, the principal one being the *P. herreri*. It is considered that about one million persons live in the Chagas' disease area. Control actions are still very limited, although they occupy a priority position in the Government's specific health policy.

Measles, Diphtheria, Tetanus, Whooping Cough, and Poliomyelitis

These diseases still constitute important causes of morbidity and mortality, especially in those under five years of age. The Government proposes to control these diseases through vaccination programs that will make it possible to protect 80% of the susceptible population. A process of adapting the national goals to those of the Ten-year Health Plan has been started in order to attain, by the end of the ten-year period, the following: to reduce the mortality from measles to 1.0 per 10,000, the mortality from whooping cough to 1.0 per 100,000, the mortality from tetanus to 0.5 per 100,000, and the incidence of diphtheria and poliomyelitis to 1.0 and 0.5 per 100,000, respectively.

Zoonoses

Among the zoonoses, brucellosis, rabies, hydatidosis, and foot-and-mouth disease constitute the most serious health problems, and at the same time have a serious effect on the country's economy. During the five-year period 1965-1969, 8,237 cases of human brucellosis occurred, which for the most part were registered in the department of Lima, Ica, and the Constitutional Province of Callao. The rate of prevalence among the goat population is 13.5%, fluctuating between 7 and 20%. During the same period 3,575 cases of animal rabies were registered and 46 cases of human rabies, dogs being responsible for 92% of the cases. In that same period, 178,052 persons were bitten and 30,505 treated, which required the use of 547,881 doses of human antirabies vaccine. The programs for fighting this zoonosis are still of limited scope. The Government, after a successful antirabies campaign in Lima and Callao, decided to extend it to the most important urban centers of the country. Pilot programs to control brucellosis and hydatidosis have been initiated, which will serve as a basis for programs of wider range. A program of national scope for the control of foot-and-mouth disease, which has external financing, is in the process of being initiated.

Environmental Health

The needs for water and sewerage in Peru include those of the city of Lima, where 25% of the population lives; the towns with over 2,000 inhabitants, which embrace another 25%; and those in the rural area, representing centers with 2,000 inhabitants where the remaining 50% is to be found. At present the following have house connections: 70% of the population of Lima, 65% of the population of localities with more than 2,000 inhabitants, and from 35 to 40% of the rural population, concentrated in centers with from 400 to 2,000 inhabitants. The Government is greatly interested in achieving by 1980 water and sewerage house connections for 79% of the urban population and 13% of the entire rural population. The third stage of the rural water supply program, which relies on external financing by the Inter-American Development Bank for its execution, has been initiated. The environmental pollution of the air, water, and soil likewise constitutes an important health problem in Peru, in addition to the bad housing conditions which raise the indices of urban deterioration and increase the proliferation of vectors. Only 55 of the 300 urban localities have garbage collection, and 30% of the population of Lima is housed in "young settlements" with inadequate sanitary conditions. The Government has initiated a multisectoral program of environmental pollution control which does not affect the country's industrial development.

PROMOTION OF HEALTH

General Services

The Government contemplates, as a guideline for its policy, promoting the integration of the agencies in the public subsector with a view to establishing a single health service. At the present time the following are available for the care of the health needs of the population: 332 hospitals, 415 health centers, 935 sanitary posts, and a total of 31,436 hospital beds, which gives a ratio of 2.3 hospital beds per 1,000 population. Forty-four point six per cent of the hospital beds, 91% of the health centers and 94.5% of the sanitary posts belong to the Ministry of Health. The Government proposes to construct a health system based on the organization of sanitary regions endowed with sufficient technical and administrative autonomy to carry out the programs patterned at the central level. At present there are two regions and eight health zones, which are not yet adequately equipped. One of the Government's goals is to increase the coverage of the population lacking minimum services in order, by the end of the ten-year period, to protect 50% of this population, which is estimated at three million inhabitants, a goal which is in agreement with that of the Ten-year Health Plan for the Americas.

Specific Programs

Maternal and Child Health:

The infant mortality rate registered for 1970 was 66.8 per 1,000 live births, and the Government affirms that a considerable number are not registered. The maternal mortality rate amounts to 22 per 1,000 live births. Deaths from birth to 14 years of age represent more than 50% of total deaths. The principal causes of death in this latter group are gastroenteritis, respiratory infections, measles, tuberculosis, whooping cough, diphtheria, tetanus, and malnutrition. The maternal mortality is to a large extent caused by toxemia, hemorrhages, and septicemia. The Government, through INPROMI, expects by 1980 to reduce infant mortality by 30%, maternal mortality by 30%, and mortality from one to four years of age by 50%, as well as to increase the coverage for childbirth care and that of lying-in women to 60%.

Nutrition:

The lack of nutrition investigations on a national scale hinders acquiring better knowledge of the magnitude of the needs; however, in certain areas the prevalence of protein and calorie malnutrition amounts to 52% of those under five years of age. Endemic goiter is likewise prevalent in the sierra and jungle zones, and up to 33% of the pregnant women in certain zones are affected by anemia. Moreover, the institutional breakdown into units within and without the health sector impedes programming of activities that would make it possible to attain the objectives of the Ten-year Health Plan. There is a specific national policy whose proposed aim is to raise the nutritional level of the population, especially the mother-child binomial, to promote the production of agricultural and industrial foods, to set up a domestic marketing system and to form a national system of food support. Through the efficient organization of the process that makes possible the formulation of food and nutrition policies and plans and formalizes the suitable institutional framework, the Government plans by 1980 to reduce grade III malnutrition by 40%, grade II malnutrition by 15%, and anemias and hypovitaminosis A by 5%.

Medical Care:

In the field of medical care, the Government of Peru proposes to reinforce the existing mechanisms and to create those which are necessary in order to establish effective coordination between the Ministry of Health and the other institutions of the public subsector which carry or health activities, pending the establishment of a single service. Of the 31,436 hospital beds now in existence, 79.9% belong to the public subsector and 19.1% to the nonpublic subsector. In order to maintain a rate of 2.3 beds per 1,000 inhabitants, the addition of 3,000 new beds during the rest of the decade will be required. In order to improve the quantity and quality of the medical care services furnished, the Government proposes to increase the coverage of the minimum health services to the marginal population and to generalize the system of progressive care of the patient within the framework of an effective regionalization of services.

The programs for mental health, occupational health, cancer control, dental health, improvement of statistics, and rehabilitation, as well as the study and control of cardiovascular diseases, will receive special attention during the ten-year period.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

In 1974 there are in Peru six academic medical programs, 21 centers for nursing training (12 university programs and nine intermediate schools), three schools of pharmacy, four schools of veterinary medicine, four of dentistry, one school of sanitary engineering, and a varying number of courses coordinated by the School of Public Health for training health technicians and auxiliaries. In 1972 there were 5.9 physicians in the country, 1.9 dentists, and 3.7 nurses per 10,000 inhabitants. The foregoing situation is aggravated by the excessive concentration of professionals in the capital city; thus, for example, Lima has 67.7% of the physicians, 67.3% of the dentists, and 72.9% of the nurses. The critical need for intermediate-level personnel should be noted; in 1972 there were only 12 laboratory technicians and five radiology technicians for each 100 physicians available in the country. Moreover, coordination between the institutions that train personnel and the employer agencies needs to be strengthened.

During the period 1964-1972 the annual growth rates of these resources were 5.5% for the physicians, 5.2% for the dentists, 6.2% for nurses, 6.6% for laboratory technicians, and 3.8% for radiology technicians. The Ministry of Health has taken appropriate measures to strengthen the coordination of its programs with the Peruvian University, to balance the supply and demand of human health resources, to bring about the training of personnel oriented toward the solution of the country's health problems, and to encourage research. The law needed to regulate teaching in the hospitals at undergraduate and postgraduate levels has been enacted. Regionalization of the integration of teaching and health services has been established, the country being divided into areas of influence of the academic programs in health sciences. A rural medical service has been established, directed toward the training of graduate physicians and undergraduates in a knowledge of the country's health problems. These actions, while familiarizing the health personnel with regional health problems, will make possible an increase in the coverage and an appreciable improvement in taking care of the health problems of the marginal and rural populations. Moreover, the Ministry of Health will continue to carry on its program of training in public health for professional personnel, and the education of middle-level administrative and auxiliary personnel through the School of Public Health, which through an average of 35 courses a year will train and orient in public health an average of 1,500 workers in this sector each year.

The Government likewise proposes to encourage the formulation of a national policy that will govern recruiting, selection, evaluation, and continued education, establishing a human resource planning procedure integrated with health planning.

PERU - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
432,572	39.2	543,294	41.1	I. PROTECTION OF HEALTH	435,255	34.9	497,446	36.6
240,290	21.8	272,623	20.6	A. COMMUNICABLE DISEASES	201,634	16.2	227,105	16.7
14,095	1.3	27,227	2.1	0100 GENERAL	35,499	2.9	36,830	2.7
63,591	5.8	65,228	4.9	0200 MALARIA	37,357	3.0	44,763	3.3
12,371	1.1	12,977	1.0	0300 SMALLPOX	6,757	.5	7,101	.5
12,305	1.1	9,923	.7	0400 TUBERCULOSIS	12,032	1.0	18,062	1.3
3,037	.3	4,420	.3	0500 LEPROSY	2,815	.2	3,175	.2
-	-	320	*	0600 VENEREAL DISEASES	176	*	1,554	.1
121,831	11.0	139,845	10.6	0700 ZOOUSES	91,359	7.3	98,669	7.3
12,089	1.1	6,420	.5	0900 OTHER	10,799	.9	9,351	.7
971	.1	6,263	.5	1000 PARASITIC DISEASES	4,840	.4	7,600	.6
192,282	17.4	270,671	20.5	B. ENVIRONMENTAL HEALTH	233,621	18.7	270,391	19.9
120,688	10.9	166,775	12.6	2100 GENERAL	152,613	12.2	177,046	13.0
60,050	5.4	82,849	6.3	2200 WATER SUPPLIES	58,954	4.7	64,168	4.7
376	*	637	*	2300 AEDS AEGYPTI ERADICATION	644	.1	689	.1
7,391	.7	9,060	.7	2400 HOUSING	11,440	.9	12,020	.9
3,777	.4	11,350	.9	2500 AIR POLLUTION	9,970	.8	16,468	1.2
514,754	46.5	561,525	42.3	II. PROMOTION OF HEALTH	600,042	46.1	644,466	47.5
265,213	23.9	236,129	17.8	A. GENERAL SERVICES	253,745	20.4	296,075	21.8
165,201	15.0	109,548	8.3	3100 GENERAL PUBLIC HEALTH	101,234	8.1	125,905	9.3
14,873	1.3	35,656	2.7	3200 NURSING	39,555	3.2	42,292	3.1
20,043	1.8	11,965	.9	3300 LABORATORY	10,171	.8	22,572	1.7
865	.1	1,267	.1	3400 HEALTH EDUCATION	1,153	.1	1,412	.1
11,250	1.0	12,306	.9	3500 STATISTICS	40,624	3.3	42,191	3.1
12,683	1.1	13,462	1.0	3600 ADMINISTRATIVE METHODS	18,132	1.5	24,958	1.8
40,298	3.6	51,925	3.9	3700 HEALTH PLANNING	42,876	3.4	36,745	2.7
249,541	22.6	325,396	24.5	B. SPECIFIC PROGRAMS	346,297	27.7	348,391	25.7
146,836	13.3	157,192	11.9	4200 NUTRITION	162,600	13.0	152,846	11.2
2,040	.2	35,236	2.7	4300 MENTAL HEALTH	23,981	1.9	27,063	2.0
6,534	.6	7,018	.5	4400 DENTAL HEALTH	6,151	.5	6,967	.5
8,283	.7	9,480	.7	4500 RADIATION AND ISOTOPES	5,805	.5	6,437	.5
4,790	.4	15,070	1.1	4600 OCCUPATIONAL HEALTH	12,030	1.0	18,725	1.1
3,229	.3	7,053	.5	4700 FOOD AND DRUG	8,480	.7	10,617	.8
40,581	3.7	31,601	2.4	4800 MEDICAL CARE	44,050	3.5	45,994	3.4
32,199	2.9	52,768	4.0	4900 FAMILY HEALTH AND POP. DYNAMICS	62,528	5.0	66,054	4.9
2,090	.2	1,717	.1	5000 REHABILITATION	2,866	.2	1,944	.1
2,959	.3	8,261	.6	5100 CANCER & OTHER CHRONIC DISEASES	17,686	1.4	15,744	1.2
157,215	14.3	218,790	16.6	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	211,618	17.0	217,809	15.9
47,244	4.3	36,652	2.8	6100 PUBLIC HEALTH	45,972	3.7	38,588	2.8
80,239	7.3	84,163	6.4	6200 MEDICINE	77,274	6.2	80,358	5.9
6,237	.6	42,601	3.2	6300 NURSING	40,930	3.3	45,515	3.3
9,652	.9	13,914	1.1	6400 ENVIRONMENTAL SCIENCES	14,930	1.2	18,917	1.4
5,404	.5	6,753	.5	6500 VETERINARY MEDICINE	15,315	1.2	13,045	1.0
5,721	.5	28,381	2.1	6600 DENTISTRY	8,325	.7	11,120	.8
2,716	.2	6,326	.5	6700 BIOSTATISTICS	8,872	.7	10,266	.7
1,104,541	100.0	1,323,609	100.0	GRAND TOTAL	1,246,915	100.0	1,359,771	100.0

*LESS THAN .05 PER CENT

PERU - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER	
		POSTS PRGF.	STC LOCAL	MONTH			ACAD.	SHORT	AMOUNT	PART.			AMOUNT
	\$				\$	\$			\$	\$	\$	\$	
1973													
PAHO--PR	474,297	5	-	12	341,551	28,036	-	7	7,099	-	6,841	64,810	25,960
PW	25,704	-	-	7	16,219	276	-	-	-	-	-	9,207	2,000
PN	67,301	-	-	-	29,033	2,885	-	-	2,751	-	8,019	24,613	15,641
PG	88,046	-	-	-	38,670	526	-	-	3,460	-	2,738	16,053	26,599
PH	76,245	-	-	-	17,170	2,155	-	-	2,720	-	4,726	39,295	10,179
PK	9,515	-	-	-	6,270	364	-	-	-	-	213	668	399
PS	399	-	-	-	-	-	-	-	-	-	-	-	-
WHO--WR	288,473	2	-	-	123,828	11,016	4	19	38,250	2	13,461	75,859	25,257
UNDP	74,277	1	-	-	64,655	-	-	-	3,010	-	-	4,239	2,373
UNFPA	284	-	-	-	284	-	-	-	-	-	-	-	-
TOTAL	1,104,541	8	-	19	639,680	40,062	4	26	57,290	2	27,766	208,488	125,255
PERCENT OF TOTAL	100.0				57.9	4.2			5.2		2.5	18.9	11.3
1974													
PAHO--PR	542,588	5	-	7	395,104	29,485	2	1	13,866	-	29,148	38,854	36,131
PW	49,157	-	-	15	44,475	682	-	-	-	-	-	2,000	2,000
PN	56,837	-	-	-	31,049	2,875	-	-	2,929	-	-	4,343	15,641
PG	163,586	-	-	-	62,790	2,572	-	-	596	-	3,461	34,461	59,706
PH	94,802	-	-	-	18,958	1,851	-	-	10,153	-	128	48,122	15,550
WHO--WR	295,788	2	-	5	163,775	15,442	-	8	18,452	-	15,118	61,297	21,704
UNDP	108,512	1	-	4	82,222	2,829	-	9	11,413	-	-	4,676	7,372
UNFPA	12,339	-	-	-	4,797	200	-	-	5,766	-	695	585	296
TOTAL	1,323,609	8	-	31	803,170	55,916	2	18	63,175	-	48,550	194,338	158,400
PERCENT OF TOTAL	100.0				60.7	4.2			4.8		3.7	14.7	11.9
1975													
PAHO--PR	641,047	7	-	24	500,989	34,565	-	12	20,589	-	27,210	23,513	34,181
PW	22,004	-	-	1	19,234	770	-	-	-	-	-	-	2,000
PN	56,963	-	-	-	31,076	2,870	-	-	2,929	-	-	4,509	15,579
PG	74,179	-	-	-	36,987	1,500	-	-	-	-	360	10,339	24,993
PH	43,941	-	-	-	14,824	1,229	-	-	3,564	-	-	4,907	19,417
WHO--WR	340,111	2	-	17	219,380	17,806	2	6	27,442	-	16,724	35,067	29,692
UNDP	53,155	1	-	-	39,187	2,714	-	-	2,280	-	-	4,340	4,634
UNFPA	15,515	-	-	-	6,884	300	-	-	5,910	-	1,308	737	376
TOTAL	1,246,915	10	-	42	868,501	41,754	2	18	62,714	-	39,602	83,412	130,872
PERCENT OF TOTAL	100.0				69.7	4.9			5.0		3.2	6.7	10.5
1976													
PAHO--PR	752,792	7	-	22	568,187	39,053	-	9	24,423	-	27,050	41,854	52,225
PW	18,935	-	-	-	18,095	640	-	-	-	-	-	-	2,000
PN	59,321	-	-	-	32,813	2,870	-	-	2,929	-	-	4,509	16,400
PG	68,487	-	-	-	34,954	525	-	-	-	-	225	6,998	23,785
PH	50,489	-	-	-	15,523	1,311	-	-	3,775	-	-	5,634	24,241
WHO--WR	358,433	1	-	15	207,198	17,242	3	19	51,846	-	6,198	43,869	32,040
UNDP	36,199	-	-	-	25,123	1,379	-	-	1,837	-	-	3,477	4,383
UNFPA	17,115	-	-	-	7,602	350	-	-	6,501	-	1,439	810	413
TOTAL	1,359,771	8	-	37	909,295	63,570	3	28	91,351	-	34,912	107,156	153,487
PERCENT OF TOTAL	100.0				66.9	4.7			6.7		2.5	7.9	11.3
<p>PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO-WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WO-GRANTS AND OTHER FUNDS</p>													

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

PERU - DETAIL

PERU-0100, COMMUNICABLE DISEASES

Communicable diseases continue to be the cause of 49% of general mortality and 69% of total deaths among children under five years in Peru. Eleven per cent of the general mortality is due to causes which could be prevented by vaccination. The lack of a good system of epidemiological vigilance, the defective health structure, and the shortage of personnel well trained in vigilance programs are factors contributing to the present situation.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	2	3	3	TOTAL		-	9,500	28,246	29,572
CONSULTANT MONTHS	WR	-	2	3	3						
TOTAL		-	1	1	1	SUBTOTAL	PR	-	-	15,146	15,872
FELLOWSHIPS-SHORT TERM	WR	-	1	1	1	ZONE ADVISORY SERVICES		-	-	15,146	15,872
						SUBTOTAL	WR	-	9,500	13,100	13,700
						PERSONNEL-CONSULTANTS		-	4,000	6,600	7,200
						SUPPLIES AND EQUIPMENT		-	4,000	5,000	5,000
						FELLOWSHIPS		-	1,500	1,500	1,500

PERU-0200, MALARIA ERADICATION

A population of 5.2 million inhabitants, approximately 35% of the total population of the country, lives in the area of Peru that was originally malarious. The National Malaria Eradication Service is responsible for the activities that are carried on in the areas in the consolidation phase (48.2% of the population) and the attack phase (24.4% of the population), while the epidemiological surveillance of the areas in the maintenance phase (27.4% of the population of the malarious area) is the responsibility of the Integrated Health Services.

In the areas in consolidation and maintenance, cases continued to be detected in Chira, Piura, Lambayeque, Marañón, Apurímac, Cañete and Chincha, which in 1972 produced about 6,000 cases. Up to October 1973, 278,492 blood samples had been examined of which 10,681 were positive; during the same period of 1972, 282,399 were examined with 7,614 positive samples. A complete revision of the technical and administrative aspects of the program is planned for 1974.

UNICEF cooperates in this project.

TOTAL		2	2	1	1	TOTAL		56,198	60,200	32,300	39,200
P-4 MEDICAL OFFICER .1051	PR	1	1	1	1	PERSONNEL-POSTS		48,382	42,100	28,300	29,500
P-4 SANITARY ENGINEER .0571	PR	1	1	-	-	DUTY TRAVEL		1,078	2,000	1,500	1,700
						SUPPLIES AND EQUIPMENT		5,999	6,500	2,500	8,000
						FELLOWSHIPS		739	9,600	-	-
TOTAL		2	2	-	-						
FELLOWSHIPS-ACADEMIC	PR	-	2	-	-						
FELLOWSHIPS-SHORT TERM	PR	2	-	-	-						

PERU-0300, SMALLPOX ERADICATION

Smallpox had an endemic-epidemic character in Peru until 1966, when the last cases occurred. Since then, as a result of a nationwide vaccination program, no new outbreaks have been reported, and the incidence remains at zero.

The basic purpose of this project is to keep Peru free of smallpox. To this end, the general services will continue their immunization activities. The epidemiological surveillance system for this disease will be strengthened. Emphasis will be placed on the maintenance of useful protection levels through the primary vaccination of 80% of susceptible newborns.

TOTAL	WR	6,109	6,500	-	-
SUPPLIES AND EQUIPMENT		6,109	6,500	-	-

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

PERU-0400, TUBERCULOSIS CONTROL

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	9,048	11,361
ZONE ADVISORY SERVICES		-	-	9,048	11,361

PERU-0700, VETERINARY PUBLIC HEALTH

Human brucellosis constitutes a serious zoonosis in Peru, especially in the Departments of Lima and Ica and in the Constitutional Province of Callao, in which 96.61% of the country's reported cases originate. There were 8,237 cases of human brucellosis in the 1965-69 period. The prevalence of this disease is linked to the high rate of infection in goats and to other factors related to goat farming. The rate of prevalence among the goat population is approximately 13.55%, fluctuating between 7 and 20% according to the province.

The problem area has an estimated population of 400,000 goats in the care of some 8,000 families who farm their flocks in poor areas, grazing them on stubble or seasonally on the natural pastures of the mountains. In 1967 there was an alarming increase in the number of human cases of brucellosis, the hospitals of the area alone reporting 2,457 cases. Over the past three years, as a result of an extensive immunization campaign, some 320,000 goats have received Rev. I vaccine. The number of human cases fell in 1972, and this trend has continued unabated in 1973.

The objective of the present program is to control caprine brucellosis and reduce the incidence of human cases in the Departments of Lima and Ica and the Constitutional Province of Callao through the immunization of goats in these regions with the Rev. I strain, and through improvements in farming and the handling of flocks, particularly in cheese production, standards of hygiene, and marketing.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	-	-	-	TOTAL	WR	19,507	4,000	11,103	12,950
FELLOWSHIPS-ACADEMIC	WR	1	-	-	-	ZONE ADVISORY SERVICES		-	-	11,103	11,950
						SUPPLIES AND EQUIPMENT		8,747	4,000	-	1,000
						FELLOWSHIPS		10,760	-	-	-

PERU-0701, RABIES CONTROL

Rabies in Peru is a public health problem with serious social and economic repercussions. In the last five years, 3,575 cases have been reported in animals (92% in dogs) and 46 cases in humans. In the same period 178,052 persons were bitten and 30,505 were treated with antirabies vaccine. There is a large canine population which renews itself rapidly in the urban centers. A pilot program of vaccination of dogs was begun in Lima in 1970 which controlled rabies in two years by vaccinating 80% of the canine population. The purpose of this project is to cooperate in the expansion of these activities into a national program.

TOTAL		-	-	1	-	TOTAL	WR	5,660	6,000	4,200	4,500
CONSULTANT MONTHS	WR	-	-	1	-	PERSONNEL-CONSULTANTS		-	-	2,200	-
TOTAL		-	-	-	1	SUPPLIES AND EQUIPMENT		5,660	6,000	2,000	3,000
FELLOWSHIPS-SHORT TERM	WR	-	-	-	1	FELLOWSHIPS		-	-	-	1,500

PERU-0702, HYDATIDOSIS CONTROL

Hydatidosis presents a serious problem to health and economic life in a large part of the mountain regions of Peru, particularly in those devoted to sheep raising. The factors associated with its prevalence are ecological, socioeconomic, and cultural; defects in the procedures for the supply, inspection and condemnation of offal; the large number of stray dogs; the high level of illiteracy; and traditional patterns of behavior that are difficult to modify. The laws and methods adopted in countries that have succeeded in controlling hydatidosis are not applicable to the Peruvian situation for these reasons, and it is therefore necessary to experiment with methods consistent with the country's epidemiological characteristics.

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	-\$

The infrastructure created by the agrarian form and the pattern of life in the rural communities of the Mantaro Valley are regarded as providing an exceptionally promising opportunity for the introduction of an experimental control program in the central mountain region. The aim of this project is to use resources available in Peru for the organization of such a program.

TOTAL		-	1	-	-	TOTAL	PR	3,700	5,000	-	2,000
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CONSULTANT MONTHS	PR	-	1	-	-	PERSONNEL-CONSULTANTS	-	-	2,000	-	-
						SUPPLIES AND EQUIPMENT	3,700	3,000	-	-	2,000

PERU-0900, PLAGUE CONTROL

The plague area of Peru covers about 100,000 square kilometers in the northern part of the country. The major foci that have been found there are in Ayabaca and Huancabamba, where the disease has been endemic-epidemic for over 30 years. As the data for 1972 demonstrate, the situation persists; in that year, 118 cases and 15 deaths were reported. Control efforts are hampered by the difficulty of reaching many affected communities and by the region's ecological characteristics, which help to preserve the mechanisms by which the disease is transmitted.

The purpose of this project is to reduce the risk of contracting and dying from the plague by (1) establishing an effective epidemiological surveillance system for the early detection of epizootic plague in rodents; (2) destroying fleas by spraying the interior of houses in areas of plague activity with residual action insecticides; and (3) initiating prompt treatment of persons who contract the plague.

TOTAL		-	-	2	-	TOTAL	WR	8,187	4,000	6,400	2,000
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CONSULTANT MONTHS	WR	-	-	2	-	PERSONNEL-CONSULTANTS	-	-	-	4,400	-
						SUPPLIES AND EQUIPMENT	5,577	4,000	2,000	-	2,000
TOTAL		5	-	-	-	FELLOWSHIPS	2,610	-	-	-	-
-----		-----	-----	-----	-----						
FELLOWSHIPS-SHORT TERM	WR	5	-	-	-						

PERU-1000, CHAGAS' DISEASE

Infestation with the vector of Chagas' disease covers 17 of the 23 Departments in the country, although the disease itself has not been found in all of them. Epidemiological studies to date indicate that the disease is distributed in two well-defined regions. The first is the southwestern region, including parts of the Departments of Tacna, Moquegua, Arequipa, and Ica. The only vector here is T. infestans, endowed by its markedly domestic habits with much epidemiological importance. The second is the northeastern region, including parts of the Departments of Cajamarca, Amazonas, and San Martín. Here there are numerous vectors, the main one being P. herreri. Hence, it is estimated that about one million people live in areas with a risk of Chagas' disease.

The main objective of this project is to reduce the risk of contracting and dying from Chagas' disease by means of a progressive control program including an epidemiological survey to determine the distribution of the different vectors and the presence of T. cruzi in them; measurement of the spread of the disease among humans by serological, electrocardiographic, and clinical examination; elimination of the vector by spraying the interior of houses with residual action insecticides; and the use of drugs of proven effectiveness in treating clinical cases.

TOTAL	WR	-	2,000	-	1,000
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SUPPLIES AND EQUIPMENT		-	2,000	-	1,000

PERU-2100, ENVIRONMENTAL SANITATION

The health of a large part of the population of Peru is threatened by unfavorable environmental conditions, caused mainly by irrigation with polluted water, inadequate disposal of solid wastes, and pollution of water with mine sweepings. In addition, the poor condition of much housing increases the incidence of urban deterioration and the proliferation of vectors. Only 55 of the 300 urban communities have trash collection services, and 50% of Lima's population live in new sections with inadequate sanitary conditions.

The immediate purposes of this project are to continue the river inspection service which has been initiated, begin a solid waste collection program, and institutionalize the planning of rural facilities in the Ministry of Agriculture. In addition, efforts will be made to coordinate the work of the many agencies involved in the solution of environmental problems.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	1	TOTAL	PR	23,868	28,100	42,975	45,825
P-4 SANITARY ENGINEER .0581	PR	1	1	1	1	PERSONNEL-POSTS		23,761	27,100	28,300	29,500
						ZONE ADVISORY SERVICES		-	-	11,975	12,525
						PERSONNEL-CONSULTANTS		-	-	-	2,400
TOTAL		-	-	-	1	DUTY TRAVEL		107	1,000	1,200	1,400
						FELLOWSHIPS		-	-	1,500	-
CONSULTANT MONTHS	PR	-	-	-	1						
TOTAL		-	-	1	-						
FELLOWSHIPS-SHORT TERM	PR	-	-	1	-						

PERU-2200, WATER SUPPLIES

It is estimated that in Peru at present water is supplied through house connections to 70% of the population of Lima, to 65% of the localities with over 2,000 inhabitants, and to 35 or 40% of the rural population residing in centers with over 400 inhabitants. In order to raise these levels by 1980 to 80% urban and 50% rural, it is necessary to increase the present coverage in Lima by 15% and to keep expanding it by 7% per year; to increase coverage in the rest of the urban sector by 20 to 25%, continuing its expansion by 5% per year; to extend coverage in the rural area by more than 40%; and to increase it thereafter by 2% per year.

This project will help the Government to achieve this coverage, collaborating with the Empresa de Saneamiento de Lima (ESAL) on the programs for new towns, institutional development, and the supply for Lima, and with the Ministry of Housing and Health on the national urban and rural plans.

TOTAL		-	-	2	2	TOTAL	WR	11,000	2,000	4,400	6,300
CONSULTANT MONTHS	WR	-	-	2	2	PERSONNEL-CONSULTANTS		-	-	4,400	4,800
TOTAL		9	-	-	1	SUPPLIES AND EQUIPMENT		997	2,000	-	-
						FELLOWSHIPS		10,003	-	-	1,500
FELLOWSHIPS-SHORT TERM	WR	9	-	-	1						

PERU-2203, WATER AND SEWER ADMINISTRATION

The end of the second step of the national plan for urban water supplies in 1973 showed the need for having adequate structures for the administration, operation and maintenance of the systems entering service, especially in the cities in excess of 30,000 inhabitants, mostly in coastal areas, where the need for rationing of water accentuates the administrative problems.

This project has financing from IADB and is geared to the establishment of model autonomous institutions in cities like Trujillo and Ica, between 1974 and 1975; to training of personnel, and to review of tariffs.

TOTAL		7	16	1	-	TOTAL		24,010	37,905	4,000	4,500
CONSULTANT MONTHS	PR	-	1	-	-	SUBTOTAL	PR	1,485	3,500	-	4,500
CONSULTANT MONTHS	PW	7	15	1	-	PERSONNEL-CONSULTANTS		-	2,000	-	-
TOTAL		1	1	-	3	FELLOWSHIPS		1,485	1,500	-	4,500
FELLOWSHIPS-SHORT TERM	PR	1	1	-	3	SUBTOTAL	PW	22,525	34,405	4,000	-
						PERSONNEL-CONSULTANTS		13,318	30,405	2,000	-
						CONTRACTUAL SERVICES		3,207	-	-	-
						SUPPLIES AND EQUIPMENT		-	2,000	-	-
						COURSE COSTS		6,000	2,000	2,000	-

PERU-2500, AIR POLLUTION

Because of the topographical and meteorological conditions in Peru, together with the accelerated growth of the population and the establishment of fishing centers and copper and other metal foundries, it is possible that levels of air pollution exist which are higher than now registered, not only in Lima but also in other regions of the country. The purpose of this project is to prevent pollution levels which may have serious consequences for health. For this purpose it is proposed to lay the foundations for control programs by increasing the number of sampling stations in Lima, installing new stations in the provincial towns, preparing and promulgating standards, and training personnel.

FUND 1973 1974 1975 1976					FUND 1973 1974 1975 1976						
TOTAL		-	1	1	2	TOTAL	PR	-	4,000	2,200	8,300
CONSULTANT MONTHS	PR	-	1	1	2	PERSONNEL-CONSULTANTS	-	-	2,000	2,200	4,800
TOTAL		-	-	-	1	SUPPLIES AND EQUIPMENT	-	-	2,000	-	2,000
FELLOWSHIPS-SHORT TERM	PR	-	-	-	1	FELLOWSHIPS	-	-	-	-	1,500

PERU-3100, HEALTH SERVICES

The objective of this project is to raise the individual and collective health level in order to speed up the economic and social development of the country; to widen services, especially in the rural areas; to expand the services of a preventive nature, thus strengthening the activities involving mother and child, mining and industrial personnel, and, mainly, the agrarian sector; to improve the intra and intersectorial administration so as to permit full utilization of the resources of the sector; to improve social welfare activities; and to stimulate research in the field of health in cooperation with the programs of the School of Public Health of the National Health Institute and the universities.

TOTAL					TOTAL						
		1	1	2	2			69,921	42,000	75,200	102,550
P-5 MEDICAL OFFICER .0295	PR	1	1	1	1	PERSONNEL-POSTS		37,994	33,000	49,400	59,500
P-4 SANITARY ENGINEER .4087	PR	-	-	1	1	PERSONNEL-CONSULTANTS		2,193	-	8,800	12,000
TOTAL		1	-	4	5	DUTY TRAVEL		673	1,000	2,600	3,300
CONSULTANT MONTHS	PR	1	-	4	5	FELLOWSHIPS		1,410	-	-	-
TOTAL		9	4	4	12	GRANTS		-	2,000	-	2,400
FELLOWSHIPS-ACADEMIC	WR	3	-	2	2	PERSONNEL-POSTS		2,495	-	-	-
FELLOWSHIPS-SHORT TERM	PR	1	-	-	-	SUPPLIES AND EQUIPMENT		10,281	-	1,800	750
FELLOWSHIPS-SHORT TERM	WR	5	4	2	10	FELLOWSHIPS		12,865	6,000	12,600	24,600
TOTAL		2	-	-	-	PARTICIPANTS		2,006	-	-	-
PARTICIPANTS	WR	2	-	-	-						

PERU-3106, HEALTH SERVICES IN THE NORTHERN REGION

The objectives of this project in Peru are (1) to raise the level of health of the population through the increase and improvement of the establishments of integrated health services and coordination of their actions with other sectors, especially agriculture, housing and industry, in order to have active participation in the implementation of the national plan for economic and social development of the region and in order to reap the benefits of the development; (2) to put into practise an adequate system of administration, organization and decentralization of health services in accordance with the present national policy of regionalization of the country; (3) to expand the coverage of health services, giving priority to the population groups that lack them; (4) to expand the services for protection and promotion of health through the reorientation of available resources, strengthening of immunization, environmental sanitation and MCH programs, and intensification of communicable disease control; and (5) to raise the production and productivity of resources through taking maximum advantage of installed capacity and by the study of health problems of the zone.

UNICEF cooperates in this project.

TOTAL					TOTAL						
		3	3	3	2			58,434	95,900	61,060	52,660
P-4 MEDICAL OFFICER 4.3517	WR	1	1	1	1	PERSONNEL-POSTS		896	12,500	19,800	20,800
P-4 SANITARY ENGINEER 4.3937	UNDP	1	1	1	-	DUTY TRAVEL		-	1,000	1,200	1,400
P-3 NURSE .3856	PR	1	1	1	1	SUPPLIES AND EQUIPMENT		6,173	-	-	-
TOTAL		-	4	-	-	PERSONNEL-POSTS		22,365	30,200	28,060	30,460
CONSULTANT MONTHS	UNDP	-	4	-	-	DUTY TRAVEL		21,359	24,700	26,560	28,760
TOTAL		-	11	-	-	SUPPLIES AND EQUIPMENT		1,006	1,200	1,500	1,700
FELLOWSHIPS-SHORT TERM	WR	-	2	-	-	FELLOWSHIPS		-	1,300	-	-
FELLOWSHIPS-SHORT TERM	UNDP	-	9	-	-	PARTICIPANTS		-	3,000	-	-
TOTAL		-	11	-	-	PERSONNEL-POSTS		29,000	28,500	10,500	-
						PERSONNEL-CONSULTANTS		-	10,000	-	-
						DUTY TRAVEL		-	1,500	-	-
						FELLOWSHIPS		-	7,200	-	-
						COURSE COSTS		-	5,000	-	-

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

PERU-3108, DEVELOPMENT OF HEALTH SERVICES IN THE EASTERN REGION

The purpose of this project is to collaborate with the Government of Peru in the development of a health plan for the eastern jungle area that includes the Departments of Loreto and San Martín and the Province of Pachitea of the Department of Huánuco, with 545,000 square kilometers and a population of 831,905. In this region 14 economic projects are being carried out with a total of 22 million soles, demonstrating the high priority that the Government is giving this area. Health conditions are unsatisfactory, there being a high prevalence and incidence of communicable diseases.

The objectives of the project are to provide adequate health services to the new settlements that are being constructed as a result of the processes of industrialization, exploitation of natural resources, and colonization; to penetrate the area by integrating the action of the health sector with the programs of community development; to expand coverage with health services through a program of periodic care using mobile water-borne equipment with adequate itineraries in defined circuits; and to develop social services using students in the health professions as a factor in their training while expanding coverage.

TOTAL		4	-	1	1	TOTAL		54,558	1,500	2,200	2,400
CONSULTANT MONTHS	PR	4	-	1	1	SUBTOTAL	PR	35,029	-	2,200	2,400
						PERSONNEL-CONSULTANTS		7,402	-	2,200	2,400
						SUPPLIES AND EQUIPMENT		27,627	-	-	-
						SUBTOTAL	WR	19,529	1,500	-	-
						SUPPLIES AND EQUIPMENT		19,529	1,500	-	-

PERU-3200, NURSING SERVICES

In 1976 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	12,150	12,780
ZONE ADVISORY SERVICES		-	-	12,150	12,780

PERU-3300, LABORATORY SERVICES

The state of the peripheral laboratories of the Ministry of Health of Peru is generally unsatisfactory owing to several factors connected with the technical quality of the work done by the personnel, the state of the premises and installations, and shortage of equipment. The purpose of this project is to cooperate with the Government in improving and expanding health laboratory services, developing the diagnostic and research functions in order to strengthen the epidemiological surveillance activities, training intermediate-level and auxiliary personnel, and expanding production and control of biologicals.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		4	-	2	2	TOTAL	PR	9,809	5,000	5,900	17,960
CONSULTANT MONTHS	PR	4	-	2	2	ZONE ADVISORY SERVICES		-	-	-	9,650
TOTAL		-	-	1	1	PERSONNEL-CONSULTANTS		9,518	-	4,400	4,800
						SUPPLIES AND EQUIPMENT		291	5,000	-	2,000
FELLOWSHIPS-SHORT TERM	PR	-	-	1	1	FELLOWSHIPS		-	-	1,500	1,500

PERU-3500, HEALTH STATISTICS

The existing health statistics systems in Peru are inadequate in coverage, reliability, and timeliness. This constitutes a serious stumbling block in the process of planning and evaluating activities in the field of health. In addition, all the statistical information needed is not available, and there is a marked scarcity of personnel trained in health statistics and medical records at the professional as well as at the auxiliary level.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
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						\$	\$	\$	\$

The purpose of this project is to improve the present health statistics systems in the country, broadening their coverage and reliability and accelerating the processes of collecting, analyzing, and publishing the information in order to make it available within a reasonable period of time. Objectives include (1) redesign of the national system of health statistics, establishing with precision the standards and procedures to be used in each of the processes involved--collection, transmission, processing, analysis, and publication of the information; (2) broadening of the existing system to include all information required by its users, particularly in the field of planning and evaluation of health programs at all levels; (3) utilization of ad hoc statistical studies or surveys as alternatives to obtain the necessary information in the field of health where it is not available from the permanent system; (4) design and execution of a training program for health statisticians in order to meet the needs of the country; and (5) development of a standardized organization of departments of statistics and medical records in all health establishments.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	-	2	1	TOTAL	WR	-	5,000	20,064	18,054
CONSULTANT MONTHS	WR	-	-	2	1	ZONE ADVISORY SERVICES	-	-	-	11,164	12,154
TOTAL		-	-	1	1	PERSONNEL-CONSULTANTS	-	-	-	4,400	2,400
FELLOWSHIPS--SHORT TERM	WR	-	-	1	1	SUPPLIES AND EQUIPMENT	-	-	3,000	3,000	2,000
						FELLOWSHIPS	-	-	-	1,500	1,500
						GRANTS	-	-	2,000	-	-

PERU-3502, DEVELOPMENT OF HEALTH STATISTICS FOR RURAL AREAS

The ten-year goals for health in the Region include the extension of minimal health services to all the rural population. To plan these services, data will be needed on health problems and the level of health of the large numbers of people they are intended to serve. Methods of obtaining data on the services offered, the problems encountered, and the improvement of health must be developed.

Comparison of the low registered rates of child mortality in rural areas with the much higher rates in urban areas immediately brings forth evidence of the incompleteness of registration in rural populations. The Inter-American Investigation of Mortality in Childhood has shown the much higher risk of death in the rural child population included in the study when compared to nearby urban areas. And these rural areas included in the study may well have better health conditions than many others in the same country where problems are more severe.

Many of the studies proposed from time to time, such as the cost-benefit study of rural water supplies, require reliable vital and health statistics to establish the baseline situation and to evaluate changes. The purpose of this project in Peru is to develop in rural areas a methodology to collect vital and health statistics.

TOTAL		-	-	1	1	TOTAL	PR	-	-	24,500	28,000
P-1 STATISTICIAN 4107	PR	-	-	1	1	PERSONNEL-POSTS	-	-	-	8,100	12,900
TOTAL		-	-	2	-	PERSONNEL-CONSULTANTS	-	-	-	4,400	-
CONSULTANT MONTHS	PR	-	-	2	-	DUTY TRAVEL	-	-	-	1,000	1,100
TOTAL		-	-	-	2	SEMINAR COSTS	-	-	-	4,000	3,000
FELLOWSHIPS--SHORT TERM	PR	-	-	-	2	SUPPLIES AND EQUIPMENT	-	-	-	1,000	2,000
						FELLOWSHIPS	-	-	-	-	3,000
						LOCAL PERSONNEL COSTS	-	-	-	6,000	6,000

PERU-3600, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH

The purpose of this project in Peru is to establish administrative organization, structure, and systems suitable to meet the requirements of the health sector, in order to improve and strengthen its infrastructure so that it provides effective support for the basic health services.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	-	-	1	TOTAL		-	-	14,920	21,540
CONSULTANT MONTHS	WR	-	-	-	1	SUBTOTAL	PR	-	-	14,920	15,640
TOTAL		-	-	-	1	ZONE ADVISORY SERVICES	-	-	-	14,920	15,640
FELLOWSHIPS--SHORT TERM	WR	-	-	-	1						

FUND					FUND					
	1973	1974	1975	1976		1973	1974	1975	1976	
						\$	\$	\$	\$	
TOTAL	-	1	1	-	TOTAL	WR	4,911	6,500	2,200	3,500
CONSULTANT MONTHS	WR	-	1	1	PERSONNEL-CONSULTANTS	-	-	2,000	2,200	-
TOTAL	-	-	-	1	SUPPLIES AND EQUIPMENT	4,911	4,500	-	-	2,000
FELLOWSHIPS-SHORT TERM	WR	-	-	-	FELLOWSHIPS	-	-	-	-	1,500

PERU-4600, INDUSTRIAL HYGIENE

The number of people disabled by work accidents in Peru was estimated in 1960 at 48 per 1,000 in civil construction and 76 per 1,000 in mining, the latter being the riskiest occupation. The measures adopted in mining have succeeded in reducing the frequency of accidents by only 45%. It is necessary to reduce this level still further and, by taking appropriate action, to avoid a deterioration in the results achieved.

From 1974 to 1976 the project will be focused specifically on reducing the frequency of accidents from 35.6 to less than 30 per million hours worked; on carrying out some 100 studies and 100 inspections of industries; on preparing eight standards pertaining to working conditions; and on training personnel through short courses and fellowships.

FUND					FUND						
	1973	1974	1975	1976		1973	1974	1975	1976		
TOTAL	-	1	2	1	TOTAL		435	10,500	5,600	7,900	
CONSULTANT MONTHS	WR	-	1	2	1	PR	435	-	-	-	
TOTAL	-	-	1	-	1	SUBTOTAL	-	-	-	-	
FELLOWSHIPS-SHORT TERM	WR	-	1	-	1	SUPPLIES AND EQUIPMENT	435	-	-	-	
						SUBTOTAL	WR	-	10,500	5,600	7,900
						PERSONNEL-CONSULTANTS	-	-	2,000	4,400	2,400
						SUPPLIES AND EQUIPMENT	-	-	7,000	1,200	4,000
						FELLOWSHIPS	-	-	1,500	-	1,500

PERU-4800, MEDICAL CARE SERVICES

Because of the growing demand for comprehensive medical care in Peru, the shortage of resources, and the poverty and lack of access of 33% of the population to health services, it is desired to make changes in the infrastructure so as to promote quality and increase coverage.

This project is the vehicle for collaborating in the improvement of the administration of medical care services by applying the concept of progressive patient care, with a view to reducing morbidity and mortality. The project will involve cooperation in the planning, remodeling, and construction of hospitals, as well as in their maintenance, fostering coordination and organization within the framework of a regionalization plan. It will also involve collaboration in the training of health personnel in order to increase their numbers and make better use of available resources.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

FUND					FUND					
	1973	1974	1975	1976		1973	1974	1975	1976	
TOTAL	-	-	2	1	TOTAL	PR	2,214	3,500	26,720	30,510
CONSULTANT MONTHS	PR	-	-	2	1	ZONE ADVISORY SERVICES	-	-	22,320	23,430
						PERSONNEL-CONSULTANTS	-	-	4,400	2,400
						SUPPLIES AND EQUIPMENT	216	3,500	-	-
						DEV. OF HUMAN RESOURCES	-	-	-	4,680
						COURSE COSTS	1,998	-	-	-

PERU-4804, HOSPITAL MAINTENANCE AND ENGINEERING

The cost of building and equipping new health establishments in Peru will surpass 1.5 billion soles in 1974-76. New equipment and the replacement of obsolete equipment will cost over 200 million soles, and the installed capacity which must be maintained totals 12.5 billion soles. The construction of a national center for programs to build, remodel, equip, and maintain health institutions is planned.

This project will provide advisory services on implementation of the program proposed by the Ministry for building and equipping health establishments and on creation of a national center for the education and training of the needed professional, technical, and auxiliary personnel.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976	
						\$	\$	\$	\$	
TOTAL	-	-	2	1	TOTAL	PR	-	3,000	10,400	7,400
CONSULTANT MONTHS	PR	-	-	2	1	PERSONNEL-CONSULTANTS	-	-	4,400	2,400
TOTAL	-	-	2	2	SUPPLIES AND EQUIPMENT	-	3,000	3,000	2,000	
FELLOWSHIPS-SHORT TERM	PR	-	-	2	2	FELLOWSHIPS	-	-	3,000	3,000

PERU-4901, MATERNAL AND CHILD HEALTH (previously PERU-4100)

PAHO provided a consultant in 1973 to discuss a long-range program in research and services for the Institute of Human Reproduction, and coordination of the Institute's activities with those of the Ministry of Health.

TOTAL		1	-	-	-	TOTAL	PR	324	4,000	-	-
FELLOWSHIPS-SHORT TERM	PR	1	-	-	-	FELLOWSHIPS GRANTS	-	324	-	4,000	-

PERU-5101, CANCER CONTROL

The statistics of the cancer registry in metropolitan Lima show that cervical cancer constitutes 34% of all cases of cancer diagnosed. Statistics from the Institute of Neoplastic Diseases indicate a low percentage of survival because of the number of cases with delayed consultation and treatment. In metropolitan Lima there are between 1,500 and 2,000 new patients each year with uterine cancer, but only 10% of them come in when the lesion is in the early stages.

The purposes of this project are to incorporate into medical care routines the taking of cervical-vaginal smears for histological examination; to promote better output and quality of diagnosis through centralization of examinations in adequate laboratories; to train professional personnel and cytotechnicians; and to improve the diagnosis and treatment of a larger number of detected cases.

TOTAL		-	-	2	1	TOTAL	PR	-	-	8,900	4,400
CONSULTANT MONTHS	PR	-	-	2	1	PERSONNEL-CONSULTANTS	-	-	-	4,400	2,400
TOTAL	-	-	-	1	-	SUPPLIES AND EQUIPMENT	-	-	-	3,000	2,000
FELLOWSHIPS-SHORT TERM	PR	-	-	1	-	FELLOWSHIPS	-	-	-	1,500	-

PERU-6100, SCHOOL OF PUBLIC HEALTH

The purpose of this project in Peru is to expand the academic program of the School of Public Health by means of short courses on public health for medical and paramedical professionals and training courses for intermediate level personnel. Activities relating to research on the real demand for human resources and on the activities which should be carried out by rural health posts in order to improve the care of the rural population are also planned.

TOTAL		1	1	1	1	TOTAL		21,694	12,000	13,700	12,400
CONSULTANT MONTHS	PR	1	1	1	1	SUBTOTAL	PR	1,694	2,000	3,700	2,400
TOTAL	-	-	-	1	-	PERSONNEL-CONSULTANTS	-	1,694	2,000	2,200	2,400
FELLOWSHIPS-SHORT TERM	PR	-	-	1	-	FELLOWSHIPS	-	-	-	1,500	-
						SUBTOTAL	WR	20,000	10,000	10,000	10,000
						GRANTS		20,000	10,000	10,000	10,000

PERU-6101, MEDICAL EDUCATION AND HEALTH SERVICES REGIONALIZATION

The purposes of this project in Peru are (1) to promote, further, and facilitate interdisciplinary coordination among the various health professionals, ministries of health, universities, and colleges; (2) to enlist the active participation of health personnel in each area and incorporate them in the educational and training process; (3) to utilize the regional health infrastructure for the education and training of the intern, graduate, and resident by a system of supervised practice, and of other health personnel by conventional methods; (4) to extend the training of health personnel at the intermediate and auxiliary levels; (5) to increase the volume of health services rendered without impairing their quality by multidisciplinary coordination and high productivity schemes; (6) to promote better organization of the community health care system and progressive care of the patient; (7) to conduct educational research; and (8) to promote and carry out operational studies for the integration of human resources in line with regional conditions.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
								\$	\$	\$	\$
TOTAL		<u>1</u>	<u>1</u>	<u>2</u>	<u>2</u>	TOTAL	PR	<u>13,954</u>	<u>12,000</u>	<u>22,400</u>	<u>14,800</u>
CONSULTANT MONTHS	PR	1	1	2	2	PERSONNEL-CONSULTANTS		1,216	2,000	4,400	4,800
TOTAL		<u>-</u>	<u>-</u>	<u>2</u>	<u>-</u>	SEMINAR COSTS		3,240	10,000	15,000	10,000
FELLOWSHIPS-SHORT TERM	PR	-	-	2	-	SUPPLIES AND EQUIPMENT		9,498	-	-	-
						FELLOWSHIPS		-	-	3,000	-

PERU-6200, MEDICAL EDUCATION

The purposes of the project in Peru are to work with medical education programs in promoting the curricular changes needed to align them with the country's real needs, with special emphasis on education in preventive and social medicine; to foster pedagogical training in the preparation of professors; to promote appropriate coordination between the educational institutions and those who employ their graduates; and to stimulate the organization of postgraduate education in the country. The approach in all these efforts will be multidisciplinary and multiprofessional.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
								\$	\$	\$	\$
TOTAL		<u>1</u>	<u>1</u>	<u>2</u>	<u>2</u>	TOTAL	PR	<u>8,132</u>	<u>4,800</u>	<u>18,695</u>	<u>20,665</u>
CONSULTANT MONTHS	PR	1	1	2	2	ZONE ADVISORY SERVICES		-	-	11,295	11,865
TOTAL		<u>2</u>	<u>-</u>	<u>2</u>	<u>-</u>	PERSONNEL-CONSULTANTS		1,364	2,000	4,400	4,800
FELLOWSHIPS-SHORT TERM	PR	2	-	2	-	SUPPLIES AND EQUIPMENT		2,007	2,800	-	4,000
						FELLOWSHIPS		2,761	-	3,000	-
						GRANTS		2,000	-	-	-

PERU-6201, TRAINING PROGRAM FOR INSTRUCTORS IN BIOCHEMISTRY AND PHYSIOLOGY

This project deals with a grant from the Kellogg Foundation to the University of San Marcos in Lima, Peru, for the purpose of awarding stipends for training and other local costs, training equipment, and supplies. The objective is to provide assistance to the University through the acquisition of supplies and equipment.

	FUND	1973	1974	1975	1976
TOTAL	PH	<u>16,714</u>	<u>2,270</u>	<u>-</u>	<u>-</u>
SUPPLIES AND EQUIPMENT		16,714	2,270	-	-

PERU-6300, NURSING EDUCATION

The construction targets indicated in the National Health Plan of Peru for the period 1971-75, together with the projected increase in coverage, entail the need to increase production of both professional and auxiliary personnel. At present there are 3.1 nurses and 10 auxiliaries to every 10,000 population. The country has in all 21 nurse training centers: 12 at universities offering programs of 4-5 years' duration and nine schools of nursing with three-year courses. There are no permanent centers for training of auxiliary personnel and no advanced training courses at the university level.

In accordance with the indications of the new Educational Reform Act, the project is promoting the production, in balanced proportions, of three levels of nursing personnel--auxiliary, intermediate and university--and revision of the study programs in accordance with the requirements stemming from the country's Health Plan.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
TOTAL		<u>-</u>	<u>-</u>	<u>2</u>	<u>2</u>	TOTAL		<u>915</u>	<u>3,000</u>	<u>7,400</u>	<u>7,800</u>
CONSULTANT MONTHS	WR	-	-	2	2	SUBTOTAL	PR	915	-	-	-
TOTAL		<u>-</u>	<u>-</u>	<u>1</u>	<u>1</u>	SUPPLIES AND EQUIPMENT		665	-	-	-
FELLOWSHIPS-ACADEMIC	PR	-	-	-	-	FELLOWSHIPS		250	-	-	-
FELLOWSHIPS-SHORT TERM	WR	-	-	1	1	SUBTOTAL	WR	-	3,000	7,400	7,800
						PERSONNEL-CONSULTANTS		-	-	4,400	4,800
						SUPPLIES AND EQUIPMENT		-	3,000	1,500	1,500
						FELLOWSHIPS		-	-	1,500	1,500

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

 \$ \$ \$ \$

PERU-6302, TRAINING OF NURSING AUXILIARIES

The attainment of the goals set forth in the National Health Plan of Peru, particularly with regard to extension of the coverage of the services and penetration into the rural areas, will require an increase in the number of auxiliaries properly trained for the specific functions assigned to them in the hospitals, health centers, and health posts of the country.

There are in all 10,396 nursing auxiliaries now working in the country's health services, and 30% of these have formal training. The remaining 70% have had no such training and their basic education ranges from primary to full secondary schooling. There is no plan providing for training of auxiliary personnel in sufficient quantity and quality for the health needs of the country. The aims of this program are to draw up a plan of action based on the priority needs of the urban and rural health programs and on the quantity of auxiliary personnel required; to train 70% of the auxiliaries at present working in the services; to increase production of auxiliaries newly entering the profession; to train nurses for teaching auxiliary personnel; and to prepare work manuals and teaching materials for the training programs.

TOTAL		1973	1974	1975	1976	TOTAL	PR	1973	1974	1975	1976
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
		-	-	1	1	TOTAL		-	12,000	21,950	20,800
P-3 NURSE	PR	-	-	1	1	PERSONNEL-POSTS		-	-	12,500	19,800
.4088						PERSONNEL-CONSULTANTS		-	-	2,200	-
TOTAL		-	-	1	-	DUTY TRAVEL		-	-	800	1,000
-----		-----	-----	-----	-----	SEMINAR COSTS		-	10,000	3,000	-
CONSULTANT MONTHS	PR	-	-	1	-	SUPPLIES AND EQUIPMENT		-	2,000	450	-
TOTAL		-	-	2	-	FELLOWSHIPS		-	-	3,000	-
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FELLOWSHIPS-SHORT TERM	PR	-	-	2	-						

PERU-6400, SANITARY ENGINEERING EDUCATION

With the present sanitation programs under way and the rapid growth in population and public works, Peru needs an ever-growing number of engineers and technical personnel duly trained to meet the new and acute environmental problems, and to use the most adequate techniques in local situations. In addition, it is necessary to develop applied research in order to get maximum advantage from the resources and characteristics of the country.

The purpose of this project is to cooperate in the development of short postgraduate courses and applied research to help meet the needs for trained personnel.

TOTAL		1973	1974	1975	1976	TOTAL	PR	1973	1974	1975	1976
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
		-	1	1	1	TOTAL		2,000	4,000	3,700	6,900
CONSULTANT MONTHS	PR	-	1	1	1	PERSONNEL-CONSULTANTS		-	2,000	2,200	2,400
						SEMINAR COSTS		-	2,000	1,500	4,500
						COURSE COSTS		2,000	-	-	-

PERU-6500, VETERINARY MEDICINE EDUCATION

The demand for food products of animal origin, the need to raise levels of consumption and to control the zoonoses that hamper it, and the high incidence of diseases with dietetic implications, together with the effect of the livestock population on risks and dangers associated with environmental sanitation--all point to the growing need for veterinarians in Peru. The schools of veterinary medicine are endeavoring to modify curricula in order to train the professionals needed by the country for its socioeconomic development, to solve its problems of health and nutrition, and to carry out the Government's new policy of agrarian reform and social betterment.

There are marked differences in the academic levels of the various schools of veterinary medicine. The Association of Academic Programs is improving this situation through short in-service courses and seminars and through the introduction of methods based on an understanding of the psychology of the learning process. Veterinary medicine and other health sciences are engaged in integrated activities that will provide an excellent opportunity for future multidisciplinary programs. Teaching personnel must be trained in various fields, especially epidemiology, ecology, biostatistics, animal health planning and programming, and instructional methods.

The purpose of this project is to improve the standard of teaching of veterinary medicine in Peruvian universities, raise the quality of education, incorporate research on human and animal health into the profession, and bring about closer cooperation between veterinary medicine and the other health sciences, with a view to improving both the qualifications and utilization of human resources.

FUND					FUND					
1973 1974 1975 1976					1973 1974 1975 1976					
TOTAL	-	1	2	1	TOTAL	WR	2,000	4,000	7,900	6,400
CONSULTANT MONTHS	WR	-	1	2	1	PERSONNEL-CONSULTANTS	-	2,000	4,400	2,400
TOTAL	-	-	1	1	SEMINAR COSTS	-	2,000	-	-	-
FELLOWSHIPS-SHORT TERM	WR	-	-	1	1	SUPPLIES AND EQUIPMENT	-	2,000	2,000	2,500
					FELLOWSHIPS	-	-	-	1,500	1,500

PERU-6600, DENTAL EDUCATION

The number of professional dentists in Peru is well below that required to meet the oral health requirements of the population, a situation that is made worse by the excessive concentration of dentists in the Capital and by the lack of adequately trained auxiliary personnel. There are at present four academic programs in dentistry--two in Lima, one in Ica, and one in Arequipa. Their activities are coordinated through the Association of Academic Programs. Under recent legislation there has been a new approach to these programs, which have been reorganized and departmentalized.

The objectives of this project are to strengthen teaching programs in dentistry, to adjust curricula to critical needs in the field of oral health, to train teaching personnel through such media as courses and seminars, and to promote the training of supervisory and auxiliary personnel.

TOTAL					TOTAL						
1973 1974 1975 1976					1973 1974 1975 1976						
TOTAL	-	-	1	2	TOTAL		3,659	25,344	5,700	7,300	
CONSULTANT MONTHS	PR	-	-	1	2	SUBTOTAL	PR	-	2,000	5,700	7,300
						PERSONNEL-CONSULTANTS	-	-	2,200	4,800	
						SUPPLIES AND EQUIPMENT	-	2,000	3,500	2,500	
						SUBTOTAL	PH	3,659	23,344	-	-
						SUPPLIES AND EQUIPMENT	2,168	23,344	-	-	
						TRAINING GRANTS	1,491	-	-	-	

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	656,748	870,185	692,121	755,636
0100 EPIDEMIOLOGY	2,582	6,882	7,253	7,258
0104 EPIDEMIOLOGY (ZONE IV)	10,528	10,845	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-
0200 MALARIA TECHNICAL ADVISORY SERVICES	3,053	4,128	4,027	4,485
0218 PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS	4,340	900	1,030	1,078
0300 SMALLPOX ERADICATION	6,262	6,477	6,757	7,101
0400 TUBERCULOSIS CONTROL	1,993	1,508	1,885	2,392
0404 TUBERCULOSIS CONTROL (ZONE IV)	9,529	8,415	-	-
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	602	-	-	1,128
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	181	-	-	1,296
0411 STUDY GROUP ON TUBERCULOSIS CONTROL	-	-	1,099	-
0412 REGIONAL COMMITTEE ON EVALUATION OF TUBERCULOSIS PROGRAMS	-	-	-	1,885
0500 LEPROSY CONTROL	2,569	4,420	2,160	2,480
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	468	-	655	695
0600 VENEREAL DISEASE CONTROL	-	320	176	204
0612 VENEREAL DISEASE SEMINARS	-	-	-	1,350
0700 PAN AMERICAN ZOONOSES CENTER	60,116	74,360	75,516	78,639
0704 VETERINARY PUBLIC HEALTH (ZONE IV)	9,252	10,365	-	-
0708 RABIES CONTROL	-	600	540	580
0718 SEMINAR ON EPIDEMIOLOGY OF THE ZOONOSES	1,510	-	-	-
0719 CENSUS OF PRIMATES	22,086	39,520	-	-
0900 PLAGUE CONTROL	1,030	1,200	840	880
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	700	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	489	707
0924 INTERNATIONAL SYMP. CONTROL OF LICE AND LOUSE-BORNE DISEASES	2,872	-	-	-
0925 STRENGTH. TYPHUS AND OTHER RICKETT. DIS. SURV. AND DIAG. FACIL.	-	-	2,010	2,070
0926 ENTEROVIRUS COLLABORATIVE TESTING PROGRAM	-	520	-	960
0928 SURVEILLANCE FOR INSECTICIDE-RESISTANT LICE IN THE AMERICAS	-	-	300	1,020
0929 STRENGTHENING HEPATITIS DIAG. SURVEIL. SERV. IN THE AMERICAS	-	-	-	954
0932 PERFORMANCE EVALUATION OF ARBOVIRUS SEROLOGIC DIAGNOSIS	-	-	760	760

1000 PARASITIC DISEASES	755	1,850	3,500	5,020
1008 CHAGAS' DISEASE	216	2,413	1,340	1,580
2100 ENVIRONMENTAL SANITATION	1,825	705	777	753
2104 SANITARY ENGINEERING (ZONE IV)	10,058	11,325	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	83,201	133,578	125,284	146,473
2118 REGIONAL POLLUTION MONITORING NETWORK	26	-	-	-
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	855	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	748	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2127 SANITARY ENGINEERING PLANNING IN THE ANDEAN REGION (ZONE IV)	-	-	-	5,850
2200 WATER SUPPLIES	4,557	3,927	4,185	4,401
2213 STUDIES AND INVESTIGATION OF WATER RESOURCES	1,044	96	-	-
2220 INSTITUTIONAL DEVELOPMENT	11,859	24,391	30,366	32,788
2223 PUBLIC SERVICES ADMINISTRATION	152	-	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	805	-
2230 RURAL WATER SUPPLY AND SANITATION	-	2,450	2,548	2,646
2300 Aedes Aegypti ERADICATION	376	577	644	689
2309 STUDY GROUP ON Aedes Aegypti ERADICATION	-	60	-	-
3000 COORDINATION WITH FOUNDATIONS	1,277	2,568	3,080	3,507
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,295	3,839	3,109	3,382
3126 OPERATIONS RESEARCH	134	527	441	457
3129 RESEARCH TRAINING IN BIOMEDICAL SCIENCES	1,374	226	-	-
3130 CONFERENCE ON MYCOLOGY	77	1,303	-	-
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,633	2,003	1,169	1,249
3139 PAHO RESEARCH GRANT PROGRAM	4,905	2,650	3,975	5,300
3141 DEVELOPMENT OF RIVER BASINS (ZONE IV)	-	-	-	600
3142 COORDIN. OF INTEGRATED HEALTH SERV. IN FRONTIER AREAS (ZONE IV)	-	-	-	600
3143 STUDY PARTIC. OTHER PUBL. SECTORS DEVELOP. HEALTH SERV. (ZONE IV)	-	-	-	600
3144 HEALTH LEGISLATION	477	-	-	-
3145 EMERGENCY PREPAREDNESS	12	532	-	-
3200 NURSING SERVICES	1,664	2,262	2,413	2,533
3204 NURSING (ZONE IV)	11,057	13,440	-	-
3210 HOSPITAL NURSING SERVICES	-	695	1,231	1,366
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	553	1,193	1,112	1,171
3215 STUDY ON FACTORS AFFECTING NURSING GROWTH	374	-	-	-
3216 STANDARDS IN NURSING PRACTICE	-	875	-	1,450
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	1,264	-	-
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	276	522	327	263
3223 SYSTEMS OF NURSING	53	1,060	1,322	-
3225 UTILIZATION AND TRAINING OF THE TRADITIONAL BIRTH ATTENDANT	-	845	-	-
3300 LABORATORY SERVICES	820	370	463	493
3304 LABORATORY SERVICES (ZONE IV)	6,902	-	-	-
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,430	1,688	2,866	3,155
3318 MYCOLOGY RESEARCH AND TRAINING CENTERS	1,082	2,407	942	964
3320 CREATION OF A BIOLOGICAL PRODUCTS BANK (ZONE VI)	-	2,500	-	-
3400 HEALTH EDUCATION	530	496	309	496
3410 TRAINING OF TEACHERS IN HEALTH EDUCATION	335	771	844	916
3500 HEALTH STATISTICS	1,125	723	932	686
3504 HEALTH STATISTICS (ZONE IV)	10,521	8,753	-	-
3515 TRAINING IN USE OF COMPUTERS IN HEALTH STATISTICS	41	400	440	480
3516 REGIONAL SEMINAR ON DATA PROCESSING	-	723	-	723
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,258	3,057	3,212	3,418
3604 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE IV)	8,926	8,900	-	-
3607 MANAGEMENT OF HEALTH SERVICES	1,499	1,505	-	-
3700 HEALTH PLANNING	4,933	3,074	3,776	4,165
3704 HEALTH PLANNING (ZONE IV)	6,772	-	-	-
3709 MEETING OF MINISTERS OF HEALTH	756	-	-	-
3710 DEVELOPMENT OF NATIONAL INFORMATION SYSTEMS	-	11,000	11,520	10,600
3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	27,837	37,851	27,580	21,980
4200 NUTRITION ADVISORY SERVICES	4,317	2,016	2,158	2,284
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	112,380	112,699	115,159	119,596
4204 NUTRITION ADVISORY SERVICES (ZONE IV)	8,557	9,900	-	-
4211 RESEARCH ON PROTEIN-CALORIE MALNUTRITION	-	-	-	1,133
4212 RESEARCH ON NUTRITION ANEMIAS	95	1,554	933	488
4213 IODINE DETERMINATION IN ENDEMIC GOITER	478	1,500	1,600	1,700
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	69	222	244	443
4230 NUTRITION TRAINING	912	636	844	1,096
4238 NUTRITION RESEARCH	148	760	1,354	2,035
4247 SURVEILLANCE OF NUTRITIONAL STATUS	-	-	826	453
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	262	279
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	557	231
4300 MENTAL HEALTH	388	2,250	2,844	3,654
4312 COURSES IN COMMUNITY PSYCHIATRY	185	2,600	1,340	1,390
4313 NURSING IN MENTAL HEALTH	-	-	4,407	7,207
4314 EPIDEMIOLOGICAL STUDY ON EPILEPSY	-	3,037	1,880	1,640
4316 EPIDEMIOLOGY OF SUICIDES	853	1,125	790	-
4317 STUDY GROUP ON TEACHING MENTAL HEALTH IN SCHOOLS OF PUB. HEALTH	-	990	-	-
4318 EPIDEMIOLOGY OF ALCOHOLISM	-	24,634	12,120	4,556
4320 SEMINAR ON MENTAL RETARDATION	614	-	-	-
4322 DEVELOPMENT OF PSYCHIATRY AND MENTAL HEALTH LIBRARIES	-	600	600	750
4324 ADMINISTRATION OF MENTAL HEALTH SERVICES	-	-	-	1,066
4400 DENTAL HEALTH	954	804	1,005	1,206
4409 FLUORIDATION	4,127	3,969	4,175	4,955
4410 LABORATORY FOR CONTROL OF DENTAL PRODUCTS	1,453	2,245	971	806
4500 HEALTH ASPECTS OF RADIATION	984	600	630	660
4507 RADIATION HEALTH PROTECTION	2,307	2,200	2,310	1,952
4509 RADIATION SURVEILLANCE	81	180	325	325
4516 PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	420	-

4620 MANAGEMENT OF PESTICIDES	-	350	380	435
4700 FOOD AND DRUG CONTROL	977	2,148	2,267	2,372
4708 FOOD HYGIENE TRAINING CENTER	2,252	2,090	2,352	2,518
4715 FOOD HYGIENE	-	2,205	3,861	4,491
4716 TRAINING IN ANALYSIS OF FOOD AND DRUGS	-	-	-	340
4717 SEMINAR ON FOOD HYGIENE	-	610	-	-
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	896
4800 MEDICAL CARE SERVICES	1,149	1,183	1,298	1,461
4804 MEDICAL CARE SERVICES (ZONE IV)	11,703	14,175	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,575	2,106	2,803	3,548
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,970	2,674	2,370	3,075
4816 PROGRESSIVE PATIENT CARE	16,029	3,385	-	-
4826 IMPROVEMENT OF MEDICAL CARE ADMINISTRATION LIBRARIES	5,941	1,578	-	-
4831 STUDY GROUP ON MAINTENANCE SYSTEMS IN LATIN AMERICA	-	-	499	-
4900 HEALTH AND POPULATION DYNAMICS	4,568	9,872	10,000	11,356
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	2,255	5,796	5,910	6,501
4915 MATERNAL AND CHILD HEALTH	595	1,800	1,980	2,400
4917 CLINICAL AND SOCIAL PEDIATRICS	203	1,635	1,431	1,431
4918 STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,229	-
4919 NURSING MIDWIFERY	3,605	3,740	3,950	4,120
4920 LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	20,649	23,046	34,226	39,446
4921 EDUC. CENTER FOR OBSTET. MATERNAL-INFANT NURS. IN FAM. WELFARE	-	2,879	2,928	-
4922 MATERNAL CHILD HEALTH-FAM. PLAN. CONTIN. EDUC. AND STAFF TRAIN.	-	-	874	800
5000 REHABILITATION	2,090	1,717	1,794	1,944
5012 STUDY GROUP ON BLIND REHABILITATION IN LATIN AMERICA	-	-	1,072	-
5100 CHRONIC DISEASES	833	2,850	3,226	3,354
5108 SURVEY ON SMOKING PATTERNS IN LATIN AMERICA	1,777	511	-	-
5109 CANCER CONTROL	349	4,900	5,560	5,830
5111 STUDY OF THE RELATION BETWEEN GASTRIC CANCER AND NITRATES	-	-	-	2,160
6000 MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,711	3,828	4,251	4,488
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	11,556	12,652	9,872	11,388
6200 EDUCATION IN HEALTH SCIENCES	6,710	4,932	5,025	5,841
6204 MEDICAL EDUCATION (ZONE IV)	8,976	10,755	-	-
6216 BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,242	2,879	2,816	2,682
6221 LIBRARY OF MEDICINE	30,608	50,864	42,756	42,430
6223 TEACHING OF BEHAVIORAL SCIENCES	1,701	400	-	-
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	1,405	3,435	3,731	4,252
6300 NURSING EDUCATION	208	840	390	411
6310 NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,942	2,913	670	690
6317 SEMINAR ON NURSING EDUCATION	539	1,451	1,535	1,514
6319 TRAINING OF NURSING AUXILIARIES	293	2,951	3,575	3,351
6320 POSTBASIC COURSES IN NURSING	340	782	625	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,476
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	149	503
6325 EDUCATIONAL TECHNOLOGY IN NURSING	-	18,664	4,636	7,970
6400 SANITARY ENGINEERING EDUCATION	2,713	2,633	3,052	3,336
6500 VETERINARY MEDICINE EDUCATION	1,645	2,753	5,935	6,255
6507 SEMINARS ON VETERINARY MEDICINE EDUCATION	1,761	-	1,480	390
6600 DENTAL EDUCATION	1,153	1,494	1,260	1,428
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	414	530	602	1,608
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	495	1,013	763	784
6700 BIOSTATISTICS EDUCATION	152	177	-	690
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	983	963	1,008	1,178
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	1,144	1,893	1,984	2,070
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	447,793	453,424	554,794	604,135	656,748	870,185	692,121	755,636
PAHO-PR-REGULAR BUDGET	209,096	202,600	356,256	407,052	265,201	339,988	284,791	345,740
PW-COMMUNITY WATER SUPPLY	22,525	34,405	4,000	-	3,179	14,752	18,004	18,935
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	67,301	56,837	56,963	59,321
PG-GRANTS & OTHER CONTRIBUT.	-	1,605	-	-	88,046	161,981	74,179	66,487
PH-PAN AMER. HEALTH & EDUC.FN.	20,373	25,614	-	-	55,872	69,188	43,941	50,489
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	9,515	-	-	-
PS-SPECIAL FUND FOR RESEARCH	-	-	-	-	399	-	-	-
WHO-WR-REGULAR BUDGET	166,799	137,000	182,538	197,083	121,674	158,788	157,573	161,350
UNDP-UN DEVELOPMENT PROGRAM	29,000	52,200	12,000	-	45,277	56,312	41,155	36,199
UNFPA-UN FUND POPULATION ACT.	-	-	-	-	284	12,339	15,515	17,115

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	1,104,541	1,323,609	1,246,915	1,359,771
PAHO-PR-REGULAR BUDGET	474,297	542,588	641,047	752,792
PW-COMMUNITY WATER SUPPLY	25,704	49,157	22,004	18,935
PN-INCAP GRANTS & OTHER CONTR.	67,301	56,837	56,963	59,321
PG-GRANTS & OTHER CONTRIBUT.	88,046	163,586	74,179	66,487
PH-PAN AMER. HEALTH & EDUC.FN.	76,245	96,802	43,941	50,489
PK-SPECIAL FUND FOR HEALTH PR.	9,515	-	-	-
PS-SPECIAL FUND FOR RESEARCH	399	-	-	-
WHO-WR-REGULAR BUDGET	288,473	295,788	340,111	358,433
UNDP-UN DEVELOPMENT PROGRAM	74,277	108,512	53,155	36,199
UNFPA-UN FUND POPULATION ACT.	284	12,339	15,515	17,115

BRAZIL

BACKGROUND DATA

The Federative Republic of Brazil, situated in the south of Latin America, has an area of 8,512,000 square kilometers (47% of the area of Latin America), with a population estimated at 107 million for 1975, of which 42% are under 15 years of age.

In its development program the Government of Brazil has established a series of basic objectives: a minimum economic growth rate of 7-9% a year with the possibility of reaching 10% a year; a population policy which will allow demographic growth to favor development without losing sight of the implications of the demographic factor on economic growth; the doubling of per capita income during the decade, from 1,700 cruzeiros in 1969 to 3,400 cruzeiros in 1980 (compared to those of 1970); the increase in the gross domestic product from 154,470 billion cruzeiros in 1969 to 418,910 billion in 1980 (compared to those of 1970).

General mortality is estimated at 9.4 per 1,000 inhabitants and infant mortality at 85.0 per 1,000 live births. It is difficult to obtain accurate morbidity data because records of incidence and prevalence of disease are deficient and because many deaths occur without diagnosis. However, in general, it may be assumed that the main causes of morbidity in Brazil are communicable and deficiency diseases.

In the health sector the Government plans to combat malaria, smallpox, and yellow fever until they are eradicated. It will seek to control other communicable diseases, especially Chagas' disease, schistosomiasis, poliomyelitis, and leprosy.

The program of gradual integration of local and regional medical care services will be implemented. This integration will cover systems of health protection and treatment at the federal, state, and municipal levels through agreements to join the participation fund of states and municipalities. A division of labor will be worked out between the Ministry of Health and the Ministry of Labor and Social Welfare in questions of medical care. In addition to the integration of services already referred to, the National Health Plan will be reformulated with a view to defining alternatives which will allow a better utilization of resources to fulfill the targets laid down. This reformulation will indicate the minimum coverage to be aimed at during the stages of gradual execution.

The Government will implement a national program for the provision of basic drugs to the lowest-income classes through coordination between already existing government laboratories and the private pharmaceutical industry. It will also introduce a national policy for children under the guidance of the National Coordinating Agency for Maternal and Child Welfare. Execution of this policy will be decentralized through the states and municipalities and will be progressive in character, concentrating first on priority areas. Special emphasis will be given to problems of nutrition, basic vaccination and dental care.

The program for attracting doctors towards the interior to areas of greatest need will be stepped up, in coordination with the states and municipalities. This will be done by joint recruiting by low-income municipalities, utilization of regional hospitals as distribution centers for doctors, and construction of prefabricated units.

Machinery will be set up to control pollution in large urban areas, mainly Greater Rio de Janeiro and Greater São Paulo.

In the field of environmental sanitation, programs of financing coordinated by the Ministry of the Interior and the Ministry of Health will be carried out with the aim of providing water for the urban population. Financing will also be sought for the construction of sewage systems so that at least 50% of the urban population is provided with this service by 1980.

PROTECTION OF HEALTH

Communicable Diseases

Communicable diseases constitute one of the most important problems in the health field. The Government is particularly keen to expand activities designed to control these diseases or, in the case of malaria and smallpox, to eradicate them.

The malaria eradication campaign began in 1965 under the direct jurisdiction of the Ministry of Health. In 1970 the malaria eradication campaign, together with the smallpox eradication campaign, was merged with the National Department of Rural Endemic Diseases to form the Superintendency of Public Health Campaigns (SUCAM). In 1972 the status of the program was as follows: the malarial area comprised 6,927,938 square kilometers, or 81.3% of the national territory; the population of the malarial area was 40,627,734 inhabitants (40.6% of the total population). The status of the population in the malarial area was:

- In maintenance phase: 4,264,994 inhabitants (10.5%)
- In consolidation phase: 13,862,740 inhabitants (34.1%)
- In attack phase with good chance of achieving short-term eradication: 14,100,000 inhabitants (34.7%)
- In attack phase, scattered over different localities (1.6 inhabitants per square kilometer) with epidemiological and socioeconomic characteristics which impede short-term eradication: 8,400,000 inhabitants (20.7%).

For the 1971-1980 decade it is hoped:

- To keep free of malaria the areas which have reached the maintenance phase (10.5%)
- To continue to prevent transmission in areas in the consolidation phase (34.1%)
- To achieve eradication in areas in the attack phase where chances of doing so are good (34.7%)
- In areas in the attack phase where there is a large scattered population (20.7%) the objective of the program will be to reduce the incidence of malaria and keep it low enough so that it does not interfere with the socio-economic development of the area and does not spread to areas free of the disease.

Brazil has succeeded in stopping the transmission of smallpox, and in order to keep the country free of this disease it will continue epidemiological vigilance through a network of notification posts and a useful level of protection by vaccination.

Tuberculosis continues to be a serious problem. The number of cases per year is estimated at between 100,000 and 125,000. The health authorities propose to vaccinate with BCG on a national scale, especially the under five year age-group; to intensify the detection of new cases through the extension and strengthening of the network of laboratories for bacteriological diagnosis; and to ensure the specific treatment of at least 90% of the cases detected.

Leprosy is a problem in the whole territory of Brazil and, of the five regions into which the country is divided, the highest rates of prevalence are in the northern region. During the period 1961-1971, 61,512 cases were registered. The Government proposes to intensify the leprosy control program in the country through preventive and curative action supported with health education programs and experimental research activities.

Activities to combat certain zoonoses, such as rabies, bovine tuberculosis, brucellosis, teniasis, cysticercosis, and leptospirosis, have been limited. In most cases there are no national control programs except for rabies. For this disease, programs at various stages are being developed throughout the country and it is hoped to initiate joint action of a national character for rabies control. In the field of veterinary public health Brazil maintains a satisfactory system of inspection of foodstuffs of animal origin which is confined mainly to products of international and interstate consumption. The fight against foot-and-mouth disease is being waged in seven states. It is being financed by the Inter-American Development Bank and will be extended to 13 more states with the help of national resources.

Plague is found in an irregular endemic area which covers 205 municipalities and eight states. The foci are isolated and flare up when ecological conditions, such as the density of the marine and ectoparasitic populations, favor the spread of transmission. The aim of the campaign against plague is to develop a systematic program of epidemiological investigation in exposed areas in order to detect cases and establish indices for rodents and fleas; and to control active foci immediately in order to avoid mortality from plague and the appearance of new cases; to carry out a long-term program of housing hygiene with special emphasis on rodent control.

Urban yellow fever has not occurred in Brazil since 1942. Isolated cases of jungle yellow fever have been encountered. In the Amazon area the Evandro Chagas Institute conducts anatomopathological examinations and also immunological checks and tests for isolation of the vector. It runs a laboratory for the production of anti-yellow fever vaccine in the Oswaldo Cruz Institute in Rio de Janeiro. This will supply the vaccine necessary for control activities throughout the national territory and, as far as possible, for other countries requesting it through PAHO/WHO.

The Government proposes to control measles, diphtheria, whooping cough, tetanus, and poliomyelitis through vaccination programs which will protect 80% of the exposed population, and to achieve during the decade the following targets: reduce mortality from measles to 1.0 per 100,000 inhabitants; the incidence of diphtheria to 1.0; mortality from whooping cough to 1.0; mortality from tetanus to 0.5; and the incidence of poliomyelitis to 0.5.

In Brazil there is a well-defined endemic area of schistosomiasis. It begins in the state of Rio Grande do Norte and following the shoreline extends to the state of Bahia and to the northeast region of the state of Minas Gerais. Outside this endemic area there are some foci in the states of Pará, Maranhão, Rio de Janeiro, Guanabara, Paraná, Goiás, Espírito Santo, São Paulo, and the Federal District. According to studies which have been carried out, there are 6-8 million carriers of schistosoma in Brazil. The Government proposes to intensify control activities through preventive measures, control of mollusks and treatment of cases with the support of health education activities and investigation programs.

In the case of Chagas' disease, entomological research has shown the existence of triatomines in more than 1,700 municipalities situated in the states of Ceará, Rio Grande do Norte, Paraíba, Pernambuco, Alagoas, Sergipe, Bahia, Minas Gerais, Rio de Janeiro, São Paulo, Goiás, Mato Grosso, Paraná, and Rio Grande do Sul.

In the states of Pará, Amazonas, Acre, and the territories of Rondonia, Roraima and Amapá, Chagas' disease is found in the jungle cycle; in these areas there is no evidence that the vectors have adapted themselves to human dwellings. The number of people suffering from the disease is estimated at 3-4 million. Its severity varies according to regions. However, it appears that the cardiac and digestive forms occur most frequently in Minas Gerais and Goiás. To combat the disease the principal aim is to control the vectors and over the long term to improve housing conditions in the rural areas by replacing primitive dwellings with more suitable houses in which the triatomes cannot breed.

Environmental Health

Brazil is eager to carry out a large-scale program of environmental sanitation. By 1980 it is hoped to provide 80% of the urban population with water. This target is very likely to be attained because the Ministry of Health, the Ministry of the Interior and the National Housing Bank have already agreed to carry out these activities in fulfillment of the National Environmental Plan. By 1980, too, 50% of the urban population will have sewage systems under arrangements similar to those made for water supply and also through PLANASA. According to the 1970 census, the rural population supplied with water through the general system or through wells and hydrants was 28.8%. The Government proposes to raise this figure to 50%. For excreta disposal in the rural areas sanitary improvements will be made to houses so that 40% of the rural population will be covered.

The eradication of the Aedes aegypti was confirmed in 1958 by PAHO but later, in 1967, the city of Belém was found to be reinfested. The Government is eager to continue activities which will keep the country free of this vector.

Environmental pollution of the air, water, and land is an important health problem in the big cities of Brazil such as Greater Rio de Janeiro and Greater São Paulo. The Government is eager to tackle the problems of pollution without restricting thereby the economic development of the country. To achieve this aim strenuous efforts to control pollution are being made in the states of São Paulo and Guanabara.

PROMOTION OF HEALTH

General Services

Brazil has 4,057 medical health establishments of which 11.6% are federal, 79.5% belong to the states, and 8.9% to the municipalities. Taking the country as a whole, there are on the average 22,700 inhabitants for each establishment. There are 3,600 hospitals with a total of 300,241 beds - an average of 3.3 beds per 1,000 inhabitants. Of these 3,600 hospitals 85% are private and 15% state-owned. During the decade the Government proposes to make the necessary efforts to achieve the targets for health coverage set out in the Ten-year Health Plan for the Americas.

Specific Programs

In 1970 infant mortality, depending on the state of development of the areas concerned, varied from 32 to 205.7 deaths per 1,000 live births in children of one year or less. There was also a great variation in the deaths of children under five years: it ranged from 9.6 to 64%. The main causes of death in these age-groups were infectious diseases and malnutrition. The commonest diseases were gastroenteritis, respiratory tract infections, measles, whooping cough, diphtheria, tetanus and tuberculosis. Maternal mortality varied from 0.3 to 3.2 per 1,000, the main causes of death being toxemia, hemorrhage, and septicemia. In the field of maternal and child health it is hoped during the decade to reduce maternal and infant mortality by 40% and to reduce the mortality of children under five by 60%; to reduce maternal and infant mortality from infectious and deficiency diseases; and to give priority care to the lowest-income areas and groups.

The Government has established the National Feeding and Nutrition Institute, and the National Feeding and Nutrition Program (PRONAN) has been prepared. Its main objectives are (1) to protect and develop nascent human resources, especially mothers, infants and schoolchildren; (2) to help the people in general to select and use more wisely the foods available, thus contributing to a better-balanced family budget; (3) to combat the deficiency diseases which are the most common and which have the most serious consequences on the public health and economic development of Brazil; (4) to increase the production of essential foods, especially those of maximum protein value, the demand for which will intensify with the growing activities of PRONAN and the acceleration of Brazil's economic growth; and (5) to develop the technology for processing foodstuffs of high nutritional value and to encourage the industrialization of such processing so as to increase supplies, reduce costs, and meet the nutritional needs of the groups covered by the National Feeding and Nutrition Institute and of the population in general. In support of these activities, it is also proposed to give advice to public and private institutions on the organization and operation of the health education services and to assist in the development of experimental projects in health education in schools.

The Government is also keen to promote a more basic effort in the field of mental health. It proposes to evaluate the mental health services and try to adopt a policy based on practical activities and community development with a view to reformulating the program and changing the custodial approach now being used.

Ionizing radiation is increasing every day in Brazil, especially in the fields of medicine, industry, agriculture, and scientific research. The Government plans to ensure that radiation is used with the maximum benefit and the minimum

risk. In the medical field the use of radiation for diagnostic or therapeutic purposes must be confined to strictly defined cases with the aim of achieving the best possible results with the minimum doses; radiotherapy must be administered by properly trained technicians in sufficient numbers to meet the needs; and a minimum program must be worked out for the purposes of radiation protection.

With the financial cooperation of the United Nations Development Programme, the Government has initiated action to establish the National Drug Control Institute. This Institute will have as its basic objectives the provision of higher training to specialists in the analysis of drugs and also the technical training of inspectors and specialists in the administrative and legislative aspects of pharmaceutical products. Up-to-date information on drugs will also be given to the various government bodies engaged in drug control.

In the field of medical care the Government is seeking better coordination of the organizations responsible for hospital care and the expansion of installed capacity so that hospital services can meet the demand during 1970-80; improvement in the quality of hospital services and the proper organization of resources so as to obtain a better yield; and development of maintenance engineering for hospital construction and equipment. To achieve all these aims Brazil will have to train hospital administration staff, modernize and expand existing hospitals, and provide for 75,900 beds during the decade so as to maintain the level of 3.3 beds per 1,000 inhabitants.

The Ministry of Health has a clearly defined policy for combating cancer. It is based on the prevention, diagnosis and treatment of the types of cancer most frequent in the country. The plan of action is to be carried out through the National Department of Cancer, the National Cancer Campaign, the National Cancer Institute, and the network of specialized hospitals taking part in the National Cancer Campaign. The general aims of the national plan are to organize a system of notification based on cancer records so as to throw light on the epidemiological aspects of the disease; to introduce a countrywide system for the control of uterine cancer; to establish a properly equipped Cancer Institute which will serve as a model for the provision of cancer care, and the training of specialists in the conduct of cancer research; to train specialists of sufficient quantity and quality for the control of cancer; and, finally, to develop a broad program of health education.

Cardiovascular diseases are becoming important as a cause of death in the urban centers of Brazil. The Government is eager to promote epidemiological activities for the control of cardiovascular diseases and has taken the necessary action in this field.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

According to information available for the year 1971 there were in operation in Brazil 73 schools of medicine, 46 schools of dentistry, 32 schools of nursing, 26 schools of pharmacy, 13 veterinary schools, 15 schools for nursing technicians, and 49 schools for nursing auxiliaries. In 1970 the country had 47,502 doctors, 25,915 dentists, 14,587 pharmacists, 2,960 veterinarians, and 6,000 nurses; of these professionals 49% are doctors, 27% dentists, 15% pharmacists, 3% veterinarians, and 6% nurses. Also in 1970, on the basis of these figures, there were for each 10,000 inhabitants 5.1 doctors, 2.8 dentists, 1.5 pharmacists, 0.3 veterinarians, and 0.6 nurses.

In the year 1975, 8,200 doctors will graduate and if the present rate of training continues there will be 102,000 medical professionals by 1980. The training system for professionals is the responsibility of the national education sector.

The Federal Government under its "Targets and Bases for Government Action" proposes to carry out health programs which, taking into account the priorities given to the health professions and the expansion of university registration, will promote the movement of doctors towards the interior to the regions of major need, and will include financial incentives. At the same time the Government will adopt measures which in the fields of health prevention will permit the organization of short courses in this sector, especially in the area of community health. This will help to reduce the costs of expanding the health system and will avoid the employment of doctors and other professionals who have followed longer courses of study and who are still in short supply in tasks which can be performed by properly trained technicians. Essentially, the Government proposes to establish machinery for coordination between the systems which are training and utilizing human resources for health purposes. The aims are to define the occupational health structure most suitable for the satisfaction of demand; to promote the necessary curricular reforms for imparting greater objectivity to manpower training; to provide incentives for the training, preferably at the local level, of technical and auxiliary staff; to promote measures for encouraging the constant further training of health personnel; and to take steps to increase supervision as a priority means of broadening the base of auxiliary personnel.

PART III, ZONE V: BRAZIL - PROGRAM BUDGET

1973		1974		1975		1976		
AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT	
\$		\$		\$		\$		
1,330,101	39.5	2,532,071	49.1	I. PROTECTION OF HEALTH	1,720,581	36.0	1,514,187	33.8
801,381	23.8	1,146,106	22.2	A. COMMUNICABLE DISEASES	1,069,300	22.4	1,116,403	24.9
149,424	4.4	344,040	6.7	0100 GENERAL	309,856	6.5	337,624	7.5
283,615	8.4	268,679	5.2	0200 MALARIA	275,177	5.7	286,175	6.4
122,819	3.7	123,568	2.4	0300 SMALLPOX	79,663	1.7	84,604	1.9
30,564	.9	30,792	.6	0400 TUBERCULOSIS	22,392	.5	32,772	.7
7,116	.2	13,960	.3	0500 LEPROSY	5,995	.1	9,565	.2
-	-	400	*	0600 VENEREAL DISEASES	220	*	5,365	.1
174,349	5.2	316,020	6.1	0700 ZOOUSES	324,445	6.8	301,239	6.7
7,662	.2	10,620	.2	0900 OTHER	12,472	.3	15,559	.4
25,832	.8	38,027	.7	1000 PARASITIC DISEASES	39,080	.8	43,500	1.0
528,720	15.7	1,385,965	26.9	B. ENVIRONMENTAL HEALTH	651,281	13.6	397,784	8.9
331,061	9.8	1,137,074	22.1	2100 GENERAL	556,755	11.6	367,025	8.1
193,310	5.7	233,171	4.5	2200 WATER SUPPLIES	75,675	1.6	73,075	1.6
1,555	.1	11,616	.2	2300 BUBONIC PLAGUE ERADICATION	12,045	.3	12,632	.3
1,849	.1	2,266	.1	2400 HOUSING	2,862	.1	3,008	.1
945	*	1,838	*	2500 AIR POLLUTION	1,944	*	2,044	.1
1,440,042	42.7	1,894,733	36.8	II. PROMOTION OF HEALTH	2,421,684	50.4	2,292,917	51.0
775,772	23.1	962,535	18.7	A. GENERAL SERVICES	1,038,255	21.7	1,104,296	24.7
412,125	12.2	411,154	8.0	3100 GENERAL PUBLIC HEALTH	450,965	9.4	476,401	10.6
51,251	1.5	127,657	2.5	3200 NURSING	152,266	3.2	157,343	3.5
22,317	.7	50,151	1.0	3300 LABORATORY	37,499	.8	38,197	.9
49,468	1.5	77,190	1.5	3400 HEALTH EDUCATION	73,959	1.5	79,666	1.8
120,040	3.6	139,701	2.7	3500 STATISTICS	161,693	3.4	192,854	4.3
86,886	2.6	99,258	1.9	3600 ADMINISTRATIVE METHODS	114,072	2.4	118,908	2.7
33,679	1.0	57,424	1.1	3700 HEALTH PLANNING	47,761	1.0	40,927	.9
664,270	19.6	932,198	18.1	B. SPECIFIC PROGRAMS	1,383,429	28.7	1,188,621	26.3
246,623	7.3	274,051	5.3	4200 NUTRITION	279,746	5.8	283,307	6.3
56,937	1.7	80,968	1.6	4300 MENTAL HEALTH	71,683	1.5	69,968	1.6
10,437	.3	13,539	.3	4400 DENTAL HEALTH	14,233	.3	15,505	.4
19,729	.6	11,780	.2	4500 RADIATION AND ISOTOPES	14,292	.3	13,988	.3
1,089	*	17,798	.3	4600 OCCUPATIONAL HEALTH	1,894	*	2,034	*
14,678	.4	70,175	1.4	4700 FOOD AND DRUG	500,319	10.4	293,760	6.5
101,088	3.0	66,001	1.3	4800 MEDICAL CARE	61,594	1.3	64,733	1.4
164,838	4.9	337,607	6.5	4900 FAMILY HEALTH AND POP. DYNAMICS	371,022	7.7	370,054	8.2
17,149	.5	15,568	.3	5000 REHABILITATION	15,048	.3	15,602	.3
31,702	.9	44,711	.9	5100 CANCER & OTHER CHRONIC DISEASES	53,598	1.1	59,670	1.3
603,182	17.8	728,410	14.1	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	657,186	13.6	683,063	15.2
105,058	3.1	54,378	1.1	6100 PUBLIC HEALTH	74,442	1.5	78,506	1.7
426,014	12.6	590,427	11.5	6200 MEDICINE	502,344	10.5	499,923	10.2
32,294	1.0	27,580	.5	6300 NURSING	11,534	.2	40,975	.9
23,433	.7	30,838	.6	6400 ENVIRONMENTAL SCIENCES	32,263	.7	53,033	1.2
441	*	-	-	6500 VETERINARY MEDICINE	6,305	.1	7,615	.2
1,467	*	2,249	*	6600 DENTISTRY	6,548	.1	12,541	.3
14,475	.4	22,938	.4	6700 BIOSTATISTICS	23,750	.5	30,270	.7
3,373,325	100.0	5,155,214	100.0	GRAND TOTAL	4,799,451	100.0	4,490,167	100.0

*LESS THAN .05 PER CENT

PART III, ZONE V: BRAZIL - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		AMOUNT	SEMINARS	SUPPLIES AND EQUIPMENT	GRANTS AND OTHER
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHORT				
	\$				\$	\$		\$	\$	\$	\$	
1973												
PAHO--PR	1,355,063	25	7	21	930,998	125,105	9	14	93,806	-	11,202	60,353
PW	151,889	2	-	30	119,082	6,175	-	-	-	10	25,760	797
PN	96,878	-	-	-	41,787	4,157	-	-	3,963	-	-	35,425
PG	295,723	-	-	3	66,446	1,703	-	-	6,864	-	0,873	76,983
PH	182,136	-	-	-	29,968	3,599	-	-	2,011	-	17,439	104,543
PK	68,118	-	-	-	56,242	3,055	-	-	-	-	-	2,134
PS	2,393	-	-	-	-	-	-	-	-	-	2,000	393
WHO--WR	989,339	16	1	66	591,129	66,115	27	27	160,417	12	27,303	112,753
UNDP	229,346	7	2	5	120,792	-	3	4	29,446	-	-	66,698
UNFPA	285	-	-	-	285	-	-	-	-	-	-	-
MO	2,155	-	-	-	-	-	-	-	-	-	-	2,155
TOTAL	3,373,325	50	10	125	1,956,729	209,909	39	45	290,507	22	92,397	442,220
PERCENT OF TOTAL	100.0				58.0	6.3			8.8		2.7	13.1
1974												
PAHO--PR	1,716,230	31	7	30	1,278,632	142,016	7	27	82,727	-	35,193	30,931
PW	196,946	2	-	54	168,771	1,475	-	6	13,000	-	-	13,700
PN	81,814	-	-	-	44,688	4,141	-	-	4,219	-	-	22,511
PG	575,193	1	1	1	96,931	5,931	-	7	12,056	-	7,520	178,304
PH	201,694	-	-	-	34,454	4,623	-	-	22,474	-	8,130	37,626
WHO--WR	1,111,152	17	1	64	646,741	58,150	16	44	169,837	-	46,725	124,663
UNDP	1,184,635	7	3	91	487,471	16,411	6	39	117,857	-	-	479,699
UNFPA	71,158	-	-	-	23,986	1,060	-	-	7,688	-	3,475	2,929
MO	16,392	-	-	5	12,500	-	-	-	-	-	-	3,892
TOTAL	5,155,214	58	12	245	2,794,174	233,747	31	123	429,858	-	101,043	869,299
PERCENT OF TOTAL	100.0				54.2	4.5			8.3		2.0	16.9
1975												
PAHO--PR	1,778,334	30	7	24	1,351,340	146,624	8	20	75,418	-	27,101	33,320
PW	32,220	-	-	3	30,620	1,100	-	-	-	-	-	500
PN	81,987	-	-	-	44,724	4,131	-	-	4,219	-	-	6,492
PG	408,151	1	1	-	88,730	4,813	-	6	9,800	-	675	102,462
PH	157,967	-	-	-	20,665	1,771	-	-	12,761	-	5,000	6,436
WHO--WR	1,329,725	16	1	63	740,213	60,279	26	66	242,732	-	42,709	127,488
UNDP	926,161	11	4	36	457,066	17,461	9	11	71,112	-	-	348,610
UNFPA	74,906	-	-	-	34,421	1,300	-	-	7,880	-	6,540	3,685
TOTAL	4,799,451	58	13	126	2,767,779	237,679	43	105	423,922	-	82,025	628,493
PERCENT OF TOTAL	100.0				57.7	5.0			8.8		1.7	13.1
1976												
PAHO--PR	1,994,204	31	7	29	1,468,890	155,552	8	20	101,438	-	39,020	50,481
PW	27,050	-	-	-	25,850	1,200	-	-	-	-	-	-
PN	85,378	-	-	-	46,936	4,131	-	-	4,219	-	-	6,492
PG	379,061	1	1	-	91,646	4,600	-	-	-	-	900	66,392
PH	163,088	-	-	-	21,645	1,889	-	-	14,971	-	5,000	7,257
WHO--WR	1,397,553	18	3	58	824,215	63,217	29	64	250,146	-	38,407	116,332
UNDP	382,085	8	3	6	240,424	11,220	-	2	11,078	-	-	80,324
UNFPA	61,748	-	-	-	36,013	1,750	-	-	8,668	-	7,194	4,054
TOTAL	4,490,167	58	14	93	2,757,919	244,559	37	86	390,522	-	90,521	343,332
PERCENT OF TOTAL	100.0				61.5	5.4			8.7		2.0	7.4
<p>PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO-WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES MO-GRANTS AND OTHER FUNDS</p>												

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

BRAZIL - DETAIL

BRAZIL-0100, EPIDEMIOLOGY

Brazil has a high endemicity of such communicable diseases as malaria, Chagas' disease, plague, tuberculosis, and schistosomiasis. Due to the geographical diversity in development and socioeconomic factors, there are also problems of cardiovascular and deficiency diseases. Shortcomings in the existing information system make it difficult to determine the exact dimensions of the communicable disease problem.

The Government is conducting national programs of vaccination, improvement of its epidemiological surveillance network, and training of personnel. PAHO is cooperating in these programs through its specialized Headquarters and Zone staffs.

TOTAL		2	2	2	2	TOTAL	69,363	69,410	71,800	74,900
P-4 EPIDEMIOLOGIST .1085	PR	1	1	1	1	SUBTOTAL	42,485	42,700	48,600	51,100
G-7 ADMINISTRATIVE ASSISTANT .3656	PR	1	1	1	1	PERSONNEL-PDSTS	34,209	34,400	40,200	42,500
TOTAL		1	3	3	3	DUTY TRAVEL	8,231	8,300	8,400	8,600
CONSULTANT MONTHS	WR	1	3	3	3	SUPPLIES AND EQUIPMENT	45	-	-	-
TOTAL		4	4	4	4	SUBTOTAL	4,913	4,110	-	-
FELLOWSHIPS-ACADEMIC	WR	3	2	2	2	SUPPLIES AND EQUIPMENT	4,913	4,110	-	-
FELLOWSHIPS-SHORT TERM	WR	1	2	2	2	SUBTOTAL	21,965	22,600	23,200	23,800
						PERSONNEL-CONSULTANTS	2,143	6,000	6,600	7,200
						SEMINAR COSTS	-	4,000	4,000	4,000
						SUPPLIES AND EQUIPMENT	2,520	-	-	-
						FELLOWSHIPS	17,302	12,600	12,600	12,600

BRAZIL-0114, SURVEILLANCE RESEARCH ON INFECTIOUS DISEASES ALONG THE TRANS-AMAZON HIGHWAY

The opening of the Trans-Amazon and Cuiabá-Santarém Highways offers the opportunity to carry out multidisciplinary studies on diseases and their causative agents introduced by the work force and colonists coming from other parts of Brazil, and on local diseases and infectious agents of the Amazon area which may affect the immigrants. These studies include epidemiological investigation of yellow fever and other arboviruses, enteroviruses, rabies, enterobacteria (with particular attention to salmonellosis), leptospirosis, malaria, leishmaniasis, Chagas' disease, helminthic infestation (especially schistosomiasis), and febre negra. Investigations will also be made of reservoir hosts among the wild animals and on the role of certain arthropod vectors.

The general objectives of the program are to (1) conduct epidemiologic studies of disease transmission among various population groups along the Trans-Amazon and Cuiabá-Santarém Highways; (2) conduct ecologic studies in the same area and attempt to relate ecologic changes to the frequency of disease transmission; and (3) identify specific disease targets for detailed investigation.

TOTAL		76,172	56,258	25,000	25,000
SUBTOTAL	PR	30,833	25,000	-	-
GRANTS		30,833	25,000	-	-
SUBTOTAL	PG	45,339	31,258	-	-
CONTRACTUAL SERVICES		1,896	-	-	-
SUPPLIES AND EQUIPMENT		10,355	26,758	-	-
LOCAL COSTS		33,088	4,500	-	-
SUBTOTAL	WR	-	-	25,000	25,000
GRANTS		-	-	25,000	25,000

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

BRAZIL-0115, EPIDEMIOLOGICAL STUDIES OF INFECTIOUS DISEASE ALONG THE TRANS-AMAZON AND CUIABA-SANTAREM HIGHWAYS

The Evandro Chagas Institute has for many years conducted studies among populations in the Amazon Basin of Brazil, and is the only medical research facility in this area. The construction of the Trans-Amazon and Cuiabá-Santarém Highways and the attendant introduction of new groups of people from other parts of Brazil into the area, offer many new opportunities for infectious disease research. Results of limited studies carried out over the past three years have shown the potential value of such work.

The general objectives of this proposal are (1) to conduct epidemiological studies of disease transmission among various population groups along the Trans-Amazon and Cuiabá-Santarém Highways; (2) to conduct ecological studies in the same area and attempt to relate ecological changes to the frequency of disease transmission; and (3) to identify specific disease targets for detailed investigation. For example, malaria, caused by both *Plasmodium falciparum* and *Plasmodium vivax*, has been found in the Trans-Amazon colonists. Specific research is indicated to identify vectors, response to antimalarial drugs, and conditions enhancing or diminishing transmission. Cutaneous and mucocutaneous leishmaniasis are also transmitted in this region. The definition of transmission frequency, and the identification of sandfly vectors and reservoirs are required.

TOTAL		-	3	3	3	TOTAL	-	211,300	205,600	228,700	
P-4 ECOLOGIST .4226	PG	-	1	1	1	SUBTOTAL	PR	-	11,300	17,600	18,700
P-2 HISTOPATHOLOGY TECHNICIAN .4263	PR	-	1	1	1	PERSONNEL-POSTS	-	10,300	16,400	17,300	
G-4 SECRETARY .4291	PG	-	1	1	1	DUTY TRAVEL	-	1,000	1,200	1,400	
TOTAL		-	1	-	-	SUBTOTAL	PG	-	200,000	188,000	210,000
CONSULTANT MONTHS	PG	-	1	-	-	PERSONNEL-POSTS	-	32,259	34,400	36,200	
						PERSONNEL-CONSULTANTS	-	1,500	-	-	
						DUTY TRAVEL	-	1,500	2,000	2,500	
						SUPPLIES AND EQUIPMENT	-	36,800	26,000	30,000	
						LOCAL COSTS	-	127,941	125,600	141,300	

BRAZIL-0200, MALARIA ERADICATION

The malarious area of Brazil, covering close to 7 million square kilometers with a population of 41.5 million, has been classified, according to its prospects, as an area of short-term eradication and another area of long-range eradication, where the ecological, epidemiological, and socioeconomic factors of the region will slow down the process of interrupting transmission. Up to September 1973, 1,792,537 blood samples had been examined, of which 60,152 proved to be malaria-positive. The positivity indices ranged from 1.3% in short-term eradication areas to 10.4% in long-term eradication areas.

The targets of the program were established in the context of the Ten-year Health Plan for the Americas (1971-1980), adopted at the III Special Meeting of Ministers of Health of the Americas (Chile, 1972). In August 1973, the Plan of Operations was revised to an evaluation group, including PAHO and USAID consultants, who found the Plan viable. The program pays particular attention to the application of preventive and protective measures in developing areas influenced by the Trans-Amazon Highway and to settlement and agricultural promotion projects.

TOTAL		8	8	8	8	TOTAL	256,360	257,800	266,000	276,300	
P-5 MEDICAL OFFICER .0353	PR	1	1	1	1	SUBTOTAL	PR	710,330	207,800	216,000	226,300
P-4 MEDICAL OFFICER .0355 .0356 .3206	PR	3	2	2	2	PERSONNEL-POSTS	191,446	189,800	198,600	207,500	
P-4 PARASITOLOGIST .0816	PR	-	1	1	1	PERSONNEL-CONSULTANTS	-	4,000	4,400	4,800	
P-4 SANITARY ENGINEER .0359	PR	1	1	1	1	DUTY TRAVEL	18,884	14,000	13,000	14,000	
P-3 ENTOMOLOGIST .2184	PR	1	-	-	-	SUBTOTAL	WR	46,030	50,000	50,000	50,000
P-3 SANITARY ENGINEER .0362	PR	1	1	1	1	SUPPLIES AND EQUIPMENT	46,030	50,000	50,000	50,000	
P-2 LABORATORY ADVISER .3487	PR	-	1	1	1						
G-5 SECRETARY .3109	PR	1	1	1	1						
TOTAL		-	2	2	2						
CONSULTANT MONTHS	PR	-	2	2	2						

FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----

FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

BRAZIL-0300, SMALLPOX ERADICATION

Since the last case of smallpox in Brazil was reported in 1971, the country is now in the epidemiological surveillance and containment phase. The efforts now under way are vaccination of newborns and children under five years of age and maintenance of a network of notification stations covering 89.6% of the country's municipalities.

TOTAL		3	2	1	1	TOTAL	WR	77,175	76,364	30,428	32,864
P-4 MEDICAL OFFICER 4.3040	WR	1	1	1	1	PERSONNEL-POSTS		41,801	52,064	21,528	30,164
P-3 STATISTICIAN 4.3029	WR	1	1	-	-	PERSONNEL-CONSULTANTS		1,303	-	-	-
G-5 SECRETARY 4.3110	WR	1	-	-	-	DUTY TRAVEL		4,214	4,300	2,500	2,700
						SUPPLIES AND EQUIPMENT		19,861	10,000	-	-
						COURSE COSTS		10,000	10,000	-	-
TOTAL		1	-	-	-						
CONSULTANT MONTHS	WR	1	-	-	-						

BRAZIL-0400, TUBERCULOSIS CONTROL

Tuberculosis remains an important health problem in Brazil. The incidence of tubercular infection, judging from examination of six-year-olds in the elementary schools of 13 capitals, ranges from 6.4% (Curitiba) to 25.9% (Belem), with an average of 12% (1971). Data from the state capitals indicate that the death rate was 32.5 per 100,000 in 1971. In 1972, 70,794 new cases were reported in the country as a whole. The objective of the project is to introduce the technique of bacteriological diagnosis of tuberculosis in all health laboratories as a basis for incorporating control activities in the general health services. At the same time, an integrated program was begun in the State of Espirito Santo; the hope is to extend its application to the other states of the country.

TOTAL		6	3	3	3	TOTAL	WR	22,616	15,500	14,600	15,200
CONSULTANT MONTHS	WR	6	3	3	3	PERSONNEL-CONSULTANTS		13,549	6,000	6,600	7,200
TOTAL		3	3	2	2	SUPPLIES AND EQUIPMENT		5,395	5,000	5,000	5,000
						FELLOWSHIPS		3,672	4,500	3,000	3,000
FELLOWSHIPS-SHORT TERM	WR	3	3	2	2						

BRAZIL-0700, VETERINARY PUBLIC HEALTH

Zoonoses control activities, after a period of slow growth, have now been stepped up through the adoption of a number of programs, such as the one initiated in 1973 for the eradication of human rabies within three years and the program for the control of canine rabies over five years, for which an inter-ministerial agreement has been signed setting up national liaison machinery and providing the resources for its adoption by the states.

The demonstration area for the planning, programming and appraisal of animal health activities in Rio Grande do Sul, introduced in 1971, was fully operational by 1973. This project, which provides for the establishment of a national laboratory for reference and training in animal health, has finally taken form and construction work should be initiated by the end of 1973. The new laboratory will coordinate diagnostic work in animal pathology and introduce a system of statistical data and epidemiological surveillance.

Food hygiene at the federal level has received strong support from Government authorities and a demonstration program, supported by various health services, has been initiated in the city of Sao Paulo.

A working party, with representatives of the Ministries of Health, Agriculture, and Education and Culture, is preparing a basic document that will define the operational plan that is to cover zoonoses control activities, food hygiene and manpower training.

TOTAL		1	3	3	3	TOTAL		51,855	138,124	142,838	112,001
P-4 VETERINARIAN 4.3278 4.3897	WR	1	2	2	2	SUBTOTAL	PG	9,794	53,300	44,720	9,987
G-5 SECRETARY 4.3110	WR	-	1	1	1	SUPPLIES AND EQUIPMENT		7,804	42,389	34,920	9,987
TOTAL		2	4	3	3	FELLOWSHIPS		-	10,911	9,800	-
						TRAINING GRANTS		1,990	-	-	-
CONSULTANT MONTHS	WR	2	4	3	3	SUBTOTAL	WR	42,061	84,824	98,118	102,014
TOTAL		-	12	11	5						
FELLOWSHIPS-ACADEMIC	WR	-	1	1	1	PERSONNEL-POSTS		26,589	47,024	61,218	66,014
FELLOWSHIPS-SHORT TERM	PG	-	7	6	-	PERSONNEL-CONSULTANTS		2,848	8,000	6,600	7,200
FELLOWSHIPS-SHORT TERM	WR	-	4	4	4	DUTY TRAVEL		7,599	8,000	8,500	9,000
						SEMINAR COSTS		1,000	4,000	4,000	4,000
						SUPPLIES AND EQUIPMENT		4,025	5,000	5,000	5,000
						FELLOWSHIPS		-	10,800	10,800	10,800
						COURSE COSTS		-	2,000	2,000	-

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

BRAZIL-0703, ANIMAL HEALTH PROGRAM IN RIO GRANDE DO SUL

The purpose of this project is to cooperate in planning and carrying out a program in Rio Grande do Sul for the control of diseases in animals, giving emphasis to foot-and-mouth disease. The project includes research and the training of personnel.

TOTAL					TOTAL	PR				
-----		-	1	1	1	-----	-	29,100	30,500	31,900
P-4 EPIDEMIOLOGIST .3741	PR	-	1	1	1	-----	-	27,100	28,300	29,500
						-----	-	2,000	2,200	2,400
					PERSONNEL-POSTS DUTY TRAVEL					

BRAZIL-0900, STUDIES ON CLINICAL FEATURES OF LEISHMANIASIS

The purpose of this project was to cooperate in studies on the clinical features of leishmaniasis in Brazil. The Wellcome Trust (England) cooperated in the project.

TOTAL	WD			
-----	-----	2,155	-	-
SUPPLIES AND EQUIPMENT		2,155	-	-

BRAZIL-0901, PLAGUE RESEARCH

The area of Brazil in which plague is endemic comprises some 180,000 square kilometers, and the disease constitutes an important health problem. Between 1963 and 1972, 1,641 cases were reported. The objective of this project is to cooperate with the Ministry of Health in a research program on the ecology of rodents and factors which influence the focalization and epizootization of the disease. The results of this research program will provide a basis for reorientation of activities for the control of plague.

TOTAL					TOTAL	WR				
-----		1	1	1	1	-----	4,735	8,500	10,200	10,400
CONSULTANT MONTHS	WR	1	1	1	1	-----	4,735	2,000	2,200	2,400
TOTAL		-	1	2	2	-----	-	5,000	5,000	5,000
						-----		1,500	3,000	3,000
FELLOWSHIPS-SHORT TERM	WR	-	1	2	2					
					PERSONNEL-CONSULTANTS SUPPLIES AND EQUIPMENT FELLOWSHIPS					

BRAZIL-1000, SCHISTOSOMIASIS

The spread of schistosomiasis from the highly endemic areas of northeastern Brazil to other states, especially in the southeast, is continuing. It is fostered by internal migration and poor conditions of environmental sanitation. Control activities include the search for effective drugs to treat the disease; evaluation of their therapeutic and toxic effects, especially in the area of genetics; the fight against the mollusks that participate in the disease cycle, and limited rural sanitation measures.

TOTAL					TOTAL	WR				
-----		3	2	2	2	-----	6,614	12,000	12,400	12,800
CONSULTANT MONTHS	WR	3	2	2	2	-----	5,594	4,000	4,400	4,800
TOTAL		-	2	2	2	-----	1,020	5,000	5,000	5,000
						-----		3,000	3,000	3,000
FELLOWSHIPS-SHORT TERM	WR	-	2	2	2					
					PERSONNEL-CONSULTANTS SUPPLIES AND EQUIPMENT FELLOWSHIPS					

BRAZIL-1001, CHAGAS' DISEASE

The importance of Chagas' disease as a health problem in the southeastern states of Brazil is apparent from the studies which show the insect vectors to exist in 1,700 localities and from the fact that four million people are infected. Improvement of housing conditions to control the disease is considered a long-range objective. Meanwhile, improvement of diagnostic methods and efforts to combat the vector through selective spraying are the central features of the program under way. Important objectives for specific activities include evaluation of the effectiveness of these methods and research on various aspects of the ecology of the triatomines.

FUND					FUND						
1973 1974 1975 1976					1973 1974 1975 1976						
-----					-----						
					\$ \$ \$ -\$						
TOTAL		4	3	3	-	TOTAL	UNDP	151,914	493,418	143,668	-
P-5 PROJECT MANAGER 4.3763	UNDP	1	1	1	-	PERSONNEL-POSTS		47,500	62,520	63,558	-
P-4 SANITARY ENGINEER 4.3764 4.3765	UNDP	2	1	1	-	PERSONNEL-CONSULTANTS		17,750	88,750	32,250	-
G-5 SECRETARY 4.3913	UNDP	1	1	1	-	DUTY TRAVEL		-	3,000	3,000	-
						CONTRACTUAL SERVICES		-	50,000	-	-
						SUPPLIES AND EQUIPMENT		60,416	223,646	-	-
						FELLOWSHIPS		21,765	62,722	35,300	-
TOTAL		5	35	13	-	LOCAL PERSONNEL COSTS		4,483	-	-	-
						MISCELLANEOUS		-	3,280	9,560	-
CONSULTANT MONTHS	UNDP	5	35	13	-						
TOTAL		5	24	8	-						
FELLOWSHIPS-ACADEMIC	UNDP	3	5	8	-						
FELLOWSHIPS-SHORT TERM	UNDP	2	19	-	-						

BRAZIL-2104, ENVIRONMENTAL SANITATION, GUANABARA

The State of Guanabara in Brazil has a very high population density which is related to its industrial development, and this generates serious problems in the health and sanitation sectors. Pollution of the water bodies increases constantly, interfering with the health and living patterns of the population and at the same time affecting the economy in various ways, such as in a decrease in the flow of tourists because of contamination of the beaches. Guanabara Bay is a good example of this type of situation, having been transformed into a highly contaminated body of water. The presence of about 350,000 vehicles, 8,000 domestic incinerators, and 4,000 industries generates high indices of atmospheric pollution. The production of solid wastes is growing at a rate of 10% per year, currently at a level of 3,000 tons a day. The inadequate systems of collection, transport, and final disposition of these wastes create serious health and esthetic problems.

The purpose of this project is the creation of instruments, including federal legislation, to prevent and control the intensification of water, air, and soil pollution. In order to accomplish this, the development of activities intended to solve the problems caused by the poor quality of water, air, and soil will be accelerated to a pace compatible with the needs of the country.

TOTAL					TOTAL						
4 4 4 4					UNDP 14,223 431,720 188,250 48,307						
-----					-----						
P-5 PROJECT MANAGER 4.4003	UNDP	1	1	1	1	PERSONNEL-POSTS		12,500	71,100	91,100	29,577
P-4 SANITARY ENGINEER 4.4004 4.4005	UNDP	2	2	2	2	PERSONNEL-CONSULTANTS		-	112,500	45,000	7,500
G-6 SECRETARY 4.4151	UNDP	1	1	1	1	DUTY TRAVEL		-	4,500	4,500	1,500
						SUPPLIES AND EQUIPMENT		-	195,920	22,000	-
						FELLOWSHIPS		-	42,200	20,150	-
						LOCAL PERSONNEL COSTS		1,723	-	-	-
						MISCELLANEOUS		-	5,500	5,500	9,730
TOTAL		4	45	18	3						
CONSULTANT MONTHS	UNDP	-	45	18	3						
TOTAL		-	17	9	-						
FELLOWSHIPS-ACADEMIC	UNDP	-	1	1	-						
FELLOWSHIPS-SHORT TERM	UNDP	-	16	8	-						

BRAZIL-2200, WATER SUPPLIES

Despite recent advances in providing the people of Brazil with water supplies and sewerage systems, large portions of the urban and rural populations are still without either service. With the assistance of the National Housing Bank (BNH) in financing these programs, highly satisfactory results have been obtained in providing urban areas with water supply systems. It is hoped that this activity will be extended in the future to the field of sewerage and the pollution of rivers.

The purposes of this project are (1) to promote a more rapid development of water supply and sewerage services in urban and rural areas by improving the organization of the agencies responsible for these services; (2) to assist in carrying out the National Sanitation Plan; (3) to participate in the training of personnel; and (4) to cooperate in water quality control and the operation and maintenance of services.

Proposed goals include the provision of adequate water supply services to 80% of the urban population during the decade. It is estimated that \$1.4 billion will be needed to achieve this objective.

FUND					FUND					
	1973	1974	1975	1976		1973	1974	1975	1976	
						\$	\$	\$	\$	
TOTAL	10	3	3	3	TOTAL	WR	20,647	10,500	12,600	13,200
CONSULTANT MONTHS	WR	10	3	3	PERSONNEL-CONSULTANTS		16,427	6,000	6,600	7,200
TOTAL		4	3	4	FELLOWSHIPS		4,220	4,500	6,000	6,000
FELLOWSHIPS-SHORT TERM	WR	4	3	4						

BRAZIL-2201, WATER SUPPLIES IN SÃO PAULO

This project seeks to achieve the integrated development of the São Paulo Water Supply and Sewerage Authority through a wide-ranging program of technical and administrative improvements, designed to lay the foundations for a solid corporation structure and to secure the introduction of modern administrative methods that will enable the institution to accomplish the goals set, and reduce the massive shortcomings in water supply and the disposal of sewage in the city of São Paulo.

TOTAL					TOTAL					
		2	2	-		PW	93,175	41,940	-	-
P-4 MANAGEMENT CONSULTANT .3600 .3938	PW	2	2	-	PERSONNEL-POSTS		50,160	39,440	-	-
TOTAL		6	-	-	PERSONNEL-CONSULTANTS		10,662	-	-	-
CONSULTANT MONTHS	PW	6	-	-	DUTY TRAVEL		5,776	500	-	-
TOTAL		10	-	-	CONTRACTUAL SERVICES		797	2,000	-	-
PARTICIPANTS	PW	10	-	-	SEMINAR COSTS		2,680	-	-	-
					PARTICIPANTS		23,100	-	-	-

BRAZIL-2203, WATER SUPPLIES IN ESPIRITO SANTO

The Sanitation Corporation of Espirito Santo (CESAN) is responsible for the implementation of the Sanitation Plan in the state of Espirito Santo: this plan will provide potable water for 80% of the state's urban population by 1980 for an investment of Cr\$ 100 million. To achieve this objective CESAN must be internally reorganized and its institutional policies and objectives reviewed, to enable it to upgrade its technical, administrative and financial resources to secure optimum utilization of funds provided by the loan from the National Housing Bank (BNH), and to guarantee the efficient operation, maintenance and administration of services. With PAHO support, CESAN's existing systems procedures and practices were reviewed and recommendations made on organization and methods, organic structure, accounts and budget, invoicing and collections, personnel administration, supplies, public relations, water metering, data-processing and planning. For the present year, the final one under the current agreement, technical cooperation programs have been planned in the additional fields of project engineering, operations and maintenance and works programming and inspection; similarly measures will be taken to draw up programs with a view to the adoption of the recommendations made in the various fields reviewed, and for the introduction of control and appraisal machinery in accordance with these recommendations, with a view to the introduction in their entirety of all the models designed for improved performance.

TOTAL					TOTAL					
		5	22	-		PW	11,081	54,336	-	-
CONSULTANT MONTHS	PW	5	22	-	PERSONNEL-CONSULTANTS		11,081	44,676	-	-
TOTAL		-	4	-	CONTRACTUAL SERVICES		-	3,700	-	-
FELLOWSHIPS-SHORT TERM	PW	-	4	-	FELLOWSHIPS		-	6,000	-	-

BRAZIL-2204, WATER SUPPLY IN MINAS GERAIS

The Companhia Mineira de Águas e Esgotos (COMAG) is responsible for the development of the National Sanitation Plan in the whole State of Minas Gerais. It is expected to supply 80% of the urban population with potable water and to provide sewerage for the principal cities of the State before the end of 1980, with an investment of about 500 million cruzeiros. This goal would benefit about 400 municípios of the 722 in the State. In order to reach the objectives in the plan, COMAG must improve its operating capacity both in the execution of this vast plan and in the operation, maintenance, and administration of services. This will give rise to a reorganization that will permit establishing an active and dynamic administration with a business-like character.

PAHO will cooperate in reaching the goals established through advisory services in the various fields of administration. Emphasis is now on billing and collection, project analysis, administration, operation and maintenance of systems of small communities, public relations, programming and control of the execution of works, accounting and budgeting, and evaluation.

TOTAL					TOTAL					
		16	3	-		PW	32,748	6,774	-	-
CONSULTANT MONTHS	PW	16	3	-	PERSONNEL-CONSULTANTS		32,693	6,774	-	-
					SUPPLIES AND EQUIPMENT		55	-	-	-

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

BRAZIL-2206, WATER SUPPLIES (PARANA)

The Companhia de Saneamiento del Paraná (SANEPAR) has responsibility for carrying out before 1977 works for supplying water to 80% of the urban population of the state, at a total estimated cost of 600 million cruzeiros and benefiting about 2 million persons. On the basis of an analysis made in 1972, policies and objectives of the Companhia were reviewed and advisory services provided in various areas of administration. In 1974 it is planned to formulate systems of billing and collections, supply administration, planning, accounting, and budgeting, and a second stage of programming and control of works.

The purpose of this project is to cooperate with the Companhia in the application of the recommendations made by the consultants and in defining mechanisms for the evaluation of the development of the institution.

TOTAL		3	10	-	-	TOTAL	PW	10,339	28,701	-	-
CONSULTANT MONTHS	PW	3	10	-	-	PERSONNEL-CONSULTANTS	10,339	20,701	-	-	-
TOTAL		-	2	-	-	CONTRACTUAL SERVICES	-	1,000	-	-	-
						FELLOWSHIPS	-	3,000	-	-	-
FELLOWSHIPS-SHORT TERM	PW	-	2	-	-	COURSE COSTS	-	4,000	-	-	-

BRAZIL-2208, WATER SUPPLY IN SANTA CATARINA

The Companhia Catarinense de Águas e Saneamento (CASAN) is the agency responsible for carrying out the National Sanitation Plan in the State of Santa Catarina. It foresees construction in the next five years of aqueducts and sewerage works (178 million cruzeiros) to achieve potable water services for 80% of the urban population of the State. The State has 96,000 square kilometers and a population of 3 million located in 197 municípios. A diagnosis of the company in 1973 identified the reforms that would be necessary to arrive at the stage of development required to carry out the National Sanitation Plan and to operate and maintain the works constructed in a businesslike manner.

This project provides for cooperation in the areas of organization, accounting and budgeting, billings, collections, water metering, programming and control of works, personnel administration, and organization and methods.

TOTAL		-	19	3	-	TOTAL	PW	-	44,120	6,500	-
CONSULTANT MONTHS	PW	-	19	3	-	PERSONNEL-CONSULTANTS	-	37,120	6,000	-	-
TOTAL		-	-	-	-	CONTRACTUAL SERVICES	-	3,000	500	-	-
						FELLOWSHIPS	-	4,000	-	-	-
FELLOWSHIPS-SHORT TERM	PW	-	-	-	-						

BRAZIL-2300, Aedes aegypti ERADICATION

Although Aedes aegypti was eradicated in Brazil in 1958, the vector reappeared in the city of Belém (State of Pará) in 1967. Later, epidemiological surveys indicated that the reinfestation had also affected the cities of São Luiz, Rosario, and Ribamar (State of Maranhão). The purposes of this project are the elimination of Aedes aegypti from the reinfested areas; the intensification of epidemiological surveillance to prevent further reinfestations; and the training of technical and auxiliary personnel in eradication and surveillance procedures.

TOTAL		-	2	2	2	TOTAL	WR	-	9,000	9,400	9,800
CONSULTANT MONTHS	WR	-	2	2	2	PERSONNEL-CONSULTANTS	-	4,000	4,400	4,800	-
						SUPPLIES AND EQUIPMENT	-	5,000	5,000	5,000	-

BRAZIL-3101, HEALTH SERVICES IN THE NORTHEAST

This program has as its purpose to improve the institutional infrastructure of the health structure for planning and development of the health sector, and for planning and administering health programs in the macroregion of the Northeast. This Region encompasses nine states with an area of 1,580,000 square kilometers and 29 million inhabitants.

The objectives of this project are: (1) development of the health planning process at the level of the 'Secretarias da Saude' of the northeastern states; (2) technical and administrative restructuring of the same 'Secretarias'; (3) defining and strengthening the health regions of the 'Secretarias' in order to increase returns on investments; (4) strengthening the systems of coordination of the health institutions in order to make the best possible use of resources and to carry out a cohesive programming of health activities; (5) strengthening the statistical information system to meet the needs of health planning at state and regional levels; and (6) training of personnel.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

UNICEF cooperates in this project.

TOTAL		6	7	7	7	TOTAL	251,710	196,286	240,272	254,742
P-5 MEDICAL OFFICER 4.0349	WR	1	1	1	1	SUBTOTAL	PR 67,616	54,100	58,000	60,500
P-4 MEDICAL OFFICER 4.3450 4.3860	WR	1	2	2	2	PERSONNEL-POSTS	41,305	34,600	43,000	45,100
P-4 SANITARY ENGINEER 4.0348	WR	1	1	1	1	DUTY TRAVEL	9,256	9,600	10,100	10,500
P-3 ADMIN. METHODS OFFICER .3205	PR	1	1	1	1	FELLOWSHIPS	13,720	-	-	-
P-3 NURSE 4.0372	WR	1	1	1	1	COMMON SERVICES	3,335	4,900	4,900	4,900
P-3 STATISTICIAN .0928	PR	1	1	1	1	SUBTOTAL	WR 184,094	142,186	182,272	194,242
TOTAL		15	2	2	2	PERSONNEL-POSTS	84,320	111,786	147,172	157,742
CONSULTANT MONTHS	WR	15	2	2	2	PERSONNEL-CONSULTANTS	31,722	4,000	4,400	4,800
TOTAL		26	5	6	6	DUTY TRAVEL	14,580	9,600	11,100	12,100
FELLOWSHIPS-ACADEMIC	PR	2	-	-	-	SUPPLIES AND EQUIPMENT	6,046	-	-	-
FELLOWSHIPS-ACADEMIC	WR	13	1	2	2	FELLOWSHIPS	33,076	10,800	15,600	15,600
FELLOWSHIPS-SHORT TERM	PR	6	-	-	-	PARTICIPANTS	14,350	-	-	-
FELLOWSHIPS-SHORT TERM	WR	5	4	4	4	COURSE COSTS	-	6,000	4,000	4,000
TOTAL		12	-	-	-					
PARTICIPANTS	WR	12	-	-	-					

BRAZIL-3104, HEALTH SERVICES IN THE SOUTHEAST

The Southeast Region encompasses the states of Minas Gerais, Espirito Santo, Rio de Janeiro, Guanabara and São Paulo.

The purposes of this project are the development of the process of administration and planning of health services in the southeast of Brazil within the context of national health policy and in accordance with state and national development plans; development of coordination of the health sector to arrive at a wider coverage of services, especially in the rural zones, and strengthening of the basic program of medical care, control of communicable diseases, immunization, nursing care, statistics and training of personnel.

TOTAL		1	2	2	2	TOTAL	36,770	72,300	89,300	93,000
P-5 MEDICAL OFFICER .2065	PR	1	1	1	1	SUBTOTAL	PR 34,770	64,500	73,700	77,400
P-4 MEDICAL OFFICER .4245	PR	-	1	1	1	PERSONNEL-POSTS	22,633	48,000	58,100	60,700
TOTAL		2	4	3	3	PERSONNEL-CONSULTANTS	4,314	8,000	6,600	7,200
CONSULTANT MONTHS	PR	2	4	3	3	DUTY TRAVEL	1,403	2,500	3,000	3,500
TOTAL		1	3	6	6	SUPPLIES AND EQUIPMENT	2,425	3,000	3,000	3,000
FELLOWSHIPS-ACADEMIC	WR	-	1	2	2	FELLOWSHIPS	387	-	-	-
FELLOWSHIPS-SHORT TERM	PR	1	-	-	-	COMMON SERVICES	3,608	3,000	3,000	3,000
FELLOWSHIPS-SHORT TERM	WR	-	2	4	4	SUBTOTAL	PS 2,000	-	-	-
TOTAL		-	-	-	-	SEMINAR COSTS	2,000	-	-	-
	WR	-	-	-	-	SUBTOTAL	WR -	7,800	15,600	15,600
						FELLOWSHIPS	-	7,800	15,600	15,600

BRAZIL-3108, HEALTH SERVICES IN RURAL AREAS

The purpose of this project was to cooperate in the development of the health infrastructure of rural areas. These activities continue in other projects which serve various regions in the country.

TOTAL		1	-	-	-	TOTAL	WR 47,644	-	-	-
P-5 MEDICAL OFFICER 4.3198	WR	1	-	-	-	PERSONNEL-POSTS	41,156	-	-	-
TOTAL		1	-	-	-	PERSONNEL-CONSULTANTS	2,855	-	-	-
CONSULTANT MONTHS	WR	1	-	-	-	DUTY TRAVEL	2,503	-	-	-
TOTAL		1	-	-	-	FELLOWSHIPS	1,130	-	-	-
FELLOWSHIPS-SHORT TERM	WR	1	-	-	-					

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

 \$ \$ \$ \$

BRAZIL-3112, HEALTH SERVICES IN THE WEST CENTRAL REGION

The purpose of this project is to develop in the State of Goiás, where the federal capital of Brasilia is located, and in the State of Mato Grosso, the process of administration and planning of health activities within the context of the national health policy and regional and state development plans, as well as to organize the health sector in order to establish a state system of health that facilitates a better administration of existing resources and the expansion of the infrastructure, especially in the rural areas, in order to strengthen the basic programs and arrive at the necessary coverage.

TOTAL		-	1	1	2	TOTAL	WR	-	58,120	62,900	67,300
P-5 MEDICAL OFFICER 4,3198	WR	-	1	1	1	PERSONNEL-POSTS	-		34,820	36,600	40,400
G-4 SECRETARY 4,4231	WR	-	-	-	1	PERSONNEL-CONSULTANTS	-		6,000	4,400	4,800
						DUTY TRAVEL	-		2,500	2,600	2,800
						SUPPLIES AND EQUIPMENT	-		3,700	3,700	3,700
						FELLOWSHIPS	-		11,100	15,600	15,600
TOTAL		-	3	2	2						
CONSULTANT MONTHS	WR	-	3	2	2						
TOTAL		-	3	6	6						
FELLOWSHIPS-ACADEMIC	WR	-	2	2	2						
FELLOWSHIPS-SHORT TERM	WR	-	1	4	4						

BRAZIL-3200, NURSING SERVICES

The chief problem of the nursing service in Brazil is the inability to provide adequate coverage and an effective level of nursing care, especially for populations in rural areas and small towns in the interior of the country. The following are among the major factors behind this problem: shortages, imbalances in distribution, and inadequate utilization of nursing manpower; lack of planning and organization of the nursing service; absence of any policy for nursing care and for the continuing career development of in-service personnel; and lack of data on nursing requirements needed as a basis for short- and long-term programming.

To provide a service more consistent with the country's social and health needs, nursing should be restructured through the introduction of subsidiary training systems at both federal and state levels, the development of machinery for co-ordination between the social welfare and manpower training sectors, and the definition of service objectives and their progressive projection over the decade.

TOTAL		1	1	1	1	TOTAL	PR	770	44,600	56,300	58,200
P-4 NURSE .3658	PR	1	1	1	1	PERSONNEL-POSTS	-		27,100	28,300	29,500
						PERSONNEL-CONSULTANTS	-		4,000	4,400	4,800
						DUTY TRAVEL	-		1,500	2,000	2,300
						SEMINAR COSTS	-		6,000	6,000	6,000
						FELLOWSHIPS	-	770	6,000	15,600	15,600
TOTAL		-	2	2	2						
CONSULTANT MONTHS	PR	-	2	2	2						
TOTAL		1	4	6	6						
FELLOWSHIPS-ACADEMIC	PR	-	-	2	2						
FELLOWSHIPS-SHORT TERM	PR	1	4	4	4						

BRAZIL-3302, YELLOW FEVER LABORATORY

Yellow fever vaccine of high quality will need to be available in Brazil in larger quantities than in recent years. Outbreaks of jungle yellow fever are continuing to occur, and the risk of this is increasing, due to the opening up of new roads through jungle areas. The production laboratory of the Instituto Oswaldo Cruz is increasing output of freeze-dried vaccine from five to 15 million doses in order to meet the higher national demand, as well as the international demand from countries applying through PAHO. It is also testing new techniques for increasing the thermostability of this biological substance. This project provides for an extension of the annual grant from PAHO in support of this effort.

TOTAL	PR	15,000	15,000	15,000	15,000
GRANTS		15,000	15,000	15,000	15,000

BRAZIL-3303, VACCINE PROGRAM AT INSTITUTO ADOLFO LUTZ

The purpose of this project is to cooperate with the Government of Brazil and the Instituto Adolfo Lutz in the furtherance of their research program.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$
TOTAL	-	1	-	-	TOTAL	PR	-	29,100	-
P-4 MEDICAL OFFICER .4265	PR	-	1	-	PERSONNEL-POSTS		-	27,100	-
					DUTY TRAVEL		-	2,000	-

BRAZIL-3315, IMMUNOLOGY RESEARCH AND TRAINING CENTER

Immunology is a rapidly developing science with significant current developments in tissue and organ transplantation, immunopathology, knowledge and function of immunoglobulins, cellular differentiation, and genetics. Personnel competent in basic immunology and in modern immunological techniques have become indispensable to any major health center.

The purpose of the project is to provide postgraduate training on the theory and laboratory techniques of immunology for students from Brazil and other countries in the Americas, as well as a research program on basic immunological mechanisms and their application to local public health problems.

TOTAL		3	2	2	2	TOTAL		5,081	4,000	19,400	19,800
CONSULTANT MONTHS	PR	1	-	-	-						
CONSULTANT MONTHS	WR	2	2	2	2	SUBTOTAL	PR	1,394	-	-	-
						PERSONNEL-CONSULTANTS		1,394	-	-	-
						SUBTOTAL	WR	3,687	4,000	19,400	19,800
						PERSONNEL-CONSULTANTS		3,687	4,000	4,400	4,800
						GRANTS		-	-	15,000	15,000

BRAZIL-3400, HEALTH EDUCATION

A Health Education Division was formed in 1970 as part of the Public Health Department of the Ministry of Health. Although health education services exist in the health departments of the states, nowhere are they entirely satisfactory. It is estimated that Brazil requires a minimum of 1,000 health educators in the course of the present decade. Nevertheless, since 1967, the Public Health School of the University of São Paulo, the only institution of higher education training public health educators, has only succeeded in producing 111 specialists in this field. Act No. 5692 introduced compulsory health programs into the curricula of the first and second grades of the general educational system.

The Government proposes to intensify its present measures by taking the following basic steps: undertaking operational studies on health education and comparative interdisciplinary surveys of the sociopsychological, cultural, and educational variables to be taken into account in health sector planning; conducting a series of meetings at federal, regional, and state levels to evaluate the orientation and quality of health education services; formulating basic educational guidelines and continuing educational programs; increasing current resources for the development of manpower for health education and progressive in-service training of health personnel at all working levels; and introducing health programs into the schools.

TOTAL		1	1	1	2	TOTAL		48,597	75,920	72,840	78,250
P-4 HEALTH EDUCATOR 4.2156	WR	1	1	1	1	PERSONNEL-POSTS		30,834	26,920	28,840	33,250
G-4 SECRETARY 4.4232	WR	-	-	-	1	PERSONNEL-CONSULTANTS		2,580	14,000	8,800	9,600
						DUTY TRAVEL		8,123	8,500	8,700	8,900
						SEMINAR COSTS		-	7,600	7,600	7,600
						FELLOWSHIPS		7,060	18,900	18,900	18,900
TOTAL		2	7	4	4						
CONSULTANT MONTHS	WR	2	7	4	4						
TOTAL		4	6	6	6						
FELLOWSHIPS-ACADEMIC	WR	3	3	3	3						
FELLOWSHIPS-SHORT TERM	WR	1	3	3	3						

BRAZIL-3500, HEALTH STATISTICS

Data on health conditions in Brazil and the need, availability, and utilization of health services, as well as basic data on births and deaths, are very scarce and inadequate. Vital statistics are reported only for state capitals, and even then are incomplete. Morbidity from communicable diseases is known to be extensive; notification is inadequate. There is no systematic collection of basic data on health manpower, resources, and services. A basic reason for the inadequacy of health statistics in Brazil, at the state as well as the national level, is the lack of human and financial resources.

The objectives of the project are to improve the quantity and quality of health and vital statistics in Brazil, promoting a better understanding of the relationships between health planning and health statistics and a fuller use of health statistics in the planning, execution and evaluation of health programs; to provide more trained statisticians at all levels; and to promote improved communications among those working in health and vital statistics at the national and state level.

FUND					FUND					
	1973	1974	1975	1976		1973	1974	1975	1976	
						\$	\$	\$	\$	
TOTAL	1	1	1	1	TOTAL	WR	33,083	33,654	35,628	38,264
P-4 STATISTICIAN 4,0369	WR	1	1	1	PERSONNEL-POSTS		7,846	17,354	27,928	30,164
TOTAL		9	1	1	PERSONNEL-CONSULTANTS		17,743	2,000	2,200	2,400
CONSULTANT MONTHS	WR	9	1	1	DUTY TRAVEL		1,233	1,800	2,000	2,200
TOTAL		1	6	-	SEMINAR COSTS		3,523	3,000	3,000	3,000
FELLOWSHIPS-SHORT TERM	WR	1	6	-	SUPPLIES AND EQUIPMENT		300	500	500	500
					FELLOWSHIPS		2,438	9,000	-	-

BRAZIL-3502, HEALTH INFORMATION SYSTEMS

In various states of the Federal Republic of Brazil, basic systems are being developed in the areas of utilization of resources, epidemiology, sanitation, and administration, but these are not always matched by information subsystems.

The general purpose is to establish a health information system which at the outset will cover specific areas within a selected group of states and will then be gradually extended to cover the entire country. The targets for the period cover the training of the personnel taking part in the first stage of the project, the compilation and processing of the inventory of health resources, and the first steps towards introducing the system in the areas selected by each state.

To date, six areas are enrolled in the Ministry of Health's general program: Pará, Pernambuco, Brasilia, Guanabara, São Paulo and Rio Grande do Sul. In due course others will be added. All the agreements have been signed, the Project Managers' first national review has been carried out, and a start has been made with the training of senior personnel and the inventory of resources. The main emphasis seems likely to be in the area of analysis and design of the system and the use of electronic data computing. The resources required are basically connected with these activities.

FUND					FUND					
	1973	1974	1975	1976		WR	20,800	26,400	48,809	
TOTAL		-	-	1	TOTAL		-	20,800	26,400	48,809
P-4 SCIENTIST 4,4244	WR	-	-	1	PERSONNEL-POSTS		-	-	-	20,109
TOTAL		-	4	4	PERSONNEL-CONSULTANTS		-	8,000	8,800	9,600
CONSULTANT MONTHS	WR	-	4	4	DUTY TRAVEL		-	-	-	1,500
TOTAL		-	3	4	SUPPLIES AND EQUIPMENT		-	5,000	5,000	5,000
FELLOWSHIPS-ACADEMIC	WR	-	1	2	FELLOWSHIPS		-	7,800	12,600	12,600
FELLOWSHIPS-SHORT TERM	WR	-	2	2						

BRAZIL-3600, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH

The competence, functions, and jurisdiction of the institutional systems in Brazil at the federal, state, and municipal levels are not specifically defined, and the actions of these systems in the health sector are sometimes duplicated or overlap, creating administrative difficulties. Generally speaking, the institutions constituting the health sector operate independently and without coordination, which has a detrimental effect on the coverage, performance, and quality of the health services.

The main objectives of this project are to promote the strengthening and development of administrative systems designed to facilitate, at the institutional level, the revision and reformulation of policies and programs, and to encourage organizational and administrative improvements as part of the work of coordinating the sector.

FUND					FUND					
	1973	1974	1975	1976		PR	52,845	60,700	60,100	62,100
TOTAL		1	1	1	TOTAL		52,845	60,700	60,100	62,100
P-4 ADMIN. METHODS OFFICER .3859	PR	1	1	1	PERSONNEL-POSTS		31,097	27,100	28,300	29,500
TOTAL		-	2	3	PERSONNEL-CONSULTANTS		-	4,000	6,600	7,200
CONSULTANT MONTHS	PR	-	2	3	DUTY TRAVEL		8,424	8,600	8,700	8,900
TOTAL		1	6	2	FELLOWSHIPS		1,324	9,000	3,000	3,000
FELLOWSHIPS-SHORT TERM	PR	1	6	2	COURSE COSTS		12,000	12,000	12,000	12,000
					COMMON SERVICES		-	-	1,500	1,500

BRAZIL-4101, MATERNAL AND CHILD HEALTH (renumbered BRAZIL-4901)

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

BRAZIL-4200, NUTRITION

Protein-calorie malnutrition among children, nutritional anemias, and dental caries are common deficiency diseases in every part of Brazil. Endemic goiter, hypovitaminosis A, and ariboflavinosis are limited to certain sectors of the population. Studies on food intake in the Northeast of Brazil show that average daily consumption of vitamin A and iron among children under two amounts to less than 25% of the recommended levels; calorie adequacy is barely 50%, while protein adequacy is close to 70%. Limited studies show that the average daily consumption in the northeast is 1,472 calories and 51.4 grams of protein, and that the average for the whole country is 2,500 calories and 65 grams of protein.

The infant mortality rate ranges between 39.1 in Pôrto Alegre and 205.7 per 1,000 live births in Recife. Preschool mortality runs from 10.5 in Pôrto Alegre to 64.5 per 1,000 in Maceiô. The recent Inter-American Investigation of Mortality in Childhood, which included four cities in Brazil, revealed that malnutrition was linked as a major or associated cause to 57% of the deaths of children under five.

The Government of Brazil recently established a broad-based nationwide food and nutrition program (PRONAN). To achieve its goal, it set up the National Food and Nutrition Institute (INAN) as a public agency with administrative autonomy but attached to the Ministry of Health. The purpose of this project is to cooperate with the Government in formulating the national food and nutrition policy and in developing PRONAN, which has as its major objective to improve standards of food and nutrition for the population and consequently to contribute to raising health, productivity, and income levels in the country.

WFP cooperates in this project.

TOTAL		-	1	1	1	TOTAL		-	53,200	51,900	42,900
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P-4 MEDICAL OFFICER - NUTRITION PR .0962		-	1	1	1	SUBTOTAL	PR	-	30,600	31,900	33,300
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
TOTAL		-	2	2	-	PERSONNEL-POSTS		-	27,100	28,300	29,500
-----	-----	-----	-----	-----	-----	DUTY TRAVEL		-	3,500	3,600	3,800
CONSULTANT MONTHS	WR	-	2	2	-	SUBTOTAL	WR	-	22,600	20,000	9,600
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
TOTAL		-	6	6	2	PERSONNEL-CONSULTANTS		-	4,000	4,400	-
-----	-----	-----	-----	-----	-----	SEMINAR COSTS		-	3,000	-	-
FELLOWSHIPS-ACADEMIC	WR	-	2	2	2	FELLOWSHIPS		-	15,600	15,600	9,600
FELLOWSHIPS-SHORT TERM	WR	-	4	4	-	-----	-----	-----	-----	-----	-----

BRAZIL-4203, INSTITUTE OF NUTRITION (RECIFE)

Malnutrition represents a serious problem in the northeast of Brazil. In order to gain greater knowledge of the problem and take corrective action, the Federal University of Pernambuco has established the Recife Institute of Nutrition. The purposes of this project are as follows: (1) to strengthen the structure and financing of the Institute of Nutrition; (2) to develop demonstration programs for the prevention of malnutrition; (3) to incorporate nutrition programs in state health plans; (4) to investigate basic nutrition problems in the northeast; and (5) to train personnel, both from the Institute and from the health services.

TOTAL		2	1	1	1	TOTAL		PR	71,972	48,700	48,500	52,700
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P-4 BIOCHEMIST .3389	PR	1	1	1	1	PERSONNEL-POSTS		56,110	27,100	28,300	29,500	
P-4 MEDICAL OFFICER - NUTRITION PR .0962	PR	1	-	-	-	PERSONNEL-CONSULTANTS		1,924	6,000	4,400	7,200	
-----	-----	-----	-----	-----	-----	DUTY TRAVEL		7,441	4,000	4,200	4,400	
TOTAL		1	3	2	3	SUPPLIES AND EQUIPMENT		2,637	2,000	2,000	2,000	
-----	-----	-----	-----	-----	-----	FELLOWSHIPS		3,860	9,600	9,600	9,600	
CONSULTANT MONTHS	PR	1	3	2	3	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	TOTAL		1	2	2	2	
FELLOWSHIPS-ACADEMIC	PR	1	2	2	2	-----	-----	-----	-----	-----	-----	-----

BRAZIL-4300, MENTAL HEALTH

The National Government of Brazil proposes to improve psychiatric care in the country, regulate the services provided to mental patients, refine diagnosis of the mental health situation, and promote the preparation of personnel at all levels. The Mental Health Division of the Ministry of Health is the national office responsible for setting standards, promoting the aforementioned activities, and working with the state administrations to implement the programs. Through this project, PAHO is working actively with the Mental Health Directorate and the state Secretariats of Public Health to achieve the goals that have been set. It is cooperating particularly in administrative reorganization, extension of coverage to non-urban areas, establishment of preventive services, and academic on-the-job training of personnel.

FUND					FUND					
1973 1974 1975 1976					1973 1974 1975 1976					
					PR					
					\$ \$ \$ \$					
TOTAL		1	1	1	1	TOTAL	42,908	37,600	43,300	44,800
P-4 MEDICAL OFFICER .3861	PR	1	1	1	1	PERSONNEL-POSTS	17,384	27,100	28,300	29,500
						PERSONNEL-CONSULTANTS	533	-	-	-
TOTAL		1	-	-	-	DUTY TRAVEL	1,538	2,000	2,500	2,800
						FELLOWSHIPS	23,453	4,500	4,500	4,500
CONSULTANT MONTHS	PR	1	-	-	-	COURSE COSTS	-	4,000	8,000	8,000
TOTAL		4	3	3	3					
FELLOWSHIPS-ACADEMIC	PR	3	-	-	-					
FELLOWSHIPS-SHORT TERM	PR	1	3	3	3					

BRAZIL-4500, RADIATION PROTECTION

The use of x-rays in medical diagnosis is the most important cause of human exposure to radiation. There are many radiological installations in Brazil that do not offer adequate protection to the patient, the operator, or persons working in the vicinity. Unfortunately, there are no competent personnel engaged in the radiological surveillance of such installations. The preparation of the technicians who operate them is also insufficient.

Radiotherapy devices--another source of potential danger to patients, operators, and persons in the vicinity, unless installed in conformity with radiological protection standards and operated correctly--keep growing in numbers. In addition, Brazil contains areas of high natural radioactivity, where the people have been found to harbor chromosomal aberrations as a result of exposure to radiation levels unacceptable by international regulations.

The purposes of this project are to help control the ionizing radiation produced by man; to study the biological effects of natural radiation; and to train personnel for state health services, hospitals, and clinics in radiological techniques, radiotherapy physics, and radiological protection.

TOTAL					TOTAL					
2 2 2 2					WR 14,797 6,500 6,900 7,300					
CONSULTANT MONTHS	WR	2	2	2	2	PERSONNEL-CONSULTANTS	8,177	4,000	4,400	4,800
TOTAL		2	1	1	1	SUPPLIES AND EQUIPMENT	-	1,000	1,000	1,000
						FELLOWSHIPS	6,620	1,500	1,500	1,500
FELLOWSHIPS-ACADEMIC	WR	1	-	-	-					
FELLOWSHIPS-SHORT TERM	WR	1	1	1	1					

BRAZIL-4602, TOXICOLOGY OF PESTICIDES

The purpose of this project is to collaborate with the Biological Institute of São Paulo in the expansion of pesticide work, in establishing laboratory techniques for the necessary toxicology studies, and in the introduction of appropriate procedures for the safe use of such substances.

PAHO is cooperating with FAO in this project.

TOTAL					TOTAL					
- 5 - -					WD - 16,392 - -					
CONSULTANT MONTHS	WD	-	5	-	-	PERSONNEL-CONSULTANTS	-	12,500	-	-
						SUPPLIES AND EQUIPMENT	-	3,892	-	-

BRAZIL-4701, DRUG QUALITY INSTITUTE (SÃO PAULO)

The private drug manufacturing industry in Brazil, as in other countries of the Region, has developed rapidly in recent years. There are presently almost 500 drug companies in the country, employing approximately 25,000 persons, and their volume of production in 1972 reached \$500 million. In addition, there is a considerable volume of drug production by public institutions.

In order to maintain effective vigilance over the quality and purity of the large volume of drugs produced and consumed in Brazil, the government drug control agencies require an increased number of well-trained laboratory analysts and factory inspectors. Also, in order to solve manufacturing problems resulting from the rapid growth of the drug industry, especially those problems related to quality control, it is necessary for the industry to have many highly trained employees to carry out the complex tests needed for assuring the quality and purity of the industry's output.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

\$ \$ \$ \$

The purpose of the project is to guarantee the quality and purity of medicaments by making sure that the government drug control agencies and the drug manufacturing establishments are staffed with a sufficient number of well-trained analysts and inspectors and that they utilize the most modern techniques in their quality assurance programs. In addition to providing training for analysts and inspectors in Brazil, the Drug Quality Institute will offer training to analysts and inspectors from the governmental agencies of the other countries of the Region.

TOTAL		1	2	7	7	TOTAL		2,669	61,000	489,610	280,260
P-5 PROJECT MANAGER 4.3957	UNDP	1	1	1	1						
P-4 MICROBIOLOGIST 4.3964	UNDP	-	-	1	1	SUBTOTAL	PR	-	4,000	4,400	4,800
P-4 PHARMACEUTICAL ANALYST 4.3958 4.3959 4.3960	UNDP	-	-	3	3	PERSONNEL-CONSULTANTS		-	4,000	4,400	4,800
G-4 CHAUFFEUR 4.3968	UNDP	-	1	1	1	SUBTOTAL	WR	-	4,000	28,400	28,800
G-4 SECRETARY 4.4359	UNDP	-	-	1	1	PERSONNEL-CONSULTANTS FELLOWSHIPS		-	4,000	4,400	4,800
TOTAL		-	7	7	7	SUBTOTAL	UNDP	2,669	53,000	456,810	246,660
CONSULTANT MONTHS	PR	-	2	2	2	PERSONNEL-POSTS		-	36,500	157,210	157,760
CONSULTANT MONTHS	WR	-	2	2	2	PERSONNEL-CONSULTANTS		-	8,000	8,000	8,000
CONSULTANT MONTHS	UNDP	-	3	3	3	DUTY TRAVEL		-	5,500	7,500	7,500
TOTAL		-	-	19	18	SUPPLIES AND EQUIPMENT		-	-	270,000	60,000
FELLOWSHIPS-SHORT TERM	WR	-	-	16	16	FELLOWSHIPS		-	-	11,100	7,400
FELLOWSHIPS-SHORT TERM	UNDP	-	-	3	2	MISCELLANEOUS		2,669	3,000	3,000	6,000

BRAZIL-4800, MEDICAL CARE SERVICES

There are about 4,067 hospitals (with about 367,522 beds) in Brazil; 16% are public and 84% are private. About 30% of the people do not have medical care services available. The services are provided by Government institutions at the federal, state, and municipal levels, and by profit or nonprofit private institutions which, in many cases, act without coordination and suffer from grave technical-administrative defects.

The objective of this project is to cooperate with the Government to improve the country's medical care service so as to raise its quality, reduce its costs, increase its manpower and material resources, and expand the coverage of the population.

TOTAL		2	1	1	1	TOTAL		68,404	53,400	55,000	56,500
P-4 MEDICAL OFFICER .2024	PR	1	1	1	1	PERSONNEL-POSTS		35,607	27,100	28,300	29,500
G-5 SECRETARY .3664	PR	1	-	-	-	PERSONNEL-CONSULTANTS		-	2,000	2,200	2,400
TOTAL		-	1	1	1	DUTY TRAVEL		9,356	10,000	10,200	10,300
CONSULTANT MONTHS	PR	-	1	1	1	SEMINAR COSTS		300	5,000	5,000	5,000
TOTAL		3	4	4	4	FELLOWSHIPS		23,141	9,300	9,300	9,300
FELLOWSHIPS-ACADEMIC	PR	1	1	1	1						
FELLOWSHIPS-SHORT TERM	PR	2	3	3	3						

BRAZIL-4900, DEMOGRAPHY AND POPULATION DYNAMICS

The purpose of this project is to continue collaborating with the Center for Studies on Population Dynamics of the University of São Paulo, Brazil, in research and teaching of health and population dynamics, and to collaborate in study programs dealing with medicine and biology. Its aims are to hold intensive courses, provide technical advisory services, and implement research projects on fertility and demography.

TOTAL		39,284	60,600	40,000	21,000
SUBTOTAL	PR	-	-	21,000	21,000
GRANTS		-	-	21,000	21,000
SUBTOTAL	PG	39,284	30,000	-	-
GRANTS		39,284	30,000	-	-
SUBTOTAL	UNFPA	-	30,600	19,000	-
GRANTS		-	30,600	19,000	-

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

BRAZIL-4901, MATERNAL AND CHILD HEALTH (previously BRAZIL-4101)

The limitations of Brazil's statistical systems make it difficult to evaluate the maternal and child health conditions. In 1970 it was estimated that children under 15 made up approximately 42% of the total population. Child mortality in the various states of the country ranges between 51 and 246 deaths for every 1,000 live births. The chief causes of the child mortality and morbidity are communicable diseases, malnutrition, and deficient environmental sanitation.

The project is designed to help reduce the maternal and child mortality and morbidity by means of a coordinated system of health care including expansion of prenatal, natal, and postnatal care and child care, in order to avoid health risks for mothers and ensure normal physical and mental development for children. The project also includes training of specialized personnel of all levels in courses, seminars, and other educational activities.

TOTAL		3	5	5	5	TOTAL	WR	11,343	20,300	38,900	39,900
CONSULTANT MONTHS	WR	3	5	5	5	PERSONNEL-CONSULTANTS		5,365	10,000	11,000	12,000
						DUTY TRAVEL		2,558	-	-	-
TOTAL		2	2	6	6	SEMINAR COSTS		-	4,000	4,000	4,000
						SUPPLIES AND EQUIPMENT		980	-	1,000	1,000
FELLOWSHIPS-ACADEMIC	WR	-	1	3	3	FELLOWSHIPS		2,440	6,300	18,900	18,900
FELLOWSHIPS-SHORT TERM	WR	2	1	3	3	COURSE COSTS		-	-	4,000	4,000

BRAZIL-5001, REHABILITATION TRAINING CENTER (BRASILIA)

The purposes of this project are to train doctors in Brazil in various aspects of medical rehabilitation, to strengthen the techniques of existing rehabilitation technicians (physical therapists, occupational therapists, prosthetists, and other allied health professionals), and to improve medical rehabilitation services throughout the country. These training programs will be affiliated with the Sarah Kubitschek Rehabilitation Center Hospital for Locomotor Disabilities in Brasilia.

The principal activities in this project are a training refresher course for occupational therapists in Brasilia, and training programs for two doctors and a prosthetist to be arranged outside Brazil.

TOTAL		5	2	2	2	TOTAL		14,989	13,800	13,200	13,600
CONSULTANT MONTHS	PR	5	2	2	2	SUBTOTAL	PR	12,399	13,800	13,200	13,600
TOTAL		1	3	3	3	PERSONNEL-CONSULTANTS		11,779	4,000	4,400	4,800
FELLOWSHIPS-ACADEMIC	PR	-	1	1	1	SUPPLIES AND EQUIPMENT		-	2,000	1,000	1,000
FELLOWSHIPS-SHORT TERM	PR	-	2	2	2	FELLOWSHIPS		-	7,800	7,800	7,800
FELLOWSHIPS-SHORT TERM	WR	1	-	-	-	COURSE COSTS		620	-	-	-
						SUBTOTAL	WR	2,590	-	-	-
						FELLOWSHIPS		2,590	-	-	-

BRAZIL-5101, CANCER CONTROL

The most recent vital statistics indicate the growing importance of cancer as a health problem in Brazil, especially in the large urban centers. The objectives of the National Cancer Service of the Ministry of Health include (1) regionalizing the care of patients with malignant neoplasms by supporting existing specialized centers and establishing multidisciplinary programs in the state capitals; (2) expanding the coverage of detection, diagnosis, and treatment programs for cervico-uterine cancer; (3) strengthening the equipment base and the professional and technical staffs of radiotherapy centers; (4) improving the operation and expanding the coverage of cancer registries; (5) encouraging and supporting epidemiological studies; and (6) promoting campaigns against cigarette smoking.

PAHO will continue to assist in the pursuit of these objectives through technical assistance by regular members of its specialized staff and by temporary collaborators, granting fellowships for professional education and assisting in local courses to train technical and middle-level personnel.

TOTAL		2	2	2	2	TOTAL	WR	27,138	11,500	15,900	16,300
CONSULTANT MONTHS	WR	2	2	2	2	PERSONNEL-CONSULTANTS		4,305	4,000	4,400	4,800
						SUPPLIES AND EQUIPMENT		7,500	-	-	-
TOTAL		1	1	1	1	FELLOWSHIPS		5,160	1,500	1,500	1,500
FELLOWSHIPS-ACADEMIC	WR	1	-	-	-	COURSE COSTS		10,173	6,000	10,000	10,000
FELLOWSHIPS-SHORT TERM	WR	-	1	1	1						

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

BRAZIL-5102, PAN AMERICAN INVESTIGATION CENTER FOR CARDIOVASCULAR DISEASES

The purpose of this project is to establish in Brazil a Pan American center for research and training in cardiovascular and other chronic diseases. It is planned that such a center would serve other countries in addition to Brazil. Preliminary studies will be carried out to plan the center and to set up the most effective organization.

TOTAL		1973	1974	1975	1976	TOTAL	1973	1974	1975	1976
		-	3	3	3	WR	-	20,600	21,200	21,800
CONSULTANT MONTHS	WR	-	3	3	3	PERSONNEL-CONSULTANTS	-	6,000	6,600	7,200
TOTAL		-	2	2	2	FELLOWSHIPS	-	9,600	9,600	9,600
						COURSE COSTS	-	5,000	5,000	5,000
FELLOWSHIPS-ACADEMIC	WR	-	2	2	2					

BRAZIL-6000, MEDICAL EDUCATION: TEXTBOOKS AND TEACHING MATERIALS

The purpose of this project is to cooperate with the Government in making recommended textbooks available to medical and nursing students in Brazil.

See AMRO-6000 for a description of the intercountry program of which this project is a part.

TOTAL		1973	1974	1975	1976	TOTAL	1973	1974	1975	1976
		-	2	2	2	PR	-	27,000	34,000	35,000
P-1 ADMIN. SERVICES OFFICER	PR	-	1	1	1	PERSONNEL-POSTS	-	22,300	23,700	25,200
.4331						DUTY TRAVEL	-	2,000	3,000	3,500
G-5 SECRETARY	PR	-	1	1	1	CONTRACTUAL SERVICES	-	2,200	6,300	5,300
.4331						SUPPLIES AND EQUIPMENT	-	500	1,000	1,000

BRAZIL-6102, DEVELOPMENT OF HUMAN RESOURCES

The purpose of this project is to cooperate in the activities of planning, training, and utilization of human resources in the health sector in Brazil. In the field of human resource planning, cooperation will be provided to the President Castelo Branco Institute in developing the Department of Human Resources and support will be given to the establishment of government planning units.

The training programs will be directed toward making the educational system adequate and the assistance network a reality, and will include promotion of teacher-aide integration, strengthening of educational institutions in general, and encouragement of a multiprofessional makeup for the health teams. As for utilization, the development of postgraduate centers, with emphasis on training teaching personnel and expanding scientific research, will be encouraged.

TOTAL		1973	1974	1975	1976	TOTAL	1973	1974	1975	1976
		1	1	1	1		87,656	35,400	58,400	60,000
P-4 MEDICAL OFFICER	PR	1	1	1	1	PR	20,284	28,600	30,300	31,700
.3665										
TOTAL		5	1	1	1	PERSONNEL-POSTS	10,519	27,100	28,300	29,500
CONSULTANT MONTHS	PR	3	-	-	-	PERSONNEL-CONSULTANTS	6,250	-	-	-
CONSULTANT MONTHS	WR	2	1	1	1	DUTY TRAVEL	75	1,500	2,000	2,200
TOTAL		12	1	6	6	FELLOWSHIPS	1,440	-	-	-
						COURSE COSTS	2,000	-	-	-
FELLOWSHIPS-ACADEMIC	WR	5	1	3	3	WR	67,372	6,800	28,100	28,300
FELLOWSHIPS-SHORT TERM	PR	1	-	-	-	PERSONNEL-CONSULTANTS	4,221	2,000	2,200	2,400
FELLOWSHIPS-SHORT TERM	WR	6	-	3	3	SEMINAR COSTS	-	-	7,000	7,000
						FELLOWSHIPS	63,151	4,800	18,900	18,900

BRAZIL-6200, MEDICAL EDUCATION

The purpose of this project is to collaborate with the Health Sciences Center of the University of the State of Guanabara in developing its Institute of Social Medicine, including raising the level of its teaching personnel, improvement of its teaching and research programs, and programming of a postgraduate course in social medicine.

TOTAL		1973	1974	1975	1976	TOTAL	1973	1974	1975	1976
		1	2	2	2		26,178	10,000	10,400	10,800
CONSULTANT MONTHS	WR	1	2	2	2	PR	24,571	-	-	-
TOTAL		1	-	-	-					
FELLOWSHIPS-SHORT TERM	PR	1	-	-	-	FELLOWSHIPS	1,950	-	-	-
						TRAINING GRANTS	10,000	-	-	-
						GRANTS	12,621	-	-	-
						WR	1,607	10,000	10,400	10,800
						PERSONNEL-CONSULTANTS	1,607	4,000	4,400	4,800
						GRANTS	-	6,000	6,000	6,000

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
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						\$	\$	\$	\$

BRAZIL-6225, STRENGTHENING THE BRAZILIAN BIOMEDICAL INFORMATION NETWORK, SÃO PAULO

The MEDLINE system that is being installed in Brazil by the Regional Library of Medicine (RLM) will be a valuable aid to physicians, educators, and practitioners. It will give them access to the most recent and complete bibliographic information in minimal time. MEDLINE thus will make a real contribution to the medical progress of Brazil and to the continuing education of health sciences professionals.

MEDLINE is an automated medical bibliographic reference processing system. Its data base, containing indexed references to all articles published in the leading medical journals listed in Index Medicus, comprises over 533,000 citations. The data base is accessed through user terminals featuring video displays and/or printer consoles. The MEDLINE system can support simultaneously many users, the exact number depending on equipment configuration. At present computer time is provided to RLM by the computer center of the Atomic Energy Institute (AEI) of Sao Paulo under an agreement with PAHO and the U.S. National Library of Medicine (NLM). Two RLM librarians have taken the MEDLINE users course, and two AEI programmers have participated in a three-week workshop at NLM.

MEDLINE deployment is planned in three phases, starting in June 1974 with an experimental network linking RLM, Rio de Janeiro, Brasilia, and Recife or Belém, to AEI. When the system is in full operation at AEI each of the subcenters and subsystems will have a terminal, and a real network will be developed.

TOTAL		-	1	1	-	TOTAL	UNDP	450	127,250	88,750	33,550
P-5 PROJECT MANAGER 4.4227	UNDP	-	1	1	-	PERSONNEL-POSTS	-		28,500	14,250	-
						PERSONNEL-CONSULTANTS	-		20,000	5,000	-
						DUTY TRAVEL	-		1,500	750	-
TOTAL		-	8	2	-	CONTRACTUAL SERVICES	-		11,500	11,500	4,000
						SUPPLIES AND EQUIPMENT	-		53,350	50,450	15,650
CONSULTANT MONTHS	UNDP	-	8	2	-	FELLOWSHIPS	-		5,400	-	-
TOTAL		-	4	-	-	MISCELLANEOUS	450		6,800	6,800	13,900
FELLOWSHIPS-SHORT TERM	UNDP	-	4	-	-						

BRAZIL-6233, LATIN AMERICAN CENTER OF EDUCATIONAL TECHNOLOGY FOR HEALTH

This project aims to increase the efficiency and effectiveness of preparation of health manpower in Brazil through the introduction of new educational methods and the use of new instructional technology. To achieve this goal, the following are considered basic: training teachers in the use of new educational principles and modern technology; developing health science courses which emphasize self-instruction and adapting them to the health situation and needs of the country; preparing and validating comprehensive multimedia instructional packages; and developing a formative or tutorial evaluation system. It will also provide technical assistance for the improvement of educational methodology, acquisition of equipment, organization of departments of health sciences education, and distribution of the instructional material produced.

TOTAL		2	7	2	2	TOTAL	129,647	75,500	79,000	85,500	
P-5 MEDICAL EDUCATOR .4012	PR	1	1	1	1	SUBTOTAL	PR	57,147	75,500	79,000	85,500
G-7 SECRETARY .4082	PR	1	1	1	1						
TOTAL		3	5	5	5	PERSONNEL-POSTS		32,876	43,900	46,300	48,800
						PERSONNEL-CONSULTANTS		11,590	10,000	11,000	12,000
CONSULTANT MONTHS	PR	3	5	5	5	DUTY TRAVEL		5,203	5,300	5,400	5,400
TOTAL		-	4	4	4	SEMINAR COSTS		-	4,000	4,000	8,000
						SUPPLIES AND EQUIPMENT		5,440	1,000	1,000	-
FELLOWSHIPS-ACADEMIC	PR	-	1	1	1	FELLOWSHIPS		-	9,300	9,300	9,300
FELLOWSHIPS-SHORT TERM	PR	-	3	3	3	COMMON SERVICES		2,038	2,000	2,000	2,000
						SUBTOTAL	PH	72,900	-	-	-
						SUPPLIES AND EQUIPMENT		72,500	-	-	-

BRAZIL-6305, NURSING EDUCATION

The great shortage of nursing personnel of all grades in Brazil, especially at the professional and technical levels, is aggravated by its concentration in the large urban centers, by the low output, and by the existence of a large number of untrained workers. The separation between the training and employment systems makes it difficult for the health programs and the production of human resources in the nursing field to be adjusted to the actual health situation of the country.

The development of nursing education aims at an increase in number and improvement in quality of the human resources, particularly at the levels of lowest output. In line with the principles of the educational reform, the activities will be conducted within the framework of the policy of integration and regionalization of education.

TOTAL		1	-	-	1	TOTAL	WR	26,956	-	-	24,109
P-3 NURSE 4.3661	WR	1	-	-	1	PERSONNEL-POSTS		23,080	-	-	20,109
						DUTY TRAVEL		3,876	-	-	4,000

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

BRAZIL-6400, INSTITUTE OF SANITARY ENGINEERING

The project provided for final fellowship costs under a project sponsored by UNDP.

TOTAL		2	-	-	-	TOTAL	UNDP	1,885	-	-	-
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FELLOWSHIPS-SHORT TERM	UNDP	2	-	-	-	FELLOWSHIPS		1,885	-	-	-

BRAZIL-6401, SANITARY ENGINEERING EDUCATION

The dearth of qualified high- and medium-level personnel has been one of the major obstacles in the technical, administrative and financial areas of sanitary engineering development. This lack is all the more evident now that the National Sanitation Plan has greatly increased the water demand. The Plan is designed to provide water for 80% and sewage disposal to 50% of the population by 1980. The state and municipal water supply and sewerage systems at present employ 26,962 personnel, approximately 600 of which are engineers. There are no figures on personnel demands in other sanitation areas.

The objective of this plan is the development and strengthening of education and training facilities for upper-, medium-, and lower echelon personnel; development of training facilities for service personnel; and programming transfer of technology through periodic retraining courses for personnel.

TOTAL		-	-	-	1	TOTAL	13,075	24,000	24,400	44,500	
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P-5 SANITARY ENGINEER 4295	PR	-	-	-	1	SUBTOTAL	PR	13,075	21,470	4,400	24,500
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TOTAL		1	2	2	2	PERSONNEL-POSTS	-	-	-	18,200	
-----	-----	-----	-----	-----	-----	PERSONNEL-CONSULTANTS	1,675	4,000	4,400	4,800	
CONSULTANT MONTHS	PR	1	2	2	2	DUTY TRAVEL	-	-	-	1,500	
-----	-----	-----	-----	-----	-----	FELLOWSHIPS	8,320	-	-	-	
TOTAL		1	-	-	-	COURSE COSTS	3,080	17,470	-	-	
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FELLOWSHIPS-ACADEMIC	PR	1	-	-	-	SUBTOTAL	WR	-	2,530	20,000	20,000
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						COURSE COSTS		-	2,530	20,000	20,000

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
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	\$	\$	\$	\$
TOTAL AMRO PROJECTS	1,029,378	1,398,945	1,342,227	1,443,691
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0100 EPIDEMIOLOGY	2,657	7,072	7,456	7,464
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	1,232	-	-	-
0117 EPIDEMIOLOGICAL MONITORING OF MORBIDITY DATA	-	-	-	1,560
0200 MALARIA TECHNICAL ADVISORY SERVICES	22,913	4,129	4,027	4,485
0218 PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS	4,342	6,750	5,150	5,390
0300 SMALLPOX ERADICATION	45,640	47,204	49,235	51,740
0400 TUBERCULOSIS CONTROL	3,991	5,278	5,280	6,698
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	2,415	5,280	-	4,512
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	1,542	4,734	-	2,592
0411 STUDY GROUP ON TUBERCULOSIS CONTROL	-	-	2,512	-
0412 REGIONAL COMMITTEE ON EVALUATION OF TUBERCULOSIS PROGRAMS	-	-	-	3,770
0500 LEPROSY CONTROL	2,571	4,420	2,160	2,480
0507 COURSES ON REHABILIT. AND PREVENTION OF DEFORMITIES (LEPROSY)	-	3,540	-	-
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	470	-	655	695
0512 TRAINING AND RESEARCH IN LEPROSY AND RELATED DISEASES	4,075	6,000	3,180	6,390
0600 VENEREAL DISEASE CONTROL	-	400	-	255
0613 SURVEILLANCE OF VIRAL AND BACTERIAL VENEREAL DISEASES	-	-	-	5,110
0700 PAN AMERICAN ZOONOSES CENTER	120,299	148,796	151,107	157,338
0718 SEMINAR ON EPIDEMIOLOGY OF THE ZOONOSES	2,195	-	-	-
0900 PLAGUE CONTROL	772	900	630	660
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	700	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	692	999
0926 ENTEROVIRUS COLLABORATIVE TESTING PROGRAM	-	520	-	960
0929 STRENGTHENING HEPATITIS DIAG. SURVEIL. SERV. IN THE AMERICAS	-	-	-	1,590
0932 PERFORMANCE EVALUATION OF ARBOVIRUS SEROLOGIC DIAGNOSIS	-	-	950	950
1000 PARASITIC DISEASES	1,512	3,700	7,000	10,040
1007 SCHISTOSOMIASIS	59	5,500	4,600	4,700
1008 CHAGASI DISEASE	434	4,827	2,680	3,160
2100 ENVIRONMENTAL SANITATION	1,833	706	778	754
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	20,813	33,413	31,341	36,645

2120	CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	998	-	-
2123	CENTER FOR HUMAN ECOLOGY AND HEALTH	-	750	1,167	1,222
2124	PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126	SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200	WATER SUPPLIES	4,561	5,236	5,580	5,868
2213	STUDIES AND INVESTIGATION OF WATER RESOURCES	1,614	95	-	-
2219	WATER METERS	538	102	-	-
2220	INSTITUTIONAL DEVELOPMENT	16,951	34,845	43,380	46,840
2223	PUBLIC SERVICES ADMINISTRATION	-	-	-	-
2227	WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	810	-
2230	RURAL WATER SUPPLY AND SANITATION	-	3,500	3,640	3,780
2300	AEDES AEGYPTI ERADICATION	1,555	2,370	2,645	2,832
2409	STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	246	-	-
3000	COORDINATION WITH FOUNDATIONS	1,359	2,734	3,278	3,736
3110	COORDINATION OF INTERNATIONAL RESEARCH	2,307	3,857	3,124	3,399
3126	OPERATIONS RESEARCH	-	273	1,057	887
3129	RESEARCH TRAINING IN BIOMEDICAL SCIENCES	1,351	222	-	-
3130	CONFERENCE ON MYCOLOGY	-	78	1,310	-
3133	SYMPOSIUM ON PARACOCCIDIOIDOMYCOSIS	-	697	-	-
3135	DEVELOPMENT OF RIVER BASINS	-	-	1,800	990
3137	PROGRAM ON TRAFFIC ACCIDENTS	1,641	2,008	1,170	1,252
3139	PAHO RESEARCH GRANT PROGRAM	4,816	2,600	3,900	5,200
3145	EMERGENCY PREPAREDNESS	-	508	-	-
3200	NURSING SERVICES	1,667	2,267	2,420	2,536
3210	HOSPITAL NURSING SERVICES	-	716	1,269	1,408
3214	DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	558	1,195	1,118	1,176
3216	STANDARDS IN NURSING PRACTICE	-	-	451	-
3219	CONFERENCE ON PUBLIC HEALTH NURSING	-	1,266	-	-
3220	NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	532
3222	TECHNICAL ADVISORY COMMITTEE ON NURSING	278	522	328	263
3223	SYSTEMS OF NURSING	55	1,060	1,324	-
3225	UTILIZATION AND TRAINING OF THE TRADITIONAL BIRTH ATTENDANT	-	845	-	-
3300	LABORATORY SERVICES	802	361	453	484
3316	PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,434	1,690	2,646	2,913
3400	HEALTH EDUCATION	533	496	312	496
3410	TRAINING OF TEACHERS IN HEALTH EDUCATION	336	774	847	920
3500	HEALTH STATISTICS	1,130	724	933	690
3513	INTER-AMERICAN INVESTIGATION OF MORTALITY IN CHILDHOOD	21,589	8,914	9,836	10,608
3515	TRAINING IN USE OF COMPUTERS IN HEALTH STATISTICS	42	400	440	480
3516	REGIONAL SEMINAR ON DATA PROCESSING	-	723	-	723
3521	DETERMINATION OF BASIC DATA NEEDED ON DELIVERY OF HEALTH CARE	-	-	-	652
3600	ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,583	3,496	3,672	3,908
3607	MANAGEMENT OF HEALTH SERVICES	-	1,458	1,462	-
3700	HEALTH PLANNING	5,082	3,163	4,721	5,207
3709	MEETING OF MINISTERS OF HEALTH	756	-	-	-
3710	DEVELOPMENT OF NATIONAL INFORMATION SYSTEMS	-	11,000	11,520	10,600
3715	PAN AMERICAN PROGRAM FOR HEALTH PLANNING	27,839	43,261	31,520	25,120
4200	NUTRITION ADVISORY SERVICES	4,448	2,078	2,224	2,353
4203	INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	161,785	162,234	165,767	172,150
4212	RESEARCH ON NUTRITION ANEMIAS	96	1,557	934	489
4213	IODINE DETERMINATION IN ENDEMIC GOITER	487	-	-	-
4221	SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	70	222	245	445
4230	NUTRITION TRAINING	7,615	5,300	7,040	9,141
4238	NUTRITION RESEARCH	150	760	1,355	2,035
4247	SURVEILLANCE OF NUTRITIONAL STATUS	-	-	829	455
4248	NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	378	401
4249	OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	574	238
4300	MENTAL HEALTH	649	3,600	3,792	4,176
4312	COURSES IN COMMUNITY PSYCHIATRY	185	650	670	695
4316	EPIDEMIOLOGY OF SUICIDES	-	375	395	-
4317	STUDY GROUP ON TEACHING MENTAL HEALTH IN SCHOOLS OF PUB. HEALTH	-	990	-	-
4318	EPIDEMIOLOGY OF ALCOHOLISM	11,902	36,953	22,726	18,230
4320	SEMINAR ON MENTAL RETARDATION	617	-	-	-
4322	DEVELOPMENT OF PSYCHIATRY AND MENTAL HEALTH LIBRARIES	-	800	800	1,000
4323	CONFERENCE ON THE EPIDEMIOLOGY OF DRUG ABUSE	676	-	-	-
4324	ADMINISTRATION OF MENTAL HEALTH SERVICES	-	-	-	1,067
4400	DENTAL HEALTH	942	792	590	1,188
4407	DENTAL EPIDEMIOLOGY	1,596	1,300	2,040	1,880
4409	FLUORIDATION	4,129	3,971	5,010	4,955
4410	LABORATORY FOR CONTROL OF DENTAL PRODUCTS	2,274	3,509	1,272	1,054
4411	HUMAN AND MATERIAL RESOURCES IN DENTISTRY	1,496	3,300	4,820	4,840
4412	SEMINAR ON IMPLEMENTATION OF DENTAL HEALTH PROGRAMS	-	667	101	1,586
4500	HEALTH ASPECTS OF RADIATION	1,084	1,320	1,386	1,320
4507	RADIATION HEALTH PROTECTION	3,848	3,960	5,082	5,368
4516	PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	924	-
4620	MANAGEMENT OF PESTICIDES	-	350	380	435
4700	FOOD AND DRUG CONTROL	9,795	4,296	4,537	4,744
4708	FOOD HYGIENE TRAINING CENTER	2,214	2,052	2,311	2,473
4715	FOOD HYGIENE	-	2,205	3,861	4,491
4717	SEMINAR ON FOOD HYGIENE	-	622	-	-
4719	WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	1,792
4800	MEDICAL CARE SERVICES	1,186	1,219	1,338	1,506
4813	HOSPITAL PLANNING AND ADMINISTRATION	1,625	2,171	2,889	3,656
4815	TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,969	2,671	2,367	3,071
4816	PROGRESSIVE PATIENT CARE	16,021	3,383	-	-
4826	IMPROVEMENT OF MEDICAL CARE ADMINISTRATION LIBRARIES	11,883	3,157	-	-
4900	HEALTH AND POPULATION DYNAMICS	22,860	49,376	50,001	56,790
4909	EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	3,007	7,730	7,880	8,668
4915	MATERNAL AND CHILD HEALTH	264	798	878	1,064
4917	CLINICAL AND SOCIAL PEDIATRICS	200	1,605	1,404	1,404

4918 STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,207	-
4919 NURSING MIDWIFERY	28,866	29,920	31,600	32,960
4920 LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	59,014	40,056	68,452	78,892
4921 EDUC. CENTER FOR OBSTET. MATERNAL-INFANT NURS. IN FAM. WELFARE	-	2,882	-	2,376
4923 MATERNAL AND CHILD HEALTH DEVELOPMENT PROGRAM	-	118,300	130,700	127,000
5000 REHABILITATION	2,160	1,768	1,848	2,002
5100 CHRONIC DISEASES	2,087	4,750	5,378	5,590
5108 SURVEY ON SMOKING PATTERNS IN LATIN AMERICA	1,778	511	-	-
5109 CANCER CONTROL	699	7,350	11,120	11,660
5111 STUDY OF THE RELATION BETWEEN GASTRIC CANCER AND NITRATES	-	-	-	4,320
6000 MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	37,132	38,280	42,510	44,880
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	17,402	18,978	16,042	18,506
6200 EDUCATION IN HEALTH SCIENCES	40,277	39,456	38,525	44,783
6208 TEACHING OF STATISTICS IN MEDICAL SCHOOLS	-	2,400	-	1,200
6216 BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,237	2,822	2,761	2,629
6221 LIBRARY OF MEDICINE	178,594	254,333	192,404	185,636
6223 TEACHING OF BEHAVIORAL SCIENCES	2,129	500	-	-
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	9,370	12,886	13,994	15,945
6300 NURSING EDUCATION	210	840	390	411
6310 NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,943	2,915	670	690
6317 SEMINAR ON NURSING EDUCATION	542	1,453	1,537	1,516
6319 TRAINING OF NURSING AUXILIARIES	290	2,897	3,509	3,291
6320 POSTBASIC COURSES IN NURSING	353	805	644	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,479
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	154	518
6325 EDUCATIONAL TECHNOLOGY IN NURSING	-	18,670	4,630	7,961
6400 SANITARY ENGINEERING EDUCATION	7,238	5,016	5,817	6,360
6500 VETERINARY MEDICINE EDUCATION	-	-	5,935	6,255
6507 SEMINARS ON VETERINARY MEDICINE EDUCATION	441	-	370	1,560
6600 DENTAL EDUCATION	569	734	2,835	4,641
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	407	520	1,120	5,236
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	491	995	2,593	2,664
6700 BIostatistics EDUCATION	306	1,345	-	5,175
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	2,705	2,651	2,774	3,243
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	11,464	18,942	19,840	20,700
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	1,136	1,152

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	2,341,947	3,756,269	3,457,224	3,046,476	1,029,378	1,398,945	1,342,227	1,443,691
PAHO-PR-REGULAR BUDGET	992,381	1,207,570	1,227,800	1,315,400	362,682	508,660	550,534	678,804
PW-COMMUNITY WATER SUPPLY	147,343	175,871	6,500	-	4,546	21,075	25,720	27,050
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	96,878	81,814	81,987	85,378
PG-GRANTS & OTHER CONTRIBUT.	110,899	318,668	232,720	219,987	184,824	256,525	175,431	159,074
PH-PAN AMER. HEALTH & EDUC.FN.	72,500	-	-	-	109,636	201,694	157,967	163,088
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	68,118	-	-	-
PS-SPECIAL FUND FOR RESEARCH	2,000	-	-	-	393	-	-	-
WHO-WR-REGULAR BUDGET	845,528	901,780	1,093,726	1,182,572	143,811	209,372	235,999	214,981
UNDP-UN DEVELOPMENT PROGRAM	171,141	1,105,388	877,478	328,517	58,205	79,247	58,683	53,568
UNFPA-UN FUND POPULATION ACT.	-	30,600	19,000	-	285	40,558	55,906	61,748
WO-GRANTS & OTHER FUNDS	2,155	16,392	-	-	-	-	-	-

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	3,373,325	5,155,214	4,799,451	4,490,167
PAHO-PR-REGULAR BUDGET	1,355,063	1,716,230	1,778,334	1,994,204
PW-COMMUNITY WATER SUPPLY	151,889	196,946	32,220	27,050
PN-INCAP GRANTS & OTHER CONTR.	96,878	81,814	81,987	85,378
PG-GRANTS & OTHER CONTRIBUT.	295,723	575,193	408,151	379,061
PH-PAN AMER. HEALTH & EDUC.FN.	182,136	201,694	157,967	163,088
PK-SPECIAL FUND FOR HEALTH PR.	68,118	-	-	-
PS-SPECIAL FUND FOR RESEARCH	2,393	-	-	-
WHO-WR-REGULAR BUDGET	989,339	1,111,152	1,329,725	1,397,553
UNDP-UN DEVELOPMENT PROGRAM	229,346	1,184,635	936,161	382,085
UNFPA-UN FUND POPULATION ACT.	285	71,158	74,906	61,748
WO-GRANTS & OTHER FUNDS	2,155	16,392	-	-

PART III, ZONE VI - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
932,399	23.8	1,188,872	22.2	I. PROTECTION OF HEALTH	1,294,284	22.1	1,198,078	20.7
637,359	16.3	747,894	13.9	A. COMMUNICABLE DISEASES	735,938	12.6	797,180	13.7
90,853	2.3	120,137	2.2	0100 GENERAL	121,630	2.1	121,357	2.1
93,960	2.4	51,507	1.0	0200 MALARIA	53,659	.9	54,243	.9
26,846	.7	19,439	.4	0300 SMALLPOX	20,274	.4	21,305	.4
17,251	.4	25,694	.5	0400 TUBERCULOSIS	14,277	.3	31,012	.5
6,153	.2	11,068	.2	0500 LEPROSY	7,597	.1	6,780	.1
-	-	1,440	*	0600 VENereal DISEASES	792	*	6,318	.1
396,079	10.1	484,443	9.0	0700 ZOOZOSES	489,042	8.3	510,213	8.8
2,874	.1	21,320	.4	0900 OTHER	17,749	.3	29,650	.5
3,343	.1	12,846	.2	1000 PARASITIC DISEASES	12,918	.2	16,302	.3
295,040	7.5	440,978	8.3	B. ENVIRONMENTAL HEALTH	558,346	9.5	400,898	7.0
233,831	6.0	263,436	4.9	2100 GENERAL	346,977	5.9	294,520	5.1
52,712	1.3	164,735	3.1	2200 WATER SUPPLIES	196,779	3.3	90,995	1.6
1,515	*	2,550	.1	2300 Aedes Aegypti ERADICATION	2,582	.1	2,763	.1
4,621	.1	5,663	.1	2400 HOUSING	7,151	.1	7,514	.1
2,361	.1	6,594	.1	2500 AIR POLLUTION	4,857	.1	5,106	.1
2,436,881	62.2	3,562,766	66.0	II. PROMOTION OF HEALTH	3,986,915	67.3	3,920,366	67.3
965,956	24.7	1,445,713	26.8	A. GENERAL SERVICES	1,545,560	26.1	1,422,473	24.4
484,738	12.4	443,214	8.2	3100 GENERAL PUBLIC HEALTH	410,543	7.0	443,735	7.6
105,998	2.7	136,170	2.5	3200 NURSING	108,412	1.8	122,046	2.1
46,984	1.2	402,658	7.5	3300 LABORATORY	357,341	6.0	209,135	3.6
3,475	.1	5,077	.1	3400 HEALTH EDUCATION	4,626	.1	5,660	.1
153,787	3.9	206,563	3.8	3500 STATISTICS	444,252	7.5	459,320	7.9
39,460	1.0	55,609	1.0	3600 ADMINISTRATIVE METHODS	51,912	.9	54,168	.9
131,514	3.4	196,422	3.7	3700 HEALTH PLANNING	168,474	2.8	128,409	2.2
1,470,925	37.5	2,117,053	39.2	B. SPECIFIC PROGRAMS	2,441,355	41.2	2,497,893	42.9
406,509	10.4	405,269	7.5	4200 NUTRITION	410,985	7.0	416,792	7.2
34,507	.9	58,446	1.1	4300 MENTAL HEALTH	60,454	1.0	80,268	1.4
36,636	.9	46,419	.9	4400 DENTAL HEALTH	35,796	.6	44,547	.8
12,885	.3	17,360	.3	4500 RADIATION AND ISOTOPES	19,578	.3	20,174	.3
37,471	.9	66,534	1.2	4600 OCCUPATIONAL HEALTH	109,150	1.8	55,360	1.0
13,831	.3	26,177	.5	4700 FLOOD AND URUG	40,414	.7	48,532	.8
378,684	9.7	548,183	10.2	4800 MEDICAL CARE	533,888	9.0	426,335	7.3
520,544	13.3	842,948	15.6	4900 FAMILY HEALTH AND POP. DYNAMICS	1,147,019	19.4	1,304,219	22.4
18,372	.5	38,870	.7	5000 REHABILITATION	14,633	.2	25,895	.4
11,486	.3	66,847	1.2	5100 CANCER & OTHER CHRONIC DISEASES	89,438	1.2	75,771	1.3
549,411	14.0	636,098	11.8	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	630,775	10.6	691,984	12.0
44,002	1.1	62,509	1.2	6100 PUBLIC HEALTH	64,280	1.1	68,671	1.2
351,347	9.0	356,119	6.6	6200 MEDICINE	333,954	5.6	341,403	5.9
31,000	.8	35,697	.7	6300 NURSING	46,235	.8	67,639	1.2
47,705	1.2	67,207	1.2	6400 ENVIRONMENTAL SCIENCES	71,650	1.2	77,264	1.3
27,953	.7	32,028	.6	6500 VETERINARY MEDICINE	29,485	.5	33,005	.6
9,665	.2	28,548	.5	6600 DENTISTRY	30,654	.5	34,830	.6
37,739	1.0	51,990	1.0	6700 BIostatISTICS	54,517	.9	69,172	1.2
3,918,691	100.0	5,387,736	100.0	GRAND TOTAL	5,911,974	100.0	5,810,428	100.0

*LESS THAN .05 PER CENT

PART III, ZONE VI - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		AMOUNT	SEMINARS PART.	AMOUNT	SUPPLIES AND EQUIPMENT	GRANTS AND OTHER
		POSTS PROF.	LOCAL	SIC MONTH			ACAD.	SHORT					
	\$				\$	\$			\$	\$	\$	\$	
1973													
PAHO--PR	1,652,794	18	2	36	1,073,435	100,971	15	44	142,526	4	33,027	121,785	181,050
PW	5,871	-	-	-	3,317	319	-	-	-	-	-	2,235	-
PN	173,386	-	-	-	74,791	7,438	-	-	7,091	-	-	20,665	63,401
PG	701,903	1	-	10	198,528	6,321	2	17	43,800	-	24,277	109,589	319,388
PH	167,844	-	-	-	44,223	5,581	-	-	3,409	-	14,713	63,740	36,178
PK	51,798	-	-	-	46,720	2,854	-	-	-	-	-	551	1,673
PS	1,584	-	-	-	-	-	-	-	-	-	-	-	1,584
WHO--WR	692,564	4	-	23	295,084	23,897	16	57	208,074	-	27,659	68,370	69,480
UNDP	428,359	9	-	26	337,073	-	6	10	51,128	-	-	29,293	10,865
UNFPA	42,588	-	-	2	2,075	-	1	6	12,184	-	-	8,344	19,985
TOTAL	3,918,691	32	2	97	2,075,246	147,381	40	144	468,212	4	99,676	424,572	703,604
PERCENT OF TOTAL	100.0				53.0	3.8			11.9		2.5	10.8	18.0
1974													
PAHO--PR	1,923,330	17	3	36	1,349,327	107,155	3	45	96,589	-	30,005	128,542	211,712
PW	16,860	-	-	-	16,080	780	-	-	-	-	-	-	-
PN	146,431	-	-	-	79,981	7,413	-	-	7,551	-	-	11,194	40,292
PG	620,133	1	-	14	192,078	5,578	-	-	4,214	-	25,223	76,633	316,407
PH	142,172	-	-	-	45,902	5,391	-	-	14,350	-	517	31,185	44,767
PS	3,926	-	-	-	-	-	-	-	-	-	-	-	3,926
WHO--WR	899,575	4	-	57	406,911	27,743	14	62	191,116	-	67,902	109,186	96,717
UNDP	1,154,750	9	1	104	619,009	18,147	14	28	145,408	-	-	329,882	42,304
UNFPA	480,559	-	-	11	142,199	5,900	2	6	83,986	-	11,815	127,818	108,841
TOTAL	5,387,736	31	4	222	2,851,547	178,107	33	141	543,214	-	135,462	814,440	864,966
PERCENT OF TOTAL	100.0				52.9	3.3			10.1		2.5	15.1	16.1
1975													
PAHO--PR	2,076,225	25	8	35	1,473,269	112,187	4	51	111,742	-	28,432	127,515	223,080
PW	20,576	-	-	-	19,696	880	-	-	-	-	-	-	-
PN	146,736	-	-	-	80,046	7,394	-	-	7,551	-	-	11,617	40,128
PG	426,428	-	-	-	128,115	4,029	-	-	-	-	-	31,468	266,845
PH	119,747	-	-	-	40,629	3,169	-	-	10,383	-	-	14,664	50,902
WHO--WR	984,387	5	-	62	494,775	32,492	15	58	187,787	-	42,349	110,994	115,990
UNDP	1,315,649	11	1	80	630,691	22,765	13	71	235,426	-	-	393,888	33,619
UNFPA	822,226	3	-	15	232,437	10,600	-	9	126,298	-	22,236	174,403	256,252
TOTAL	5,911,974	44	9	192	3,099,658	169,487	32	189	679,187	-	93,017	863,809	986,816
PERCENT OF TOTAL	100.0				52.4	3.2			11.5		1.6	14.6	16.7
1976													
PAHO--PR	2,320,110	25	8	31	1,580,293	119,267	10	57	187,361	-	32,809	136,062	264,318
PW	21,640	-	-	-	20,680	960	-	-	-	-	-	-	-
PN	152,809	-	-	-	84,008	7,394	-	-	7,551	-	-	11,617	42,239
PG	427,900	-	-	-	134,949	525	-	-	-	-	225	23,391	268,810
PH	138,985	-	-	-	42,542	3,380	-	-	11,225	-	-	17,299	64,539
WHO--WR	1,033,747	5	-	66	542,031	34,638	16	67	209,528	-	32,510	110,417	104,623
UNDP	756,191	7	1	36	404,327	17,026	8	23	102,634	-	-	194,436	37,768
UNFPA	959,046	3	-	8	233,740	11,450	-	5	112,793	-	24,461	161,079	415,523
TOTAL	5,810,428	40	9	141	3,042,570	194,640	34	192	631,092	-	90,005	654,301	1,197,820
PERCENT OF TOTAL	100.0				52.4	3.3			10.9		1.5	11.3	20.6
PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PN-INCAP - REGULAR BUDGET PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO-WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WO-GRANTS AND OTHER FUNDS													

PART III, ZONE VI - ZONE ADVISORY SERVICES

		FUND	1973	1974	1975	1976
<u>TOTAL</u>			-	-	14	14
P-5	EPIDEMIOLOGIST	PR	-	-	1	1
	.0846					
P-5	HEALTH PLANNER	PR	-	-	1	1
	.0915					
P-5	MED. OFF. - POP. DYNAMICS	PR	-	-	1	1
	.2117					
P-5	SANITARY ENGINEER	PR	-	-	1	1
	.0870					
P-4	LABORATORY ADVISER	NR	-	-	1	1
	4.3528					
P-4	MEDICAL EDUCATOR	PR	-	-	1	1
	.3685					
P-4	NURSE	PR	-	-	1	1
	.0895					
P-4	NURSE MIDWIFE	UNFPA	-	-	1	1
	4.4199					
P-4	STATISTICIAN	PR	-	-	1	1
	.0842					
G-5	SECRETARY	PR	-	-	2	2
	.1041 .4043					
G-4	SECRETARY	PR	-	-	3	3
	.0871 .0896 .3052					

ARGENTINA

BACKGROUND DATA

Argentina is a Federal Republic, politically divided into 22 provinces; a federal district, which is its capital; and a national territory that includes Tierra del Fuego, Antarctic territory, and the South Atlantic islands.

With a surface area of 3,761,810 square kilometers (the continental portion 2,791,810 square kilometers and the remainder being the offshore islands and the Antarctic territory) and a population in 1973 numbering 24,877,500 inhabitants, the population density in that year was 8.9 per square kilometer, of which about 8.5 million lived in communities with less than 2,000 inhabitants and 30.7 million were under 15 years of age. The urban unemployment rate (1973) was 6.2; the birth rate, 21 per 1,000; the general mortality rate 9.5 per 1,000 (1970); and life expectancy at birth 65 years (1968).

In 1973 the gross national product (GNP) at current prices (10 pesos = \$1) was 362,932 million pesos, the annual increase in recent years being 4.1%; the share of wages in the GNP was 42.5%, and total merchandise exports amounted to \$2,895 billion.

The Three-year Plan for National Reconstruction and Liberation, 1974-77, is in line with the policy of giving full effect to social justice, fostering a strong expansion of economic activity, improving the quality of life, achieving national unity, and promoting Latin American integration. The Plan also aims to achieve an annual average economic growth rate of 7.5%; to raise the share of wages in the national income to 47.7%; to eliminate unemployment by creating a million new jobs; to double public investments and exports; and to implement a population policy for the encouragement of births, and for selective immigration aimed at achieving a population of 50 million inhabitants by the year 2000. It also declares that the State is the guarantor of the health of the people, for which reason it must be a co-manager of the National Integrated Health System (SNIS), which "will promote the growth of the health sector through the implementation of an effective and feasible plan acceptable to all sectors"; and that, while this system is being created, priority will be given to maternal and child health, rural medical services, immunizations, control of social diseases, food aid, environmental sanitation, rehabilitation, manpower training, and support for services in the areas not initially incorporated into the SNIS.

PROTECTION OF HEALTH

Communicable Disease Control

Communicable diseases are still a problem, even though substantial progress in controlling them has been made. Smallpox was eradicated in 1970; in the same year, malaria had been reduced to its lowest point, but increased in the following year; poliomyelitis is close to being eradicated; diphtheria, whooping cough, and measles mortality is below the goal of one per 100,000 inhabitants fixed for the end of the decade 1971-80 in the Ten-year Health Plan for the Americas; the incidence of leprosy is stable at around one per 1,000 inhabitants; tetanus continues to be an important problem; Chagas' disease is a very important problem. Infectious hepatitis is increasing; tuberculosis mortality is stable at about 10 per 100,000 inhabitants, although there are great differences between the federal capital and some provinces; and enteric diseases do not show any downward trend, although their incidence is not very high.

Environmental Health

Approximately 13,700,000 inhabitants have piped water service, and one million have easy access to water supplies. Consequently, the service index for the urban population is 79%, which is virtually the goal established by the Ten-year Health Plan for the end of the decade. In rural areas, about one million inhabitants have in-house water connections, financed by external loans; another million have their own facilities so that the coverage is 32%, close to the goal established in the Plan, i.e., 50%.

Only 6,700,000 inhabitants in the rural areas have excreta disposal service (35%); it is believed possible to increase this coverage to 55%, which has been established as the minimum goal. More than 30% have good latrine services and therefore it is possible to reach the target of 50% proposed in the Plan.

Of the 8,750 tons per day of garbage produced by urban centers, only 35% is disposed of in a sanitary manner. To provide appropriate systems for at least 70% of the cities with more than 20,000 inhabitants, a great effort is required.

As regards air, water, and soil pollution, the Government is establishing agencies responsible for effective control of this problem.

Occupational health is another concern of the Government, and the goal of the Ten-year Health Plan, i.e., to have programs meeting the needs of 70% of the workers, will be exceeded.

PROMOTION OF HEALTH

General Services

The health sector comprises three subsectors: (1) the official subsector, represented by the Office of the Secretary of State for Public Health (one of the six that make up the Ministry of Social Welfare), the provincial and municipal health services, and the hospital network under their authority; (2) the parastate subsector, made up of all the social agencies (membership of which is compulsory) or mutual aid agencies (membership of which is voluntary); and (3) the private subsector.

In 1969 there were 6,469 medical care establishments. Of these, 2,864 were for inpatients and had a total of 140,000 beds, or 5.7 beds per 1,000 inhabitants; 74% were in the official subsector, 4% in the parastate sector, and 22% in the private subsector. In that year, the physician/population ratio was 19.6 per 1,000 inhabitants. A total of 66% of the population is entitled to medical services in social security institutions.

Coordination between the various component agencies of the health sector is unsatisfactory, as is coordination between the various administrative levels; the resources are unequally distributed and underutilized; the statistical information and accounting systems need to be improved in order to increase the efficiency of the planning process.

The Government intends to organize all the health sector resources and services into the National Integrated Health System (mentioned above), of which the three foregoing subsectors will form part, and to put an end to medical services atomized in a multiplicity of independent administrations. Its fundamental bases are a public health career and a national financial fund. It is intended to provide full health service coverage for the entire population, to establish functional regionalization, and to enlist maximum community participation.

Specific Programs

Child mortality, which was 65.1 per 1,000 live births in 1970 and varied greatly from region to region in the country, has been stable for two decades; maternal and child health problems are primarily found in the 17 less-developed provinces, which contain 27.2% of the population but produce more than 50% of maternal deaths and of deaths in children under five years of age; morbidity and mortality in these groups are mostly caused by diseases that can be prevented by an appropriate medical care system. In those provinces there is evidence that malnutrition is an important cause of the high mortality in infants and preschool-age children.

Accordingly, the Government has decided to initiate a national maternal and child health program and to make a study of the nutritional situation and of the profession of nutritionist.

The Mental Health Institute, which is responsible for government programs in this area, has 20 establishments (25,000 beds) unevenly distributed throughout the country. They have partially obsolete structures, resulting in a deterioration in the quality of psychiatric care, which primarily consists of preventive activities. A program is under way to improve the quality of care and to provide the population with access to the services by increasing coverage.

Medical care accounts for more than 80% of the cost of the health services. To help improve its administration in Argentina and in other countries, the Latin American Center for Medical Care Administration (CLAM) was established by agreement between the Government, the University of Buenos Aires, and PAHO/WHO (Argentina-4803). It undertakes research to gain a better knowledge of the health sector and its operation, and provides advanced training for professional and technical personnel responsible for administrative activities. CLAM is at present conducting the following programs: information and documentation; training in methods and techniques for the analysis of the health care system; training in medical care research; refresher courses in methods of medical care service administration; development of models for the study of health sector financing; and a study to establish a method enabling pediatric resources to be efficiently assigned and used.

Almost 50% of the beds in the public sector are more than 30 years old, and consequently almost unusable, if not obsolete. Hospital maintenance activities have been undertaken sporadically and on an emergency basis. It is planned to establish a national hospital maintenance system to improve the physical resources of the sector and their efficiency.

Although substantial progress has been made in the field of medical rehabilitation, the available services are insufficient to meet the present and potential demand. Use of the existing health infrastructure would make it possible to extend coverage.

Since 1968 cardiovascular diseases, neoplasms, and accidents have been among the primary causes of death in Argentina. The Ministry of Public Health has established the Institute for Cardiological Research and is sponsoring programs on cancer and other chronic diseases. In addition, the Government established the National Commission for the Prevention of Traffic Accidents.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

The structure of main categories of health personnel in the country is unbalanced, with a marked deviation towards the professional level, a shortage at the technical level, and scarce resources in most of the auxiliary fields. The geographical distribution of health personnel, especially higher and technical level personnel, is unsatisfactory, and to the detriment of the rural areas.

The goal of the Ten-year Health Plan for the Americas for the number of physicians per 10,000 inhabitants is already surpassed. The number of professional, technical, and auxiliary personnel is considered insufficient for the efficient operation and expansion of environmental, veterinary, nutritional, and statistical services. There is also a shortage of public health specialists.

A policy for the training, use, functional definition, etc., of health personnel is being framed, with a view to correcting the lack of coordination between the component institutions of the health sector and the public health services. Furthermore, the salaries of personnel in the public sector are low and there is a lack of a proper definition of promotion opportunities.

In addition to establishing the above-mentioned national health profession, the Government intends to increase knowledge of manpower training, supply, and use; to help integrate manpower planning into health planning; to strengthen teaching institutions by increasing technical and financial assistance to the universities and centers; and to improve the teaching-learning processes through a multidisciplinary and multiprofessional approach.

ARGENTINA - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$ 401,266	27.8	\$ 520,685	26.6	I. PROTECTION OF HEALTH	512,845	22.9	554,282	24.1
315,629	21.9	401,485	20.5	A. COMMUNICABLE DISEASES	392,125	17.6	425,274	18.6
43,398	3.0	44,628	2.3	0100 GENERAL	40,204	2.1	49,014	2.1
5,764	.4	12,029	.6	0200 MALARIA	11,742	.5	12,424	.5
11,805	.8	6,481	.3	0300 SPALLPOX	6,758	.3	7,102	.3
10,076	.7	16,386	.8	0400 TUBERCULOSIS	8,685	.4	15,614	.7
3,723	.3	6,836	.4	0500 LEPRISY	3,345	.2	4,240	.2
-	-	400	*	0600 VENEREAL DISEASES	220	*	1,805	.1
239,888	16.0	290,741	14.9	0700 ZONUSES	295,190	13.2	307,387	13.5
-	-	19,720	1.0	0900 OTHER	15,141	.7	21,288	.9
975	.1	4,264	.2	1000 PARASITIC DISEASES	4,840	.2	6,600	.3
85,637	5.9	119,200	6.1	B. ENVIRONMENTAL HEALTH	120,720	5.3	129,008	5.5
63,852	4.4	85,935	4.4	2100 GENERAL	83,207	3.7	90,181	3.9
18,607	1.3	28,522	1.5	2200 WATER SUPPLIES	32,058	1.4	33,081	1.4
383	*	638	*	2300 AEGES AEGYPTI ERADICATION	648	*	694	*
1,850	.1	2,266	.1	2400 HOUSING	2,862	.1	3,008	.1
945	.1	1,839	.1	2500 AIR POLLUTION	1,945	.1	2,044	.1
826,951	57.3	1,165,733	59.9	II. PROMOTION OF HEALTH	1,408,117	66.5	1,469,608	64.6
300,377	20.8	399,589	20.6	A. GENERAL SERVICES	639,047	28.6	633,286	27.8
115,934	8.0	120,476	6.2	3100 GENERAL PUBLIC HEALTH	125,971	5.6	136,598	6.0
37,083	2.6	22,284	1.1	3200 NURSING	27,032	1.2	29,497	1.3
12,779	.9	20,607	1.1	3300 LABORATORY	25,810	1.2	32,060	1.4
874	.1	1,271	.1	3400 HEALTH EDUCATION	1,160	.1	1,418	.1
89,600	6.2	136,118	7.0	3500 STATISTICS	371,622	16.6	378,856	16.6
3,396	.2	4,088	.2	3600 ADMINISTRATIVE METHODS	2,750	.1	2,934	.1
40,711	2.8	94,745	4.9	3700 HEALTH PLANNING	84,696	3.8	51,923	2.3
526,574	36.5	766,144	39.3	B. SPECIFIC PROGRAMS	849,070	37.9	836,322	36.8
136,808	9.5	147,575	7.6	4200 NUTRITION	128,712	5.8	127,013	5.6
23,189	1.6	32,708	1.7	4300 MENTAL HEALTH	24,313	1.1	33,956	1.5
13,648	1.0	13,522	.7	4400 DENTAL HEALTH	13,920	.6	13,273	.6
7,365	.5	8,340	.4	4500 RADIATION AND ISOTOPES	9,845	.4	10,325	.5
1,089	.1	45,106	2.3	4600 OCCUPATIONAL HEALTH	40,695	1.8	45,034	2.0
4,668	.3	8,090	.4	4700 FOOD AND DRUG	9,579	.4	11,868	.5
246,669	17.1	358,623	18.4	4800 MEDICAL CARE	369,504	17.4	374,140	16.4
86,605	6.0	138,751	7.1	4900 FAMILY HEALTH AND POP. DYNAMICS	158,934	7.1	186,651	8.2
3,066	.2	1,768	.1	5000 REHABILITATION	2,924	.1	12,205	.5
3,417	.2	11,661	.6	5100 CANCER & OTHER CHRONIC DISEASES	12,644	.6	21,857	1.0
213,912	14.9	263,456	13.5	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	238,138	10.6	259,602	11.3
22,524	1.6	28,327	1.5	6100 PUBLIC HEALTH	28,570	1.3	29,918	1.3
132,024	9.2	146,516	7.5	6200 MEDICINE	119,434	5.3	123,801	5.4
7,762	.5	8,914	.5	6300 NURSING	11,542	.5	16,942	.7
18,070	1.3	30,406	1.6	6400 ENVIRONMENTAL SCIENCES	32,022	1.4	33,190	1.5
11,171	.8	16,014	.8	6500 VETERINARY MEDICINE	11,505	.5	12,435	.5
2,015	.1	2,924	.1	6600 DENTISTRY	3,140	.2	4,545	.2
20,346	1.4	30,355	1.5	6700 BIostatistics	31,945	1.4	38,771	1.7
1,442,129	100.0	1,949,874	100.0	GRAND TOTAL	2,239,100	100.0	2,283,492	100.0

*LESS THAN .05 PER CENT

ARGENTINA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	*--DUTY--* TRAVEL AMOUNT	*--FELLOWSHIPS--*		*--SEMINARS--*		*SUPPLIES* AND EQUIPMENT	*GRANTS* AND OTHER	
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHURT	AMOUNT	PART.			AMOUNT
	\$				\$	\$			\$	\$	\$	\$	
1973													
PAHO--PK	585,742	7	1	13	399,436	38,701	5	15	42,176	-	8,712	47,146	49,571
PM	911	-	-	-	830	81	-	-	-	-	-	-	-
PN	67,347	-	-	-	29,045	2,893	-	-	2,759	-	8,027	24,623	-
PG	307,564	-	-	-	67,787	913	1	6	17,014	-	4,350	29,814	187,686
PH	66,566	-	-	-	13,768	1,827	-	-	1,427	-	5,262	29,908	14,774
PK	20,101	-	-	-	18,640	1,446	-	-	-	-	-	14	1
PS	393	-	-	-	-	-	-	-	-	-	-	-	393
WHO--WR	226,890	-	-	16	94,456	7,651	4	33	71,317	-	8,115	28,896	16,475
UNDP	165,930	4	-	1	119,364	-	4	-	25,792	-	-	14,754	6,020
UNFPA	285	-	-	-	285	-	-	-	-	-	-	-	-
TOTAL	1,442,129	11	1	30	743,611	53,492	14	54	160,489	-	26,439	158,559	299,543
PERCENT OF TOTAL	100.0				51.6	3.7			11.1		1.8	11.0	20.8
1974													
PAHO--PR	710,445	7	2	11	530,704	43,345	1	14	33,230	-	11,923	47,600	43,643
PM	4,215	-	-	-	4,020	195	-	-	-	-	-	-	-
PN	56,866	-	-	-	31,058	2,880	-	-	2,933	-	4,349	15,646	-
PG	377,648	-	-	-	84,226	1,738	-	-	760	-	4,262	32,922	253,740
PH	56,550	-	-	-	18,091	2,291	-	-	6,004	-	130	11,601	18,433
WHO--WR	361,551	-	-	35	147,758	8,326	5	40	95,863	-	24,421	53,399	31,782
UNDP	350,397	3	-	37	233,003	6,507	6	4	52,807	-	-	43,874	14,206
UNFPA	32,202	-	-	-	16,491	1,025	-	-	11,532	-	1,390	1,172	592
TOTAL	1,949,874	10	2	83	1,065,351	66,309	12	58	203,129	-	42,126	194,917	378,042
PERCENT OF TOTAL	100.0				54.6	3.4			10.4		2.2	10.0	19.4
1975													
PAHO--PK	783,595	7	2	11	584,808	44,314	1	16	38,248	-	11,342	48,030	56,851
PM	5,144	-	-	-	4,924	220	-	-	-	-	-	-	-
PN	56,982	-	-	-	31,081	2,872	-	-	2,933	-	4,513	15,583	-
PG	325,195	-	-	-	77,842	-	-	-	-	-	14,782	232,571	-
PH	48,019	-	-	-	14,831	1,233	-	-	3,567	-	4,908	23,480	-
WHO--WR	397,460	-	-	41	182,924	9,555	5	42	96,126	-	15,900	54,869	38,086
UNDP	583,947	5	-	27	263,234	9,926	10	36	121,694	-	-	177,422	11,671
UNFPA	38,758	-	-	-	20,871	1,225	-	-	11,820	-	2,616	1,474	752
TOTAL	2,239,100	12	2	79	1,180,515	69,147	16	94	274,388	-	29,858	305,998	378,994
PERCENT OF TOTAL	100.0				52.7	3.1			12.3		1.3	13.7	16.9
1976													
PAHO--PK	880,142	7	2	11	632,362	46,209	1	16	52,312	-	11,965	60,312	76,982
PM	5,410	-	-	-	5,170	240	-	-	-	-	-	-	-
PN	59,337	-	-	-	32,619	2,872	-	-	2,933	-	4,513	16,400	-
PG	328,944	-	-	-	83,140	525	-	-	-	-	225	11,559	233,495
PH	56,451	-	-	-	15,533	1,314	-	-	3,777	-	5,640	30,187	-
WHO--WR	433,483	-	-	44	201,450	10,119	6	50	115,167	-	14,413	58,507	33,827
UNDP	471,889	5	-	16	245,760	11,146	6	18	86,921	-	-	116,124	11,936
UNFPA	47,836	-	-	-	27,805	1,700	-	-	13,002	-	2,879	1,622	828
TOTAL	2,283,492	12	2	71	1,243,839	74,127	15	84	274,112	-	29,482	258,277	403,655
PERCENT OF TOTAL	100.0				54.5	3.2			12.0		1.3	11.3	17.7
<p>PAHO-PR-REGULAR BUDGET PM-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO-WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WD-GRANTS AND OTHER FUNDS</p>													

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

ARGENTINA - DETAIL

ARGENTINA-0100, COMMUNICABLE DISEASE CONTROL

A program to reduce morbidity and mortality from communicable diseases, primarily through repeated vaccination campaigns, is under way in Argentina. A major effort to combat poliomyelitis, initiated in 1971, continued in 1972 and 1973 with excellent results. A similar effort to control measles has also been started. At the same time, projects to reorganize and improve the structure of the epidemiology, statistical information, personnel training, and other services are under study.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	2	2	2	TOTAL	25,245	20,500	38,940	40,180
CONSULTANT MONTHS	PR	1	-	-	-					
CONSULTANT MONTHS	WR	-	2	2	2	SUBTOTAL	PR 2,213	-	18,040	18,880
TOTAL		11	3	3	3					
FELLOWSHIPS-ACADEMIC	WR	2	-	-	-	ZONE ADVISORY SERVICES	-	-	18,040	18,880
FELLOWSHIPS-SHORT TERM	WR	9	3	3	3	PERSONNEL-CONSULTANTS	1,157	-	-	-
						SUPPLIES AND EQUIPMENT	1,056	-	-	-
						SUBTOTAL	WR 23,032	20,500	20,900	21,300
						PERSONNEL-CONSULTANTS	-	4,000	4,400	4,800
						SEMINAR COSTS	-	2,000	2,000	2,000
						SUPPLIES AND EQUIPMENT	-	10,000	10,000	10,000
						FELLOWSHIPS	23,032	4,500	4,500	4,500

ARGENTINA-0200, MALARIA ERADICATION

Up to 1971 the malaria program in Argentina made noteworthy headway, and as from 1972 the last areas in the attack phase, in the province of Misiones, passed into the consolidation phase. In 1973, 805 cases were registered, the highest figure since 1969. The increase occurred in the provinces of Salta and Jujuy, bordering on regions of Bolivia with high endemicity. A meeting was held in Tartagal for the purpose of agreeing on measures of mutual cooperation with the Republic of Bolivia in order to solve the problem of importing cases and of eliminating foci in frontier zones.

TOTAL		-	1	1	1	TOTAL	PR 1,836	7,000	7,200	7,400
CONSULTANT MONTHS	PR	-	1	1	1	PERSONNEL-CONSULTANTS	-	2,000	2,200	2,400
						SUPPLIES AND EQUIPMENT	1,836	5,000	5,000	5,000

ARGENTINA-0300, SMALLPOX ERADICATION

The level of immunity against smallpox is generally satisfactory in Argentina and no cases have been observed since 1970 when there was an outbreak caused by an imported case. PAHO/WHO continued to cooperate through 1973 in the vaccination program.

TOTAL	WR	5,540	-	-	-
SUPPLIES AND EQUIPMENT		5,540	-	-	-

ARGENTINA-0400, TUBERCULOSIS CONTROL

Tuberculosis remains a major public health problem in Argentina, particularly in certain northern and southern provinces. Death rates from tuberculosis exceeding 40 per 100,000 are found in Chaco, Chubut, Salta, and Jujuy (1972). The program's objectives are concerned with BCG vaccination of children, identification of cases by bacteriological examination, and outpatient chemotherapy treatment of those found to have tuberculosis. An important element is the training of professional and auxiliary technical personnel at the National Tuberculosis Institute in Recreo, Santa Fe. Under the Institute's supervision and direction, a study of the incidence of tubercular infection in child population samples was begun as a basis for estimating the risk of transmission of the infection in the several provinces and its trend over time.

FUND	1973	1974	1975	1976	TOTAL	FUND	1973	1974	1975	1976
							\$	\$	\$	\$
TOTAL	1	1	1	1	TOTAL		3,184	5,500	5,700	5,900
CONSULTANT MONTHS	PR	1	-	-	SURTOTAL	PR	3,184	-	-	-
CONSULTANT MONTHS	WR	-	1	1	1	WR	-	5,500	5,700	5,900
TOTAL		-	1	1	1	PERSONNEL-CONSULTANTS		3,184	-	-
FELLOWSHIPS-SHORT TERM	WR	-	1	1	1	SUBTOTAL	WR	-	5,500	5,700
						PERSONNEL-CONSULTANTS		-	2,000	2,200
						SUPPLIES AND EQUIPMENT		-	2,000	2,000
						FELLOWSHIPS		-	1,500	1,500

ARGENTINA-0700, PAN AMERICAN ZOONOSES CENTER

The United Nations Development Programme approved a five-year program for the strengthening of the Pan American Zoonoses Center, which is located in Ramos Mejía and Azul. The project expenditures for 1973 were the final costs under this five-year plan. The program of the Center and its continuation are described under project AMRO-0700.

TOTAL	UNDP	1973	1974	1975	1976
TOTAL		1,661	-	-	-
SUPPLIES AND EQUIPMENT		52	-	-	-
MISCELLANEOUS		1,609	-	-	-

ARGENTINA-0900, CHAGAS' DISEASE AND HEMORRHAGIC FEVER

Chagas' disease is one of the most important health problems in Argentina, with the infestation index highest in the northern provinces. A good control program will require a better ecological and entomological knowledge of the various types of triatoma which transmit the disease and of the cardiovascular and other complications which aggravate its prognosis. The Government wishes to conduct these studies, which would be useful not only for Argentina but for other countries with a high Chagas' disease infestation index.

Although Argentine hemorrhagic fever is a recent epidemiological problem, its importance is growing. The characteristics of the virus and the way it is transmitted are still poorly understood. This research must be completed in order to achieve more effective control of the disease.

TOTAL	WR	1973	1974	1975	1976	TOTAL	WR	1973	1974	1975	1976
TOTAL		-	1	1	1	TOTAL		-	18,500	13,700	13,900
CONSULTANT MONTHS	WR	-	1	1	1	PERSONNEL-CONSULTANTS		-	2,000	2,200	2,400
TOTAL		-	1	1	1	SUPPLIES AND EQUIPMENT		-	15,000	10,000	10,000
FELLOWSHIPS-SHORT TERM	WR	-	1	1	1	FELLOWSHIPS		-	1,500	1,500	1,500

ARGENTINA-2100, ENVIRONMENTAL SANITATION

The National Sanitation Department (Dirección Nacional de Saneamiento) of the Subsecretariat of Public Health in Argentina is cooperating with equivalent provincial agencies in the development of sanitation programs, particularly in basic sanitation, the rotating fund for rural housing, the national solid waste plan, control of environmental pollution, protection against radiation, and occupational health. The objective of this project is to cooperate with the authorities in developing national or regional environmental sanitation plans designed to achieve the goals set forth in the Ten-year Health Plan for the Americas.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL	PR	1973	1974	1975	1976	TOTAL	PR	1973	1974	1975	1976
TOTAL		1	1	1	1	TOTAL		35,075	43,400	60,890	63,195
P-4 SANITARY ENGINEER .3208	PR	1	1	1	1	PERSONNEL-POSTS		28,935	27,100	28,300	29,500
TOTAL		-	1	1	1	ZONE ADVISORY SERVICES		-	-	15,890	16,695
CONSULTANT MONTHS	PR	-	1	1	1	PERSONNEL-CONSULTANTS		-	2,000	2,200	2,400
TOTAL		1	3	3	3	DUTY TRAVEL		4,444	4,500	4,700	4,800
FELLOWSHIPS-ACADEMIC	PR	-	1	1	1	SUPPLIES AND EQUIPMENT		214	2,000	2,000	2,000
FELLOWSHIPS-SHORT TERM	PR	1	2	2	2	FELLOWSHIPS		1,482	7,800	7,800	7,800

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

ARGENTINA-2200, WATER SUPPLIES

This project provides for cooperation with Public Health Works of the Nation (Obras Sanitarias de la Nación) in Argentina in the structural, administrative, and technical changes it now has under way. It will cooperate also with the National Rural Drinking Water Service (Servicio Nacional de Agua Potable Rural) as the latter continues its program to supply water to small communities. It will also promote broad programs to optimize the use of the water in watersheds, with attention to the quality of those watersheds. The Information and Reference Center on Sanitary Engineering and the Environmental Sciences, located in Buenos Aires, will begin to receive support from this program in 1975.

TOTAL		1	3	3	3	TOTAL	WR	7,176	12,500	13,100	13,700
CONSULTANT MONTHS	WR	1	3	3	3	PERSONNEL-CONSULTANTS		1,127	6,000	6,600	7,200
TOTAL		2	4	4	4	DUTY TRAVEL		1,054	-	-	-
FELLOWSHIPS-ACADEMIC	WR	-	-	-	-	SUPPLIES AND EQUIPMENT		-	500	500	500
FELLOWSHIPS-SHORT TERM	WR	2	4	4	4	FELLOWSHIPS		4,995	6,000	6,000	6,000

ARGENTINA-3100, HEALTH SERVICES

The purpose of this project is to contribute to the improvement of the organization and functioning of the health services in Argentina in order to arrive at the goals established in the country and at a national coverage with programs of services to persons, specifically through establishing a personnel management system adequate to the needs, through the organization of a national financial fund, and through drawing up a health code that would facilitate the execution of the health plans.

TOTAL		1	1	1	1	TOTAL		101,746	106,300	113,800	122,300
P-5 MEDICAL OFFICER .2019	PR	1	1	1	1	SUBTOTAL	PR	58,111	48,600	50,100	53,600
TOTAL		11	8	10	8	PERSONNEL-POSTS		33,380	33,000	34,400	35,800
CONSULTANT MONTHS	WR	11	8	10	8	DUTY TRAVEL		388	600	700	800
TOTAL		25	19	19	22	SEMINAR COSTS		2,074	5,000	5,000	5,000
FELLOWSHIPS-ACADEMIC	PR	1	-	-	-	SUPPLIES AND EQUIPMENT		8,574	10,000	10,000	12,000
FELLOWSHIPS-ACADEMIC	WR	-	4	4	5	FELLOWSHIPS		13,695	-	-	-
FELLOWSHIPS-SHORT TERM	PR	7	-	-	-	SUBTOTAL	WR	43,635	57,700	63,700	68,700
FELLOWSHIPS-SHORT TERM	WR	17	15	15	17	PERSONNEL-CONSULTANTS		21,660	16,000	22,000	19,200
						FELLOWSHIPS		21,975	41,700	41,700	49,500

ARGENTINA-3101, FELLOWSHIPS

Fellowships have been provided in order to train personnel for the improvement and expansion of health services in Argentina.

TOTAL		1	-	-	-	TOTAL	WR	2,233	-	-	-
FELLOWSHIPS-ACADEMIC	WR	1	-	-	-	FELLOWSHIPS		2,233	-	-	-

ARGENTINA-3200, NURSING

This project proposes to improve nursing services in Argentina through (1) introduction of an effective system of coordination of the national with the other operating levels; (2) strengthening of the organization of nursing services; (3) development of in-service training centers; (4) improved utilization of resources; (5) preparation of nursing personnel in techniques of administration; and (6) determination of levels and numbers of nursing personnel to be trained.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	-	-	-	TOTAL	PR	26,852	10,000	20,560	21,120
P-3 NURSE .4040	PP	1	-	-	-	PERSONNEL-POSTS		-	-	-	-
TOTAL		6	-	-	-	ZONE ADVISORY SERVICES		-	-	10,560	11,120
CONSULTANT MONTHS	PR	6	-	-	-	PERSONNEL-CONSULTANTS		6,920	-	-	-
						SEMINAR COSTS		775	2,000	2,000	2,000
						SUPPLIES AND EQUIPMENT		-	2,000	2,000	2,000
						FELLOWSHIPS		19,157	6,000	6,000	6,000

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
								\$	\$	\$	\$
TOTAL		9	4	4	4						
FELLOWSHIPS--ACADEMIC	PR	3	-	-	-						
FELLOWSHIPS--SHORT TERM	PR	6	4	4	4						

ARGENTINA-3300, LABORATORY SERVICES

The purpose of this project is to promote the development and implementation of laboratory systems within Argentina's health plan through preparation of technical and administrative rules for the standardization of laboratories; training of personnel; establishment of reference and control centers; extension of coverage; better utilization of the resources of, and coordination between, the health laboratories and the clinical and epidemiological services; and creation of an administrative system for quality control.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL			2	2	2	TOTAL	WR		8,500	20,724	26,584
CONSULTANT MONTHS	WR	-	2	2	2	ZONE ADVISORY SERVICES	-	-		11,824	12,784
TOTAL		-	2	2	4	PERSONNEL--CONSULTANTS	-	4,000	4,400	4,400	4,800
FELLOWSHIPS--SHORT TERM	WR	-	2	2	4	SUPPLIES AND EQUIPMENT	-	1,500	1,500	3,000	3,000
						FELLOWSHIPS	-	3,000	3,000	6,000	6,000

ARGENTINA-3500, HEALTH STATISTICS

The purpose of this project is to cooperate with the Government of Argentina in expanding the coverage of data relating to vital events, medical care, and services; improving the quality of the data; analyzing the data collected; and training personnel in this specialty. For these purposes funds are provided for temporary consultants, short-term fellowships and courses.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	2	2	2	TOTAL	PR	2,399	10,500	20,525	21,425
CONSULTANT MONTHS	PR	1	2	2	2	ZONE ADVISORY SERVICES	-	-		9,625	10,125
TOTAL		-	3	3	3	PERSONNEL--CONSULTANTS	1,660	4,000	4,400	4,400	4,800
FELLOWSHIPS--SHORT TERM	PR	-	3	3	3	SUPPLIES AND EQUIPMENT	-	739	-	-	-
						FELLOWSHIPS	-	4,500	4,500	4,500	4,500
						COURSE COSTS	-	2,000	2,000	2,000	2,000

ARGENTINA-3504, CENTER FOR UTILIZATION OF COMPUTERS IN HEALTH PROGRAMS

An agreement entered into by the School of Medicine of the University of Buenos Aires, the Secretariat of State for Public Health, and PAHO, on 19 June 1968, for the conduct of a program of training, research, and development of the application of electronic data processing in the health field in the Republic of Argentina, formed the basis for the establishment of the Computer Center of the Faculty of Medicine at the José de San Martín Hospital. This Center, which had been receiving planning assistance under the PAHO/WHO regular program since 1966, was officially inaugurated in April 1970 and currently has a staff of over 60 professional and technical personnel. In mid-1971 the UNDP awarded funds for pre-project activities and in January 1972 approved the full proposal covering a five-year period.

The primary objectives of this project include assistance to the Center in the further development and application of health statistics; development and maintenance of a national data bank for health planning, using techniques of multiple variable analyses, system analyses, and operations research; and training of health personnel in computer applications in the health field.

TOTAL		3	2	4	4	TOTAL	UNDP	62,527	109,627	343,607	348,292
P-5 PROJECT MANAGER 4.3795	UNDP	1	1	1	1	PERSONNEL--POSTS	57,500	47,000	109,000	120,000	120,000
P-4 PROGRAMMER ANALYST 4.3796 4.3798	UNDP	1	1	2	2	PERSONNEL--CONSULTANTS	-	17,500	27,500	40,000	40,000
P-4 SYSTEMS ANALYST 4.3799	UNDP	1	-	-	-	DUTY TRAVEL	-	3,000	6,000	6,000	6,000
P-4 TRAINING OFFICER 4.3797	UNDP	-	-	1	1	SUPPLIES AND EQUIPMENT	5,027	31,035	114,000	106,096	106,096
G-5 SECRETARY 4.4296	UNDP	-	-	-	-	FELLOWSHIPS	-	6,050	82,350	71,350	71,350
						MISCELLANEOUS	-	5,042	4,757	4,846	4,846

	FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
							\$	\$	\$	\$
TOTAL		-	7	11	16					
CONSULTANT MONTHS	UNDP	-	7	11	16					
TOTAL		-	3	35	20					
FELLOWSHIPS-ACADEMIC	UNDP	-	-	6	8					
FELLOWSHIPS-SHORT TERM	UNDP	-	3	29	12					

ARGENTINA-3700, HEALTH PLANNING

The purpose of this project is to expand health planning at the national, provincial and local levels. The Government has expressed its special interest in receiving international assistance to achieve this purpose, and to this end a draft convention is under consideration which will define its scope, mainly as related to improvement of planning techniques; training of personnel at all levels; promotion of research; utilization of existing information and establishment of a system for providing the necessary information regularly and in good time; and study of a system of medical care capable of meeting the country's needs. Provision is made for short-term consultants and fellowships.

TOTAL		-	12	6	-	TOTAL	-	30,000	49,400	22,635
CONSULTANT MONTHS	UNDP	-	12	6	-	SUBTOTAL	PR	-	-	21,600
TOTAL		-	-	2	-	ZONE ADVISORY SERVICES		-	-	21,600
FELLOWSHIPS-ACADEMIC	UNDP	-	-	2	-	SUBTOTAL	UNDP	-	30,000	27,800
						PERSONNEL-CONSULTANTS		-	30,000	15,000
						FELLOWSHIPS		-	-	12,800

ARGENTINA-4100, SEMINAR ON MATERNAL AND CHILD HEALTH (renumbered ARGENTINA-4901)

ARGENTINA-4101, SURVEY OF NURSING AND MIDWIFERY (renumbered ARGENTINA-4902)

ARGENTINA-4203, NUTRITION STUDIES

The purpose of this project is to carry out a survey in the northwest and northeast of the country on a simplified methodology for assessment of the nutritional status of the population.

		1	2	-	-	TOTAL	UNDP	20,499	29,569	6,250	-
TOTAL		1	2	-	-	TOTAL	UNDP	20,499	29,569	6,250	-
CONSULTANT MONTHS	UNDP	1	2	-	-	PERSONNEL-CONSULTANTS		5,500	4,500	-	-
TOTAL		4	3	1	-	SUPPLIES AND EQUIPMENT		-	3,500	-	-
FELLOWSHIPS-ACADEMIC	UNDP	4	3	1	-	FELLOWSHIPS		14,999	17,569	6,250	-
						COURSE COSTS		-	4,000	-	-

ARGENTINA-4300, MENTAL HEALTH

The objective of this project is to collaborate with the Government of Argentina in establishing a mental health policy appropriate to the country's needs and possibilities, in extending psychiatric mental health services to the entire population, and in initiating primary, secondary, and tertiary prevention programs. Socioeconomic studies and epidemiological research to improve knowledge of the problem are to be encouraged, as is manpower training.

		2	4	4	4	TOTAL	PR	16,296	16,500	15,800	16,600
TOTAL		2	4	4	4	TOTAL	PR	16,296	16,500	15,800	16,600
CONSULTANT MONTHS	PR	2	4	4	4	PERSONNEL-CONSULTANTS		5,711	8,000	8,800	9,600
TOTAL		1	-	2	2	SUPPLIES AND EQUIPMENT		3,839	8,500	4,000	4,000
FELLOWSHIPS-ACADEMIC	PR	1	-	-	-	FELLOWSHIPS		6,746	-	3,000	3,000
FELLOWSHIPS-SHORT TERM	PR	-	-	2	2						

ARGENTINA-4400, DENTAL HEALTH

PAHO has cooperated in the installation of a plant for the removal of excess fluoride and arsenic from the water supply and in the training of water supply engineers.

FUND	1973	1974	1975	1976	TOTAL	FUND	1973	1974	1975	1976
								\$	\$	\$
TOTAL	1	-	-	-	TOTAL	PR	3,258	-	-	-
CONSULTANT MONTHS	PR	1	-	-	PERSONNEL-CONSULTANTS		1,326	-	-	-
					COURSE COSTS		1,932	-	-	-

ARGENTINA-4500, RADIATION PROTECTION

The Department of Environmental Sanitation of Argentina (Dirección Nacional de Saneamiento Ambiental) of the Subsecretariat of Public Health now contains a section on ionizing radiation. The section's work is based on a relevant new law, on coordination with the National Atomic Energy Commission, and on the effort to promote the establishment of specialized sections in this field in the several provinces.

The section is chiefly engaged in maintaining existing radiological equipment and establishing health standards for its operation, checking on people who come into contact with radiation, inspecting and controlling installed or new radiation sources, consulting and advising on plans for new radiological installations in accordance with radiation protection standards, calibrating devices used in radiation therapy, and training physicians, dentists, and technicians in radiological protection.

TOTAL	PR	1973	1974	1975	1976
SUPPLIES AND EQUIPMENT		4,290	3,000	3,000	4,000

ARGENTINA-4602, INDUSTRIAL SAFETY AND HYGIENE

The purpose of this UNDP-assisted project in Argentina is to strengthen industrial hygiene and safety activities at the national level. It includes the training of personnel, the provision of equipment, the preparation of specialized studies, and the establishment of structures. Appropriate legislation and regulations, prepared in coordination with the Ministry of Labor, are now in force.

The assistance given will consist of specialized consultants, courses, equipment, seminars, and research. The Government's contributions will make it possible to consolidate these programs definitively at the national level.

TOTAL	1	1	1	1	TOTAL	UNDP	-	43,700	96,800	43,000
P-4 SANITARY ENGINEER 4.4072	UNDP	1	1	1	1	PERSONNEL-POSTS	-	14,250	28,500	28,500
TOTAL		-	8	-	-	PERSONNEL-CONSULTANTS	-	20,000	-	-
CONSULTANT MONTHS	UNDP	-	8	-	-	DUTY TRAVEL	-	750	1,500	1,500
TOTAL		-	2	8	6	SUPPLIES AND EQUIPMENT	-	-	54,600	3,800
FELLOWSHIPS-ACADEMIC	UNDP	-	1	1	-	FELLOWSHIPS	-	7,500	11,400	8,400
FELLOWSHIPS-SHORT TERM	UNDP	-	1	7	6	MISCELLANEOUS	-	1,200	800	800

ARGENTINA-4803, LATIN AMERICAN CENTER FOR MEDICAL ADMINISTRATION

The Latin American Center for Medical Administration conducts teaching and research in the field of medical care in cooperation with the Government of Argentina and other countries in the Region. These activities incorporate modern methods and techniques for viewing the medical care system as a whole and evaluating its current deficiencies. The collaboration involves higher education programs and research projects in this field in Argentina. In addition, a translation program makes possible the dissemination of literature. The support of the Government for 1974-76, shown as PG, is a projection based upon prior years' contribution.

TOTAL	4	6	6	6	TOTAL	228,879	322,000	357,400	365,900		
P-5 MEDICAL OFFICER .3133	PR	1	1	1	1	SUBTOTAL	PR	52,855	99,400	119,100	125,200
P-4 MEDICAL OFFICER .0900	PR	-	1	1	1	PERSONNEL-POSTS		48,785	95,200	114,800	120,800
P-3 MEDICAL RECORDS LIBRARIAN .3350	PR	1	1	1	1	DUTY TRAVEL		4,070	4,200	4,300	4,400
P-3 NURSE .3320	PR	1	1	1	1	SUBTOTAL	PG	161,071	200,000	200,000	200,000
G-5 SECRETARY .3043	PR	1	1	1	1	SUPPLIES AND EQUIPMENT		4,338	-	-	-
G-4 SECRETARY .3684	PR	-	1	1	1	FELLOWSHIPS		10,896	-	-	-
TOTAL		-	8	12	12	COURSE COSTS		1,663	-	-	-
CONSULTANT MONTHS	WR	-	8	12	12	LOCAL PERSONNEL COSTS		132,145	200,000	200,000	200,000
						COMMON SERVICES		12,029	-	-	-

FUND					FUND				
	1973	1974	1975	1976		1973	1974	1975	1976
						\$	\$	\$	\$
TOTAL	7	3	5	5	SUBTOTAL	PH	9,722	-	-
FELLOWSHIPS-ACADEMIC	PG	1	-	-	CONTRACTUAL SERVICES		311	-	-
FELLOWSHIPS-SHORT TERM	PG	6	-	-	SUPPLIES AND EQUIPMENT		7,885	-	-
FELLOWSHIPS-SHORT TERM	WR	-	3	5	LIBRARY ACQUI. & BINDING		1,526	-	-
					SUBTOTAL	WR	5,231	22,600	38,300
									40,700
					PERSUNNEL-CONSULTANTS		-	16,000	26,400
					SUPPLIES AND EQUIPMENT		5,231	2,100	4,400
					FELLOWSHIPS		-	4,500	7,500
									7,500

ARGENTINA-4804, HOSPITAL MAINTENANCE

The purpose of this project is to establish a hospital maintenance system in Argentina, national in scope, to improve the sector's physical plant. This requires knowledge of the existing situation, establishment of a permanent structure in the national and provincial subsecretariats of public health, and development of demonstration areas and maintenance programs for emergencies, prevention, and repairs at the regional and local levels.

TOTAL					TOTAL				
		-	8	10		UNDP	-	27,400	25,000
CONSULTANT MONTHS	UNDP	-	8	10	PERSONNEL-CONSULTANTS		-	20,000	25,000
					FELLOWSHIPS		-	7,400	-
TOTAL		-	2	-					
FELLOWSHIPS-ACADEMIC	UNDP	-	2	-					

ARGENTINA-4900, HEALTH AND POPULATION DYNAMICS

The purpose of this project was to provide supplies and equipment for the Instituto Latinoamericano de Fisiología de la Reproducción. This center has recently been designated by WHO as a research center in human reproduction, and cooperates closely with the Latin American Center for Perinatology and Human Development.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL					TOTAL				
							273	-	19,127
									32,679
					SUBTOTAL	PR	-	-	11,400
									19,080
					ZONE ADVISORY SERVICES		-	-	11,400
					SUBTOTAL	PH	273	-	-
					SUPPLIES AND EQUIPMENT		273	-	-
					SUBTOTAL	UNFPA	-	-	7,727
									13,599
					ZONE ADVISORY SERVICES		-	-	7,727
									13,599

ARGENTINA-4901, MATERNAL AND CHILD HEALTH (previously ARGENTINA-4100)

The purpose of this project is to extend maternal and child health services, especially to rural areas, emphasizing regionalization of organization, improving the coverage of the various professionals in this field, and providing them with the equipment needed in their work.

TOTAL					TOTAL				
		-	2	2		WR	-	12,000	12,400
CONSULTANT MONTHS	WR	-	2	2	PERSONNEL-CONSULTANTS		-	4,000	4,400
					SEMINAR COSTS		-	5,000	5,000
TOTAL		-	2	2	FELLOWSHIPS		-	3,000	3,000
FELLOWSHIPS-SHORT TERM	WR	-	2	2					

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

ARGENTINA-4902, SURVEY OF NURSING AND MIDWIFERY (previously ARGENTINA-4101)

Maternal and child health conditions have remained stable over the past 20 years in Argentina, the rates of maternal and child mortality still being high, at around 1.5 and 63.5 per 1,000 live births. To meet the targets set in the Ten-year Health Plan, which aims at reducing these indicators to 0.7 and 36.0 per 1,000, respectively, the Government considers that it will be necessary, inter alia, to strengthen the infrastructure of the health services, to organize interinstitutional coordination among those services, to provide for appropriate distribution and training of human resources, and to obtain the informed participation of the community.

The purpose of the project is to contribute to the effort of the Government, with special emphasis on the 17 relatively less-developed provinces in which 27.2% of the population lives and where more than half of the deaths among children under five and mothers occur. The basic activities envisaged are to promote the advisory services considered necessary and to favor the pertinent professional training.

TOTAL		-	3	3	3	TOTAL	WR	-	15,500	16,100	18,700
CONSULTANT MONTHS	WR	-	3	3	3	PERSONNEL-CONSULTANTS	-	-	6,000	6,600	7,200
TOTAL		-	3	3	3	SUPPLIES AND EQUIPMENT	-	-	5,000	5,000	7,000
						FELLOWSHIPS	-	-	4,500	4,500	4,500
FELLOWSHIPS-SHORT TERM	WR	-	3	3	3						

ARGENTINA-5000, REHABILITATION

The purpose of this program is to cooperate with the National Institute of Rehabilitation of Argentina, under the National Department of Public Health, in developing the orthotics and prosthetics for the training of technical personnel in these disciplines. It is hoped that collaboration can be expanded in the following years in order to restructure the Institute and extend its action to the different provinces of the country.

TOTAL		-	-	-	3	TOTAL	WR	-	-	-	10,200
CONSULTANT MONTHS	WR	-	-	-	3	PERSONNEL-CONSULTANTS	-	-	-	-	7,200
TOTAL		-	-	-	2	FELLOWSHIPS	-	-	-	-	3,000
FELLOWSHIPS-SHORT TERM	WR	-	-	-	2						

ARGENTINA-5100, ACCIDENTS

Authorities at the national level in Argentina, as well as those of Buenos Aires Province and the Federal Capital, have shown interest in a study of traffic accidents and have requested PAHO cooperation in development of an interdisciplinary program to start in 1974 with the participation of the Subsecretariat of Public Health, public works branches, traffic officials, and officials from other government agencies. A seminar on the subject, in which the PAHO Regional Advisor will take part, is planned.

TOTAL		-	-	-	1	TOTAL	WR	-	-	-	5,400
CONSULTANT MONTHS	WR	-	-	-	1	PERSONNEL-CONSULTANTS	-	-	-	-	2,400
TOTAL		-	-	-	2	FELLOWSHIPS	-	-	-	-	3,000
FELLOWSHIPS-SHORT TERM	WR	-	-	-	2						

ARGENTINA-6100, SCHOOL OF PUBLIC HEALTH

The general purpose of this project is to collaborate with the School of Public Health of Argentina in the basic and advanced training of professional and technical human resources in various public health disciplines; to promote research in this field; to contribute to the improved training of teaching staff; and to encourage close liaison between the institution and the country's health services, training public health personnel to meet the country's requirements. It is also necessary to increase the training of human resources at all levels in order to solve the problem of growing specialization and meet the urgent need to solve new and complex health problems.

TOTAL		1	2	2	2	TOTAL		16,717	22,000	22,400	22,800
CONSULTANT MONTHS	WR	1	2	2	2	SUBTOTAL	PR	11,000	-	-	-
TOTAL		-	2	2	2	GRANTS		11,000	-	-	-
FELLOWSHIPS-SHORT TERM	WR	-	2	2	2						

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

ARGENTINA-6700, TRAINING OF STATISTICAL PERSONNEL

This project is being carried out in cooperation with the School of Public Health of the University of Buenos Aires. The aim is to train personnel in the handling of health statistics. There are three stages; a course for technicians on health statistics (first year); a course for technicians on medical records (second year); and a course on information systems leading to a degree (third year).

Annual courses in health statistics have been held for technicians since 1966. In 1972 the medical records course was started. The third course has not yet been organized.

TOTAL		1	1	1	1	TOTAL	PR	17,484	25,200	26,400	27,700
P-3	MEDICAL RECORDS LIBRARIAN	PR	1	1	1	1	PERSONNEL-POSTS	14,935	22,100	23,200	24,300
	.3612						DUTY TRAVEL	2,549	2,600	2,700	2,900
							SUPPLIES AND EQUIPMENT	-	500	500	500

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRU PROJECTS	807,808	996,378	857,527	940,082
0100 EPIDEMIOLOGY	2,591	6,888	7,264	7,274
0106 EPIDEMIOLOGY (ZONE VI)	14,576	17,240	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	986	-	-	-
0117 EPIDEMIOLOGICAL MONITORING OF MORBIDITY DATA	-	-	-	1,560
0200 MALARIA TECHNICAL ADVISORY SERVICES	3,059	4,129	4,027	4,485
0218 PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS	869	900	515	539
0300 SMALLPOX ERADICATION	6,265	6,481	6,758	7,102
0400 TUBERCULOSIS CONTROL	3,992	3,770	1,886	2,392
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	1,811	3,960	-	2,256
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	1,089	3,156	-	1,296
0411 STUDY GROUP ON TUBERCULOSIS CONTROL	-	-	1,099	-
0412 REGIONAL COMMITTEE ON EVALUATION OF TUBERCULOSIS PROGRAMS	-	-	-	3,770
0500 LEPROSY CONTROL	2,571	4,420	2,160	2,480
0507 COURSES ON REHABILIT. AND PREVENTION OF DEFORMITIES (LEPROSY)	-	1,416	-	-
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	471	-	655	695
0512 TRAINING AND RESEARCH IN LEPROSY AND RELATED DISEASES	681	1,000	530	1,065
0600 VENEREAL DISEASE CONTROL	-	400	220	255
0612 VENEREAL DISEASE SEMINARS	-	-	-	1,350
0700 PAN AMERICAN ZOONOSES CENTER	234,568	290,141	294,650	308,807
0708 RABIES CONTROL	-	600	540	580
0718 SEMINAR ON EPIDEMIOLOGY OF THE ZOONOSES	3,659	-	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	700	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	491	708
0926 ENTEROVIRUS COLLABORATIVE TESTING PROGRAM	-	520	-	960
0929 STRENGTHENING HEPATITIS DIAG. SURVEIL. SERV. IN THE AMERICAS	-	-	-	4,770
0932 PERFORMANCE EVALUATION OF ARBOVIRUS SEROLOGIC DIAGNOSIS	-	-	950	950
1000 PARASITIC DISEASES	757	1,850	3,500	5,020
1008 CHAGAS' DISEASE	218	2,414	1,340	1,580
2100 ENVIRONMENTAL SANITATION	1,838	759	838	812
2106 SANITARY ENGINEERING (ZONE VI)	12,944	19,155	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	20,823	33,423	31,348	36,649
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	998	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	751	1,167	1,222
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	4,564	5,236	5,580	5,868
2213 STUDIES AND INVESTIGATION OF WATER RESOURCES	1,614	95	-	-
2220 INSTITUTIONAL DEVELOPMENT	3,345	6,969	8,676	9,368
2223 PUBLIC SERVICES ADMINISTRATION	150	-	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	809	-
2230 RURAL WATER SUPPLY AND SANITATION	-	700	728	756
2300 AEDES AEGYPTI ERADICATION	383	578	648	694
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	60	-	-
3000 COORDINATION WITH FOUNDATIONS	1,280	2,575	3,087	3,520
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,308	3,862	3,125	3,402
3126 OPERATIONS RESEARCH	275	1,060	889	921
3129 RESEARCH TRAINING IN BIOMEDICAL SCIENCES	1,351	223	-	-
3130 CONFERENCE ON MYCOLOGY	79	1,311	-	-
3133 SYMPOSIUM ON PARACOCIDIOIDOMYCOSIS	203	-	-	-
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,643	2,010	1,170	1,255

3139 PAHO RESEARCH GRANT PROGRAM	4,816	2,600	3,900	5,200
3145 EMERGENCY PREPAREDNESS	-	535	-	-
3200 NURSING SERVICES	1,669	2,270	2,425	2,539
3206 NURSING (ZONE VI)	7,666	5,250	-	-
3210 HOSPITAL NURSING SERVICES	-	717	1,271	1,410
3214 DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	560	1,196	1,121	1,178
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	1,268	-	-
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	537
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	279	522	329	263
3223 SYSTEMS OF NURSING	57	1,061	1,326	-
3226 NURSE PRACTITIONERS IN INFANT/CHILD SERVICES	-	-	-	2,450
3300 LABORATORY SERVICES	803	362	454	485
3306 LABORATORY SERVICES (ZONE VI)	8,606	6,743	-	-
3311 TRAINING OF LABORATORY PERSONNEL	848	900	1,040	1,110
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,436	1,690	2,646	2,913
3318 MYCOLOGY RESEARCH AND TRAINING CENTERS	1,086	2,412	946	968
3400 HEALTH EDUCATION	535	497	313	497
3410 TRAINING OF TEACHERS IN HEALTH EDUCATION	339	774	847	921
3500 HEALTH STATISTICS	1,132	725	933	692
3506 HEALTH STATISTICS (ZONE VI)	9,148	8,600	-	-
3513 INTER-AMERICAN INVESTIGATION OF MORTALITY IN CHILDHOOD	14,394	5,943	6,557	7,072
3516 REGIONAL SEMINAR ON DATA PROCESSING	-	723	-	723
3521 DETERMINATION OF BASIC DATA NEEDED ON DELIVERY OF HEALTH CARE	-	-	-	652
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	1,938	2,626	2,756	2,934
3607 MANAGEMENT OF HEALTH SERVICES	1,458	1,462	-	-
3700 HEALTH PLANNING	5,085	3,164	3,776	4,168
3706 HEALTH PLANNING (ZONE VI)	7,025	10,320	-	-
3709 MEETING OF MINISTERS OF HEALTH	760	-	-	-
3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	27,841	43,261	31,520	25,120
4200 NUTRITION ADVISORY SERVICES	3	2,082	2,226	2,355
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	112,484	112,775	115,223	119,659
4212 RESEARCH ON NUTRITION ANEMIAS	96	1,557	934	490
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	71	222	245	446
4230 NUTRITION TRAINING	3,505	610	812	1,054
4238 NUTRITION RESEARCH	150	760	1,355	2,035
4247 SURVEILLANCE OF NUTRITIONAL STATUS	-	-	829	455
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	263	280
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	575	239
4300 MENTAL HEALTH	326	2,250	2,370	3,132
4312 COURSES IN COMMUNITY PSYCHIATRY	-	650	1,340	1,390
4313 NURSING IN MENTAL HEALTH	-	-	4,408	7,208
4316 EPIDEMIOLOGY OF SUICIDES	-	-	395	-
4317 STUDY GROUP ON TEACHING MENTAL HEALTH IN SCHOOLS OF PUB. HEALTH	-	990	-	-
4318 EPIDEMIOLOGY OF ALCOHOLISM	5,950	12,318	-	4,559
4320 SEMINAR ON MENTAL RETARDATION	617	-	-	-
4324 ADMINISTRATION OF MENTAL HEALTH SERVICES	-	-	-	1,067
4400 DENTAL HEALTH	942	792	990	1,188
4407 DENTAL EPIDEMIOLOGY	1,597	1,950	2,040	1,410
4409 FLUORIDATION	4,130	3,971	5,010	4,955
4410 LABORATORY FOR CONTROL OF DENTAL PRODUCTS	2,275	3,509	1,060	880
4411 HUMAN AND MATERIAL RESOURCES IN DENTISTRY	1,496	3,300	4,820	4,840
4500 HEALTH ASPECTS OF RADIATION	296	1,200	1,260	1,320
4507 RADIATION HEALTH PROTECTION	2,697	3,960	4,620	4,880
4509 RADIATION SURVEILLANCE	82	180	125	125
4516 PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	840	-
4620 MANAGEMENT OF PESTICIDES	-	350	380	435
4700 FOOD AND DRUG CONTROL	2,453	3,222	3,405	3,558
4708 FOOD HYGIENE TRAINING CENTER	2,215	2,052	2,313	2,475
4715 FOOD HYGIENE	-	2,205	3,861	4,491
4717 SEMINAR ON FOOD HYGIENE	-	611	-	-
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	1,344
4800 MEDICAL CARE SERVICES	1,187	1,220	1,340	1,507
4806 MEDICAL CARE SERVICES (ZONE VI)	1,119	-	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,627	2,174	2,892	3,659
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,973	2,672	2,371	3,074
4826 IMPROVEMENT OF MEDICAL CARE ADMINISTRATION LIBRARIES	11,884	3,157	-	-
4831 STUDY GROUP ON MAINTENANCE SYSTEMS IN LATIN AMERICA	-	-	501	-
4900 HEALTH AND POPULATION DYNAMICS	9,152	19,755	20,001	22,719
4906 HEALTH AND POPULATION DYNAMICS (ZONE VI)	9,568	18,422	-	-
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	4,511	11,595	11,820	13,002
4915 MATERNAL AND CHILD HEALTH	596	1,801	1,981	2,401
4917 CLINICAL AND SOCIAL PEDIATRICS	200	1,605	1,404	1,404
4918 STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,207	-
4919 NURSING MIDWIFERY	18,043	18,700	19,750	20,600
4920 LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	44,262	34,573	51,340	59,170
4921 EDUC. CENTER FOR OBSTET. MATERNAL-INFANT NURS. IN FAM. WELFARE	-	4,800	2,928	2,376
4922 MATERNAL CHILD HEALTH-FAM. PLAN. CONTIN. EDUC. AND STAFF TRAIN.	-	-	876	800
5000 REHABILITATION	2,164	1,768	1,851	2,005
5010 STUDY GROUP ON HUMAN COMMUNICATIONS	902	-	-	-
5012 STUDY GROUP ON BLIND REHABILITATION IN LATIN AMERICA	-	-	1,073	-
5100 CHRONIC DISEASES	1,114	3,800	4,304	4,472
5108 SURVEY ON SMOKING PATTERNS IN LATIN AMERICA	1,779	511	-	-
5109 CANCER CONTROL	524	7,350	8,340	8,745
5111 STUDY OF THE RELATION BETWEEN GASTRIC CANCER AND NITRATES	-	-	-	3,240
6000 MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	6	-	-	-
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	5,807	6,327	6,170	7,118
6200 EDUCATION IN HEALTH SCIENCES	3,361	3,288	3,350	3,895
6206 MEDICAL EDUCATION (ZONE VI)	20,694	16,550	-	-
6208 TEACHING OF STATISTICS IN MEDICAL SCHOOLS	-	-	550	-
6216 BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,238	2,822	2,762	2,631

6221 LIBRARY OF MEDICINE	61,246	87,205	58,792	58,345
6223 TEACHING OF BEHAVIORAL SCIENCES	1,705	400	-	-
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	4,688	9,451	9,330	10,630
6300 NURSING EDUCATION	210	841	391	412
6306 NURSING EDUCATION (ZONE VI)	2,421	-	-	-
6310 NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,944	2,916	670	690
6317 SEMINAR ON NURSING EDUCATION	542	1,454	1,537	1,516
6319 TRAINING OF NURSING AUXILIARIES	290	2,898	3,512	3,293
6320 POSTBASIC COURSES IN NURSING	355	805	645	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,548
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	155	519
6325 EDUCATIONAL TECHNOLOGY IN NURSING	-	-	4,632	7,964
6400 SANITARY ENGINEERING EDUCATION	6,269	6,083	7,055	7,717
6500 VETERINARY MEDICINE EDUCATION	8,230	11,014	5,935	6,255
6507 SEMINARS ON VETERINARY MEDICINE EDUCATION	441	-	370	780
6600 DENTAL EDUCATION	1,135	1,467	1,575	1,787
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	408	500	700	1,870
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	472	957	865	888
6700 BIOSTATISTICS EDUCATION	154	1,347	-	5,175
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	985	965	1,009	1,180
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	1,723	2,843	3,968	4,140
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*-----PORTIONS OF INTER-COUNTRY PROJECTS-----*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	634,321	953,496	1,381,573	1,343,410	807,808	996,378	857,527	940,082
PAHO-PK-REGULAR BUDGET	251,448	291,100	419,965	447,435	334,294	419,345	363,630	432,707
PW-COMMUNITY WATER SUPPLY	-	-	-	-	911	4,215	5,144	5,410
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	67,347	56,866	56,982	59,337
PG-GRANTS & OTHER CONTRIBUT.	161,071	200,000	200,000	200,000	146,493	177,648	125,195	128,944
PH-PAN AMER. HEALTH & EDUC.FN.	9,995	-	-	-	56,971	56,550	48,019	56,451
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	20,101	-	-	-
PS-SPECIAL FUND FOR RESEARCH	-	-	-	-	393	-	-	-
WHO-WR-REGULAR BUDGET	127,120	222,100	254,424	291,084	99,770	139,451	143,036	142,399
UNDP-UN DEVELOPMENT PROGRAM	84,687	240,296	499,457	391,292	81,244	110,101	84,490	80,597
UNFPA-UN FUND POPULATION ACT.	-	-	7,227	13,599	285	32,202	31,031	34,237

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	1,442,129	1,949,874	2,239,100	2,283,492
PAHO-PR-REGULAR BUDGET	585,742	710,445	783,595	880,142
PW-COMMUNITY WATER SUPPLY	911	4,215	5,144	5,410
PN-INCAP GRANTS & OTHER CONTR.	67,347	56,866	56,982	59,337
PG-GRANTS & OTHER CONTRIBUT.	307,564	377,648	325,195	328,944
PH-PAN AMER. HEALTH & EDUC.FN.	60,966	56,550	48,019	56,451
PK-SPECIAL FUND FOR HEALTH PR.	20,101	-	-	-
PS-SPECIAL FUND FOR RESEARCH	393	-	-	-
WHO-WR-REGULAR BUDGET	226,890	361,551	397,460	433,483
UNDP-UN DEVELOPMENT PROGRAM	165,930	350,397	583,947	471,889
UNFPA-UN FUND POPULATION ACT.	285	32,202	38,758	47,836

CHILE

BACKGROUND DATA

Chile covers a geographical area of 756,945 square kilometers, excluding Antarctica. In 1972 its population was estimated at 10,122,700 inhabitants, of which 78% live in towns. The per capita gross domestic product was estimated at \$939 for 1971; the economy showed an annual average growth rate of 4.7 during the period 1960-71. In 1970, 86% of the population were literate.

For the period 1970-75 life expectancy at birth was estimated at 64.4 years. The birth rate per 1,000 inhabitants was 27.5 in 1972; general mortality per 1,000 was 8.4 in 1971; infant mortality was estimated at 71.1 per 1,000 live births in 1972.

Demographic growth in 1963 was 2.6 and in 1972, 1.9, an annual rate of decrease of 2.7. The population under 15 years is 39.3% of the total; the age-group between 15 and 64 is 55%; and the age-group above 65 is 5.7%.

The main causes of death, in decreasing order of importance are circulatory diseases (21.9%); respiratory diseases (18.3%); tumors (11.9%); and accidents, poisoning, and violence (9.7%).

In 1970 the central Government devoted 7.6% of its total expenditure to health, 11% to education, and 7.9% to housing.

The Government has proposed as a national objective the building of a new society. Emphasis will be placed on social progress achieved through a humanistic policy which recognizes the individual as its main concern and views extreme poverty as something which offends human dignity and deprives the country of the full utilization of its human potential. The Government considers the priority task to be the eradication of poverty; with this aim in view it will seek to ensure that Chileans have assured access to worthwhile, productive, and suitably paid work. Other priority aims are education for integral human development, the protection of health, sound nutrition, decent family housing, and basic social insurance against the various risks. The Government stresses that social development must not be subordinated to economic development; in its view it constitutes one of the most important aspects of national activity and a powerful and dynamic factor in the overall development process.

The Government Junta proposes to achieve balanced economic development through an increase in production and through the harmonious development of capital, labor, and natural resources.

In the health field the main priority is to ensure that everyone, without exception, achieves the maximum possible level of health. For this purpose, it is hoped to make available to everyone the basic services required for health promotion, protection, recovery, and rehabilitation under a national health system. Preference will be given to the mother and child nutrition program so as to increase life expectancy at birth and reduce the risks of women during pregnancy, birth, and puerperium. The national milk plan will be nationalized. The Government will promote the building and operation of health institutions, both public and private, and the free exercise of the health professions, giving careful attention to the efficiency of professional care and of the institutions concerned. It will attribute especial importance to the formulation of technical and clinical standards with a view to bringing available medical technology up to date so as to improve the quality of medical care. A system of medical care will be built up so that services can be extended to the peripheral and rural areas. The activities of the different institutions which make up the national health system will be improved. Family planning will be considered as one means of reducing the marginal population; it will be used in the interests of socioeconomic development and always with respect for the free decisions of the individuals concerned.

PROTECTION OF HEALTH

Communicable Disease Control

Smallpox, yellow fever, exanthematic typhus, bubonic plague, schistosomiasis, malaria, and cholera have been eradicated. Poliomyelitis is close to eradication; only four cases were recorded in 1973. Diphtheria has a mortality rate three or four times higher than that fixed as one of the targets of the Ten-year Health Plan for the Americas, 1971-80. Whooping cough and measles have mortality rates of about one per 100,000 inhabitants, which is equivalent to the target fixed for the decade. Chagas' disease and hepatitis infections continue to constitute serious problems. Tuberculosis declined to 22.9 in 1971, a rate at which it became stabilized. Enteric infections, especially typhoid fever, still present high levels of incidence but mortality has decreased as a result of treatment. Rabies is confined to two foci, a fact which should facilitate its prompt eradication. There is a slightly rising trend in venereal diseases with a higher incidence of gonorrhoea than syphilis.

The Ministry of Public Health considers that communicable diseases are a serious health problem. With a view to reducing their role in the mortality and/or morbidity of the population, the Ministry has established the following aims: maintenance of vaccination at the necessary level and execution of the control and investigatory activities required to reduce the incidence of venereal diseases, Chagas' disease, zoonoses and other parasitic diseases, and tuberculosis.

Environmental Health

In 1970, 72.2% of urban dwellings and 8.5% of rural dwellings were connected to water supplies; 47% of the urban population were provided with sewage systems. Waste water and industrial, mining, and agricultural wastes contaminate the water supply. Only 0.27% of the water in the sewage systems receives any treatment. Few industries have any system for treating their wastes and even these are not well operated. Downstream, mining residues and industrial wastes contaminate water used for other purposes, but the full extent of this contamination has not been sufficiently studied. Problems of air contamination occur mainly in Santiago, where 35% of the population is located. These problems are aggravated by the inefficient distribution of many industries and by adverse meteorological conditions. Valparaíso, Concepción and Talcahuano are also affected by industrial development. In most communes, urban garbage amounts to 1.5 cubic meters per day per 1,000 inhabitants and this causes disposal problems. Foodstuffs are exposed to external contamination and to bad handling and conservation: between the stage of production or importation and the stage of consumption it is estimated that 25% of available foodstuffs are lost in this way. Another serious problem is the lack of coordination between the bodies dealing with environmental sanitation. This leads to duplication of effort and waste of resources.

In view of the importance of the environment for the health of the individual, the Ministry of Health has announced the following policy objectives, some of which will involve close coordination with non-health agencies: expansion of water supply and excreta disposal systems in the rural areas; increased water supply and sewage systems for marginal populations; increased control of water, air and soil contamination; increased measures of protection for workers exposed to occupational risks; reduction of human diseases and economic losses resulting from biological, physical, and chemical contamination of foodstuffs and subproducts, while maintaining their quality; integrated control of the quality of national and imported drugs through the establishment of appropriate systems; and reduction of morbidity and mortality caused by the excessive use of pesticides.

PROMOTION OF HEALTH

General Services

The institutional organization of the health sector in Chile has been characterized by the weakness of the Ministry of Health vis-à-vis other public and private health institutions. As a result, the Ministry, the most important agency in the health sector, was unable to formulate a health policy and coordinate health activities. The country has 38,180 hospital beds (1971), 5,572 practicing doctors (1972), and 2,800 nurses (1973). These resources are concentrated in the capital and in large urban centers. The National Health Service covers the whole of the country, which is divided into 13 health zones and subdivided into 55 health areas. A process of regionalization of the country has just been started and the administration of public health will be adapted to it. There is no adequate information on the human and physical resources available in the health sector. Nursing care is insufficient to meet the country's needs and there is an acute shortage of professionals. The public health laboratories are unsatisfactory because of lack of equipment and technology.

The Ministry of Health will organize a national system of health services comprising public, semipublic, autonomous, and private institutions. The Ministry will act as the supervisory organ of the system, responsible for the planning, direction, coordination, and evaluation of the activities of the health sector. The National Health Service and the National Workers' Medical Service will serve as executive bodies. These bodies, which come under the Ministry of Health, and the medical services which come under other ministries, together with the public and private health agencies, will follow the guidelines laid down by the Ministry of Health. As important means of strengthening the general health services, the authorities have decided to adopt the following measures: establishment of a system of information which will cover the activities of the whole sector and will permit the adoption of the necessary administrative decisions at the different levels; modernization of the Chilean Bacteriological Institute which serves as the central laboratory for the production of biologicals and the referral center for the national network of clinical laboratories; development of simplified medical care services, especially in the rural and suburban areas; and adoption of progressive care systems so as to guarantee access to the most highly specialized establishments through referrals from regional care centers. The health authorities have also established policy objectives for the human and physical resources of the health sector, inputs, equipment and machinery, communications, and health education.

Specific Programs

Minors of 15 years and under represent 39.3% of the total population, and fertile women 22.2%. The birth rate is 27.5 per 1,000 inhabitants and the fertility rate 119.3 per 1,000 women between the ages of 15 and 44. Infant mortality is 71.1 per 1,000 live births; neonatal mortality is 31.3; and maternal mortality 1.8 per 1,000 live births. A high proportion of deaths, especially among mothers and children, are due to avoidable causes. Deaths among children less than one year old represent 24% of total mortality. The proportion of births occurring in hospitals is 80.1%. Protein-calorie malnutrition is widespread and particularly affects children and pregnant women. Tumors occupy third place among the causes of death. The incidence of tooth decay is high and in many areas of the country treatment is confined to extractions. There are many disabled persons as a result of the frequency of accidents, especially traffic accidents, and deafness, blindness, and mental retardation are common. Cardiovascular diseases and accidents are prime causes of death (first and fourth, respectively). Alcoholism is widespread.

Under the national health policy the priorities are the care of the infant population up to four years of age; emphasis on perinatal problems; decrease in protein-calorie malnutrition, especially among children and pregnant women; extension

of family planning services; professional care during childbirth and puerperium; and early diagnosis and timely treatment of uterine cancer. Priority is also given to dental health, recovery and rehabilitation, accident prevention, alcoholism, cardiovascular and degenerative diseases, and acute and chronic intoxication.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

Chile is faced with an acute shortage of professionals, especially doctors and nurses. The universities have serious budgetary limitations which impede their development. However, the different teaching centers are seeking actively to improve their teaching and apprenticeship techniques and to overcome their deficiencies in bibliographical material. In certain cases - for example, the Department of Public Health and Social Medicine of the University of Chile, formerly the School of Health - efforts are being made to review general policy, modernize organization, and recruit more academic staff.

The health authorities have indicated that they will promote and stimulate the training of professionals in accordance with the country's needs. Hospitals, clinics and, in general, the establishments and organizations under the jurisdiction of the Ministry of Health will help in teaching without detriment to their main function of providing services. Furthermore, the Ministry of Health has stressed that it will promote the further training of professionals, technicians, and administrative staff in the health sector, in accordance with the country's real needs.

CHILE - PROGRAM BUDGET

1973		1974		1975		1976		
AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT	
\$		\$		\$		\$		
133,308	14.1	245,490	13.7	364,584	20.6	200,944	13.8	
53,880	5.8	74,851	4.2	73,263	4.1	80,409	5.5	
15,935	1.7	26,005	1.5	27,180	1.5	23,107	1.6	
6,265	.7	8,481	.4	6,758	.4	7,102	.5	
2,366	.3	6,103	.3	2,231	.1	7,630	.5	
609	.1	884	*	563	*	635	*	
-	-	400	*	220	*	1,605	.1	
25,560	2.7	33,280	1.9	33,743	1.9	34,490	2.4	
2,874	.3	660	*	1,250	.1	4,018	.3	
271	*	1,038	.1	1,318	.1	1,822	.1	
79,428	8.3	170,639	9.5	291,321	16.5	120,535	8.3	
67,081	7.1	65,138	3.6	162,699	9.2	99,652	6.9	
10,570	1.1	102,811	5.7	125,573	7.1	17,686	1.2	
380	*	638	*	646	*	691	*	
925	.1	1,133	.1	1,431	.1	1,504	.1	
472	*	919	.1	472	.1	1,022	.1	
628,380	66.7	1,349,317	75.5	1,163,575	67.3	1,016,193	70.7	
241,562	25.7	620,586	34.7	552,036	31.3	406,058	28.2	
153,832	16.3	132,918	7.4	3100 GENERAL PUBLIC HEALTH	108,098	6.1	114,267	7.9
11,855	1.3	13,934	.8	3200 NURSING	28,145	1.6	35,760	2.5
10,316	1.1	357,715	20.0	3300 LABORATORY	309,889	17.6	153,873	10.7
871	.1	1,272	.1	3400 HEALTH EDUCATION	1,160	.1	1,418	.1
17,602	1.9	13,453	.8	3500 STATISTICS	14,316	.8	15,596	1.1
4,041	.4	41,958	2.3	3600 ADMINISTRATIVE METHODS	42,272	2.4	43,908	3.0
43,045	4.6	59,336	3.3	3700 HEALTH PLANNING	48,156	2.7	41,236	2.9
386,818	41.0	728,731	40.8	631,535	36.0	610,135	42.5	
139,074	14.7	125,191	7.0	4200 NUTRITION	133,596	7.6	132,601	9.2
4,565	.5	12,388	.7	4300 MENTAL HEALTH	16,967	1.0	19,822	1.4
11,325	1.2	17,608	1.0	4400 DENTAL HEALTH	9,717	.6	12,348	.9
1,954	.2	3,180	.2	4500 RADIATION AND ISOTOPES	4,357	.2	3,913	.3
34,146	3.6	15,674	.9	4600 OCCUPATIONAL HEALTH	985	.1	1,060	.1
3,194	.3	7,015	.4	4700 FOOD AND DRUG	16,441	1.0	21,736	1.5
31,734	3.4	19,521	1.1	4800 MEDICAL CARE	25,194	1.4	28,630	2.0
145,365	15.4	456,825	25.5	4900 FAMILY HEALTH AND POP. DYNAMICS	376,198	21.4	345,561	24.0
11,126	1.2	33,668	1.9	5000 REHABILITATION	8,121	.5	9,802	.7
4,335	.5	37,661	2.1	5100 CANCER & OTHER CHRONIC DISEASES	37,963	2.2	34,662	2.4
183,185	19.2	193,467	10.8	210,951	12.1	224,387	15.5	
5,803	.6	6,326	.4	6100 PUBLIC HEALTH	8,618	.5	9,985	.7
132,433	14.0	115,164	6.4	6200 MEDICINE	128,019	7.3	127,505	8.8
7,755	.8	8,909	.5	6300 NURSING	11,533	.7	16,866	1.2
14,654	1.5	26,051	1.5	6400 ENVIRONMENTAL SCIENCES	25,105	1.4	25,370	1.8
9,967	1.0	6,754	.4	6500 VETERINARY MEDICINE	7,358	.4	6,518	.4
2,032	.2	18,482	1.0	6600 DENTISTRY	20,315	1.2	22,458	1.5
10,541	1.1	11,781	.6	6700 BIOSTATISTICS	10,003	.6	15,705	1.1
944,873	100.0	1,788,274	100.0	GRAND TOTAL	1,759,110	100.0	1,441,524	100.0

*LESS THAN .05 PER CENT

CHILE - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES* AND EQUIPMENT	GRANTS* AND OTHER		
		POSTS PROF.	LOCAL	STC MONTH		ACAD.	SHRT	AMOUNT	PART.			AMOUNT	
	\$				\$	\$			\$	\$	\$		
1973													
PAHO--PR	382,933	3	1	7	236,103	20,392	4	15	49,726	2	11,391	26,501	38,820
PW	909	-	-	-	829	40	-	-	-	-	-	-	-
PN	45,980	-	-	-	19,832	1,973	-	-	1,881	-	-	5,481	16,813
PG	93,765	-	-	-	35,588	1,606	-	-	983	-	6,037	20,481	29,072
PH	50,084	-	-	-	14,176	1,647	-	-	797	-	4,726	18,280	10,408
PK	12,601	-	-	-	10,689	441	-	-	-	-	-	356	1,115
PS	393	-	-	-	-	-	-	-	-	-	-	-	393
WHO--WR	255,282	2	-	4	87,168	7,300	6	17	95,690	-	5,450	20,133	39,541
UNDP	61,191	1	-	4	40,282	-	-	8	10,766	-	-	8,184	1,959
UNFPA	41,735	-	-	2	1,222	-	1	6	12,184	-	-	8,344	19,985
TOTAL	944,873	6	1	17	445,889	33,487	11	46	172,027	2	27,604	107,760	158,106
PERCENT OF TOTAL	100.0				47.2	3.6			18.2		2.9	11.4	16.7
1974													
PAHO--PR	473,770	3	1	14	314,078	23,073	-	18	29,642	-	6,755	26,811	73,411
PW	4,215	-	-	-	4,020	195	-	-	-	-	-	-	-
PN	38,829	-	-	-	21,208	1,968	-	-	2,003	-	-	2,966	10,684
PG	80,886	-	-	-	18,161	887	-	-	1,239	-	7,960	20,875	31,764
PH	40,858	-	-	-	12,271	1,448	-	-	3,797	-	130	10,170	13,042
PS	3,926	-	-	-	-	-	-	-	-	-	-	-	3,926
WHO--WR	281,683	2	-	15	120,813	8,224	6	17	62,855	-	16,393	26,795	44,601
UNDP	514,941	3	1	35	173,649	5,561	5	9	40,900	-	-	269,002	25,829
UNFPA	349,166	-	-	11	68,742	1,825	2	6	47,468	-	4,170	121,376	105,585
TOTAL	1,788,274	8	2	75	732,942	43,181	13	50	187,904	-	37,408	477,997	308,842
PERCENT OF TOTAL	100.0				41.0	2.4			10.5		2.1	26.7	17.3
1975													
PAHO--PR	532,565	4	1	16	349,542	24,271	2	24	47,610	-	5,405	28,432	77,305
PW	5,144	-	-	-	4,924	220	-	-	-	-	-	-	-
PN	38,913	-	-	-	21,225	1,962	-	-	2,003	-	-	3,082	10,641
PG	34,043	-	-	-	9,051	-	-	-	-	-	-	8,732	16,260
PH	29,314	-	-	-	10,669	841	-	-	2,702	-	-	3,801	11,301
WHO--WR	262,372	1	-	13	112,597	6,991	7	9	54,943	-	11,882	25,124	50,835
UNDP	578,053	4	1	45	250,853	8,991	1	32	91,123	-	-	210,826	18,260
UNFPA	278,706	-	-	6	65,407	2,425	-	9	71,348	-	7,848	67,144	64,534
TOTAL	1,759,110	9	2	80	624,268	43,701	10	74	269,729	-	25,135	347,141	249,136
PERCENT OF TOTAL	100.0				46.9	2.5			15.3		1.4	19.7	14.2
1976													
PAHO--PR	586,035	4	1	14	371,400	25,259	3	30	72,779	-	9,340	26,074	81,183
PW	5,410	-	-	-	5,170	240	-	-	-	-	-	-	-
PN	40,523	-	-	-	22,276	1,962	-	-	2,003	-	-	3,082	11,200
PG	32,071	-	-	-	9,386	-	-	-	-	-	-	5,940	16,745
PH	33,311	-	-	-	11,173	898	-	-	2,912	-	-	4,467	13,861
WHO--WR	251,915	1	-	13	119,515	7,396	5	11	49,903	-	8,388	17,988	48,725
UNDP	240,164	2	1	20	127,311	3,930	-	5	12,038	-	-	74,779	22,106
UNFPA	252,095	-	-	6	65,765	2,350	-	5	43,000	-	8,633	67,587	64,760
TOTAL	1,441,524	7	2	53	731,996	42,035	8	51	182,635	-	26,361	199,917	258,580
PERCENT OF TOTAL	100.0				50.8	2.9			12.7		1.8	13.9	17.9
<p>PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO-WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WG-GRANTS AND OTHER FUNDS</p>													

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

\$ \$ \$ \$

CHILE - DETAIL

CHILE-0100, COMMUNICABLE DISEASE CONTROL

Certain communicable diseases remain public health problems in Chile today. Measles, diphtheria, whooping cough, and infectious hepatitis are still prevalent. Poliomyelitis has diminished notably in relative importance, and high levels of protection have been obtained through vaccination programs. Although tuberculosis has shown a steady decline, it remains an important cause of death in this group of diseases. Typhoid fever has remained practically stable over the years. Venereal diseases show a slight increase.

The purposes of the project are to maintain the eradication of smallpox and to reduce the incidence of other communicable diseases, particularly by maintaining the downward trend in tuberculosis and by expanding measures to control venereal diseases. The project will cooperate in the development of an epidemiological surveillance system in the country and in the improvement of programs to control communicable diseases in general and tuberculosis and venereal diseases in particular. There are plans to offer annual international courses in the control of tuberculosis and venereal diseases and to hold a national seminar in 1975 to evaluate the state of the country with respect to these diseases.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	2	2	1	TOTAL	PR	5,076	10,500	19,920	15,840
CONSULTANT MONTHS	PR	1	2	2	1	ZONE ADVISORY SERVICES	-	-	-	9,020	9,440
TOTAL		1	3	2	2	PERSONNEL-CONSULTANTS	1,940	4,000	4,400	2,400	
						SEMINAR COSTS	-	-	1,500	-	
FELLOWSHIPS-SHORT TERM	PR	1	3	2	2	SUPPLIES AND EQUIPMENT	2,516	2,000	2,000	1,000	
						FELLOWSHIPS	620	4,500	3,000	3,000	

CHILE-0700, VETERINARY PUBLIC HEALTH

Although there have been no cases of human rabies in Chile in recent years some foci of canine rabies still persist within the country. Cutaneous anthrax is endemic in one province. The scope and characteristics of hydatidosis is unknown.

The aim of this project is to eradicate canine rabies, introduce a program of anthrax control, study the epidemiology of hydatidosis, and train personnel in the control of the zoonoses as a whole. The project will support the training of personnel and the conduct of control programs through the provision of certain supplies and equipment.

TOTAL		-	1	1	2	TOTAL	PR	17	3,500	3,500	3,000
FELLOWSHIPS-SHORT TERM	PR	-	1	1	2	SUPPLIES AND EQUIPMENT	-	17	2,000	2,000	-
						FELLOWSHIPS	-	-	1,500	1,500	3,000

CHILE-2100, ENVIRONMENTAL SANITATION

The various organizations concerned with environmental health problems in Chile lack an adequate coordinating mechanism. This hampers the development of a policy in this field and the execution of adequately coordinated programs. The purpose of this project is to collaborate with the Government in the planning, organization, and integrated execution of programs to improve environmental conditions in the country.

The activities of the project will include preparation of environmental sanitation plans as an integral part of national health planning, adoption of a policy for training and retaining the necessary personnel, planning for the provision of water supply systems to rural areas, design of a system for the collection and disposal of solid wastes in urban areas, development of programs to protect the population against radiation, and solution of problems of occupational health.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

FUND 1973 1974 1975 1976					FUND 1973 1974 1975 1976					
TOTAL		1	1	1	1	TOTAL	49,008	38,700	150,350	84,925
P-4 SANITARY ENGINEER 4.2094	WR	1	1	-	-	SUBTOTAL	-	-	11,350	11,925
P-4 SANITARY ENGINEER 4.2094	UNDP	-	-	1	1	ZONE ADVISORY SERVICES	-	-	11,350	11,925
TOTAL		-	1	7	10	SUBTOTAL	49,008	38,700	1,500	3,000
CONSULTANT MONTHS	WR	-	1	-	-	PERSONNEL-POSTS	19,522	74,700	-	-
CONSULTANT MONTHS	UNDP	-	-	7	10	PERSONNEL-CONSULTANTS	-	2,000	-	-
TOTAL		3	4	15	2	DUTY TRAVEL	2,478	2,500	-	-
FELLOWSHIPS-ACADEMIC	WR	1	-	-	-	SUPPLIES AND EQUIPMENT	8,820	3,500	-	-
FELLOWSHIPS-ACADEMIC	UNDP	-	-	1	-	FELLOWSHIPS	18,188	6,000	1,500	3,000
FELLOWSHIPS-SHORT TERM	WR	2	4	1	2	SUBTOTAL	-	-	137,500	70,000
FELLOWSHIPS-SHORT TERM	UNDP	-	-	13	-	PERSONNEL-POSTS	-	-	28,500	28,500
						PERSONNEL-CONSULTANTS	-	-	17,500	25,000
						DUTY TRAVEL	-	-	1,500	1,500
						SUPPLIES AND EQUIPMENT	-	-	42,750	-
						FELLOWSHIPS	-	-	41,250	-
						COURSE COSTS	-	-	4,000	8,000
						MISCELLANEOUS	-	-	-	7,000

CHILE-2201, WATER AND SEWERAGE IN CITIES AFFECTED BY EARTHQUAKES

An earthquake in 1971 seriously affected the water supply and sewerage services of Valparaiso, Viña del Mar, and other neighboring towns. The purpose of this project is to carry out a study of the water resources of the Aconcagua River basin in order to improve its utilization, taking into consideration both the present and future water demands of the affected population centers. An effort will be made to determine norms and methods which will permit similar studies in other river basins of the country and at the same time provide for training of personnel.

TOTAL					TOTAL						
TOTAL		-	2	2	-	TOTAL	UNDP	-	88,300	108,200	-
P-4 PROJECT MANAGER 4.4346	UNDP	-	1	1	-	PERSONNEL-POSTS	-	19,500	57,000	-	-
P-4 SANITARY ENGINEER 4.4347	UNDP	-	1	1	-	PERSONNEL-CONSULTANTS	-	7,500	40,000	-	-
TOTAL		-	3	16	-	DUTY TRAVEL	-	3,000	3,000	-	-
CONSULTANT MONTHS	UNDP	-	3	16	-	CONTRACTUAL SERVICES	-	20,900	-	-	-
						SUPPLIES AND EQUIPMENT	-	35,600	400	-	-
						COURSE COSTS	-	-	1,500	-	-
						MISCELLANEOUS	-	1,800	6,300	-	-

CHILE-3100, HEALTH SERVICES

The purpose of this project is to collaborate with the Government of Chile in strengthening the national system of health planning, in establishing a modern information system, in investigating health problems and establishing standards, in assigning spheres of action to the public and private health sectors, in establishing mechanisms of adequate coordination, in training of personnel, in organizing a system of audit and full-time supervision, and in determining the most adequate structure for the national health system.

TOTAL					TOTAL						
TOTAL		2	3	3	3	TOTAL	133,900	148,830	128,100	133,500	
P-5 PAHC/WHO REPRESENTATIVE .0944	PR	1	1	1	1	SUBTOTAL	PR	78,765	115,500	118,500	128,700
P-3 ADMIN. METHODS OFFICER .4235	PR	-	1	1	1	PERSONNEL-POSTS	24,505	66,600	66,500	69,800	
G-7 TECHNICAL ASSISTANT .3292	PR	1	1	1	1	PERSONNEL-CONSULTANTS	4,169	12,000	8,800	9,600	
TOTAL		5	6	4	4	DUTY TRAVEL	1,624	3,000	3,500	3,800	
CONSULTANT MONTHS	PR	3	6	4	4	SEMINAR COSTS	-	-	-	1,000	
CONSULTANT MONTHS	UNDP	2	-	-	-	SUPPLIES AND EQUIPMENT	2,061	2,000	1,500	1,000	
TOTAL		28	12	5	7	FELLOWSHIPS	28,086	6,000	4,500	9,000	
FELLOWSHIPS-ACADEMIC	PR	2	-	-	-	PARTICIPANTS	4,000	-	-	-	
FELLOWSHIPS-ACADEMIC	WR	3	6	2	1	COURSE COSTS	-	13,900	13,900	14,000	
FELLOWSHIPS-ACADEMIC	UNDP	-	2	-	-	COMMON SERVICES	14,312	18,000	19,800	20,500	
FELLOWSHIPS-SHORT TERM	PR	11	4	3	6	SUBTOTAL	WR	43,427	28,800	9,600	4,800
FELLOWSHIPS-SHORT TERM	WR	7	-	-	-	FELLOWSHIPS	43,427	28,800	9,600	4,800	
FELLOWSHIPS-SHORT TERM	UNDP	5	-	-	-	SUBTOTAL	UNDP	11,708	4,530	-	-
TOTAL		2	-	-	-	PERSONNEL-CONSULTANTS	3,500	-	-	-	
PARTICIPANTS	PR	2	-	-	-	FELLOWSHIPS	8,208	4,530	-	-	

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

CHILE-3105, HEALTH MANPOWER STUDIES

The personnel needs of the health services raise considerable problems owing to the frequently limited availability of such resources. It is accordingly necessary to follow the most rational approach possible as regards the implementation of the programs. This is the purpose of the project, which in this stage is directed toward understanding of the problems relating to the maternal and child health area, mainly by means of research designed to relate the efficiency of the basic activities of the program, the type of personnel required, and, fundamentally, their effectiveness in bringing down the maternal and perinatal morbidity and mortality.

TOTAL	WR	7,780	6,000	6,000	6,000
GRANTS		7,780	6,000	6,000	6,000

CHILE-3200, NURSING SERVICES

The nursing profession in Chile is suffering from a shortage of professional personnel and a failure to identify its actual requirements. The purpose of this project is to collaborate with the Government in defining a specific policy and in formulating standards in this field, together with the organization of nursing services to carry out this policy at the earliest possible date.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	-	1	1	TOTAL	PR	-	-	21,780	29,860
P-3 NURSE .4041	PR	-	-	1	1	PERSONNEL-POSTS	-	-	-	12,500	19,800
TOTAL		-	-	2	2	ZONE ADVISORY SERVICES	-	-	-	5,280	5,560
FELLOWSHIPS-SHORT TERM	PR	-	-	2	2	DUTY TRAVEL	-	-	-	500	1,000
						SUPPLIES AND EQUIPMENT	-	-	-	500	500
						FELLOWSHIPS	-	-	-	3,000	3,000

CHILE-3300, LABORATORY SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	WR	-	-	5,912	6,392
ZONE ADVISORY SERVICES		-	-	5,912	6,392

CHILE-3301, BACTERIOLOGICAL INSTITUTE

The Bacteriological Institute of Chile, created in 1929, is responsible for the production of biological substances--sera, vaccines and reagents--to be used in the programs of the National Health Service; for specialized and reference laboratory diagnostic services; for state control of pharmaceutical products, cosmetics, water, beverages, and foodstuffs; for drawing up standards and supervising their observance in the national network of laboratories; for conducting research; and for training personnel. In order for it to fulfill its functions, it will be necessary to replace part of the laboratory equipment, to modernize and introduce new techniques both of production and of diagnosis, to redesign some areas of the building, and to adopt an administrative and accounting organization which will allow it to function more effectively.

The objective of this project is to place the Institute in a position that will allow it to give maximum support to the implementation of the health policy through the modernization and expansion of the Institute and of the country's network of health laboratories. The project is financed by UNDP, which has approved a contribution of \$935,800 for five years. At the moment, it is in partial operation pending the signature of the project agreement.

TOTAL		1	2	2	2	TOTAL	UNDP	-	347,536	299,334	142,492
P-5 PROJECT MANAGER 4.3846	UNDP	1	1	1	1	PERSONNEL-POSTS	-	-	29,500	29,700	29,900
G-4 SECRETARY 4.4297	UNDP	-	1	1	1	PERSONNEL-CONSULTANTS	-	-	67,500	55,000	25,000
TOTAL		-	27	22	10	DUTY TRAVEL	-	-	1,500	1,500	1,500
CONSULTANT MONTHS	UNDP	-	27	22	10	SUPPLIES AND EQUIPMENT	-	-	229,586	164,174	71,792
TOTAL		3	9	19	5	FELLOWSHIPS	-	-	18,450	46,960	11,300
FELLOWSHIPS-SHORT TERM	UNDP	3	9	19	5	MISCELLANEOUS	-	-	1,000	2,000	3,000

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

CHILE-3500, HEALTH STATISTICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	9,625	10,125
ZONE ADVISORY SERVICES		-	-	9,625	10,125

CHILE-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	16,800	15,090
ZONE ADVISORY SERVICES		-	-	16,800	15,090

CHILE-4100, MATERNAL AND CHILD HEALTH (renumbered CHILE-4902)

CHILE-4101, EXTENSION OF MATERNAL AND CHILD HEALTH AND FAMILY WELFARE SERVICES (renumbered CHILE-4903)

CHILE-4103, CLINICAL AND SOCIAL PEDIATRICS COURSES (renumbered CHILE-4905)

CHILE-4200, NUTRITION

Up-to-date information is not presently available for a complete study of the extent of deficiency diseases and other nutritional ailments and of their effect on the health of the population of Chile. Nevertheless, the Inter-American Investigation of Mortality in Childhood, conducted under the auspices of PAHO/WHO, showed that nutritional deficiencies were involved as a basic or associated cause of death in 23.7% of the total deaths of children under five in the city of Santiago and in 35.6% of the deaths in the rural communes adjoining the city. Malnutrition was an associated cause in 53.3% of the deaths due to acute diarrhea and in 27.7% of those caused by respiratory ailments. A study on the prevalence of malnutrition among children under six conducted by the National Health Service showed that in 1970 and in 1971, respectively, 17.5 and 15.9% of the preschool children were below what is regarded as normal weight. A study among schoolchildren in the North Santiago Health Area showed that 80% of these children were smaller than the 25% percentile of the reference table (Iowa) and that 39.3% were smaller than the third percentile of the same table. In addition, diabetes affects more than 1% of the population, while more than 30% of the adult urban population suffer from obesity. The prevalence of cardiovascular diseases has not been clearly established.

The purpose of the project is to define a national food and nutrition policy and to develop programs for the prevention and treatment of nutritional diseases. These include epidemiological and operational research in the food and nutrition field; training and upgrading of personnel for nutrition services; orientation of nutrition instruction in health careers; strengthening of the nutrition infrastructure in the health services by filling posts in the center and on the periphery and by establishing operating standards for nutrition activities; improvement of institutional food services; provision of nutrition education programs through health and education services and mass media (press, radio, TV); supplementary feeding programs for mothers and children; development of nonconventional protein mixtures with a high nutritional value and low cost; and the development of food enrichment programs.

WPP cooperates in this project.

TOTAL		1	1	1	1	TOTAL	PR	46,549	33,600	37,300	36,700
P-4 MEDICAL OFFICER 3,695	PR	1	1	1	1	PERSONNEL-POSTS		24,902	27,100	28,300	29,500
						PERSONNEL-CONSULTANTS		2,195	2,000	4,400	2,400
						DUTY TRAVEL		1,384	1,500	1,600	1,800
TOTAL		1	1	2	1	SUPPLIES AND EQUIPMENT		7,565	-	-	-
						FELLOWSHIPS		10,503	3,000	3,000	3,000
CONSULTANT MONTHS	PR	1	1	2	1						
TOTAL		2	2	2	2						
FELLOWSHIPS-ACADEMIC	PR	1	-	-	-						
FELLOWSHIPS-SHORT TERM	PR	1	2	2	2						

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

CHILE-4201, TRAINING IN NUTRITION AND HUMAN GROWTH AND DEVELOPMENT

The Inter-American Investigation of Mortality in Childhood showed that in 57% of the deaths of children under five malnutrition or immaturity was involved as an associated cause of death. The problem of nutritional diseases requires systematic study by researchers in the various countries of the Region, in the quest for practical solutions. There is presently a shortage of personnel specializing in nutrition and related sciences and of health personnel trained in nutrition.

The purpose of this project is to train research workers from Latin America in nutrition and human growth and development and in the relationship between the two processes, so that they can apply their knowledge, skills, and abilities in solving the public health problems in this specific field and act as resource personnel in their countries of origin. The project includes postgraduate training for pediatricians in infant nutrition, two seminars on infant nutrition for general practitioners in two countries of Latin America, research work, and publication of results.

TOTAL	PR	1,000	6,000	6,000	-
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GRANTS		1,000	6,000	6,000	-

CHILE-4300, MENTAL HEALTH

The shortage and poor distribution of human resources and facilities in Chile prevent the application of psychiatric treatment consistent with modern standards. The establishment of psychiatric services in general hospitals has been promoted in recent years as part of the health programs of the hospital areas. A mental health unit was established in 1966 in the northern area of Santiago, with PAHO support, for the purpose of conducting a community mental health program which would demonstrate modern techniques of mental health care, prevention, and rehabilitation based on direct work with the population served. This project promotes research work and the training of personnel to meet the needs in this field.

The purposes of the project are to collaborate in introducing modern mental health techniques in the northern area of the city of Santiago and in conducting epidemiological studies in the field. It is planned to train personnel abroad and to hold a national seminar in 1976.

TOTAL	PR	-	1	1	-	TOTAL	PR	2,265	6,500	6,500	6,500
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FELLOWSHIPS--SHORT TERM	PR	-	1	1	-	SEMINAR COSTS		-	-	-	1,500
						SUPPLIES AND EQUIPMENT		65	-	-	-
						LIBRARY ACQUI. & BINDING		2,200	-	-	-
						FELLOWSHIPS		-	1,500	1,500	-
						GRANTS		-	5,000	5,000	5,000

CHILE-4401, CENTER FOR ORAL PATHOLOGY

There is an acute shortage of oral pathologists in Latin America. Consequently, there are few faculties of dentistry that can provide a high standard of training in this area and few places where good quality diagnostic services in this field are available.

The purpose of this project is to cooperate with the Department of Oral Pathology of the Faculty of Dentistry, University of Chile, in developing a reference center in oral pathology which would systematically collect, catalog, and index information on clinical pathological conditions existing in Latin American countries and serve as a training center for oral pathologists and technical personnel from countries in Latin America.

TOTAL	PS	-	3,926	-	-
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GRANTS		-	3,926	-	-

CHILE-4700, FOOD AND DRUG CONTROL

The role of government in food and drug control should be strengthened in Chile. The aim of this project is to collaborate with the Government in the development of its food and drug control services in close association with the Bacteriological Institute of Chile.

TOTAL	PR	-	-	10,000	13,500
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CONSULTANT MONTHS	PR	-	-	10,000	13,500
TOTAL		-	-	2,200	2,400
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FELLOWSHIPS--ACADEMIC	PR	-	-	3,000	1,500
				4,800	9,600

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

CHILE-4800, MEDICAL CARE SERVICES

The urgent need to define a medical care policy for Chile which balances the shortage of resources, particularly of physicians and nurses, with the needs of the population is recognized.

The project on medical care services will commence in 1975, but it is proposed to carry out certain activities through project Chile-3100 (Health Services), beginning in 1974.

TOTAL		1973	1974	1975	1976	TOTAL	PR	1973	1974	1975	1976
		-	-	2	2			-	-	5,900	7,800
CONSULTANT MONTHS	PR	-	-	2	2	PERSONNEL-CONSULTANTS FELLOWSHIPS		-	-	4,400	4,800
TOTAL		-	-	1	2			-	-	1,500	3,000
FELLOWSHIPS-SHORT TERM	PR	-	-	1	2						

CHILE-4801, HOSPITAL MAINTENANCE

The lack of a policy in Chile on maintenance of buildings and equipment for hospitals and other health establishments is the cause of significant economic losses and affects the efficiency of the services as well. The Ministry of Public Health and the National Health Service are aware of this problem and are seeking solutions for it. The purposes of this project are to ascertain the present state of maintenance of hospital buildings, facilities, and equipment, and to establish a hospital maintenance system which meets the country's needs in this field.

TOTAL		1973	1974	1975	1976	TOTAL	PR	1973	1974	1975	1976
		1	2	2	2			3,874	8,500	12,200	12,600
CONSULTANT MONTHS	PR	1	2	2	2	PERSONNEL-CONSULTANTS FELLOWSHIPS		1,270	4,000	4,400	4,800
TOTAL		2	3	3	3			2,604	4,500	7,800	7,800
FELLOWSHIPS-ACADEMIC	PR	-	-	1	1						
FELLOWSHIPS-SHORT TERM	PR	2	3	2	2						

CHILE-4900, HEALTH AND POPULATION DYNAMICS

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL		1973	1974	1975	1976
		-	-	19,127	8,170
SUBTOTAL	PR	-	-	11,400	4,770
ZONE ADVISORY SERVICES		-	-	11,400	4,770
SUBTOTAL	UNFPA	-	-	7,727	3,400
ZONE ADVISORY SERVICES		-	-	7,727	3,400

CHILE-4902, MATERNAL AND CHILD HEALTH (previously CHILE-4100)

Chile still has high maternal (1.6 per 1,000 live births) and child (71.1 per 1,000 live births) mortality rates. The number of malnutrition-related deaths among mothers and children can, for the greater part, be reduced. Prenatal, natal, postnatal, and child care can be improved by, among other things, adopting a system that will permit training of the directing staff of the services and programs.

The purpose of the project is to develop teaching and research in the field of maternal and child health program administration by holding academic courses that would also be attended by fellowship holders from other countries of the Region, and conducting research on the health conditions of younger children in the age when the risks are highest.

TOTAL		1973	1974	1975	1976	TOTAL	WR	1973	1974	1975	1976
		-	1	1	-			8,000	8,000	8,200	6,000
CONSULTANT MONTHS	WR	-	1	1	-	PERSONNEL-CONSULTANTS GRANTS		-	2,000	2,200	-
								8,000	6,000	6,000	6,000

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

CHILE-4903, EXTENSION OF MATERNAL AND CHILD HEALTH AND FAMILY WELFARE SERVICES (previously CHILE-4101)

Despite the declining trend of the maternal and child mortality rates these are still high in Chile, being of the order of 1.6 and 71.1 per 1,000 live births respectively. The birth rate, which has gone down appreciably in recent years, is still 27.5%. This situation is accentuated in certain areas where the coverage of maternal and child health programs is not sufficient.

The purpose of the project is to improve the health conditions of mothers and children and to promote family well-being in 25 health areas where biodemographic and sanitary indexes indicate need of priority attention. The stated aims of the project are to contribute toward reducing the maternal, infant, and newborn mortality by 50, 35, and 20%, respectively and to achieve a 30% coverage as regards birth control promotion during the four-year period. PAHO/WHO and CELADE are participating in the project as executing agencies and UNFPA is contributing towards its financing.

TOTAL		1	1	1	1	TOTAL		66,071	328,702	241,908	215,860
P-4 MEDICAL OFFICER 4,3870	WR	1	1	1	1	SUBTOTAL	WR	24,621	26,500	28,560	30,860
TOTAL		2	11	6	6	PERSONNEL-POSTS		22,866	24,700	26,560	28,760
CONSULTANT MONTHS	UNFPA	2	11	6	6	DUTY TRAVEL		1,755	1,800	2,000	2,100
TOTAL		7	8	9	5	SUBTOTAL	UNFPA	41,450	302,202	213,348	185,000
FELLOWSHIPS-ACADEMIC	UNFPA	1	2	-	-	PERSONNEL-CONSULTANTS		937	33,063	17,000	17,000
FELLOWSHIPS-SHORT TERM	UNFPA	6	6	9	5	SUPPLIES AND EQUIPMENT		8,344	117,862	62,722	62,722
						FELLOWSHIPS		12,184	47,468	71,348	43,000
						COURSE COSTS		19,985	70,015	45,000	45,000
						LOCAL COSTS		-	9,524	3,219	3,219
						MISCELLANEOUS		-	24,270	14,059	14,059

CHILE-4905, CLINICAL AND SOCIAL PEDIATRIC COURSES (previously CHILE-4103)

In Chile, as in the majority of the countries of the Region, child health problems are on a serious scale. One factor which contributes to this situation is the limited effectiveness of the pediatric care services, resulting from the inadequate organization of these services and insufficient coordination of them with corresponding health actions carried out in the community.

The purpose of the project is to contribute to the clinical training of pediatricians, and to familiarize them at the same time with the techniques of administering all-round child care services. These activities, in which fellowship holders from the countries of the Region also participate, will be held in the Hospital Roberto del Rio of the National Health Service under the sponsorship of the Faculty of Medicine of the University of Chile (North), and will include courses in clinical and social pediatrics and a program of internships in pediatrics.

TOTAL		1	1	1	1	TOTAL		21,502	22,700	21,400	21,600
CONSULTANT MONTHS	WR	1	1	1	1	PERSONNEL-CONSULTANTS		2,386	2,000	2,200	2,400
TOTAL		1	2	1	1	FELLOWSHIPS		1,416	3,000	1,500	1,500
FELLOWSHIPS-SHORT TERM	WR	1	2	1	1	GRANTS		17,700	17,700	17,700	17,700

CHILE-5000, REHABILITATION

The rehabilitation of the handicapped has been singled out as a priority health activity by the Government of Chile. The needs in this field are great in the areas of mental retardation, blindness, deafness, and locomotor defects. The purpose of the project is to collaborate with the Government in defining its rehabilitation programs and in the preparation of specialized leaders who can later train the personnel required in the country for the effective development of the programs. Financial assistance is received from UNDP, and activities have centered around university training of teachers for the deaf-mute. During the budget period the project will focus on blindness, mental deficiency and psychiatrics.

TOTAL		2	6	1	2	TOTAL		8,066	31,900	5,200	7,800
CONSULTANT MONTHS	WR	-	1	1	2	SUBTOTAL	WR	-	5,000	5,200	7,800
CONSULTANT MONTHS	UNDP	2	5	-	-	PERSONNEL-CONSULTANTS		-	2,000	2,200	4,800
TOTAL		-	5	2	2	FELLOWSHIPS		-	3,000	3,000	3,000
FELLOWSHIPS-ACADEMIC	UNDP	-	3	-	-	SUBTOTAL	UNDP	8,066	26,900	-	-
FELLOWSHIPS-SHORT TERM	WR	-	2	2	2	PERSONNEL-CONSULTANTS		5,250	11,750	-	-
						SUPPLIES AND EQUIPMENT		2,716	-	-	-
						FELLOWSHIPS		100	15,150	-	-

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	483,326	591,880	484,354	534,210
0100 EPIDEMIOLOGY	2,586	6,885	7,260	7,267
0106 EPIDEMIOLOGY (ZONE VI)	7,288	8,620	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-
0300 SMALLPOX ERADICATION	6,265	6,481	6,758	7,102
0400 TUBERCULOSIS CONTROL	856	1,885	1,132	1,436
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	604	2,640	-	1,128
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	904	1,578	-	1,296
0411 STUDY GROUP ON TUBERCULOSIS CONTROL	-	-	1,099	-
0412 REGIONAL COMMITTEE ON EVALUATION OF TUBERCULOSIS PROGRAMS	-	-	-	3,770
0500 LEPROSY CONTROL	515	884	432	496
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	94	-	131	139
0600 VENEREAL DISEASE CONTROL	-	400	220	255
0612 VENEREAL DISEASE SEMINARS	-	-	-	1,350
0700 PAN AMERICAN ZOONOSES CENTER	24,079	29,780	30,243	31,490
0718 SEMINAR ON EPIDEMIOLOGY OF THE ZOONOSES	1,464	-	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	140	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	490	708
0924 INTERNATIONAL SYMP. CONTROL OF LICE AND LOUSE-BORNE DISEASES	2,874	-	-	-
0926 ENTEROVIRUS COLLABORATIVE TESTING PROGRAM	-	520	-	960
0929 STRENGTHENING HEPATITIS DIAG. SURVEIL. SERV. IN THE AMERICAS	-	-	-	1,590
0932 PERFORMANCE EVALUATION OF ARBOVIRUS SEROLOGIC DIAGNOSIS	-	-	760	760
1000 PARASITIC DISEASES	227	555	1,050	1,506
1008 CHAGAS' DISEASE	44	483	268	316
2100 ENVIRONMENTAL SANITATION	1,830	705	778	753
2106 SANITARY ENGINEERING (ZONE VI)	9,247	10,825	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,410	16,708	15,672	18,321
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	998	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	749	1,167	1,222
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	4,561	5,236	5,580	5,868
2213 STUDIES AND INVESTIGATION OF WATER RESOURCES	1,614	95	-	-
2220 INSTITUTIONAL DEVELOPMENT	3,392	6,969	8,676	9,368
2223 PUBLIC SERVICES ADMINISTRATION	149	-	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	807	-
2230 RURAL WATER SUPPLY AND SANITATION	-	700	728	756
2300 AEDES AEGYPTI ERADICATION	380	578	646	691
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	60	-	-
3000 COORDINATION WITH FOUNDATIONS	1,274	2,571	3,083	3,513
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,306	3,855	3,123	3,396
3126 OPERATIONS RESEARCH	204	788	662	686
3129 RESEARCH TRAINING IN BIOMEDICAL SCIENCES	1,351	222	-	-
3130 CONFERENCE ON MYCOLOGY	78	1,310	-	-
3135 DEVELOPMENT OF RIVER BASINS	-	1,200	660	720
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,641	2,008	1,170	1,252
3139 PAHO RESEARCH GRANT PROGRAM	4,815	2,600	3,900	5,200
3144 HEALTH LEGISLATION	478	-	-	-
3145 EMERGENCY PREPAREDNESS	-	534	-	-
3200 NURSING SERVICES	1,667	2,266	2,418	2,536
3206 NURSING (ZONE VI)	8,944	6,125	-	-
3210 HOSPITAL NURSING SERVICES	-	716	1,269	1,408
3214 DEFIN. AND IMPL. OF POLICY FOR DEVELOPMENT OF NURSING	557	1,195	1,118	1,176
3215 STUDY ON FACTORS AFFECTING NURSING GROWTH	373	-	-	-
3216 STANDARDS IN NURSING PRACTICE	-	875	-	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	1,263	-	-
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	532
3222 TECHNICAL ADVISORY COMMITTEE ON NURSING	262	493	310	248
3223 SYSTEMS OF NURSING	52	1,001	1,250	-
3300 LABORATORY SERVICES	802	361	453	484
3306 LABORATORY SERVICES (ZONE VI)	6,147	4,817	-	-
3311 TRAINING OF LABORATORY PERSONNEL	847	900	1,040	1,110
3316 PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,434	1,640	2,205	2,428
3318 MYCOLOGY RESEARCH AND TRAINING CENTERS	1,086	2,411	945	967
3400 HEALTH EDUCATION	533	498	313	498
3410 TRAINING OF TEACHERS IN HEALTH EDUCATION	338	774	847	920
3500 HEALTH STATISTICS	1,129	724	933	690
3506 HEALTH STATISTICS (ZONE VI)	9,146	8,600	-	-
3513 INTER-AMERICAN INVESTIGATION OF MORTALITY IN CHILDHOOD	7,285	3,007	3,318	3,579
3515 TRAINING IN USE OF COMPUTERS IN HEALTH STATISTICS	42	400	440	480
3516 REGIONAL SEMINAR ON DATA PROCESSING	-	722	-	722
3600 ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,583	3,496	3,672	3,908
3607 MANAGEMENT OF HEALTH SERVICES	1,458	1,462	-	-
3700 HEALTH PLANNING	5,080	3,163	3,776	4,166
3706 HEALTH PLANNING (ZONE VI)	9,368	18,320	-	-
3709 MEETING OF MINISTERS OF HEALTH	758	-	-	-
3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	27,839	37,853	27,580	21,980
4200 NUTRITION ADVISORY SERVICES	2,224	2,078	2,224	2,353
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	76,789	76,999	78,676	81,707
4211 RESEARCH ON PROTEIN-CALORIE MALNUTRITION	-	-	-	1,134
4212 RESEARCH ON NUTRITION ANEMIAS	96	1,557	934	489

4213 IODINE DETERMINATION IN ENDEMIC GOITER	486	-	-	-
4221 SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	70	222	244	445
4230 NUTRITION TRAINING	5,711	3,975	5,280	6,855
4238 NUTRITION RESEARCH	149	760	1,355	2,035
4247 SURVEILLANCE OF NUTRITIONAL STATUS	-	-	829	454
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	180	191
4249 OPER. RES. IN METHODS OF PREV. MALNUTR. AND [IMPROV. NUTRI. STAT.]	-	-	574	238
4300 MENTAL HEALTH	-	2,700	2,844	3,654
4313 NURSING IN MENTAL HEALTH	390	-	4,408	7,208
4314 EPIDEMIOLOGICAL STUDY ON EPILEPSY	618	1,823	2,820	2,460
4316 EPIDEMIOLOGY OF SUICIDES	-	375	395	-
4317 STUDY GROUP ON TEACHING MENTAL HEALTH IN SCHOOLS OF PUB. HEALTH	-	990	-	-
4320 SEMINAR ON MENTAL RETARDATION	616	-	-	-
4323 CONFERENCE ON THE EPIDEMIOLOGY OF DRUG ABUSE	676	-	-	-
4400 DENTAL HEALTH	942	792	990	1,188
4407 DENTAL EPIDEMIOLOGY	1,064	1,300	1,360	940
4409 FLUORIDATION	4,051	3,896	3,340	4,955
4410 LABORATORY FOR CONTROL OF DENTAL PRODUCTS	2,273	3,508	1,516	1,259
4411 HUMAN AND MATERIAL RESOURCES IN DENTISTRY	2,995	3,300	2,410	2,420
4412 SEMINAR ON IMPLEMENTATION OF DENTAL HEALTH PROGRAMS	-	886	101	1,986
4500 HEALTH ASPECTS OF RADIATION	296	720	756	660
4507 RADIATION HEALTH PROTECTION	1,540	2,200	2,772	2,928
4509 RADIATION SURVEILLANCE	116	260	325	325
4516 PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	504	-
4618 MANGANESE POISONING	33,601	14,936	-	-
4620 MANAGEMENT OF PESTICIDES	-	210	228	261
4700 FOOD AND DRUG CONTROL	981	2,148	2,269	2,372
4708 FOOD HYGIENE TRAINING CENTER	2,213	2,051	2,311	2,473
4715 FOOD HYGIENE	-	2,205	3,861	2,495
4717 SEMINAR ON FOOD HYGIENE	-	611	-	-
4719 WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	896
4800 MEDICAL CARE SERVICES	1,186	1,219	1,338	1,506
4806 MEDICAL CARE SERVICES (ZONE VI)	1,119	-	-	-
4813 HOSPITAL PLANNING AND ADMINISTRATION	1,624	2,171	2,889	3,656
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,969	2,669	2,366	3,068
4816 PROGRESSIVE PATIENT CARE	16,020	3,383	-	-
4826 IMPROVEMENT OF MEDICAL CARE ADMINISTRATION LIBRARIES	5,942	1,579	-	-
4831 STUDY GROUP ON MAINTENANCE SYSTEMS IN LATIN AMERICA	-	-	501	-
4900 HEALTH AND POPULATION DYNAMICS	27,431	59,246	60,001	68,147
4906 HEALTH AND POPULATION DYNAMICS (ZONE VI)	9,567	18,422	-	-
4915 MATERNAL AND CHILD HEALTH	129	391	430	521
4917 CLINICAL AND SOCIAL PEDIATRICS	200	1,665	1,404	1,404
4918 STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,207	-
4919 NURSING MIDWIFERY	3,610	3,740	3,950	4,120
4920 LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	8,855	9,219	13,691	15,779
4921 EDUC. CENTER FOR OBSTET. MATERNAL-INFANT NURS. IN FAM. WELFARE	-	4,800	4,880	3,960
5000 REHABILITATION	2,158	1,768	1,848	2,002
5010 STUDY GROUP ON HUMAN COMMUNICATIONS	902	-	-	-
5012 STUDY GROUP ON BLIND REHABILITATION IN LATIN AMERICA	-	-	1,073	-
5100 CHRONIC DISEASES	1,113	3,800	4,303	4,472
5108 SURVEY ON SMOKING PATTERNS IN LATIN AMERICA	1,778	511	-	-
5109 CANCER CONTROL	350	7,350	5,560	5,830
5111 STUDY OF THE RELATION BETWEEN GASTRIC CANCER AND NITRATES	-	-	-	2,160
6000 MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	6,191	6,380	7,085	7,480
6100 EDUCATION AND TRAINING IN PUBLIC HEALTH	5,803	6,326	8,638	9,965
6200 EDUCATION IN HEALTH SCIENCES	1,681	6,576	6,700	7,789
6206 MEDICAL EDUCATION (ZONE VI)	3,448	6,620	-	-
6208 TEACHING OF STATISTICS IN MEDICAL SCHOOLS	-	-	550	-
6216 BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,237	2,822	2,761	2,628
6221 LIBRARY OF MEDICINE	30,618	50,870	42,758	42,433
6223 TEACHING OF BEHAVIORAL SCIENCES	1,704	400	-	-
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	2,343	4,296	4,665	5,315
6300 NURSING EDUCATION	209	840	390	411
6306 NURSING EDUCATION (ZONE VI)	2,421	-	-	-
6310 NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,943	2,915	670	690
6317 SEMINAR ON NURSING EDUCATION	540	1,452	1,537	1,516
6319 TRAINING OF NURSING AUXILIARIES	289	2,897	3,509	3,291
6320 POSTBASIC COURSES IN NURSING	353	805	644	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,479
6324 TRAIN. OF PROF., ADMINSTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	154	518
6325 EDUCATIONAL TECHNOLOGY IN NURSING	-	-	4,629	7,961
6400 SANITARY ENGINEERING EDUCATION	4,782	4,640	5,381	5,884
6500 VETERINARY MEDICINE EDUCATION	1,646	2,754	2,968	3,128
6507 SEMINARS ON VETERINARY MEDICINE EDUCATION	441	-	370	390
6600 DENTAL EDUCATION	1,135	1,467	1,638	1,643
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	407	520	728	1,945
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	490	995	749	770
6700 BIostatistics EDUCATION	3,823	1,345	-	5,175
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	984	964	1,009	1,179
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	5,734	9,472	4,960	5,175
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576
6713 OPERATIONS RESEARCH IN MEDICAL RECORDS	-	-	3,466	3,600

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	461,547	1,196,394	1,274,756	907,314	483,326	591,880	484,354	534,210
PAHO-PR-REGULAR BUDGET	197,598	226,300	346,431	348,770	185,335	247,470	186,134	237,265
PW-COMMUNITY WATER SUPPLY	-	-	-	-	909	4,215	5,144	5,410
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	45,980	38,829	38,913	40,523
PG-GRANTS & OTHER CONTRIBUT.	-	-	-	-	93,765	80,886	34,043	32,071
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	50,084	40,858	29,314	33,311
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	12,601	-	-	-
PS-SPECIAL FUND FOR RESEARCH	-	3,926	-	-	393	-	-	-
MHO-MR-REGULAR BUDGET	202,725	196,700	162,216	157,652	52,557	84,983	100,156	94,263
UNDP-UN DEVELOPMENT PROGRAM	19,774	467,266	545,034	212,492	41,417	47,675	33,019	27,672
UNFPA-UN FUND POPULATION ACT.	41,450	302,202	221,075	188,400	285	46,964	57,631	63,695

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	944,873	1,788,274	1,759,110	1,441,524
PAHO-PR-REGULAR BUDGET	382,933	473,770	532,565	586,035
PW-COMMUNITY WATER SUPPLY	909	4,215	5,144	5,410
PN-INCAP GRANTS & OTHER CONTR.	45,980	38,829	38,913	40,523
PG-GRANTS & OTHER CONTRIBUT.	93,765	80,886	34,043	32,071
PH-PAN AMER. HEALTH & EDUC.FN.	50,084	40,858	29,314	33,311
PK-SPECIAL FUND FOR HEALTH PR.	12,601	-	-	-
PS-SPECIAL FUND FOR RESEARCH	393	3,926	-	-
MHO-MR-REGULAR BUDGET	255,282	281,683	262,372	251,915
UNDP-UN DEVELOPMENT PROGRAM	61,191	514,941	578,053	240,164
UNFPA-UN FUND POPULATION ACT.	41,735	349,166	278,706	252,095

PARAGUAY

BACKGROUND DATA

Paraguay is a landlocked country in the center of South America, some 1,450 kilometers from the Atlantic Ocean. It lies between 19°18' and 23°36' south latitude and between 53°19' and 62°38' west longitude. It is, therefore, located in a subtropical region.

The national territory of Paraguay extends for 406,752 square kilometers, of which 246,925 square kilometers constitute its western region and 159,000 square kilometers its eastern region. The country is divided into 19 departments, which are themselves divided into districts that are in turn subdivided into "compañías" and "parajes."

It has a population of 2,379,000 and a population density in the present year 1974 of 5.9 per square kilometer. Of the population, 775,200 (32.5%) live in communities of less than 2,000 inhabitants and 47% are under 15 years of age. The birth rate is 43.1, the death rate 10.8, and the expectation of life at birth 60.4 years.

In 1970 the gross national product (GNP), expressed in guaranis, at this year's prices (G124 = US\$1.00) was G72,191,100, equivalent to US\$585,413, with a per capita income of US\$246.

The increase in GDP in 1969 was 4% and in 1970, 5.3%. The most striking example of sectoral growth is in services (tertiary sector), which has increased at an average rate of 5.3%.

The aim of the 1971-75 National Development Plan is to secure an accelerated (6%), harmonious, and balanced growth rate for Paraguay. A major objective of Paraguay's economic development is the full integration of the national territory. The Government has been examining the need to establish and consolidate regional development centers throughout the major and potentially rich regions of the country and to stimulate the participation of communities themselves in the process of socioeconomic development.

A major factor is the signature between the Governments of Paraguay and Brazil of the Itaipú Treaty for the construction of the dam of the same name, and for the hydroelectric exploitation of the waters of the Paraná River, shared by the two countries. A further treaty has been signed with the Argentine Republic on the building of the Yaciretá-Apipé Dam with a similar end in view.

The importance of health considerations in programs of this kind will be borne in mind, in conjunction with Brazil. PAHO will be associated with these studies.

PROTECTION OF HEALTH

Communicable Disease Control

Communicable diseases are the major cause of morbidity and are responsible for 36% of all reported deaths in the country. Half the national territory has not yet been included in statistical records and it is estimated that this figure would be even higher for the unrecorded area.

Smallpox and yellow fever have already been eradicated, and malaria has been progressively reduced from 50,304 new cases in 1967 to only 31 in 1973, all of external origin.

The prevalence of leprosy remains high, at a rate of 2.1 per 1,000, and the rates for tuberculosis, stabilized over the past five or six years, are around 22.0 per 100,000.

There was an epidemic outbreak of poliomyelitis in 1973 with 109 cases; intensive immunization campaigns against this disease have not yet been mounted.

Programs of immunization against diphtheria, tetanus, whooping cough, and measles failed to reach effective levels since the funds available in Paraguay for the control of communicable diseases are very limited. This fact makes it especially difficult to purchase vaccines, so that morbidity and mortality rates for these diseases remain high, even though they are not fully reflected in the statistical data.

Chagas' disease, hepatitis, enteric infections and parasitic diseases also constitute serious problems.

PAHO is giving its support to government programs, both for the organization of services and the training of technical personnel through seminars, fellowships, and the supply of materials, equipment, and vaccines, both directly and by enlisting the assistance of other countries.

It is hoped that the progressive rechanneling of manpower and materials formerly assigned principally to malaria eradication will give substantial added momentum to programs for the control of communicable diseases.

Environmental Health

The principal causes of disease and death in Paraguay are the result of environmental conditions that do not exercise a favorable influence on human life. Only 10.7% of the population is supplied with potable water, and only 13.2% of the population in the interior of the country is served by effective systems for the disposal of excreta.

In Asunción, the population supplied with potable water has increased from 21.5% in 1960 to 43.7% in 1970.

In other towns with more than 4,000 inhabitants, the situation has remained relatively stable; in 1960, 1% of their inhabitants had potable water supplies, and in 1970 only 0.7%. In towns of between 2,000 and 3,999 inhabitants, there has been an increase from a coverage of 2.5% in 1960 to 3.4% in 1970.

In rural areas, the proportion of the population with its own water supply has increased from 0.6% in 1960 to 3.5% in 1970, as a result of wells repaired as part of a limited sanitation program.

In Asunción, the proportion of household connections to the sewerage mains has increased from 17.1% in 1960 to 34.6% in 1970, still a long way from the 70% coverage established as the target in the Ten-year Health Plan. It is intended to improve the situation by the construction of effective facilities for the disposal of excreta and thus achieve the targets set in the Plan.

The Municipality of Asunción has a system of garbage collection which, in 1960, provided coverage for 28.5% of all dwellings; as a result of the expansion of this system, the coverage had risen to 37% by the end of the sixties.

Other towns with more than 20,000 inhabitants have only a restricted and irregular municipal garbage collection service. In towns of between 2,000 and 3,999 inhabitants, the removal of solid waste is the responsibility of the individual.

The scale of the country's air, water, and soil pollution problems is not yet known.

The most serious occupational risks are associated with agricultural mechanization, and particularly with the use of pesticides, herbicides, other similar toxic substances and fertilizers.

Preventive action under the general program is progressing slowly and at a minimal level of technical capability.

PROMOTION OF HEALTH

General Services

The health sector can be divided into three subsectors according to their channels of responsibility and methods of financing: (1) the public subsector, made up of the Ministry of Public Health and Social Welfare, the military health authorities, the police health authorities, the University, the municipal health authorities, and the Sanitary Works Corporation, all financed from tax sources; (2) a parastatal or mixed subsector, consisting of the Institute of Social Security with its own medical care services for workers for which it is responsible; and (3) the private subsector, consisting of private institutions.

The country has 402 medical care institutions. Its total number of hospital beds amounts to 5,070, giving a ratio of 2.1 beds to each 1,000 inhabitants. There is, however, an imbalance in the ratios of hospital beds to population since, as indicated above, although this amounts to 2.1 per 1,000 inhabitants for the country as a whole, it is as high as 6.2 in the capital and as low as 0.4 in the interior of the country. The ratio of doctors is 5.8 per 10,000 inhabitants.

There is inadequate coordination both between the various institutions making up the health sector and between different administrative levels; resources are unequally distributed and the systems of statistical data and accounting records should be improved so that they can be more effectively used in the planning process.

The Government is planning the organization of a national health system to coordinate and reinforce the activities of the public subsector; it proposes to increase the productivity of the system by strengthening the organization of the Ministry of Public Health and Social Welfare, and through technical and administrative reforms in health sector institutions.

Specific programs

Although maternal and child health care has remained one of the basic services provided by the Ministry of Health, mortality rates in pregnancy, childbirth, and postpartum have continued to be high, as have child and infant mortality rates, childhood constituting a very vulnerable stage. The maternal mortality rate has markedly increased from 3.4 per 1,000 live births in 1961 to 4.0 per 1,000 in 1971. The child mortality rate is 10.7 for each 1,000 live births.

This situation has led to the Government's decision to apply to the United Nations Fund for Population Activities (UNFPA) for funds to finance a maternal and child health plan on a national scale, the main thrust of which will be in the areas of nutrition, health education, statistics, and birth control assistance and education.

Special support has been given to the efforts of the Medical School to improve maternal and child education at undergraduate and graduate levels. Particular reference should be made to the program of residencies in maternal and child health for physicians who undertake to work in the rural areas of the country.

The true incidence and prevalence of mental diseases in the country is not known. By 1970 mental diseases represented 5.4% of total hospital discharges, and a rate of mental illness of 11.7 per 100,000 inhabitants was recorded. A program to improve the quality of medical care and to expand the coverage of services in this area has been undertaken.

Some progress has been made in the field of medical rehabilitation, but existing services are insufficient to meet either the current or the potential demand.

Various programs have been undertaken in Paraguay in this field, principally by private institutions, and especially for children, the blind, leprosy patients, and the mentally ill. Efforts have been made to organize a national rehabilitation committee, but its activities have been on a very restricted scale.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

With a view to dealing with manpower problems, a policy is being framed for the adoption of a plan defining the country's needs for a professional, technical, and auxiliary workers, both in terms of quality and numbers required. Institutions absorbing graduates and trainees should participate more fully in decisions on the kind of personnel to be trained. An analysis is being prepared as a basis for a continuing record of the country's manpower resources. Regular programming of further education for health professionals is being developed. Health manpower is inadequate. Geographical distribution of health personnel is unbalanced, especially at the higher and technical levels, to the detriment of rural areas. The problem of the emigration of professionals, especially physicians, presents an obstacle to the development of the health services.

PAHO/WHO has made six agreements with the Government, represented by the Ministry of Health and the National University of Asunción, and these have given rise to a similar number of projects providing for the training and retraining of personnel in the fields of medicine, sanitary engineering, nursing, public health dentistry, and veterinary public health.

The efforts made in the past few years to provide training and further education for professional and technical personnel have been substantial, covering fields never before attempted. Furthermore, the holding of courses at the professional level, attended by representatives of various health sector institutions, has favored and helped to create a climate conducive to the coordination of the activities of the various health sector institutions.

Among the programs that have been undertaken in various faculties of the National University of Asunción, special reference should be made to those in the field of medical education, where it has been possible to create a climate of change that is leading to the development of new approaches to the teaching-learning process in the health sciences.

PARAGUAY - PROGRAM BUDGET

1 9 7 3		1 9 7 4			1 9 7 5		1 9 7 6	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
248,703	33.0	218,221	29.0	I. PROTECTION OF HEALTH	219,281	19.5	230,978	17.3
176,742	23.5	151,620	20.1	A. COMMUNICABLE DISEASES	156,349	13.9	168,321	12.6
16,381	2.2	23,002	3.1	0100 GENERAL	23,773	2.1	23,998	1.8
88,196	11.7	39,478	5.2	0200 MALARIA	41,917	3.7	41,819	3.1
6,263	.8	6,477	.9	0300 SMALLPOX	6,758	.6	7,101	.5
1,636	.2	-	-	0400 TUBERCULOSIS	1,131	.1	4,448	.3
1,215	.2	2,464	.3	0500 LEPROSY	1,124	.1	1,270	.1
-	-	320	*	0600 VENEREAL DISEASES	176	*	1,554	.1
62,566	8.3	77,468	10.3	0700 ZOOUSES	78,559	7.0	84,124	6.3
-	-	280	*	0900 ETHER	489	.1	707	.1
485	.1	2,131	.3	1000 PARASITIC DISEASES	2,420	.2	3,300	.3
71,961	9.5	66,601	8.9	B. ENVIRONMENTAL HEALTH	62,932	5.6	62,657	4.7
59,597	7.9	50,713	6.7	2100 GENERAL	43,915	3.9	43,233	3.2
10,593	1.4	13,201	1.8	2200 WATER SUPPLIES	15,974	1.4	16,214	1.2
376	*	637	.1	2300 ALDES AEGYPTI ERADICATION	644	.1	689	.1
923	.1	1,132	.2	2400 HCUSING	1,429	.1	1,501	.1
472	.1	918	.1	2500 AIR POLLUTION	970	.1	1,020	.1
448,600	59.5	461,269	61.1	II. PROMOTION OF HEALTH	828,944	73.8	1,018,810	76.2
158,454	20.9	180,710	24.0	A. GENERAL SERVICES	180,656	16.0	197,483	14.8
82,298	10.9	96,373	12.8	3100 GENERAL PUBLIC HEALTH	99,350	8.8	109,235	8.2
7,658	1.0	11,338	1.5	3200 NURSING	11,686	1.0	11,422	.9
9,097	1.2	10,618	1.4	3300 LABORATORY	10,639	1.0	11,330	.8
865	.1	1,267	.2	3400 HEALTH EDUCATION	1,153	.1	1,412	.1
33,294	4.4	37,646	5.0	3500 STATISTICS	38,457	3.4	45,534	3.4
4,081	.5	5,001	.7	3600 ADMINISTRATIVE METHODS	3,672	.3	3,908	.3
21,161	2.8	18,467	2.4	3700 HEALTH PLANNING	15,699	1.4	14,642	1.1
290,146	38.6	280,559	37.1	B. SPECIFIC PROGRAMS	648,288	57.8	821,327	61.4
93,522	12.4	93,564	12.4	4200 NUTRITION	107,154	9.5	113,078	8.5
315	*	4,400	.6	4300 MENTAL HEALTH	9,055	.8	13,717	1.0
5,081	.7	4,773	.6	4400 DENTAL HEALTH	4,345	.4	6,161	.5
1,349	.2	2,920	.4	4500 RADIATION AND ISOTOPES	2,688	.2	2,968	.2
544	.1	877	.1	4600 OCCUPATIONAL HEALTH	1,135	.1	1,233	.1
2,740	.4	5,536	.7	4700 FOOD AND DRUG	6,197	.6	7,464	.6
7,609	1.0	9,963	1.3	4800 MEDICAL CARE	11,172	1.0	12,484	.9
176,479	23.4	155,384	20.6	4900 FAMILY HEALTH AND POP. DYNAMICS	503,135	44.8	660,601	49.4
2,090	.3	1,717	.2	5000 REHABILITATION	1,794	.2	1,944	.1
417	.1	1,425	.2	5100 CANCER & OTHER CHRONIC DISEASES	1,613	.2	1,677	.1
57,702	7.5	74,482	9.9	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	76,032	6.7	87,172	6.5
4,635	.6	5,061	.7	6100 PUBLIC HEALTH	4,936	.4	5,694	.4
31,541	4.2	39,927	5.3	6200 MEDICINE	32,114	2.9	30,310	2.3
7,742	1.0	8,937	1.2	6300 NURSING	11,581	1.0	16,916	1.3
1,521	.2	4,086	.5	6400 ENVIRONMENTAL SCIENCES	7,287	.7	9,996	.7
4,731	.6	6,507	.9	6500 VETERINARY MEDICINE	7,305	.6	10,340	.8
4,106	.5	5,037	.7	6600 DENTISTRY	5,784	.5	5,804	.4
3,426	.4	4,927	.6	6700 BIOSTATISTICS	7,025	.6	8,112	.6
755,005	100.0	753,972	100.0	GRAND TOTAL	1,124,257	100.0	1,336,960	100.0

*LESS THAN .05 PER CENT

PARAGUAY - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			* DUTY TRAVEL AMOUNT	* FELLOWSHIPS		* SEM INARS		* SUPPLIES AND EQUIPMENT	* GRANTS AND OTHER		
		POSTS PROF.	LOCAL	STC MONTH		AMOUNT	ACAD.	SHORT	AMOUNT			PART.	AMOUNT
	\$				\$				\$	\$	\$		
1973													
PAHO--PR	364,936	6	-	12	276,218	22,783	1	1	6,614	1	7,076	17,170	35,075
PW	968	-	-	-	829	79	-	-	-	-	-	-	-
PN	39,390	-	-	-	16,994	1,688	-	-	1,609	-	-	4,694	14,405
PG	180,412	1	-	7	68,205	3,179	-	6	10,730	-	10,928	28,423	58,947
PH	19,207	-	-	-	6,630	924	-	-	740	-	676	4,048	5,389
PK	7,133	-	-	-	6,631	333	-	-	-	-	-	36	111
PS	399	-	-	-	-	-	-	-	-	-	-	-	399
WHO--WR	87,957	1	-	-	52,788	3,492	3	3	17,986	-	5,981	4,399	3,311
UNDP	54,379	1	-	-	47,401	-	-	-	3,011	-	-	2,833	1,134
UNFPA	284	-	-	-	284	-	-	-	-	-	-	-	-
TOTAL	755,005	9	-	19	476,000	32,480	4	10	40,690	1	24,861	61,603	119,371
PERCENT OF TOTAL	100.0				63.1	4.3			5.4		3.3	8.1	15.8
1974													
PAHO--PR	382,517	5	-	2	285,662	22,328	-	3	6,711	-	7,354	22,756	37,706
PW	4,215	-	-	-	4,020	195	-	-	-	-	-	-	-
PN	33,273	-	-	-	18,175	1,664	-	-	1,715	-	-	2,543	9,156
PG	103,836	1	-	14	66,011	2,528	-	-	1,442	-	8,923	10,453	14,479
PH	23,319	-	-	-	9,275	933	-	-	2,430	-	129	3,338	7,214
WHO--WR	111,825	1	-	2	62,494	4,859	1	2	12,729	-	13,454	6,990	11,299
UNDP	29,918	-	-	-	20,897	730	-	-	4,854	-	-	2,440	987
UNFPA	65,069	-	-	-	40,476	2,025	-	-	11,532	-	4,865	4,099	2,072
TOTAL	753,972	7	-	18	507,610	35,282	1	5	41,413	-	34,725	52,619	82,923
PERCENT OF TOTAL	100.0				67.2	4.7			5.5		4.6	7.0	11.0
1975													
PAHO--PR	401,088	5	-	3	302,531	24,061	-	3	6,891	-	7,843	22,783	36,979
PW	5,144	-	-	-	4,924	220	-	-	-	-	-	-	-
PN	33,341	-	-	-	18,191	1,679	-	-	1,715	-	-	2,638	9,118
PG	27,895	-	-	-	20,611	-	-	-	-	-	-	1,877	5,407
PH	25,488	-	-	-	9,388	718	-	-	2,435	-	-	3,402	9,485
WHO--WR	145,810	1	-	3	89,161	6,192	1	4	16,344	-	7,215	13,365	13,513
UNDP	21,455	-	-	-	14,787	614	-	-	2,280	-	-	2,240	1,534
UNFPA	464,036	2	-	4	125,290	5,725	-	-	29,340	-	9,156	104,311	190,214
TOTAL	1,124,257	8	-	15	584,903	34,269	1	7	59,005	-	24,214	150,676	266,250
PERCENT OF TOTAL	100.0				52.0	3.5			5.2		2.2	13.4	23.7
1976													
PAHO--PR	448,046	5	-	4	325,572	27,671	2	5	25,463	-	6,552	21,373	42,015
PW	5,410	-	-	-	5,170	240	-	-	-	-	-	-	-
PN	34,723	-	-	-	19,091	1,679	-	-	1,715	-	-	2,638	9,600
PG	28,344	-	-	-	21,213	-	-	-	-	-	-	1,546	5,585
PH	29,018	-	-	-	9,827	766	-	-	2,646	-	-	4,109	11,670
WHO--WR	155,002	1	-	3	93,831	6,736	3	2	23,373	-	4,786	15,373	10,901
UNDP	20,500	-	-	-	14,573	429	-	-	1,838	-	-	1,577	1,583
UNFPA	615,917	2	-	2	118,666	6,200	-	-	41,622	-	10,072	90,249	349,108
TOTAL	1,336,960	8	-	9	607,943	43,623	5	7	96,657	-	21,410	136,865	430,462
PERCENT OF TOTAL	100.0				45.5	3.3			7.2		1.6	10.2	32.2
<p>PAHO-PR-REGULAR BUDGET PW-COMMUNITY WATER SUPPLY PI-INCAP - REGULAR BUDGET PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS PG-GRANTS AND OTHER CONTRIBUTIONS PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION PS-SPECIAL FUND FOR RESEARCH WHO-WR-REGULAR BUDGET UNDP-UNITED NATIONS DEVELOPMENT PROGRAM UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES WG-GRANTS AND OTHER FUNDS</p>													

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

PARAGUAY - DETAIL

PARAGUAY-0100, COMMUNICABLE DISEASES

Communicable diseases are the chief cause of illness and death in Paraguay. Of the deaths notified by public health authorities and registered in 1972, 29.8% were due to communicable diseases, the first being gastroenteritis, the second pneumonia-influenza, the fifth tuberculosis, and the sixth tetanus.

The purpose of this project is to reduce the risks of disease and death due to the more common communicable diseases. The general aim is to improve still further the notification and registration of communicable diseases so as to have a better knowledge of their real incidence and prevalence in the country. It is proposed to develop a program for controlling the most frequent communicable diseases in a pilot area with urban and rural characteristics, a program which could be applied to the rest of the country and whose activities could be integrated with the routine actions of the health centers and sanitary units.

The program gives priority to the control of the following diseases: poliomyelitis, tetanus, whooping cough, diphtheria, tuberculosis, venereal diseases, and leprosy, through programs of immunization, early diagnosis of contagious cases, proper treatment of such cases, localization and treatment of their contacts, surveys in groups (particularly exposed groups), and health education of the population. In 1972 the above list was expanded to include measles, gastroenteritis, and intestinal parasitism.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

UNICEF cooperates in this project.

TOTAL		-	1	1	2	TOTAL	PR	5,526	7,500	16,520	16,740
FELLOWSHIPS-ACADEMIC	PK	-	-	-	1	ZONE ADVISORY SERVICES	-	-	-	9,020	9,440
FELLOWSHIPS-SHORT TERM	PR	-	1	1	1	SEMINAR COSTS	320	2,000	2,000	-	-
						SUPPLIES AND EQUIPMENT	5,206	4,000	4,000	4,000	1,000
						FELLOWSHIPS	-	1,500	1,500	1,500	6,300

PARAGUAY-0200, MALARIA ERADICATION

Throughout the territory of the Republic of Paraguay, conditions are such that transmission of malaria continues, except in Asunción, the capital. In 1967 an epidemic situation arose, with 50,304 cases registered, that is, 26.6 per 1,000 inhabitants.

Between October 1968 and April 1973, 10 cycles of spraying with DDT were carried out, pursuant to the plans that were established and within the itineraries programmed, for a total of 2,349,887 sprayings. As a result of the eradication activities, the incidence of malaria was reduced appreciably and in 1973 only 41 cases were registered, all coming from outside the country. Nine departments, with 1.1 million inhabitants, passed to the consolidation phase; the rest, with 833,000 inhabitants, continue to remain in the attack phase.

TOTAL		3	1	1	1	TOTAL	PR	77,746	33,100	34,800	34,100
P-4 MEDICAL OFFICER .0557	PR	1	1	1	1	PERSONNEL-POSTS	68,232	27,100	28,300	29,500	29,500
P-4 SANITARY ENGINEER .0558	PR	1	-	-	-	DUTY TRAVEL	4,952	2,500	2,500	2,600	2,600
P-1 SANITARIAN .0561	PR	1	-	-	-	SUPPLIES AND EQUIPMENT	4,562	3,500	4,000	2,000	2,000

PARAGUAY-0700, VETERINARY PUBLIC HEALTH

The zoonoses present a serious public health problem in Paraguay not only because of their direct impact on the health of its population (rabies, bovine tuberculosis, brucellosis) but also because of their repercussions on the national economy, whose revenues come principally from the livestock industry. The incidence and prevalence of bovine tuberculosis, brucellosis, paralytic rabies, anthrax, and other zoonoses is unknown.

The aim of this project is to reduce mortality and morbidity rates attributable to these zoonoses. Among the objectives of the project are the organization into a coordinated program of the activities of the Ministry of Health, the Ministry of Agriculture and Animal Husbandry, and the School of Agronomy and Veterinary Medicine.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
								\$	\$	\$	\$
TOTAL		-	-	-	1	TOTAL	PR	934	2,500	2,500	4,900
CONSULTANT MONTHS	PR	-	-	-	1	PERSONNEL-CONSULTANTS		-	-	-	2,400
TOTAL		1	1	1	1	SUPPLIES AND EQUIPMENT		934	1,000	1,000	1,000
FELLOWSHIPS-SHORT TERM	PR	1	1	1	1	FELLOWSHIPS		-	1,500	1,500	1,500

PARAGUAY-2100, ENVIRONMENTAL SANITATION

A national sanitation program has been drawn up in Paraguay and is scheduled to begin operation in 1974. Its objectives include the following: (1) construction and operation of potable water systems (approximately 84) with house connections and public hydrants in urban and rural localities with concentrated populations of under 4,000, designed to serve approximately 224,000 inhabitants, i.e., 70% of the population of such localities; (2) construction and/or repair of approximately 17,376 wells to serve about 50% of the inhabitants in places where potable water systems will not be constructed, each well estimated to supply five dwellings (371,353 inhabitants); (3) construction, over a period of seven years, of some 210,000 latrines and sanitary units to serve 77.5% of the dwellings in the program's area of action; and (4) training of the technico-administrative personnel needed in the program and of the leaders of the improved communities in courses, symposia, and seminars.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	1	TOTAL		43,393	26,600	31,580	28,540
P-4 SANITARY ENGINEER .4042	PR	-	-	-	1	SUBTOTAL	PR	39,201	26,600	31,580	28,540
P-2 WELL DRILLER .3682	PR	1	1	1	-	PERSONNEL-POSTS		19,155	18,600	19,500	15,000
TOTAL		8	-	-	-	ZONE ADVISORY SERVICES		-	-	9,080	9,540
CONSULTANT MONTHS	PR	8	-	-	-	PERSONNEL-CONSULTANTS		16,601	-	-	-
TOTAL		1	-	-	-	DUTY TRAVEL		1,070	1,000	1,000	2,000
FELLOWSHIPS-ACADEMIC	PR	-	-	-	-	SEMINAR COSTS		-	2,000	2,000	2,000
FELLOWSHIPS-ACADEMIC	WR	1	-	-	-	SUPPLIES AND EQUIPMENT		813	2,000	-	-
						FELLOWSHIPS		760	-	-	-
						GRANTS		1,000	-	-	-
						LOCAL PERSONNEL COSTS		-	3,000	-	-
						SUBTOTAL	WR	4,190	-	-	-
						FELLOWSHIPS		4,190	-	-	-

PARAGUAY-3100, HEALTH SERVICES

The purpose of this project in Paraguay is to cooperate in making the health infrastructure adequate for servicing 80% of the population by the end of this decade; to improve the process of health planning at the national level; and to formulate a national health plan that coordinates the activities to be developed by all institutions in the health sector.

Among the objectives of the project are structuring a national health system to coordinate the actions of the various institutions in the health sector; extending and standardizing the planning process at all levels, including the entities in the public subsector; strengthening the health infrastructure; improving vital and health statistics; implementing MCH and family welfare activities; improving services in health education, laboratory diagnosis, administrative methods, and organization of nursing and obstetrical services, and training personnel.

UNICEF cooperates in this project.

TOTAL		1	1	1	1	TOTAL		51,005	52,441	57,200	60,700
P-5 PAHO/WHO REPRESENTATIVE .0563	PR	-	1	1	1	SUBTOTAL	PR	13,153	43,500	48,900	49,600
P-5 PAHO/WHO REPRESENTATIVE 4.0563	UNDP	1	-	-	-	PERSONNEL-POSTS		-	33,000	34,400	35,800
TOTAL		1	-	-	-	PERSONNEL-CONSULTANTS		999	-	-	-
CONSULTANT MONTHS	PR	1	-	-	-	DUTY TRAVEL		-	1,500	2,500	2,800
						SUPPLIES AND EQUIPMENT		-	2,000	4,000	3,000
						PARTICIPANTS		630	-	-	-
						COMMON SERVICES		11,524	7,000	8,000	8,000

FUND					FUND					
	1973	1974	1975	1976		1973	1974	1975	1976	
						\$	\$	\$	\$	
TOTAL	4	2	2	3	SUBTOTAL	WR	7,852	8,300	8,300	11,100
FELLOWSHIPS-ACADEMIC	WR	1	1	1	FELLOWSHIPS		7,852	6,300	6,300	11,100
FELLOWSHIPS-SHORT TERM	WR	3	1	1	COURSE COSTS		-	2,000	2,000	-
TOTAL	1	-	-	-	SUBTOTAL	UNDP	30,000	641	-	-
PARTICIPANTS	PR	1	-	-	PERSONNEL-POSTS		30,000	-	-	-
					FELLOWSHIPS		-	641	-	-

PARAGUAY-3103, HEALTH SERVICES IN DEVELOPING AREAS

This project in Paraguay has the following objectives: to improve and gradually develop the six health regions, principally through expanding the health coverage in the rural area by establishing minimum health services in the charge of expressly prepared auxiliary personnel who are supervised full time; to train personnel, principally auxiliary personnel, who work at the level of the health post; and to obtain the active participation of the organized community.

UNICEF cooperates in this project.

TOTAL					TOTAL					
	1	1	1	1		PR	19,665	29,100	29,800	34,000
P-4 MEDICAL OFFICER	PR	1	1	1	PERSONNEL-POSTS		19,162	27,100	28,300	29,500
3871					DUTY TRAVEL		-	503	1,000	1,500
TOTAL	-	-	-	1	SUPPLIES AND EQUIPMENT		-	-	1,000	-
FELLOWSHIPS-SHORT TERM	PR	-	-	-	FELLOWSHIPS		-	-	-	1,500

PARAGUAY-3200, NURSING SERVICES

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	-	-	5,280	5,560
ZONE ADVISORY SERVICES		-	-	5,280	5,560

PARAGUAY-3300, LABORATORY SERVICES

The Ten-year Health Plan for the Americas fully recognizes the importance of health laboratories in programs of curative and preventive medicine and the need to expand their coverage and efficiency. In order to attain the targets laid down, it is considered necessary inter alia to consolidate the programs for the development of health laboratory networks, to improve and expand their facilities, to standardize techniques, and to establish the machinery necessary to control the quality of laboratory results. Special emphasis is laid on the need to develop a permanent system of information on laboratory activities so that the productivity of programs and the utilization of resources can be evaluated.

The Central Public Health Laboratory of Paraguay fulfills treatment and diagnostic functions for epidemiological diseases, particularly tuberculosis and venereal and parasitological diseases, and rabies control. Its functions have increased considerably because of better health education and/or increased population. This establishment requires urgent restructuring so as to expand, standardize, and develop a system of information based on a program of definite quality.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL	WR	-	1,400	7,312	7,792
ZONE ADVISORY SERVICES		-	-	5,912	6,392
SUPPLIES AND EQUIPMENT		-	1,400	1,400	1,400

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

PARAGUAY-3500, HEALTH STATISTICS

The system of health statistics in Paraguay is inadequate. There are serious deficiencies in the comprehensiveness and quality of the information on vital statistics, morbidity, and utilization of resources. While it is estimated that the statistics cover 52% of the total population, presumably those with access to the services of the Ministry of Public Health and Social Welfare, the real coverage is unknown.

According to the recommendations of the Ten-year Health Plan for the Americas, the purpose of the program is to improve the quality and coverage of vital and health statistics; to establish procedures for periodic evaluation; to train in the next three years 30 auxiliary statistical personnel now working in health centers in the interior, 20 auxiliary personnel to keep hospital statistics and medical records in the Military Hospital, the Social Welfare Hospital, and the Police Poly-clinic, 2 professionals in health statistics and biostatistics, respectively, 3 technicians in health statistics, and 3 technicians in hospital statistics and medical registers at the intermediate level, and to include the medical statistics course in the curriculum of the Faculty of Medical Sciences from 1975 onwards.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	1	TOTAL	23,023	27,600	37,525	44,125
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P-3 STATISTICIAN 4,0566	PR	1	1	1	1	SUBTOTAL	PR 23,023	27,600	36,703	42,125
-----		-----	-----	-----	-----	-----	-----	-----	-----	-----
TOTAL		1	1	1	2	PERSONNEL-POSTS	16,662	22,100	23,200	24,300
-----		-----	-----	-----	-----	ZONE ADVISORY SERVICES	-	-	9,825	10,125
FELLOWSHIPS-ACADEMIC	PR	1	-	-	1	DUTY TRAVEL	263	1,000	1,200	1,400
FELLOWSHIPS-SHORT TERM	PR	-	1	1	1	SUPPLIES AND EQUIPMENT	1,025	3,000	1,178	-
						FELLOWSHIPS	3,390	1,500	1,500	6,300
						COURSE COSTS	1,683	-	-	-
						SUBTOTAL	WR -	-	822	2,000
						-----	-----	-----	-----	-----
						SUPPLIES AND EQUIPMENT	-	-	822	2,000

PARAGUAY-3700, HEALTH PLANNING

PAHO cooperated in the presentation of a national planning course for professional personnel working in institutions in the health sector in Paraguay. The course was on the methodology of planning, identification of problem areas, and methods and techniques for solving problems.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL	PR	5,000	-	4,800	5,000
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ZONE ADVISORY SERVICES		-	-	4,800	5,000
COURSE COSTS		5,000	-	-	-

PARAGUAY-4200, NUTRITION

Although the average diet provides 2,350 calories and 65.5 grams of protein per capita per day, the prevalence of protein-calorie malnutrition among children under five in Paraguay is still 28.7% (second and third degree). The prevalence of endemic goiter is 38%, and this is followed in order of importance by nutritional anemias and vitamin A and riboflavin deficiency.

The purpose of the project is to improve the nutritional status of the population, with special emphasis on vulnerable groups, by promoting food production and effective distribution arrangements; training medical and paramedical personnel in modern techniques of applied nutrition; establishing a system of coordination at the national and local levels that will guarantee the planning and implementation of a national nutrition program to include salt iodization; and extension of supplementary feeding to vulnerable groups as part of an education campaign aimed particularly at rural areas.

WFP cooperates in this project.

TOTAL		1	1	1	1	TOTAL	23,811	21,866	31,360	33,960
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P-3 NUTRITIONIST 4,3683	WR	1	1	1	1	SUBTOTAL	PR -	2,400	1,400	1,400
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TOTAL		-	1	1	1	COURSE COSTS	-	2,400	1,400	1,400
-----		-----	-----	-----	-----	-----	-----	-----	-----	-----
CONSULTANT MONTHS	WR	-	1	1	1					

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976	
						\$	\$	\$	\$	
TOTAL	1	-	-	-	SUBTOTAL	WR	23,811	19,466	29,960	32,560
FELLOWSHIPS-ACADEMIC	WR	1	-	-	PERSONNEL-POSTS		17,173	16,466	26,560	28,760
					PERSONNEL-CONSULTANTS		-	2,000	2,200	2,400
					DUTY TRAVEL		305	1,000	1,200	1,400
					SEMINAR COSTS		1,243	-	-	-
					SUPPLIES AND EQUIPMENT		180	-	-	-
					FELLOWSHIPS		4,910	-	-	-

PARAGUAY-4300, MENTAL HEALTH

The incidence and prevalence of mental health diseases in Paraguay are unknown, but the problem of lack of services to assist the mentally ill exists. The number of consultations at the most important mental health clinic operating in the Ministry of Public Health and Social Welfare is high, but still does not cover the demand.

The project's purposes are to promote and assist in the formulation of a mental health policy and to support the agency responsible for its application, coordinating the efforts of the various institutions working in this field; to ascertain the prevalence of mental disease in the country; to organize a mental health program with wide coverage of the country, integrating its activities with those of the general health services, especially in regard to emergency psychiatric care; and to train personnel at all levels.

TOTAL		-	1	1	1	TOTAL	WR	-	3,500	3,700	4,400
CONSULTANT MONTHS	WR	-	1	1	1	PERSONNEL-CONSULTANTS		-	2,000	2,200	2,400
						SUPPLIES AND EQUIPMENT		-	-	-	2,000
TOTAL		-	1	1	-	FELLOWSHIPS		-	1,500	1,500	-
FELLOWSHIPS-SHORT TERM	WR	-	1	1	-						

PARAGUAY-4800, MEDICAL CARE SERVICES

In accordance with the recommendations of the Ten-year Health Plan for the Americas, this project in Paraguay seeks to improve the quality and quantity of medical care within the framework of a regionalized health system. Its immediate objectives are improvement of the administrative structure and physical plant of the health establishment, with special emphasis on hospital centers, and training of personnel engaged in the management and administration of medical services.

Under a ministerial resolution, a commission was established to study the feasibility of an insurance program for civil servants. The Ministry of Health would operate the program, and the assistance of PAHO/WHO has been requested.

TOTAL		1	1	1	1	TOTAL	PR	1,797	4,000	4,200	4,400
CONSULTANT MONTHS	PR	1	1	1	1	PERSONNEL-CONSULTANTS		397	2,000	2,200	2,400
						FELLOWSHIPS		1,400	-	-	-
TOTAL		-	-	-	-	COURSE COSTS		-	2,000	2,000	2,000
FELLOWSHIPS-SHORT TERM	PR	-	-	-	-						

PARAGUAY-4900, HEALTH AND POPULATION DYNAMICS

The purpose of this project in Paraguay is to contribute to individual and family welfare by developing a national coverage plan for the sectoral and multi-agency coordination of maternal and child health activities. The plan includes promotion of the active participation of the community in improving and utilizing medical care services, development of educational activities aimed at effecting changes for the better in reproductive and health behavior, improving health personnel training programs, and strengthening the technical and administrative structure of the maternal and child health program in order to extend coverage of the maternal and child health and family planning services.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	2	2	TOTAL		111,721	43,000	401,081	547,816
P-4 MEDICAL OFFICER 4.6001	PG	1	1	-	-	SUBTOTAL	PR	-	-	11,400	14,310
P-4 MEDICAL OFFICER 4.6001	UNFPA	-	-	1	1						
P-3 NURSE 4.4364	UNFPA	-	-	1	1	ZONE ADVISORY SERVICES		-	-	11,400	14,310

FUND	1973 1974 1975 1976				SUBTOTAL	FUND	1973	1974	1975	1976
	7	14	10	3			\$	\$	\$	\$
TOTAL						PG	111,721	40,000	-	-
CONSULTANT MONTHS	PG	7	14	-	-		20,810	10,800	-	-
CONSULTANT MONTHS	WR	-	-	1	1		11,975	25,700	-	-
CONSULTANT MONTHS	UNFPA	-	-	9	2		1,324	1,500	-	-
TOTAL		6	-	1	1		5,931	-	-	-
FELLOWSHIPS--SHORT TERM	PG	6	-	-	-		19,114	-	-	-
FELLOWSHIPS--SHORT TERM	WR	-	-	1	1		5,119	-	-	-
							-	2,000	-	-
							47,448	-	-	-
						WR	-	3,000	4,700	4,900
							-	-	2,200	2,400
							-	-	1,000	1,000
							-	-	1,500	1,500
							-	3,000	-	-
						UNFPA	-	-	384,981	528,606
							-	-	52,000	52,000
							-	-	7,727	10,199
							-	-	18,000	4,000
							-	-	3,000	3,000
							-	-	99,152	84,574
							-	-	17,520	28,620
							-	-	16,000	14,000
							-	-	24,229	29,899
							-	-	136,333	282,474
							-	-	11,020	19,840

PARAGUAY-6200, MEDICAL EDUCATION

The growing demand for highly trained health personnel in Paraguay calls for a revision of present curricula and for the improvement of the teaching staff. The purpose of this project is to work with the School of Medical Sciences in strengthening medical education so that the graduating professionals are able to assume responsibilities for the solution of the various problems in the health sector; in improving instruction in the basic sciences; in strengthening the preparation and training of the teaching staff; and in expanding the knowledge of public health of all health service personnel in the country.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL	1	1	1	1	TOTAL	PR	2,668	9,000	17,100	15,560
CONSULTANT MONTHS	PR	1	1	1	1		-	-	6,740	7,000
							1,338	2,000	2,200	2,400
							500	-	-	-
							830	-	1,000	1,000
							-	-	160	160
							-	7,000	7,000	5,000

PARAGUAY-6400, SANITARY ENGINEERING EDUCATION

In 1972 there were nine sanitary engineers in Paraguay for a population of 2,328,790 inhabitants. Of these, only six were working in public services related to sanitary engineering. Furthermore, the technical sanitary engineering knowledge of personnel working in this field is not properly up to date. In the Faculty of Physical and Mathematical Sciences of the National University of Asunción there is only one course on environmental sanitation. These factors contribute to a rather precarious environmental health situation.

The purpose of the project is to strengthen the teaching of sanitary engineering, with special emphasis on training professors, students, technicians, and auxiliaries, so as to have qualified personnel to solve the problems of the environment as they relate to the health sector. The objectives include greater emphasis on sanitary engineering in the civil engineering curriculum of the Faculty of Physical and Mathematical Sciences of the National University of Asunción through the training of teachers; improvement of laboratory and library facilities; organization of a series of courses for professional, technical, and auxiliary personnel in specific environmental topics; and promotion of applied research.

TOTAL	-	-	1	1	TOTAL	WR	-	2,300	5,250	7,800
FELLOWSHIPS--ACADEMIC	WR	-	-	-	1		-	-	1,000	1,000
FELLOWSHIPS--SHORT TERM	WR	-	-	1	-		-	-	1,500	4,800
							-	2,300	2,750	2,000

FUND 1973 1974 1975 1976

FUND 1973 ; 1974 1975 1976
\$ \$ \$ \$

PARAGUAY-6500, VETERINARY MEDICINE EDUCATION

The country has only one School of Agronomy and Veterinary Medicine, which is a part of the National University of Asunción. In 1972 there were 284 veterinarians in the country for a population of 2,457,000, representing a ratio of one veterinarian to each 8,651 inhabitants, a relatively high figure. Nevertheless, the underutilization of this manpower is also high (only 39% of these veterinarians are working full-time in the public sector and 31.8% in the private sector). The most serious fact in this situation is the defective application of modern technology in the livestock industry and in the solution of the country's health problems. In the 1956-66 period 359 students were admitted to the School of whom 220, i.e., 61.3%, graduated. A noteworthy factor is that only 2% of the graduates emigrated. Over the past five years an average of 27 veterinarians have been graduated each year.

The objectives of this project include a heavier emphasis on public health in the basic professional education of veterinarians, the strengthening of the instructional methodology of academic personnel, and the expansion of curricula to embrace social problems and, in particular, preventive medicine and public health.

TOTAL		1				TOTAL	PR	1,000	1,000	1,000	3,500
FELLOWSHIPS--SHORT TERM	PR	-	-	-	1	SEMINAR COSTS		1,000	-	-	-
						SUPPLIES AND EQUIPMENT		-	1,000	1,000	2,000
						FELLOWSHIPS		-	-	-	1,500

PARAGUAY-6600, DENTAL EDUCATION

An analysis of dental care in Paraguay points up the lack of adequately trained professional and auxiliary personnel, as well as their irregular distribution. Sample studies carried out on various groups give evidence of high incidence and prevalence of dental caries in the country. Of the two universities in the country, only the National University of Asunción has a dental school, and this is in need of assistance from international sources. In 1973, 28 new dentists graduated and 43 students began their first year of studies.

Specific goals of this project include the review and improvement of the existing curriculum, training of and improvement in teaching personnel, and training of professional and auxiliary personnel on a basis consistent with the real need of the country.

TOTAL		1	-	1	1	TOTAL	PR	2,044	2,000	4,200	3,400
CONSULTANT MONTHS	PR	1	-	1	1	PERSONNEL--CONSULTANTS		1,314	-	2,200	2,400
						SUPPLIES AND EQUIPMENT		-	1,000	1,000	1,000
						COURSE COSTS		730	1,000	1,000	-

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	385,672	487,065	429,049	474,637
0100 EPIDEMIOLOGY	2,582	6,882	7,253	7,258
0106 EPIDEMIOLOGY (ZONE VI)	7,288	8,620	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-
0200 MALARIA TECHNICAL ADVISORY SERVICES	6,109	4,128	4,027	4,485
0218 PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS	4,341	2,250	3,090	3,234
0300 SMALLPOX ERADICATION	6,263	6,477	6,758	7,101
0400 TUBERCULOSIS CONTROL	853	-	1,131	1,435
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	602	-	-	1,128
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	181	-	-	-
0412 REGIONAL COMMITTEE ON EVALUATION OF TUBERCULOSIS PROGRAMS	-	-	-	1,885
0500 LEPROSY CONTROL	1,028	1,768	864	992
0507 COURSES ON REHABILIT. AND PREVENTION OF DEFORMITIES (LEPROSY)	-	696	-	-
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	187	-	262	278
0600 VENEREAL DISEASE CONTRL	-	320	176	204
0612 VENEREAL DISEASE SEMINARS	-	-	-	1,350
0700 PAN AMERICAN ZOONOSES CENTER	60,122	74,368	75,519	78,644
0708 RABIES CONTROL	-	800	540	580
0718 SEMINAR ON EPIDEMIOLOGY OF THE ZOONOSES	1,510	-	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	280	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	489	707
1000 PARASITIC DISEASES	378	925	1,750	2,510
1008 CHAGAS' DISEASE	107	1,204	670	790
2100 ENVIRONMENTAL SANITATION	1,825	705	777	753
2106 SANITARY ENGINEERING (ZONE VI)	7,397	8,660	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,391	16,685	15,648	18,295

2120	CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	855	-	-
2123	CENTER FOR HUMAN ECOLOGY AND HEALTH	-	748	1,167	1,221
2124	PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126	SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200	WATER SUPPLIES	4,557	3,927	4,185	4,401
2213	STUDIES AND INVESTIGATION OF WATER RESOURCES	1,644	96	-	-
2220	INSTITUTIONAL DEVELOPMENT	3,387	6,969	8,676	9,368
2223	PUBLIC SERVICES ADMINISTRATION	152	-	-	-
2227	WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	805	-
2230	RURAL WATER SUPPLY AND SANITATION	-	700	728	756
2300	AEDES AEGYPTI ERADICATION	376	577	644	689
2309	STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	60	-	-
3000	COORDINATION WITH FOUNDATIONS	1,277	2,568	3,080	3,507
3110	COORDINATION OF INTERNATIONAL RESEARCH	2,295	3,840	3,109	3,382
3126	OPERATIONS RESEARCH	67	269	225	233
3129	RESEARCH TRAINING IN BIOMEDICAL SCIENCES	1,374	226	-	-
3130	CONFERENCE ON MYCOLOGY	77	1,304	-	-
3135	DEVELOPMENT OF RIVER BASINS	-	1,440	792	864
3137	PROGRAM ON TRAFFIC ACCIDENTS	1,633	2,003	1,169	1,249
3139	PAHD RESEARCH GRANT PROGRAM	4,905	2,650	3,975	5,300
3145	EMERGENCY PREPAREDNESS	-	532	-	-
3200	NURSING SERVICES	1,664	2,262	2,413	2,533
3206	NURSING (ZONE VI)	5,111	3,500	-	-
3210	HOSPITAL NURSING SERVICES	-	695	1,231	1,366
3214	DEFIN. AND IMPLM. OF POLICY FOR DEVELOPMENT OF NURSING	553	1,193	1,112	1,171
3219	CONFERENCE ON PUBLIC HEALTH NURSING	-	1,261	-	-
3220	NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529
3222	TECHNICAL ADVISORY COMMITTEE ON NURSING	276	522	328	263
3223	SYSTEMS OF NURSING	54	1,060	1,322	-
3225	UTILIZATION AND TRAINING OF THE TRADITIONAL BIRTH ATTENDANT	-	845	-	-
3300	LABORATORY SERVICES	820	370	463	493
3306	LABORATORY SERVICES (ZONE VI)	4,918	3,853	-	-
3311	TRAINING OF LABORATORY PERSONNEL	847	900	1,040	1,110
3316	PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS	1,430	1,688	882	971
3318	MYCOLOGY RESEARCH AND TRAINING CENTERS	1,082	2,407	942	964
3400	HEALTH EDUCATION	530	496	309	496
3410	TRAINING OF TEACHERS IN HEALTH EDUCATION	335	771	844	916
3500	HEALTH STATISTICS	1,125	723	932	686
3506	HEALTH STATISTICS (ZONE VI)	9,146	8,600	-	-
3516	REGIONAL SEMINAR ON DATA PROCESSING	-	723	-	723
3600	ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH	2,581	3,496	3,672	3,908
3607	MANAGEMENT OF HEALTH SERVICES	1,500	1,505	-	-
3700	HEALTH PLANNING	4,933	3,074	3,019	3,332
3706	HEALTH PLANNING (ZONE VI)	3,513	4,580	-	-
3709	MEETING OF MINISTERS OF HEALTH	756	-	-	-
3715	PAN AMERICAN PROGRAM FOR HEALTH PLANNING	6,959	10,813	7,880	6,280
4200	NUTRITION ADVISORY SERVICES	2,159	2,017	2,158	2,284
4203	INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	65,766	65,963	67,398	69,993
4213	IODINE DETERMINATION IN ENDEMIC GOITER	478	1,500	1,600	1,700
4221	SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES	69	222	244	443
4230	NUTRITION TRAINING	914	636	844	1,096
4233	NUTRITION TEACHING IN MEDICAL SCHOOLS	177	600	660	720
4238	NUTRITION RESEARCH	148	760	1,354	2,035
4247	SURVEILLANCE OF NUTRITIONAL STATUS	-	-	826	453
4248	NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	153	163
4249	OPER. RES. IN METHODS OF PREV. MALNUTR. AND IMPROV. NUTRI. STAT.	-	-	557	231
4300	MENTAL HEALTH	130	900	948	1,044
4312	COURSES IN COMMUNITY PSYCHIATRY	185	-	-	-
4313	NURSING IN MENTAL HEALTH	-	-	4,407	7,207
4324	ADMINISTRATION OF MENTAL HEALTH SERVICES	-	-	-	1,066
4400	DENTAL HEALTH	954	804	1,005	1,206
4409	FLUORIDATION	4,127	3,969	3,340	4,955
4500	HEALTH ASPECTS OF RADIATION	196	720	504	528
4507	RADIATION HEALTH PROTECTION	1,153	2,200	1,848	2,440
4516	PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES	-	-	336	-
4620	MANAGEMENT OF PESTICIDES	-	350	380	435
4700	FOOD AND DRUG CONTROL	488	1,611	1,700	1,779
4708	FOOD HYGIENE TRAINING CENTER	2,252	2,090	2,352	2,518
4715	FOOD HYGIENE	-	1,225	2,145	2,495
4717	SEMINAR ON FOOD HYGIENE	-	610	-	-
4719	WORKSHOP ON EVALUATION OF MEDICAMENTS	-	-	-	672
4800	MEDICAL CARE SERVICES	1,149	1,183	1,298	1,461
4806	MEDICAL CARE SERVICES (ZONE VI)	1,118	-	-	-
4813	HOSPITAL PLANNING AND ADMINISTRATION	1,575	2,106	2,803	3,548
4815	TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,970	2,674	2,371	3,075
4831	STUDY GROUP ON MAINTENANCE SYSTEMS IN LATIN AMERICA	-	-	500	-
4900	HEALTH AND POPULATION DYNAMICS	31,994	69,115	70,000	79,503
4906	HEALTH AND POPULATION DYNAMICS (ZONE VI)	9,566	18,422	-	-
4909	EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	4,510	11,593	11,820	13,002
4915	MATERNAL AND CHILD HEALTH	129	390	429	520
4917	CLINICAL AND SOCIAL PEDIATRICS	203	1,635	1,431	1,431
4918	STUDY GROUP ON NURSING-MIDWIFERY SERVICES	-	-	1,229	-
4919	NURSING MIDWIFERY	3,607	3,740	3,950	4,120
4920	LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	14,749	4,009	10,267	11,833
4921	EDUC. CENTER FOR OBSTET. MATERNAL-INFANT NURS. IN FAM. WELFARE	-	2,880	2,928	2,376
5000	REHABILITATION	2,090	1,717	1,794	1,944
5100	CHRONIC DISEASES	417	1,425	1,613	1,677
6000	MEDICAL EDUCATION TEXTBOOKS AND TEACHING MATERIALS	616	636	706	746
6100	EDUCATION AND TRAINING IN PUBLIC HEALTH	4,635	5,061	4,936	5,694
6200	EDUCATION IN HEALTH SCIENCES	6,710	3,288	3,350	3,894

6206 MEDICAL EDUCATION (ZONE V1)	6,899	6,620	-	-
6216 BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL	2,282	2,879	2,816	2,682
6221 LIBRARY OF MEDICINE	10,198	14,528	5,344	5,302
6223 TEACHING OF BEHAVIORAL SCIENCES	1,701	400	-	-
6234 PROGRAM OF ADVANCED STUDIES IN HEALTH	467	2,576	2,798	2,126
6300 NURSING EDUCATION	208	840	390	411
6306 NURSING EDUCATION (ZONE VI)	2,420	-	-	-
6310 NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,942	2,913	670	690
6317 SEMINAR ON NURSING EDUCATION	539	1,451	1,535	1,514
6319 TRAINING OF NURSING AUXILIARIES	293	2,951	3,575	3,351
6320 POSTBASIC COURSES IN NURSING	340	782	625	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,476
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	149	503
6325 EDUCATIONAL TECHNOLOGY IN NURSING	-	-	4,637	7,971
6400 SANITARY ENGINEERING EDUCATION	904	877	1,016	1,112
6500 VETERINARY MEDICINE EDUCATION	3,291	5,507	5,935	6,255
6507 SEMINARS ON VETERINARY MEDICINE EDUCATION	440	-	370	585
6600 DENTAL EDUCATION	1,153	1,494	819	927
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	414	530	420	1,122
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	495	1,013	345	355
6700 BIostatISTICS EDUCATION	152	177	-	690
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	983	963	1,008	1,178
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	2,291	3,787	1,984	2,070
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576
6713 OPERATIONS RESEARCH IN MEDICAL RECORDS	-	-	3,465	3,598

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	369,333	266,907	695,208	862,323	385,672	487,065	429,049	474,637
PAHO-PR-REGULAR BUDGET	191,759	188,300	250,183	263,165	173,177	194,217	150,905	184,881
PM-COMMUNITY WATER SUPPLY	-	-	-	-	908	4,215	5,144	5,410
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	39,390	33,273	33,341	34,723
PG-GRANTS & OTHER CONTRIBUT.	111,721	40,000	-	-	68,691	63,836	27,895	28,344
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	19,207	23,319	25,488	29,018
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	7,133	-	-	-
PS-SPECIAL FUND FOR RESEARCH	-	-	-	-	399	-	-	-
WHO-WR-REGULAR BUDGET	35,853	37,966	60,044	70,552	52,104	73,859	85,766	84,450
UNDP-UN DEVELOPMENT PROGRAM	30,000	641	-	-	24,379	29,277	21,455	20,500
UNFPA-UN FUND POPULATION ACT.	-	-	384,981	528,606	284	65,069	79,055	87,311

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	755,005	753,972	1,124,257	1,336,960
PAHO-PR-REGULAR BUDGET	364,936	382,517	401,088	448,046
PM-COMMUNITY WATER SUPPLY	908	4,215	5,144	5,410
PN-INCAP GRANTS & OTHER CONTR.	39,390	33,273	33,341	34,723
PG-GRANTS & OTHER CONTRIBUT.	180,412	103,836	27,895	28,344
PH-PAN AMER. HEALTH & EDUC.FN.	19,207	23,319	25,488	29,018
PK-SPECIAL FUND FOR HEALTH PR.	7,133	-	-	-
PS-SPECIAL FUND FOR RESEARCH	399	-	-	-
WHO-WR-REGULAR BUDGET	87,957	111,825	145,810	155,002
UNDP-UN DEVELOPMENT PROGRAM	54,379	29,918	21,455	20,500
UNFPA-UN FUND POPULATION ACT.	284	65,069	464,036	615,917

URUGUAY

BACKGROUND DATA

The Oriental (Eastern) Republic of Uruguay is 186,926 km² in area and is wedged in between Argentina and Brazil, but has a long coastline on the Atlantic and is bounded on the west by a navigable river throughout its length. It has 2,950,000 inhabitants, according to projections made on the basis of the 1976 census, and population density of 16 inhabitants per km². Of these, 50% live in the capital and not more than 20% in rural areas. Because of its geographical relief, the entire territory is accessible, there being no mountain chains or large rivers, and it has a fairly extensive road network. Its main feature is a series of broad plains, particularly suited to stockbreeding and agriculture, which are its main source of wealth. Its climate is pleasant, with no extremes of temperature. Some 28% of its population consists of minors under 15 years of age.

Uruguay's economy is based on meat and wool, which together constitute approximately 95% of its exports. It is therefore highly sensitive to prices and disposal of these products. Per capita income is calculated at \$750 per annum, a figure which has tended to remain constant over the last three years. Industrial development is limited, and in recent times great impetus has been given to large-scale fishing.

The country has a high literacy index (94%), a high cultural level, and a high standard of living. For these reasons, combined with favorable climatic and environmental factors, its health indices are satisfactory. General mortality is 9.7 per 1,000, the breakdown being similar to that of developed countries with a large percentage of cardiovascular and tumoral diseases. Infant mortality is 48 per 1,000, but the figure has remained stationary for some time. Life expectancy at birth is 70 years.

Public health care is provided through a large network of institutions. The Ministry of Public Health provides health protection and promotion services for practically the whole of the population, and rehabilitation services for a large percentage of the population in the interior, 30% in the capital, and the entire rural sector. It also takes care of all chronic and psychiatric cases. A series of mutual funds, financed almost exclusively by the users themselves, takes care of about 900,000 inhabitants. There are great differences in the quality and timely provision of care, and the mutual funds are now passing through a critical period economically. There are also other health care schemes, outstanding among them being "Asignaciones Familiares," which takes care of mothers and children among its membership, the University Hospital Clinic, and state health services departments functioning autonomously.

Resources by way of beds are more than sufficient (six beds per 1,000 inhabitants). The number of medical personnel can be regarded as satisfactory, although distribution is very irregular. There is one nurse for every medical practitioner, and properly-trained nursing auxiliaries are in short supply. Material resources--condition of premises and quality of equipment--are distinctly below standard.

It should be pointed out that there is very little coordination among health institutions, which means a superabundance of care in some sectors of the population and virtually none in others; poor use of personnel and equipment, resulting in higher cost of activities; differences in pay for equal work; and lack of appliances for efficient basic care. Awareness of these problems, which have been pinpointed in a number of studies, and of the steady deterioration in the quality of care and the financial troubles of the mutual funds, has led the Government to make plans for the organization of a coordinated health action system which, while maintaining the present institutions, aims at bringing them under state control, the State laying down the policy and regulations, administrative procedures, financing their costs on a predetermined basis, and overseeing and supervising their functioning.

PROTECTION OF HEALTH

Communicable Disease Control

Although the part played by these diseases in overall mortality is not more than 1.4%, the low rates of protection and ease of communications with neighboring countries where different types of outbreaks occur are a source of concern to the health authorities. Attempts made to introduce mass vaccination programs have had variable results, and one of the main problems at the moment is the establishment of an epidemiological surveillance network for prompt detection of the appearance of possible epidemic outbreaks, a scheme which calls for trained personnel and diagnostic laboratories. No cases of smallpox have occurred since 1969, and 90% of the population of the country can be regarded as properly vaccinated. Morbidity and mortality due to diphtheria, whooping cough, and measles are below the levels set as goals in the Ten-Year Health Plan for the Americas. No cases of rabies have been recorded for a number of years. Yellow fever has been eradicated, and periodic vector control has been negative. There is no malaria. Deaths from tuberculosis are 1%, and there is a special agency for tuberculosis control. Infectious hepatitis is endemic in the country, and its incidence is on the increase, with frequent localized epidemic outbreaks. Chagas' disease has been detected in a large area of the country, and studies are being made to learn more about it, while at the same a program of disinsectization of dwellings is under way. Among the zoonoses, special mention should be made of hydatidosis in view of the number of cases in humans, the high degree of infestation of the livestock population, and the heavy economic losses caused. An intense campaign is under way based on sanitary education and control of abattoirs and dogs, but for lack of funds only two of the main stockraising departments have been covered.

Environmental Health

At the present time over 80% of the population and 11.3% of the rural population (or 68.3% of the total population of the country) are supplied with drinking water. Some 58.7% have sewerage services or individual sewage disposal, the figure referring almost exclusively to the urban population. (In the rural areas, 1.8% have latrines.) Hence, one of the major problems is the improvement of conditions in the rural areas. An application for a loan from IDB has been prepared, and will shortly be submitted with a view to supplying water to all localities of more than 300 inhabitants, and sewerage services to towns of more than 10,000 inhabitants. The State Sanitary Works (OSE), the agency concerned with this, has been considerably expanding its administrative organization; it has established a system of self-financing and is setting up a training center for semitechnical personnel. The final stages in the process of administrative adjustment must now be completed.

To improve conditions in the rural areas, a start has been made with a course for sanitary inspectors, and the Environmental Sanitation Department of the Ministry of Public Health has been strengthened. This work will have to be continued and a special rural program will have to be prepared.

At the instigation of PAHO/WHO and with help from IDB, a feasibility study has been submitted for various alternative schemes designed to clean up the Montevideo beaches which have been polluted by the sewage dumped off the coast.

A survey of industrial establishments has been completed, and a program of work is to be put in hand for improving their basic sanitation, safety standards, and proper sanitary management.

Finally, a system of information and reference on sanitary engineering and environmental sciences has been set up and will have to be completed.

PROMOTION OF HEALTH

General Services

As already stated, there is a spate of institutions concerned with public health care, and because of the poor coordination this means overlapping of coverage side by side with sectors very inadequately served, unsatisfactory use of human and material resources, and high costs, all leading to deterioration in care and a gradual breakdown in the financing of the institutions.

Following a series of studies to diagnose various aspects of the problem, the Government has taken steps to draft a bill setting up a coordinated health action system. It stipulates the right of every possible level; the care to be integrated in social security and provided through the adaptation, coordination, and integration of the existing services and to be financed by the community, in proportion to individual income, without prejudice to participation by the State. The Ministry of Public Health will lay down health policies, draw up regulations, and supervise and control operations, delegating the implementation to private bodies which will maintain their individuality. These medical care action units will be coordinated by a national council made up of representatives of the units and the Ministry of Public Health, which will be responsible for the financial administration of the Medical Services Fund and for direct control of the relevant rules and regulations.

The legislative bill based on these premises is scheduled to be tabled by the Council of State and Government in the course of the next few months, and it will be necessary to draw up suitable regulations, which will mean a difficult and arduous task in which the help of PAHO/WHO can be extremely valuable.

Specific Programs

Improving the quality of medical care, especially in the establishments coming under the Ministry of Public Health, through more efficient administration, is one of the Government's main concerns, since it is one of the essential elements in the proper functioning of the proposed coordinated health action system. To this end work is being carried out on drafting rules, preparing general regulations governing hospitals, and trying out a regionalization system in an experimental area. There is a program for construction and conversion of health establishments in its early stages, and the most essential priorities have already been established for this. The maintenance of premises and equipment is a problem that still has to be faced. The efficient organization and active functioning of support services (accounts, personnel, and supplies) is being given special attention. The training of personnel under each of these headings is indispensable.

Although the infant mortality rate is low, it has remained stable over the last 25 years, presumably due to the fact that it is very high in population groups inadequately protected. On the other hand, perinatal and maternal mortality rates are relatively high. For this reason the Government has given high priority to maternal and child care. A department has been set up to deal with the problem, its staff has been given training, and standards of care have been drawn up. It is hoped to prepare a more detailed program involving two departments and to request help from other international bodies to implement it.

It is felt to be indispensable for improving medical care to try to raise the level of nursing by giving the Central Department proper status, designing the structure of the various levels, and preparing basic nursing standards. A program of inservice training for auxiliary staff is a matter of extreme urgency.

In the field of mental health, the Government has been concerned with improving the quality of care, both in a physical sense (fitting out of a new psychiatric hospital to replace the old one now in a bad state of repair), and on the technical side.

DEVELOPMENT OF EDUCATIONAL INSTITUTIONS

The lack of properly trained manpower in various categories is one of the main drawbacks to improving the quality of health care. While it is true that the number of doctors can be considered satisfactory, the fact that they are concentrated in the capital means that a number of regions are left either without doctors or with too few, and this is true of some of the larger cities. There is a serious shortage of professionally trained nurses--at the present time there is one nurse for every five doctors, whereas the proportion should be the reverse. The quality of auxiliary personnel is low, and those with the best training are engaged in administrative duties. There is no well-trained senior administrative personnel. For a variety of reasons, up to the present there has been no proper coordination between the Ministry of Public Health and the university. Medical practitioners with training in public health, epidemiology, and biostatistics are few and far between.

Concern is felt at this problem, and it is hoped to make a study of manpower availabilities, to put stress on training, and to establish a close relationship with the university. This can certainly be done at the present time. It is hoped to initiate a one-year public health course as a regular postgraduate feature in the Faculty of Medicine.

URUGUAY - PROGRAM BUDGET

1973		1974		1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$		\$		\$	
149,122	19.4	204,476	23.0	197,574	24.9	211,874	28.3
91,108	11.8	119,938	13.5	114,201	14.4	123,176	16.5
15,139	2.0	26,502	3.0	24,473	3.1	25,238	3.4
2,513	.3	-	-	-	-	-	-
3,173	.4	3,205	.4	2,230	.3	3,320	.4
606	.1	884	.1	563	.1	635	.1
-	-	320	*	176	*	1,554	.2
68,065	8.8	82,954	9.3	81,550	10.3	84,212	11.3
-	-	660	.1	869	.1	3,637	.5
1,612	.2	5,413	.6	4,340	.5	4,580	.6
58,014	7.6	84,538	9.5	83,373	10.5	88,698	11.8
43,301	5.6	61,650	6.9	57,156	7.2	61,474	8.2
12,942	1.7	20,201	2.3	23,174	2.9	24,014	3.2
376	.1	637	.1	644	.1	689	.1
923	.1	1,132	.1	1,429	.2	1,501	.2
472	.1	918	.1	970	.1	1,020	.1
532,950	68.5	586,447	65.4	486,279	61.7	415,755	55.5
265,563	34.2	244,828	27.3	173,821	22.0	185,646	24.8
132,674	17.1	93,447	10.4	77,124	9.8	83,635	11.2
49,402	6.4	88,614	9.9	41,549	5.3	45,367	6.1
14,742	1.9	13,718	1.5	11,003	1.4	11,872	1.6
865	.1	1,267	.1	1,153	.1	1,412	.2
13,291	1.7	19,346	2.2	15,857	2.0	19,334	2.6
27,942	3.6	4,562	.5	3,212	.4	3,418	.4
26,597	3.4	23,874	2.7	19,923	2.5	20,608	2.7
267,387	34.3	341,619	38.1	312,458	39.7	230,109	30.7
37,105	4.8	38,939	4.3	41,523	5.3	44,100	5.9
6,438	.8	8,950	1.0	10,119	1.3	12,773	1.7
6,532	.8	10,516	1.2	7,814	1.0	12,765	1.7
2,217	.3	2,920	.3	2,688	.3	2,968	.4
1,692	.2	4,877	.5	8,335	1.1	8,033	1.1
3,229	.4	5,536	.6	6,197	.8	7,464	1.0
92,672	11.9	160,076	17.9	108,018	13.7	11,081	1.5
112,095	14.4	91,988	10.3	108,752	13.8	111,406	14.9
2,090	.3	1,717	.2	1,794	.2	1,944	.2
3,317	.4	16,100	1.8	17,218	2.2	17,575	2.3
94,612	12.1	104,693	11.6	105,454	13.4	120,823	16.2
11,040	1.4	22,795	2.5	22,136	2.8	23,094	3.1
55,349	7.1	56,512	6.3	54,387	6.9	59,787	8.0
7,741	1.0	8,937	1.0	11,579	1.5	16,915	2.2
13,460	1.7	6,664	.7	7,256	.9	8,708	1.2
2,084	.3	2,753	.3	3,337	.4	3,712	.5
1,512	.2	2,105	.2	1,415	.2	2,023	.3
3,426	.4	4,927	.6	5,544	.7	6,584	.9
776,684	100.0	895,616	100.0	789,507	100.0	748,452	100.0

*LESS THAN .05 PER CENT

URUGUAY - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY		FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER
		POSTS PROF.	LOCAL	STC MONTH		TRAVEL AMOUNT	ACAD.	SHDRT	AMOUNT	PART.	AMOUNT		
	\$				\$	\$			\$	\$	\$	\$	
1973													
PAHO--PR	319,183	2	-	4	161,678	19,095	5	13	44,010	1	5,848	30,968	57,584
PM	3,143	-	-	-	829	79	-	-	-	-	-	2,235	-
PN	20,669	-	-	-	8,920	884	-	-	842	-	-	2,463	7,560
PG	120,162	-	-	3	26,948	625	1	5	15,073	-	2,962	30,871	43,683
PH	31,587	-	-	-	9,649	1,133	-	-	445	-	3,849	11,504	5,007
PK	11,963	-	-	-	10,740	632	-	-	-	-	-	145	446
PS	399	-	-	-	-	-	-	-	-	-	-	-	399
WHO--WR	122,435	1	-	3	60,672	5,474	3	4	23,081	-	8,113	14,942	10,153
UNDP	146,859	3	-	21	130,026	-	2	2	11,559	-	-	3,522	1,752
UNFPA	284	-	-	-	284	-	-	-	-	-	-	-	-
TOTAL	776,684	6	-	31	409,746	27,922	11	24	95,010	1	20,772	96,650	126,584
PERCENT OF TOTAL	100.0				52.8	3.6			12.2		2.7	12.4	16.3
1974													
PAHO--PR	396,598	2	-	9	218,883	18,409	2	10	27,006	-	3,973	31,375	56,952
PM	4,215	-	-	-	4,020	195	-	-	-	-	-	-	-
PN	17,463	-	-	-	9,540	884	-	-	900	-	-	1,334	4,806
PG	57,763	-	-	-	23,880	425	-	-	773	-	4,078	12,383	16,424
PH	21,445	-	-	-	6,325	719	-	-	2,119	-	128	6,076	6,078
WHO--WR	144,516	1	-	5	75,846	6,330	2	3	19,669	-	11,634	22,002	9,035
UNDP	259,494	3	-	32	191,660	5,349	3	15	46,847	-	-	14,566	1,272
UNFPA	34,122	-	-	-	16,490	1,025	-	-	13,454	-	1,390	1,171	592
TOTAL	895,616	6	-	46	546,244	33,335	7	28	110,768	-	21,203	88,907	95,159
PERCENT OF TOTAL	100.0				61.0	3.7			12.4		2.4	9.9	10.6
1975													
PAHO--PR	358,977	2	-	5	236,388	19,539	1	8	18,993	-	3,842	28,270	51,945
PM	5,144	-	-	-	4,924	220	-	-	-	-	-	-	-
PN	17,500	-	-	-	9,544	881	-	-	900	-	-	1,384	4,786
PG	39,295	-	-	-	20,611	-	-	-	-	-	-	6,077	12,607
PH	16,926	-	-	-	5,741	377	-	-	1,679	-	-	2,493	6,636
WHO--WR	178,745	2	-	5	110,073	9,754	2	3	20,374	-	7,352	17,636	13,556
UNDP	132,194	2	-	8	101,817	5,234	2	3	20,329	-	-	2,660	2,154
UNFPA	40,726	-	-	-	20,869	1,225	-	-	13,790	-	2,616	1,474	752
TOTAL	789,507	6	-	18	509,972	37,230	5	14	76,065	-	13,810	59,994	92,436
PERCENT OF TOTAL	100.0				64.6	4.7			9.6		1.8	7.6	11.7
1976													
PAHO--PR	405,887	2	-	2	250,954	20,728	4	6	36,807	-	4,952	28,303	64,138
PM	5,410	-	-	-	5,170	240	-	-	-	-	-	-	-
PN	18,226	-	-	-	10,022	881	-	-	900	-	-	1,384	5,039
PG	38,541	-	-	-	21,210	-	-	-	-	-	-	4,346	12,985
PH	20,205	-	-	-	6,009	402	-	-	1,890	-	-	3,083	8,821
WHO--WR	193,347	2	-	6	127,235	10,385	2	4	21,085	-	4,923	18,549	11,170
UNDP	23,638	-	-	-	16,683	1,019	-	-	1,837	-	-	1,956	2,143
UNFPA	43,158	-	-	-	21,504	1,200	-	-	15,169	-	2,877	1,621	827
TOTAL	748,452	4	-	8	458,792	34,855	6	10	77,688	-	12,752	59,242	105,123
PERCENT OF TOTAL	100.0				61.3	4.7			10.4		1.7	7.9	14.0

PAHO-PR-REGULAR BUDGET
 PM-COMMUNITY WATER SUPPLY
 PI-INCAP - REGULAR BUDGET
 PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS
 PG-GRANTS AND OTHER CONTRIBUTIONS
 PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION

PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION
 PS-SPECIAL FUND FOR RESEARCH
 WHO-WR-REGULAR BUDGET
 UNDP-UNITED NATIONS DEVELOPMENT PROGRAM
 UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES
 WO-GRANTS AND OTHER FUNDS

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

URUGUAY - DETAIL

URUGUAY-0100, COMMUNICABLE DISEASE CONTROL

Although morbidity and mortality from communicable diseases are low in Uruguay, they remain an important problem. At the same time, in view of the age composition and high standard of living of the population, cardiovascular diseases, tumors, and accidents are significant epidemiologically. The purpose of this project is to cooperate in establishing an epidemiological system permitting adequate control of communicable diseases by means of vaccination programs, prompt detection of cases, and appropriate treatment, all this as part of the regular health services. The project will also cooperate in studies designed to produce an epidemiological approach to cardiovascular diseases, tumors, and accidents.

Beginning In 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		-	1	1	-	TOTAL	PR	4,286	11,000	17,220	16,940
CONSULTANT MONTHS	PR	-	1	1	-	ZONE ADVISORY SERVICES	-	-	9,020	9,440	
TOTAL		1	3	1	2	PERSONNEL-CONSULTANTS	-	2,000	2,200	-	
FELLOWSHIPS-SHORT TERM	PR	1	3	1	2	SUPPLIES AND EQUIPMENT	3,536	3,000	3,000	3,000	
						FELLOWSHIPS	750	4,500	1,500	3,000	
						COURSE COSTS	-	1,500	1,500	1,500	

URUGUAY-0300, SMALLPOX ERADICATION

The purpose of this project was to cooperate in a campaign to maintain the eradication of smallpox from Uruguay through immunization of 90% of the population and maintenance of this level of immunity.

TOTAL	WR	2,513	-	-	-
SUPPLIES AND EQUIPMENT		2,513	-	-	-

URUGUAY-0702, HYDATIDOSIS CONTROL

The high incidence of hydatidosis in animal husbandry results in some 500 human cases a year, to which should be added an economic loss whose scale is unknown. This project seeks to reduce the prevalence of hydatidosis by breaking the cycle of transmission in intermediate animals. It also seeks to quantify the economic loss attributable to this parasitosis.

TOTAL		1	-	-	-	TOTAL	PR	6,443	8,000	5,500	5,000
CONSULTANT MONTHS	PR	1	-	-	-	PERSONNEL-CONSULTANTS		1,522	-	-	-
						SUPPLIES AND EQUIPMENT		4,921	8,000	5,500	3,500
						COURSE COSTS		-	-	-	1,500

URUGUAY-1000, CHAGAS' DISEASE

The vector of Chagas' disease has been detected in almost two-thirds of the territory of Uruguay; 25% of the population live in this area of some 140,000 houses, whose type of construction favors the presence of the vector. The purpose of this project is to identify the infested area more precisely and to control the vector by spraying the houses in that area.

TOTAL	WR	1,396	3,000	3,000	3,000
SUPPLIES AND EQUIPMENT		1,396	3,000	3,000	3,000

URUGUAY-2100, ENVIRONMENTAL SANITATION

The purpose of this project is to cooperate with the Ministry of Public Health and other government agencies in Uruguay in planning and executing environmental sanitation programs and to support other environmental activities for which specific projects have been drawn up. Cooperation will take place chiefly in the areas of urban and rural water supplies, treatment and disposal of waste water, disposal of industrial waste, air pollution, industrial hygiene and safety, solid wastes, and vector control, as well as the training of professional and subprofessional personnel.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

FUND					FUND						
1973 1974 1975 1976					1973 1974 1975 1976						
					\$ \$ \$ \$						
TOTAL		1	1	1	1	TOTAL	PR	27,098	37,500	44,780	46,740
P-4 SANITARY ENGINEER .0591	PR	1	1	1	1	PERSONNEL-POSTS		21,333	27,100	28,300	29,500
TOTAL		-	1	1	1	ZONE ADVISORY SERVICES		-	-	9,080	9,540
CONSULTANT MONTHS	PR	-	1	1	1	PERSONNEL-CONSULTANTS		-	2,000	2,200	2,400
TOTAL		4	1	1	1	DUTY TRAVEL		2,533	2,600	2,700	2,800
FELLOWSHIPS-ACADEMIC	PR	-	1	-	-	SUPPLIES AND EQUIPMENT		618	1,000	1,000	1,000
FELLOWSHIPS-SHORT TERM	PR	4	-	1	1	FELLOWSHIPS		2,614	4,800	1,500	1,500

URUGUAY-2200, WATER SUPPLIES

As a general observation, Uruguay's public potable water supply services are relatively satisfactory, but the situation changes if Montevideo is excluded. The total population served is 84% urban and 20% rural. The purpose of this project is to collaborate in carrying out technical and administrative studies on the water supply and sewerage systems and their financing, in order to derive the maximum benefit from present and future investment. Top priority is given to strengthening the administrative, financial, and juridical regime and to remedying the shortage of skilled personnel.

TOTAL					TOTAL						
1973 1974 1975 1976					2,349 7,000 7,200 7,800						
CONSULTANT MONTHS	PR	-	1	1	-	SUBTOTAL	PR	114	7,000	7,200	7,800
TOTAL		-	1	1	1	PERSONNEL-CONSULTANTS		-	2,000	2,200	-
FELLOWSHIPS-ACADEMIC	PR	-	-	-	1	SUPPLIES AND EQUIPMENT		114	3,500	3,500	3,000
FELLOWSHIPS-SHORT TERM	PR	-	1	1	-	FELLOWSHIPS		-	1,500	1,500	4,800
						SUBTOTAL	PW	2,235	-	-	-
						SUPPLIES AND EQUIPMENT		2,235	-	-	-

URUGUAY-3100, HEALTH SERVICES

The present structure of the health services is insufficient to meet the growing demand in Uruguay. The present "mutualista" system that is an important part of health care is in crisis. Existing resources are underutilized, duplication in care exists, and groups of the population are without coverage. Through this project PAHO collaborates in the development of health services capable of providing equal, efficient and timely health care to all the people of the country. Based on adequate information on problems and resources, it is necessary to define a health policy and to organize a national health service or system that adequately coordinates existing resources and permits the development of a national plan that when well-implemented technically and administratively can carry out the purposes outlined.

UNICEF cooperates in this project.

TOTAL					TOTAL						
2 1 1 1					144,865 79,800 65,350 69,740						
P-5 PAHO/WHO REPRESENTATIVE .3354	WR	1	1	1	1	SUBTOTAL	PR	107,663	28,800	18,800	20,800
P-4 ADMIN. METHODS OFFICER .3380	PR	1	-	-	-	PERSONNEL-POSTS		21,247	-	-	-
TOTAL		-	3	3	3	DUTY TRAVEL		2,938	-	-	-
CONSULTANT MONTHS	WR	-	3	3	3	SUPPLIES AND EQUIPMENT		12,683	2,000	1,500	3,000
TOTAL		11	3	3	3	FELLOWSHIPS		36,235	4,800	4,800	4,800
FELLOWSHIPS-ACADEMIC	PR	5	1	1	1	PARTICIPANTS		656	-	-	-
FELLOWSHIPS-ACADEMIC	WR	1	-	-	-	GRANTS		14,766	10,000	-	-
FELLOWSHIPS-SHORT TERM	PR	5	-	-	-	COURSE COSTS		93	-	-	-
FELLOWSHIPS-SHORT TERM	WR	-	2	2	2	COMMON SERVICES		19,045	12,000	12,500	13,000
TOTAL		1	-	-	-	SUBTOTAL	WR	37,202	51,000	46,550	48,940
PARTICIPANTS	PR	1	-	-	-	PERSONNEL-POSTS		26,931	32,000	33,750	35,340
						PERSONNEL-CONSULTANTS		-	6,000	6,600	7,200
						DUTY TRAVEL		2,991	3,000	3,200	3,400
						SUPPLIES AND EQUIPMENT		-	7,000	-	-
						FELLOWSHIPS		7,280	3,000	3,000	3,000

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

URUGUAY-3200, DEVELOPMENT OF NURSING SERVICES

Nursing care provided at the various levels of medical care in Uruguay is hampered by the scarcity of professional and auxiliary personnel and also by problems of organization of the nursing services. Some 86% of primary nursing care is in the hands of auxiliary and other personnel who have had no training, a situation that is made worse by an overall shortfall in numbers in relation to the population, the high concentration of trained personnel located in Montevideo, and the low annual output of professional nurses.

The purposes of this project are to support the restructuring of the Central Nursing Department of the Ministry of Health so that it can effectively handle the programming and coordination of the country's nursing subsector; to develop and contribute to the organization of local services; to set standards regulating and defining the duties of nurses; and to improve the training of personnel on the basis of an understanding of manpower realities and of the capacity of the service to absorb personnel, in order to prevent unemployment, emigration, and underutilization of trained resources.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1	1	1	1	TOTAL	43,041	79,084	35,236	39,520
P-3 NURSE 4,3887	WR	-	-	1	1					
P-3 NURSE 4,3887	UNDP	1	1	-	-	SUBTOTAL	PR 1,825	1,500	6,780	7,060
TOTAL		18	14	-	-	ZONE ADVISORY SERVICES	-	-	5,280	5,560
CONSULTANT MONTHS	UNDP	18	14	-	-	SUPPLIES AND EQUIPMENT	343	-	-	-
TOTAL		3	5	-	1	FELLOWSHIPS	470	-	-	-
FELLOWSHIPS-ACADEMIC	UNDP	-	1	-	-	COURSE COSTS	1,012	1,500	1,500	1,500
FELLOWSHIPS-SHORT TERM	PR	1	-	-	-	SUBTOTAL	WR -	-	19,706	32,460
FELLOWSHIPS-SHORT TERM	WR	-	-	-	1	PERSONNEL-POSTS	-	-	17,706	28,760
FELLOWSHIPS-SHORT TERM	UNDP	2	4	-	-	DUTY TRAVEL	-	-	2,000	2,200
						FELLOWSHIPS	-	-	-	1,500
						SUBTOTAL	UNDP 41,216	77,584	8,750	-
						PERSONNEL-POSTS	-	28,500	7,250	-
						PERSONNEL-CONSULTANTS	39,000	35,000	-	-
						DUTY TRAVEL	-	1,500	1,500	-
						FELLOWSHIPS	2,216	12,584	-	-

URUGUAY-3300, LABORATORY SERVICES

In Uruguay there is no national public health laboratory with standard-setting and supervisory functions and no system of regionalized laboratories to provide an adequate service in this field. The aim of this project is to cooperate in organizing a national health laboratory to set standards and to supervise and train personnel, and in establishing a regionalized system of laboratories that will allow adequate coverage of the entire country.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		2	-	-	-	TOTAL	5,697	4,500	5,912	6,392
CONSULTANT MONTHS	PR	2	-	-	-	SUBTOTAL	PR 5,697	4,500	-	-
TOTAL		1	1	-	-	PERSONNEL-CONSULTANTS	4,048	-	-	-
FELLOWSHIPS-SHORT TERM	PR	1	1	-	-	SUPPLIES AND EQUIPMENT	-	3,000	-	-
						FELLOWSHIPS	1,649	1,500	-	-
						SUBTOTAL	WR -	-	5,912	6,392
						ZONE ADVISORY SERVICES	-	-	5,912	6,392

URUGUAY-3500, HEALTH STATISTICS

Existing statistics in Uruguay are inadequate, incomplete, and untimely. There are no medical records services and many personnel require further training.

The purpose of the project is to improve and extend to the whole country the system of vital, health, and medical care statistics through the establishment of national standards, a program of supervision, and properly trained staff.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

TOTAL		1973	1974	1975	1976	TOTAL		1973	1974	1975	1976
		-	1	1	1			3,020	9,300	18,925	17,925
FELLOWSHIPS-ACADEMIC	WR	-	1	1	1						
						SUBTOTAL	PR	-	-	9,625	10,125
						ZONE ADVISORY SERVICES		-	-	9,625	10,125
						SUBTOTAL	WR	3,020	9,300	9,300	7,800
						SUPPLIES AND EQUIPMENT		2,020	3,000	3,000	3,000
						FELLOWSHIPS		-	4,800	4,800	4,800
						COURSE COSTS		1,000	1,500	1,500	-

URUGUAY-3700, HEALTH PLANNING

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

TOTAL	PR	1973	1974	1975	1976
		-	-	4,800	7,545
ZONE ADVISORY SERVICES		-	-	4,800	7,545

URUGUAY-4300, MENTAL HEALTH

It is assumed that Uruguay has a high incidence of mental problems. There is no national program of mental health and the material resources available in this field are limited and obsolete. There is also a shortage of personnel.

This project seeks to establish a national program of mental health which will prevent mental damage and allow timely diagnosis and proper treatment, including rehabilitation and re-entry into society. Physical resources will be improved and expanded, and existing personnel will be trained.

TOTAL		1973	1974	1975	1976	TOTAL		1973	1974	1975	1976
		1	1	-	-		PR	3,748	6,500	3,500	4,000
CONSULTANT MONTHS	PR	1	1	-	-	PERSONNEL-CONSULTANTS		514	2,000	-	-
						SUPPLIES AND EQUIPMENT		-	1,500	1,000	1,500
TOTAL		1	1	1	1	FELLOWSHIPS		2,260	1,500	1,500	1,500
						COURSE COSTS		974	1,500	1,000	1,000
FELLOWSHIPS-ACADEMIC	PR	-	-	-	-						
FELLOWSHIPS-SHORT TERM	PR	1	1	1	1						

URUGUAY-4400, DENTAL HEALTH

Recent studies reveal the high proportion of dental care expenses in the medical expenses of families in Uruguay. They also show a high prevalence of dental disease and inadequacy of existing services. The aim of the project is to collaborate with the Government in obtaining a better understanding of the dental health situation in the country, to prepare a dental health program, and to draw the importance of the problem to the attention of the responsible authorities.

TOTAL		1973	1974	1975	1976	TOTAL		1973	1974	1975	1976
		-	1	-	-		PR	-	3,500	2,500	5,800
CONSULTANT MONTHS	PR	-	1	-	-	PERSONNEL-CONSULTANTS		-	2,000	-	-
						SUPPLIES AND EQUIPMENT		-	1,500	-	-
TOTAL		-	1	-	1	FELLOWSHIPS		-	1,500	-	4,800
						COURSE COSTS		-	-	1,000	1,000
FELLOWSHIPS-ACADEMIC	PR	-	-	-	1						
FELLOWSHIPS-SHORT TERM	PR	-	1	-	-						

URUGUAY-4600, INDUSTRIAL HYGIENE

The purpose of this project is to strengthen the Department of Environmental Health of the Ministry of Public Health in Uruguay so it can engage in activities relating to the evaluation, prevention, and control of occupational hazards and contribute to the country's economic development by reducing the incidence of work accidents and occupational diseases. The main method will be to use short-term consultants for the processing of the industrial survey and to provide fellowships.

FUND					FUND					
	1973	1974	1975	1976		1973	1974	1975	1976	
						\$	\$	\$	\$	
TOTAL	-	1	1	-	TOTAL	PR	1,148	4,000	7,200	6,800
CONSULTANT MONTHS	PR	-	1	1	-	PERSONNEL-CONSULTANTS	-	2,000	2,200	-
TOTAL	-	1	2	1	SUPPLIES AND EQUIPMENT	1,148	500	2,000	2,000	2,000
FELLOWSHIPS-ACADEMIC	PR	-	-	-	1	FELLOWSHIPS	-	1,500	3,000	4,800
FELLOWSHIPS-SHORT TERM	PR	-	1	2	-					

URUGUAY-4800, MEDICAL CARE AND HOSPITAL ADMINISTRATION

Various public and private institutions in Uruguay are attacking the problem of medical care. Among the public institutions is the Ministry of Public Health, which covers more than 40% of the population; among the private is the group of medical care organizations, which covers about 30% of the population. This institutional situation involves duplications of all sorts, with negative effects on technical and administrative efficiency.

The purpose of the project is to help improve the people's health by improving the administration of medical and hospital care; its objectives are to promote administrative rationalization at the different levels of the Ministry, to promote coordination within the Ministry and with other institutions, to train personnel in administration, and to develop a regionalization and experimental demonstration area.

TOTAL					TOTAL					
		2	2	2	-	UNDP	70,833	147,229	98,050	-
P-4 MEDICAL OFFICER 4.3520	UNDP	1	1	1	-	PERSONNEL-POSTS	60,000	57,000	57,000	-
P-3 ADMIN. METHODS OFFICER 4.3608	UNDP	1	1	1	-	PERSONNEL-CONSULTANTS	4,500	45,500	20,000	-
						DUTY TRAVEL	-	3,000	3,000	-
						SUPPLIES AND EQUIPMENT	-	11,679	-	-
TOTAL		3	18	8	-	FELLOWSHIPS	6,333	30,050	18,050	-
CONSULTANT MONTHS	UNDP	3	18	8	-					
TOTAL		2	13	5	-					
FELLOWSHIPS-ACADEMIC	UNDP	2	2	2	-					
FELLOWSHIPS-SHORT TERM	UNDP	-	11	3	-					

URUGUAY-4804, GERONTOLOGY

The long life expectancy in Uruguay has increased the scale of the problem of providing services for the elderly. Many in this segment of the population have illnesses that require specific treatments, but, at the same time, the segment as a whole presents a socioeconomic phenomena in which the State cannot be disinterested. Creation of nursing homes must use modern criteria for the greatest well-being of the inhabitants.

The purpose of this project is to cooperate in preparing a plan of action and in carrying out an epidemiological survey on the problem.

TOTAL					TOTAL					
		-	1	-	-	PR	-	3,500	3,000	3,000
CONSULTANT MONTHS	PR	-	1	-	-	PERSONNEL-CONSULTANTS	-	2,000	-	-
TOTAL		-	1	1	1	FELLOWSHIPS	-	1,500	1,500	1,500
FELLOWSHIPS-SHORT TERM	PR	-	1	1	1	COURSE COSTS	-	-	1,500	1,500

URUGUAY-4900, MATERNAL AND CHILD HEALTH

The objectives of the program are to control maternal and infant morbidity and mortality in Uruguay through the extension and improvement of services for these groups and to provide in-service training for program personnel. To achieve this, methods will be adopted to improve coordination among the various departments of the Ministry of Public Health and other national institutions which carry out maternal and child health activities. A study on abortion in Uruguay is being developed during 1973 and 1974.

Beginning in 1975, services of the zone consultant, as well as participation by each country in zone seminars and courses, is being included in country projects.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
								\$	\$	\$	\$
TOTAL		-	1	1	1	TOTAL		65,836	21,000	48,826	47,540
P-4 MEDICAL OFFICER 4262	PR	-	1	1	1	SUBTOTAL	PR	-	21,000	41,100	40,740
TOTAL		3	-	-	-	PERSONNEL-POSTS		-	15,000	23,700	24,900
CONSULTANT MONTHS	PG	3	-	-	-	ZONE ADVISORY SERVICES		-	-	11,400	9,540
TOTAL		6	1	1	1	DUTY TRAVEL		-	1,000	1,500	1,800
FELLOWSHIPS-ACADEMIC	PG	1	-	-	-	SUPPLIES AND EQUIPMENT		-	2,000	1,500	2,000
FELLOWSHIPS-SHORT TERM	PR	-	1	1	1	FELLOWSHIPS		-	1,500	1,500	1,500
FELLOWSHIPS-SHORT TERM	PG	5	-	-	-	LOCAL COSTS		-	1,500	1,500	1,500
						SUBTOTAL	PG	65,836	-	-	-
						PERSONNEL-CONSULTANTS		5,860	-	-	-
						SUPPLIES AND EQUIPMENT		20,474	-	-	-
						FELLOWSHIPS		8,710	-	-	-
						GRANTS		21,800	-	-	-
						LOCAL COSTS		8,992	-	-	-
						SUBTOTAL	UNFPA	-	-	7,726	6,800
						ZONE ADVISORY SERVICES		-	-	7,726	6,800

URUGUAY-5100, CHRONIC DISEASES

Uruguay has a high incidence of rheumatic diseases, and resulting disabilities are a major problem for the country. Under this project a study is being made of the epidemiology of these diseases and assistance given in the development of human and technological resources for the treatment and rehabilitation of patients.

	TOTAL	PR	1,404	4,000	3,500	-
SUPPLIES AND EQUIPMENT			1,404	2,500	2,500	-
COURSE COSTS			-	1,500	1,000	-

URUGUAY-6100, TRAINING OF HEALTH PERSONNEL

The basic purpose of this project in Uruguay is to train personnel in the techniques of public health administration, from the formulation of policies to the definition of procedures, which involves multidisciplinary groups constituting health teams. For these purposes, courses for hospital directors, non-medical administrators, nurses, other technicians who collaborate directly with the physician, and administrative personnel will be organized. Seminars and working groups will also be held to discuss and examine new specific techniques and problems of administrative importance.

	TOTAL	PR	8,726	14,000	14,200	14,600
CONSULTANT MONTHS	PR	-	1	1	1	1
PERSONNEL-CONSULTANTS			-	2,000	2,200	2,400
COURSE COSTS			8,726	12,000	12,000	12,000

URUGUAY-6103, STUDY OF HUMAN RESOURCES

Uruguay is fully conscious of the importance of human resources in health and plans to study the quantity and quality of such as well as their geographic distribution. Particular attention will be given in the study to the actual and potential use being made of these resources. The first step in the study will be an inventory categorized for use in formulating health plans and programs.

	TOTAL	PR	-	5,000	3,000	3,000
CONSULTANT MONTHS	PR	-	1	-	-	-
PERSONNEL-CONSULTANTS			-	2,000	-	-
GRANTS			-	3,000	3,000	2,000
COURSE COSTS			-	-	-	1,000

URUGUAY-6200, MEDICAL EDUCATION

In 1975 country projects have been established to reflect the services to be provided by zone consultants, as well as participation by each country in zone seminars and courses.

	TOTAL	PR	-	-	3,450	3,580
ZONE ADVISORY SERVICES			-	-	3,370	3,500
DEV. OF HUMAN RESOURCES			-	-	80	80

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

URUGUAY-6201, COLLABORATION WITH THE UNIVERSITY OF THE REPUBLIC

There is a significant imbalance in Uruguay between the quantity and quality of health professionals and the country's requirements. The purposes of this project are to work with the University of the Republic in strengthening medical education so as to adjust it qualitatively and quantitatively to the country's present needs; to promote closer coordination between the health services and the educational institutions; and to evaluate and revise medical plans and the pedagogical preparation of teaching personnel.

TOTAL		2	1	1	2	TOTAL	WR	21,960	10,800	10,000	14,100
CONSULTANT MONTHS	WR	2	1	1	2	PERSONNEL-CONSULTANTS		3,720	2,000	2,200	4,800
TOTAL		6	2	2	2	SEMINAR COSTS		2,982	-	-	-
						SUPPLIES AND EQUIPMENT		-	2,500	1,500	3,000
						FELLOWSHIPS		15,258	6,300	6,300	6,300
FELLOWSHIPS-ACADEMIC	WR	2	1	1	1						
FELLOWSHIPS-SHORT TERM	WR	4	1	1	1						

URUGUAY-6400, SANITARY ENGINEERING EDUCATION

The purpose of the project is to improve the technical preparation of professional personnel working in the field of sanitary engineering in Uruguay, through short courses in specific areas and through applied research in concrete problems. This project is considered to be directly related to national programs for water supply and improvement of the environment.

TOTAL		1	1	1	1	TOTAL	WR	11,035	4,000	4,200	5,400
CONSULTANT MONTHS	WR	1	1	1	1	PERSONNEL-CONSULTANTS		829	2,000	2,200	2,400
						SUPPLIES AND EQUIPMENT		4,806	-	1,000	1,000
						COURSE COSTS		5,400	2,000	1,000	2,000

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRD PROJECTS	351,286	432,903	380,150	420,230
0100 EPIDEMIOLOGY	2,582	6,882	7,253	7,258
0106 EPIDEMIOLOGY (ZONE VI)	7,286	8,620	-	-
0111 SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS	985	-	-	-
0117 EPIDEMIOLOGICAL MONITORING OF MORBIDITY DATA	-	-	-	1,040
0400 TUBERCULOSIS CONTROL	1,423	1,885	1,131	1,435
0409 COURSES ON TUBERCULOSIS - EPIDEMIOLOGY	1,206	1,320	-	-
0410 COURSES ON TUBERCULOSIS - BACTERIOLOGY	544	-	-	-
0411 STUDY GROUP ON TUBERCULOSIS CONTROL	-	-	1,099	-
0412 REGIONAL COMMITTEE ON EVALUATION OF TUBERCULOSIS PROGRAMS	-	-	-	1,885
0500 LEPROSY CONTROL	513	884	432	496
0509 COURSE ON HISTOPATHOLOGY OF LEPROSY	93	-	131	139
0600 VENEREAL DISEASE CONTROL	-	320	176	204
0612 VENEREAL DISEASE SEMINARS	-	-	-	1,350
0700 PAN AMERICAN ZOONOSES CENTER	60,112	74,354	75,510	78,632
0708 RABIES CONTROL	-	600	540	580
0718 SEMINAR ON EPIDEMIOLOGY OF THE ZOONOSES	1,510	-	-	-
0919 EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)	-	140	-	-
0923 DISEASES PREVENTABLE BY VACCINES	-	-	489	707
0926 ENTEROVIRUS COLLABORATIVE TESTING PROGRAM	-	520	-	960
0929 STRENGTHENING HEPATITIS DIAG. SURVEIL. SERV. IN THE AMERICAS	-	-	-	1,590
0932 PERFORMANCE EVALUATION OF ARBOVIRUS SEROLOGIC DIAGNOSIS	-	-	380	380
1008 CHAGAS' DISEASE	216	2,413	1,340	1,580
2100 ENVIRONMENTAL SANITATION	1,825	742	818	794
2106 SANITARY ENGINEERING (ZONE VI)	7,396	8,660	-	-
2114 PAN AMERICAN SANITARY ENGINEERING CENTER	10,391	16,685	15,648	18,295
2120 CONFERENCE ON ENVIRONMENTAL IMPROVEMENT IN RURAL AREAS	-	855	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	748	1,167	1,221
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2200 WATER SUPPLIES	4,557	3,927	4,185	4,401
2213 STUDIES AND INVESTIGATION OF WATER RESOURCES	1,644	96	-	-
2220 INSTITUTIONAL DEVELOPMENT	3,387	6,969	8,676	9,368
2223 PUBLIC SERVICES ADMINISTRATION	152	-	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	805	-
2230 RURAL WATER SUPPLY AND SANITATION	-	700	728	756

2300 Aedes Aegypti Eradication	376	577	644	689
2309 Study Group on Aedes Aegypti Eradication	-	60	-	-
3000 Coordination with Foundations	1,277	2,568	3,080	3,507
3110 Coordination of International Research	2,295	3,839	3,109	3,382
3126 Operations Research	134	526	441	457
3129 Research Training in Biomedical Sciences	1,374	226	-	-
3130 Conference on Mycology	77	1,303	-	-
3133 Symposium on Paracoccidiodiomycosis	299	-	-	-
3137 Program on Traffic Accidents	1,633	2,003	1,169	1,249
3139 PAHO Research Grant Program	4,905	2,650	3,975	5,300
3145 Emergency Preparedness	-	532	-	-
3200 Nursing Services	1,664	2,262	2,413	2,533
3206 Nursing (Zone VI)	3,833	2,625	-	-
3210 Hospital Nursing Services	-	695	1,231	1,366
3214 Defin. and Implem. of Policy for Development of Nursing	593	1,193	1,112	1,171
3219 Conference on Public Health Nursing	-	1,261	-	-
3220 Nursing Services in Rural Health Programs	-	-	-	529
3222 Technical Advisory Committee on Nursing	261	493	309	248
3223 Systems of Nursing	50	1,001	1,248	-
3300 Laboratory Services	820	370	463	493
3306 Laboratory Services (Zone VI)	4,916	3,853	-	-
3311 Training of Laboratory Personnel	847	900	1,040	1,110
3316 Production and Quality Control of Biologicals	1,430	1,688	2,646	2,913
3318 Mycology Research and Training Centers	1,082	2,407	942	964
3400 Health Education	530	496	309	496
3410 Training of Teachers in Health Education	335	771	844	916
3500 Health Statistics	1,125	723	932	686
3506 Health Statistics (Zone VI)	9,146	8,600	-	-
3516 Regional Seminar on Data Processing	-	723	-	723
3600 Administrative Methods and Practices in Public Health	2,258	3,057	3,212	3,418
3607 Management of Health Services	1,499	1,505	-	-
3700 Health Planning	4,932	3,074	3,303	3,643
3706 Health Planning (Zone VI)	3,512	4,580	-	-
3709 Meeting of Ministers of Health	756	-	-	-
3715 Pan American Program for Health Planning	17,397	16,220	11,820	9,420
4200 Nutrition Advisory Services	-	2,016	2,158	2,284
4203 Institute of Nutrition of Central America and Panama	34,509	34,616	35,370	36,737
4213 Iodine Determination in Endemic Goiter	478	-	-	-
4221 Seminar on Nutrition in Food and Health Policies	69	222	244	443
4230 Nutrition Training	1,901	1,325	1,760	2,285
4238 Nutrition Research	148	760	1,354	2,035
4248 Nutrit. and Non-Nutrit. Factors Affect. Growth and Development	-	-	80	85
4249 Oper. Res. in Methods of Prev. Malnutr. and Improv. Nutri. Stat.	-	-	557	231
4300 Mental Health	258	1,800	1,422	1,566
4312 Courses in Community Psychiatry	184	650	-	-
4313 Nursing in Mental Health	-	-	4,407	7,207
4314 Epidemiological Study on Epilepsy	617	-	-	-
4316 Epidemiology of Suicides	342	-	790	-
4320 Seminar on Mental Retardation	614	-	-	-
4323 Conference on the Epidemiology of Drug Abuse	675	-	-	-
4400 Dental Health	954	804	1,005	1,206
4409 Fluoridation	4,126	3,969	3,340	4,955
4410 Laboratory for Control of Dental Products	1,452	2,243	969	804
4500 Health Aspects of Radiation	295	720	504	528
4507 Radiation Health Protection	1,922	2,200	1,848	2,440
4516 Planning and Developing Radiological Facilities	-	-	336	-
4620 Management of Pesticides	-	350	380	435
4700 Food and Drug Control	977	1,611	1,700	1,779
4708 Food Hygiene Training Center	2,252	2,090	2,352	2,518
4715 Food Hygiene	-	1,225	2,145	2,495
4717 Seminar on Food Hygiene	-	610	-	-
4719 Workshop on Evaluation of Medicaments	-	-	-	672
4800 Medical Care Services	1,149	1,183	1,298	1,461
4806 Medical Care Services (Zone VI)	1,118	-	-	-
4813 Hospital Planning and Administration	1,575	2,106	2,803	3,548
4815 Training for Medical Care and Hospital Administration	1,970	2,673	2,368	3,072
4816 Progressive Patient Care	16,027	3,385	-	-
4831 Study Group on Maintenance Systems in Latin America	-	-	499	-
4900 Health and Population Dynamics	9,137	19,745	20,000	22,713
4906 Health and Population Dynamics (Zone VI)	9,565	18,421	-	-
4909 Education and Training in Health and Population Dynamics	5,262	13,526	13,790	15,169
4915 Maternal and Child Health	129	390	429	520
4917 Clinical and Social Pediatrics	203	1,635	1,431	1,431
4918 Study Group on Nursing-Midwifery Services	-	-	1,229	-
4919 Nursing Midwifery	7,216	7,480	7,900	8,240
4920 Latin American Center for Perinatology and Human Development	14,747	6,912	10,267	11,833
4921 Educ. Center for Obstet. Maternal-Infant Nurs. in Fam. Welfare	-	2,879	4,880	3,960
5000 Rehabilitation	2,090	1,717	1,794	1,944
5100 Chronic Diseases	1,390	4,750	5,378	5,590
5109 Cancer Control	523	7,350	8,340	8,745
5111 Study of the Relation between Gastric Cancer and Nitrates	-	-	-	3,240
6000 Medical Education Textbooks and Teaching Materials	2,474	2,552	2,834	2,992
6100 Education and Training in Public Health	2,314	3,795	4,936	5,694
6200 Education in Health Sciences	1,675	4,932	6,700	7,788
6206 Medical Education (Zone VI)	3,448	3,310	-	-
6216 Behavioral Sciences in Training of Health Personnel	2,282	2,879	2,816	2,682
6221 Library of Medicine	20,404	29,063	26,722	26,519
6223 Teaching of Behavioral Sciences	1,701	400	-	-
6234 Program of Advanced Studies in Health	1,405	2,576	1,865	2,126
6300 Nursing Education	208	840	389	411

6306 NURSING EDUCATION (ZONE VII)	2,419	-	-	-
6310 NURSING EDUCATION TEXTBOOKS AND TEACHING MATERIALS	3,942	2,913	670	690
6317 SEMINAR ON NURSING EDUCATION	539	1,451	1,535	1,514
6319 TRAINING OF NURSING AUXILIARIES	293	2,951	3,575	3,351
6320 POSTBASIC COURSES IN NURSING	340	782	625	-
6322 RESEARCH IN NURSING TEACHING	-	-	-	2,476
6324 TRAIN. OF PROF., ADMINISTR., AND SPECIALISTS IN CLINICAL AREAS	-	-	149	503
6325 EDUCATIONAL TECHNOLOGY IN NURSING	-	-	4,636	7,970
6400 SANITARY ENGINEERING EDUCATION	1,808	1,755	2,035	2,224
6500 VETERINARY MEDICINE EDUCATION	1,644	2,753	2,967	3,127
6507 SEMINARS ON VETERINARY MEDICINE EDUCATION	440	-	370	585
6600 DENTAL EDUCATION	1,153	1,494	819	927
6608 TRAINING OF AUXILIARY DENTAL PERSONNEL	164	210	294	785
6611 COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE	195	401	302	311
6700 BIOSTATISTICS EDUCATION	152	177	-	690
6707 LATIN AMERICAN CENTER FOR CLASSIFICATION OF DISEASES	983	963	1,008	1,178
6708 TRAINING PROGRAM IN HOSPITAL STATISTICS	2,291	3,787	3,968	4,140
6712 CONTINUING EDUC. FOR STATISTICIANS OF NATIONAL HEALTH SERVICES	-	-	568	576

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	425,398	462,713	409,349	328,222	351,286	432,903	380,158	420,230
PAHO-PR-REGULAR BUDGET	168,152	159,800	196,155	203,330	151,031	196,798	162,822	202,557
PW-COMMUNITY WATER SUPPLY	2,235	-	-	-	908	4,215	5,144	5,410
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	20,669	17,463	17,500	18,226
PG-GRANTS & OTHER CONTRIBUT.	65,836	-	-	-	54,326	57,763	39,295	38,541
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	31,587	21,445	16,926	20,205
PK-SPECIAL FUND FOR HEALTH PR.	-	-	-	-	11,963	-	-	-
PS-SPECIAL FUND FOR RESEARCH	-	-	-	-	399	-	-	-
WHO-WR-REGULAR BUDGET	77,126	78,100	98,668	118,092	45,309	66,416	80,077	75,255
UNDP-UN DEVELOPMENT PROGRAM	112,049	224,813	106,800	-	34,810	34,681	25,394	23,638
UNFPA-UN FUND POPULATION ACT.	-	-	7,726	6,800	284	34,122	33,000	36,398

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	776,684	895,616	789,507	748,452
PAHO-PR-REGULAR BUDGET	319,183	356,598	358,977	405,887
PW-COMMUNITY WATER SUPPLY	3,143	4,215	5,144	5,410
PN-INCAP GRANTS & OTHER CONTR.	20,669	17,463	17,500	18,226
PG-GRANTS & OTHER CONTRIBUT.	120,162	57,763	39,295	38,541
PH-PAN AMER. HEALTH & EDUC.FN.	31,587	21,445	16,926	20,205
PK-SPECIAL FUND FOR HEALTH PR.	11,963	-	-	-
PS-SPECIAL FUND FOR RESEARCH	399	-	-	-
WHO-WR-REGULAR BUDGET	122,435	144,516	178,745	193,347
UNDP-UN DEVELOPMENT PROGRAM	146,859	259,494	132,194	23,638
UNFPA-UN FUND POPULATION ACT.	284	34,122	40,726	43,198

PART III, WASHINGTON OFFICE PROJECTS - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
217,011	28.8	266,551	33.1	I. PROTECTION OF HEALTH	273,524	37.5	284,824	39.5
166,854	22.2	193,483	24.1	A. COMMUNICABLE DISEASES	198,227	27.2	206,669	28.7
35,105	4.7	44,194	5.5	0100 GENERAL	46,720	6.4	48,912	6.8
120,248	16.0	148,739	18.5	0700 ZOOZOSES	151,047	20.7	157,287	21.8
11,495	1.5	-	-	0900 OTHER	-	-	-	-
6	*	550	.1	1000 PARASITIC DISEASES	460	.1	470	.1
50,157	6.6	73,068	9.0	B. ENVIRONMENTAL HEALTH	75,297	10.3	78,155	10.8
23,500	3.1	28,443	3.5	2100 GENERAL	28,535	3.9	29,855	4.1
-	-	-	-	2200 WATER SUPPLIES	1,612	.2	-	-
26,457	3.5	44,625	5.5	2300 AEDES AEGYPTI ERADICATION	45,150	6.2	48,300	6.7
440,111	58.6	458,670	56.8	II. PROMOTION OF HEALTH	448,646	61.5	436,621	60.4
202,135	26.9	224,294	27.8	A. GENERAL SERVICES	235,873	32.3	246,401	34.1
163,599	21.8	176,546	21.9	3100 GENERAL PUBLIC HEALTH	191,069	26.2	198,115	27.5
-	-	-	-	3200 NURSING	-	-	3,797	.5
335	*	771	.1	3400 HEALTH EDUCATION	844	.1	916	.1
38,201	5.1	46,979	5.8	3700 HEALTH PLANNING	43,960	6.0	43,573	6.0
237,976	31.7	234,374	29.0	B. SPECIFIC PROGRAMS	212,773	29.2	190,220	26.3
191,811	25.5	197,198	24.4	4200 NUTRITION	203,208	27.9	177,633	24.6
1,351	.2	2,730	.3	4300 MENTAL HEALTH	790	.1	-	-
-	-	2,178	.3	4400 DENTAL HEALTH	330	.1	5,181	.7
33,598	4.5	14,935	1.9	4600 OCCUPATIONAL HEALTH	-	-	-	-
7,911	1.1	4,251	.5	4800 MEDICAL CARE	2,368	.3	3,072	.4
1,504	.2	13,082	1.6	4900 FAMILY HEALTH AND POP. DYNAMICS	3,940	.5	4,334	.6
1,801	.2	-	-	5000 REHABILITATION	2,137	.3	-	-
94,911	12.6	81,666	10.1	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	6,870	1.0	390	.1
94,472	12.6	81,666	10.1	6200 MEDICINE	6,500	.9	-	-
439	*	-	-	6500 VETERINARY MEDICINE	370	.1	390	.1
752,033	100.0	806,907	100.0	GRAND TOTAL	729,040	100.0	721,835	100.0
*****	*****	*****	*****	*****	*****	*****	*****	*****

*LESS THAN .05 PER CENT

PART III, WASHINGTON OFFICE PROJECTS - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	TRAVEL AMOUNT	FELLOWSHIPS		AMOUNT	PART.	AMOUNT	*SUPPLIES* AND EQUIPMENT	*GRANTS* AND OTHER
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHRT.					
	\$				\$	\$		\$	\$	\$	\$	\$	
1973													
PAHO--PR	235,038	2	5	3	140,960	13,858	1	18	42,691	8	12,606	3,794	21,129
PN	96,852	-	-	-	41,781	4,151	-	-	3,959	-	-	11,543	35,418
PG	197,071	2	1	9	106,725	1,058	-	-	1,504	48	50,840	11,770	25,174
PH	41,023	-	-	-	13,924	1,918	-	-	1,523	-	-	11,372	12,286
WHO--WR	157,203	2	-	8	95,156	2,871	-	20	34,478	-	11,760	5,258	7,680
UNOP	24,846	-	-	-	14,324	-	-	-	5,363	-	-	3,760	1,399
TOTAL	752,033	6	6	20	412,870	23,856	1	38	89,518	56	75,206	47,497	103,086
PERCENT OF TOTAL	100.0				54.9	3.2			11.9		10.0	6.3	13.7
1974													
PAHO--PR	260,528	2	6	2	165,923	18,456	2	21	43,122	-	6,349	3,707	22,971
PN	81,799	-	-	-	44,683	4,139	-	-	4,216	-	-	6,252	22,509
PG	181,613	2	1	6	126,939	4,231	-	-	21	-	24,539	7,355	18,528
PH	49,397	-	-	-	19,918	1,921	-	-	4,024	-	258	6,814	16,662
WHO--WR	186,335	2	-	13	105,816	8,124	4	6	32,370	-	15,745	14,867	9,413
UNDP	43,391	-	-	-	30,437	1,140	-	-	6,579	-	-	3,795	1,440
UNFPA	3,844	-	-	-	-	-	-	-	3,844	-	-	-	-
TOTAL	806,907	6	7	21	493,716	38,011	6	27	94,176	-	46,891	42,790	91,323
PERCENT OF TOTAL	100.0				61.2	4.7			11.7		5.8	5.3	11.3
1975													
PAHO--PR	283,034	2	6	9	184,495	21,119	2	21	44,697	-	2,998	5,693	24,032
PN	81,973	-	-	-	44,720	4,130	-	-	4,216	-	-	6,489	22,418
PG	86,534	2	-	-	78,541	500	-	-	-	-	-	1,655	5,838
PH	46,982	-	-	-	21,535	1,769	-	-	3,916	-	-	5,014	14,748
WHO--WR	191,545	2	-	13	112,348	9,047	4	6	32,895	-	11,719	15,786	9,750
UNDP	35,032	-	-	-	24,015	989	-	-	4,559	-	-	3,640	1,829
UNFPA	3,940	-	-	-	-	-	-	-	3,940	-	-	-	-
TOTAL	729,040	6	6	22	465,654	37,554	6	27	94,223	-	14,717	38,277	78,615
PERCENT OF TOTAL	100.0				63.9	5.2			12.9		2.0	5.2	10.8
1976													
PAHO--PR	305,641	2	6	9	196,807	21,701	2	21	44,972	-	10,085	7,035	25,041
PN	85,368	-	-	-	46,933	4,130	-	-	4,216	-	-	6,489	23,600
PG	82,090	1	-	-	74,427	-	-	-	-	-	-	1,693	5,970
PH	48,450	-	-	-	22,590	1,886	-	-	3,916	-	-	5,310	14,748
WHO--WR	161,231	1	-	13	86,544	6,865	4	6	32,895	-	7,890	18,187	8,850
UNDP	34,721	-	-	-	24,926	1,680	-	-	3,675	-	-	2,393	2,047
UNFPA	4,334	-	-	-	-	-	-	-	4,334	-	-	-	-
TOTAL	721,835	4	6	22	492,227	36,262	6	27	94,008	-	17,975	41,107	80,256
PERCENT OF TOTAL	100.0				62.7	5.0			13.0		2.5	5.7	11.1
<p>PAHO--PR--REGULAR BUDGET PW--COMMUNITY WATER SUPPLY PI--INCAP - REGULAR BUDGET PN--INCAP - GRANTS AND OTHER CONTRIBUTIONS PG--GRANTS AND OTHER CONTRIBUTIONS PH--PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO--PK--SPECIAL FUND FOR HEALTH PROMOTION PS--SPECIAL FUND FOR RESEARCH WHO--WR--REGULAR BUDGET UNDP--UNITED NATIONS DEVELOPMENT PROGRAM UNFPA--UNITED NATIONS FUND FOR POPULATION ACTIVITIES WO--GRANTS AND OTHER FUNDS</p>													

CANADA

The projects for Canada are mainly used by the national health administration to strengthen health planning and services in general, to keep abreast of new developments, and for the exchange of experience through outside consultants. In addition, services are made available for teaching and for consultantship in planning. Particular emphasis is being placed on the study of health manpower resources and problems.

CANADA - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
2,874	1.8	2,205	1.2	I. PROTECTION OF HEALTH	2,472	2.4	1,738	1.8
2,874	1.8	-	-	A. COMMUNICABLE DISEASES	-	-	-	-
2,874	1.8	-	-	0900 OTHER	-	-	-	-
-	-	2,205	1.2	B. ENVIRONMENTAL HEALTH	2,472	2.4	1,738	1.8
-	-	2,205	1.2	2100 GENERAL	1,665	1.6	1,738	1.8
-	-	-	-	2200 WATER SUPPLIES	807	.8	-	-
59,334	37.9	98,759	54.1	II. PROMOTION OF HEALTH	93,725	91.3	96,871	98.2
57,154	36.5	91,451	50.1	A. GENERAL SERVICES	87,166	84.9	90,184	91.4
19,712	12.6	44,472	24.4	3100 GENERAL PUBLIC HEALTH	43,206	42.1	44,711	45.3
-	-	-	-	3200 NURSING	-	-	1,900	1.9
37,442	23.9	46,979	25.7	3700 HEALTH PLANNING	43,960	42.8	43,573	44.2
2,180	1.4	7,308	4.0	B. SPECIFIC PROGRAMS	6,559	6.4	6,687	6.8
-	-	2,078	1.1	4200 NUTRITION	2,224	2.2	2,353	2.4
676	.4	1,365	.8	4300 MENTAL HEALTH	395	.4	-	-
1,504	1.0	3,865	2.1	4900 FAMILY HEALTH AND POP. DYNAMICS	3,940	3.8	4,334	4.4
94,472	60.3	81,686	44.7	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	6,500	6.3	-	-
94,472	60.3	81,686	44.7	6200 MEDICINE	6,500	6.3	-	-
156,680	100.0	182,650	100.0	GRAND TOTAL	102,697	100.0	98,609	100.0
*****	*****	*****	*****	*****	*****	*****	*****	*****

*LESS THAN .05 PER CENT

CANADA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER	
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHORT	AMOUNT	PART.			AMOUNT
	\$				\$	\$			\$	\$	\$	\$	
1973													
PAHO--PR	29,921	-	-	-	4,905	806	1	3	12,268	8	11,422	520	-
PG	120,926	2	1	9	70,685	985	-	-	1,504	48	45,836	1,564	352
WHO--NR	5,832	-	-	-	1,871	144	-	2	3,780	-	-	-	37
UNDP	1	-	-	-	-	-	-	-	-	-	-	-	1
TOTAL	156,680	2	1	9	77,461	1,935	1	5	17,552	56	57,258	2,084	390
PERCENT OF TOTAL	100.0				49.5	1.2			11.2		36.6	1.3	.2
1974													
PAHO--PR	27,028	-	-	2	9,840	596	2	3	14,100	-	2,135	57	300
PG	116,493	2	1	6	87,735	4,014	-	-	21	-	22,398	410	1,915
PH	1,055	-	-	-	925	-	-	-	-	-	130	-	-
WHO--NR	23,414	-	-	2	7,514	204	2	3	14,100	-	1,356	140	100
UNDP	10,816	-	-	-	9,131	240	-	-	-	-	-	895	550
UNFPA	3,844	-	-	-	-	-	-	-	3,844	-	-	-	-
TOTAL	182,650	2	1	10	115,145	5,054	4	6	32,065	-	26,019	1,502	2,865
PERCENT OF TOTAL	100.0				63.1	2.8			17.5		14.2	.8	1.6
1975													
PAHO--PR	25,759	-	-	2	10,049	472	2	3	14,100	-	1,131	7	-
PG	40,500	2	-	-	40,000	500	-	-	-	-	-	-	-
PH	1,293	-	-	-	1,293	-	-	-	-	-	-	-	-
WHO--NR	23,325	-	-	2	7,890	159	2	3	14,100	-	606	170	400
UNDP	7,880	-	-	-	5,560	240	-	-	-	-	-	840	1,240
UNFPA	3,940	-	-	-	-	-	-	-	3,940	-	-	-	-
TOTAL	102,697	2	-	4	64,792	1,371	4	6	32,140	-	1,737	1,017	1,640
PERCENT OF TOTAL	100.0				63.1	1.3			31.3		1.7	1.0	1.6
1976													
PAHO--PR	29,410	-	-	2	11,928	545	2	3	14,100	-	2,332	205	300
PG	35,000	1	-	-	35,000	-	-	-	-	-	-	-	-
PH	1,371	-	-	-	1,371	-	-	-	-	-	-	-	-
WHO--NR	22,214	-	-	2	7,850	169	2	3	14,100	-	-	95	-
UNDP	6,280	-	-	-	4,220	180	-	-	-	-	-	760	1,120
UNFPA	4,334	-	-	-	-	-	-	-	4,334	-	-	-	-
TOTAL	98,609	1	-	4	60,369	894	4	6	32,534	-	2,332	1,660	1,420
PERCENT OF TOTAL	100.0				61.2	.9			33.0		2.4	1.1	1.4

PAHO-PR-REGULAR BUDGET
 PW-COMMUNITY WATER SUPPLY
 PI-INCAP - REGULAR BUDGET
 PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS
 PG-GRANTS AND OTHER CONTRIBUTIONS
 PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION

PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION
 PS-SPECIAL FUND FOR RESEARCH
 WHO-NR-REGULAR BUDGET
 UNDP-UNITED NATIONS DEVELOPMENT PROGRAM
 UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES
 WO-GRANTS AND OTHER FUNDS

FUND	1973	1974	1975	1976

FUND	1973	1974	1975	1976
	\$	\$	\$	\$

CANADA - DETAIL

CANADA-3100, CONSULTANTS IN SPECIALIZED FIELDS

Short-term consultants will be made available, at the request of the Government of Canada, for specialized problems related to health.

TOTAL		-	4	4	4	TOTAL	-	8,000	8,800	9,600
CONSULTANT MONTHS	PR	-	2	2	2	SUBTOTAL	PR	-	4,000	4,400
CONSULTANT MONTHS	WR	-	2	2	2	PERSONNEL-CONSULTANTS	WR	-	4,000	4,400
						SUBTOTAL				
						PERSONNEL-CONSULTANTS				

CANADA-3101, FELLOWSHIPS

Fellowships are provided in order to train personnel for the improvement and expansion of health services in Canada.

TOTAL		6	10	10	10	TOTAL	16,048	28,200	28,200	28,200
FELLOWSHIPS-ACADEMIC	PR	1	2	2	2	SUBTOTAL	PR	12,268	14,100	14,100
FELLOWSHIPS-ACADEMIC	WR	-	2	2	2	FELLOWSHIPS	WR	3,780	14,100	14,100
FELLOWSHIPS-SHORT TERM	PR	3	3	3	3	SUBTOTAL				
FELLOWSHIPS-SHORT TERM	WR	2	3	3	3	FELLOWSHIPS				

CANADA-3700, HEALTH PLANNING

The purpose of this project is to cooperate with the Ministry of National Health and Welfare of Canada and the Ministry of Social Affairs of Quebec in activities related to health planning, teaching of biostatistics, and research design and operation.

TOTAL		1	1	1	1	TOTAL	PG	31,603	33,000	34,000	35,000
P-5 MEDICAL OFFICER	PG	1	1	1	1	PERSONNEL-PCSTS					
.4054											

CANADA-6201, CONFERENCE ON HEALTH MANPOWER PLANNING

The September 1973 Pan American Conference on Health Manpower Planning made recommendations for developing health manpower programs in all countries of the Americas. Concrete proposals have already been initiated, and the project has been extended in order to conduct studies on priority areas identified by the Conference, which will complement or reinforce ongoing research programs in Canada.

The studies and technical documents which will serve as a basis for a final selection of projects cover costs of health manpower education, distribution of health manpower, health manpower planning structure in federal countries, and health manpower requirements.

FUND 1973 1974 1975 1976					FUND 1973 1974 1975 1976					
TOTAL		2	2	1	-	TOTAL	94,472	81,686	6,500	-
P-4 HEALTH EDUCATOR .4091	PG	1	1	1	-	SUBTOTAL	10,340	-	-	-
G-5 SECRETARY .4092	PG	1	1	-	-					
TOTAL		9	6	-	-	SEMINAR COSTS	1,229	-	-	-
						PARTICIPANTS	9,111	-	-	-
CONSULTANT MONTHS	PG	9	6	-	-	SUBTOTAL	84,132	81,686	6,500	-
TOTAL		56	-	-	-	PERSONNEL-POSTS	26,060	42,021	6,000	-
						PERSONNEL-CONSULTANTS	12,886	12,217	-	-
PARTICIPANTS	PK	8	-	-	-	DUTY TRAVEL	985	4,014	500	-
PARTICIPANTS	PG	48	-	-	-	CONTRACTUAL SERVICES	-	1,900	-	-
						SEMINAR COSTS	16,357	15,778	-	-
						PARTICIPANTS	27,844	5,756	-	-

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	14,557	31,764	25,197	25,809
0924 INTERNATIONAL SYMP. CONTROL OF LICE AND LOUSE-BORNE DISEASES	2,874	-	-	-
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	750	1,167	1,222
2124 PROMOTION OF SANITARY ENGINEERING	-	480	498	516
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	975	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	807	-
3000 COORDINATION WITH FOUNDATIONS	1,279	2,571	3,083	3,513
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,307	3,857	3,123	3,398
3130 CONFERENCE ON MYCOLOGY	78	1,310	-	-
3145 EMERGENCY PREPAREDNESS	-	534	-	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	-	-	1,368
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	532
3700 HEALTH PLANNING	9,080	3,163	2,080	2,293
3709 MEETING OF MINISTERS OF HEALTH	758	-	-	-
3715 PAN AMERICAN PROGRAM FOR HEALTH PLANNING	1	10,816	7,880	6,280
4200 NUTRITION ADVISORY SERVICES	-	2,078	2,224	2,353
4316 EPIDEMIOLOGY OF SUICIDES	-	375	395	-
4317 STUDY GROUP ON TEACHING MENTAL HEALTH IN SCHOOLS OF PUB. HEALTH	-	990	-	-
4323 CONFERENCE ON THE EPIDEMIOLOGY OF DRUG ABUSE	676	-	-	-
4909 EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS	1,504	3,865	3,940	4,334

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	142,123	150,886	77,500	72,800	14,557	31,764	25,197	25,809
PAHO-PR-REGULAR BUDGET	22,608	18,100	18,500	18,900	7,313	8,928	7,259	10,510
PG-GRANTS & OTHER CONTRIBUT.	115,735	114,686	40,500	35,000	5,191	1,807	-	-
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	-	1,055	1,293	1,371
WHO-WR-REGULAR BUDGET	3,780	18,100	18,500	18,900	2,052	5,314	4,825	3,314
UNDP-UN DEVELOPMENT PROGRAM	-	-	-	-	1	10,816	7,880	6,280
UNFPA-UN FUND POPULATION ACT.	-	-	-	-	-	3,844	3,940	4,334

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	156,680	182,650	102,697	98,609
PAHO-PR-REGULAR BUDGET	29,921	27,028	25,759	29,410
PG-GRANTS & OTHER CONTRIBUT.	120,926	116,493	40,500	35,000
PH-PAN AMER. HEALTH & EDUC.FN.	-	1,055	1,293	1,371
WHO-WR-REGULAR BUDGET	5,832	23,414	23,325	22,214
UNDP-UN DEVELOPMENT PROGRAM	1	10,816	7,880	6,280
UNFPA-UN FUND POPULATION ACT.	-	3,844	3,940	4,334

UNITED STATES OF AMERICA

The projects for the United States of America are mainly used by administrators of the national health services to strengthen health planning and services in general, to keep abreast of new developments, and for the exchange of experience through outside consultants. In addition, staff members of the Organization frequently participate in presentation of various courses in universities in the country. There is also a project for coordination of health services in the border area between the United States and Mexico.

UNITED STATES OF AMERICA - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$			\$		\$	
214,137	36.0	264,346	42.3	I. PROTECTION OF HEALTH	271,052	43.3	283,086	45.5
163,980	27.6	193,483	31.0	A. COMMUNICABLE DISEASES	198,227	31.7	206,669	33.2
35,105	5.9	44,194	7.1	0100 GENERAL	46,720	7.5	48,912	7.9
120,248	20.2	148,739	23.8	0700 ZOOSES	191,947	24.1	157,287	25.2
8,621	1.5	-	-	0900 OTHER	-	-	-	-
6	*	550	.1	1000 PARASITIC DISEASES	460	.1	470	.1
50,157	8.4	70,863	11.3	B. ENVIRONMENTAL HEALTH	72,825	11.6	76,417	12.3
23,500	3.9	26,238	4.2	2100 GENERAL	26,870	4.3	28,117	4.5
26,657	4.5	44,625	7.1	2200 WATER SUPPLIES	805	.1	-	-
				2300 AEDES AEGYPTI ERADICATION	45,150	7.2	48,300	7.8
380,777	63.9	359,911	57.7	II. PROMOTION OF HEALTH	354,921	56.7	339,750	54.4
144,981	24.4	132,845	21.3	A. GENERAL SERVICES	148,707	23.7	156,217	25.0
143,887	24.2	132,074	21.2	3100 GENERAL PUBLIC HEALTH	147,863	23.6	153,404	24.6
-	-	-	-	3200 NURSING	-	-	1,897	.3
335	.1	771	.1	3400 HEALTH EDUCATION	844	.1	916	.1
759	.1	-	-	3700 HEALTH PLANNING	-	-	-	-
235,796	39.5	227,066	36.4	B. SPECIFIC PROGRAMS	206,214	33.0	183,533	29.4
191,811	32.2	195,120	31.3	4200 NUTRITION	200,984	32.1	175,280	28.1
675	.1	1,365	.2	4300 MENTAL HEALTH	395	.1	-	-
-	-	2,178	.3	4400 DENTAL HEALTH	330	.1	5,181	.8
33,598	5.6	14,935	2.4	4600 OCCUPATIONAL HEALTH	-	-	-	-
7,911	1.3	4,251	.7	4800 MEDICAL CARE	2,368	.4	3,072	.5
-	-	9,217	1.5	4900 FAMILY HEALTH AND POP. DYNAMICS	-	-	-	-
1,801	.3	-	-	5000 REHABILITATION	2,137	.3	-	-
439	.1	-	-	III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	370	*	390	.1
439	.1	-	-	6500 VETERINARY MEDICINE	370	*	390	.1
595,353	100.0	624,257	100.0	GRAND TOTAL	626,343	100.0	623,226	100.0

*LESS THAN .05 PER CENT

UNITED STATES OF AMERICA - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHORT	PART.	AMOUNT		
	\$				\$	\$			\$	\$	\$	
1973												
PAHO--PR	205,117	2	5	3	136,055	13,052	-	15	30,423	-	1,184	21,129
PN	96,852	-	-	-	41,781	4,151	-	-	3,959	-	11,543	35,418
PG	76,145	-	-	-	36,040	75	-	-	-	5,004	10,206	24,822
PH	41,023	-	-	-	13,924	1,918	-	-	1,523	-	11,372	12,286
WHO--WR	151,371	2	-	8	93,285	2,727	-	18	30,698	-	11,760	7,643
UNDP	24,845	-	-	-	14,324	-	-	-	5,363	-	3,760	1,398
TOTAL	595,353	4	5	11	335,409	21,921	-	33	71,966	-	17,948	45,413
PERCENT OF TOTAL	100.0				56.4	3.7			12.1		3.0	7.6
1974												
PAHO--PR	233,500	2	6	-	156,083	17,860	-	18	29,022	-	4,214	22,671
PN	81,799	-	-	-	44,683	4,139	-	-	4,216	-	6,252	22,509
PG	65,120	-	-	-	39,204	217	-	-	-	2,141	6,945	16,613
PH	48,342	-	-	-	18,993	1,921	-	-	4,024	-	128	16,462
WHO--WR	162,921	2	-	11	98,302	7,920	2	3	18,270	-	14,389	9,313
UNDP	32,575	-	-	-	21,306	900	-	-	6,579	-	2,900	890
TOTAL	624,257	4	6	11	378,571	32,957	2	21	62,111	-	20,872	41,288
PERCENT OF TOTAL	100.0				60.7	5.3			9.9		3.3	6.6
1975												
PAHO--PR	257,275	2	6	7	174,446	20,647	-	18	30,597	-	1,867	24,032
PN	81,973	-	-	-	44,720	4,130	-	-	4,216	-	6,489	22,418
PG	46,034	-	-	-	38,541	-	-	-	-	-	1,655	5,838
PH	45,689	-	-	-	20,242	1,769	-	-	3,916	-	5,014	14,748
WHO--WR	168,220	2	-	11	104,458	8,886	2	3	18,795	-	11,113	9,350
UNDP	27,152	-	-	-	18,455	749	-	-	4,559	-	2,800	589
TOTAL	626,343	4	6	18	400,662	36,183	2	21	62,063	-	12,980	37,260
PERCENT OF TOTAL	100.0				64.0	5.8			9.9		2.1	5.9
1976												
PAHO--PR	276,231	2	6	7	184,879	21,156	-	18	30,872	-	7,753	24,741
PN	85,368	-	-	-	46,933	4,130	-	-	4,216	-	6,489	23,600
PG	47,090	-	-	-	39,427	-	-	-	-	-	1,693	5,970
PH	47,079	-	-	-	21,219	1,886	-	-	3,916	-	5,310	14,748
WHO--WR	139,017	1	-	11	78,694	6,696	2	3	18,795	-	7,890	10,092
UNDP	28,441	-	-	-	20,706	1,500	-	-	3,675	-	1,633	927
TOTAL	623,226	3	6	18	391,858	35,368	2	21	61,474	-	15,643	40,047
PERCENT OF TOTAL	100.0				62.9	5.7			9.9		2.5	6.4

PAHO--PR-REGULAR BUDGET
 PN--COMMUNITY WATER SUPPLY
 PI--INCAP - REGULAR BUDGET
 PN--INCAP - GRANTS AND OTHER CONTRIBUTIONS
 PG--GRANTS AND OTHER CONTRIBUTIONS
 PH--PAN AMERICAN HEALTH AND EDUCATION FOUNDATION

PAHG--PK-SPECIAL FUND FOR HEALTH PROMOTION
 PS-SPECIAL FUND FOR RESEARCH
 WHO--WR-REGULAR BUDGET
 UNDP--UNITED NATIONS DEVELOPMENT PROGRAM
 UNFPA--UNITED NATIONS FUND FOR POPULATION ACTIVITIES
 WL--GRANTS AND OTHER FUNDS

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

UNITED STATES OF AMERICA-4225, GRADUATE COURSE IN PUBLIC HEALTH NUTRITION

The shortage of medical personnel specialized in nutrition and of properly qualified nutritionist-dietitians is one of the principal obstacles to the conduct of food and nutrition programs in the Region. In addition, there are very few regional centers providing postgraduate training in nutrition for Spanish-speaking professionals.

The purpose of this project is to assist the School of Public Health of the University of Puerto Rico to conduct a course leading to a master's degree in the health sciences, with emphasis on nutrition. Such a course is necessary in order to satisfy the demand for specialized training for physicians and nutritionist-dietitians from Puerto Rico, Latin America, and the Caribbean area. Although 30 professionals from nine countries completed their postgraduate training in the last four years, there is a growing demand for training in this field in order to meet the needs of nutrition programs in the Region.

TOTAL		1	1	1	-	TOTAL	WR	29,992	29,364	31,796	-
P-4 NUTRITION EDUCATOR 4.2187	WR	1	1	1	-	PERSONNEL-POSTS DUTY TRAVEL		28,508 1,484	27,364 2,000	29,296 2,500	- -

PORTIONS OF INTERCOUNTRY PROJECTS

	1973	1974	1975	1976
	\$	\$	\$	\$
TOTAL AMRO PROJECTS	369,297	406,824	383,752	404,389
0700 PAN AMERICAN ZOOSES CENTER	120,248	148,739	151,047	157,287
0924 INTERNATIONAL SYMP. CONTRDL OF LICE AND LOUSE-BORNE DISEASES	8,621	-	-	-
1007 SCHISTOSOMIASIS	6	550	460	470
2123 CENTER FOR HUMAN ECOLOGY AND HEALTH	-	998	1,556	1,629
2124 PROMOTION OF SANITARY ENGINEERING	-	640	664	688
2126 SYMPOSIUM ON ENVIRONMENTAL POLLUTION	-	1,300	-	-
2227 WATER QUALITY AND WATER SUPPLY SYSTEMS	-	-	805	-
2300 AEDES AEGYPTI ERADICATION	26,507	40,425	45,150	48,300
2309 STUDY GROUP ON AEDES AEGYPTI ERADICATION	-	4,200	-	-
2310 COST BENEFIT STUDY ON PREVENTION OF AEDES AEGYPTI BORNE DISEASES	150	-	-	-
3000 COORDINATION WITH FOUNDATIONS	1,357	2,731	3,275	3,730
3110 COORDINATION OF INTERNATIONAL RESEARCH	2,295	3,839	3,109	3,382
3126 OPERATIONS RESEARCH	270	1,056	885	918
3130 CONFERENCE ON MYCOLOGY	77	1,303	-	-
3133 SYMPOSIUM ON PARACOCCIDIOIDOMYCOSIS	796	-	-	-
3137 PROGRAM ON TRAFFIC ACCIDENTS	1,633	2,003	1,169	1,249
3145 EMERGENCY PREPAREDNESS	-	567	-	-
3219 CONFERENCE ON PUBLIC HEALTH NURSING	-	-	-	1,368
3220 NURSING SERVICES IN RURAL HEALTH PROGRAMS	-	-	-	529
3410 TRAINING OF TEACHERS IN HEALTH EDUCATION	335	771	844	916
3709 MEETING OF MINISTERS OF HEALTH	759	-	-	-
4200 NUTRITION ADVISORY SERVICES	-	2,016	2,158	2,284
4203 INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA	161,724	162,186	165,721	172,107
4212 RESEARCH ON NUTRITION ANEMIAS	95	1,554	932	488
4248 NUTRIT. AND NON-NUTRIT. FACTORS AFFECT. GROWTH AND DEVELOPMENT	-	-	377	401
4316 EPIDEMIOLOGY OF SUICIDES	-	375	395	-
4317 STUDY GROUP ON TEACHING MENTAL HEALTH IN SCHOOLS OF PUB. HEALTH	-	990	-	-
4323 CONFERENCE ON THE EPIDEMIOLOGY OF DRUG ABUSE	675	-	-	-
4412 SEMINAR ON IMPLEMENTATION OF DENTAL HEALTH PROGRAMS	-	2,178	330	5,181
4618 MANGANESE POISONING	33,598	14,935	-	-
4815 TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION	1,970	2,673	2,368	3,072
4826 IMPROVEMENT OF MEDICAL CARE ADMINISTRATION LIBRARIES	5,941	1,578	-	-
4920 LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT	-	9,217	-	-
5010 STUDY GROUP ON HUMAN COMMUNICATIONS	1,801	-	-	-
5012 STUDY GROUP ON BLIND REHABILITATION IN LATIN AMERICA	-	-	2,137	-
6507 SEMINARS ON VETERINARY MEDICINE EDUCATION	439	-	370	390

SUMMARY OF INVESTMENTS BY SOURCE OF FUNDS

SOURCE OF FUNDS	*-----COUNTRY PROJECTS-----*				*---PORTIONS OF INTER-COUNTRY PROJECTS---*			
	1973	1974	1975	1976	1973	1974	1975	1976
TOTAL FUNDS	226,056	217,433	242,591	218,837	369,297	406,824	383,752	404,389
PAHO-PR-REGULAR BUDGET	95,110	97,225	114,725	119,225	110,007	136,275	142,550	157,006
PN-INCAP GRANTS & OTHER CONTR.	-	-	-	-	96,852	81,799	81,973	85,368
PG-GRANTS & OTHER CONTRIBUT.	-	-	-	-	76,145	65,120	46,034	47,090
PH-PAN AMER. HEALTH & EDUC.FN.	-	-	-	-	41,023	48,342	45,689	47,079
MHO-WR-REGULAR BUDGET	130,946	120,208	127,866	99,612	20,425	42,713	40,354	39,405
UNDP-UN DEVELOPMENT PROGRAM	-	-	-	-	24,845	32,575	27,152	28,441

SOURCE OF FUNDS	*-----TOTAL ALL PROJECTS-----*			
	1973	1974	1975	1976
TOTAL FUNDS	595,353	624,257	626,343	623,226
PAHO-PR-REGULAR BUDGET	205,117	233,500	257,275	276,231
PN-INCAP GRANTS & OTHER CONTR.	96,852	81,799	81,973	85,368
PG-GRANTS & OTHER CONTRIBUT.	76,145	65,120	46,034	47,090
PH-PAN AMER. HEALTH & EDUC.FN.	41,023	48,342	45,689	47,079
MHO-WR-REGULAR BUDGET	151,371	162,921	168,220	139,017
UNDP-UN DEVELOPMENT PROGRAM	24,845	32,575	27,152	28,441

PART III, INTERCOUNTRY PROJECTS - SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL			AMOUNT	DUTY TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER	
		POSTS PROF.	LOCAL	STC MONTH			ACAD.	SHORT	AMOUNT	PART.			AMOUNT
	\$				\$			\$	\$	\$	\$		
1973													
PAHO--PR	5,342,259	152	93	103	4,047,494	504,779	-	1	3,984	202	147,842	195,255	442,905
PW	45,440	1	2	19	41,460	3,980	-	-	-	-	-	-	-
PI	358,258	23	88	-	186,490	7,074	-	-	-	-	-	58,505	106,189
PN	1,641,777	13	130	1	708,209	70,408	10	-	67,132	-	-	195,665	600,363
PG	1,883,877	17	121	92	818,190	39,909	34	50	176,475	100	151,205	297,286	400,812
PH	957,008	16	24	14	359,617	49,492	6	-	28,265	85	56,412	251,564	211,658
PK	261,396	-	-	1	223,309	8,701	-	-	-	-	-	7,096	22,290
PS	7,537	-	-	-	-	-	-	-	-	-	-	-	7,537
WHO--WR	1,976,573	45	15	138	1,228,692	147,075	35	-	43,155	262	140,929	239,455	177,267
UNDP	885,573	22	3	128	692,750	-	16	11	75,598	-	-	81,914	35,311
UNFPA	38,908	1	-	8	37,177	1,731	-	-	-	-	-	-	-
TOTAL	13,398,606	290	476	504	8,343,388	833,149	101	62	394,609	649	496,388	1,326,740	2,004,332
PERCENT OF TOTAL	100.0				62.3	6.2			2.9		3.7	9.9	15.0
1974													
PAHO--PR	6,302,421	141	99	187	4,949,076	480,004	-	24	63,742	100	148,509	149,037	512,053
PW	210,750	8	1	5	201,000	9,750	-	-	-	-	-	-	-
PI	346,990	23	88	-	196,690	4,500	-	-	-	-	-	41,790	104,010
PN	1,386,533	13	130	3	757,368	70,169	18	-	71,480	-	-	105,987	381,529
PG	2,109,733	4	106	112	832,468	45,302	18	10	76,490	35	187,215	379,602	588,656
PH	1,304,689	18	26	6	513,680	52,230	15	34	117,950	-	12,000	211,789	397,040
WHO--WR	2,581,593	46	19	169	1,516,966	166,522	42	58	179,590	147	306,881	209,524	202,110
UNDP	1,015,488	16	3	77	735,310	23,000	5	14	130,484	-	-	80,541	46,153
UNFPA	1,000,000	16	12	-	615,137	35,000	22	58	192,200	-	69,500	58,563	29,600
TOTAL	16,258,197	285	484	559	10,317,695	886,477	120	198	831,936	282	724,105	1,236,833	2,261,151
PERCENT OF TOTAL	100.0				63.5	5.5			5.1		4.4	7.6	13.9
1975													
PAHO--PR	5,076,525	98	74	128	3,863,019	330,618	-	19	56,766	27	95,000	171,429	557,493
PW	257,200	8	1	10	246,200	11,000	-	-	-	-	-	-	-
PI	360,000	23	88	-	206,525	4,500	-	-	-	-	-	42,000	106,975
PN	1,389,480	13	130	4	758,000	70,000	18	-	71,480	-	-	110,000	380,000
PG	1,129,413	3	103	17	604,543	21,750	13	-	39,000	-	28,500	135,456	295,164
PH	1,205,350	17	24	4	504,700	45,000	15	16	90,400	-	5,000	115,000	445,250
WHO--WR	2,282,538	27	14	184	1,248,889	109,300	43	58	186,400	37	179,300	284,719	273,930
UNDP	2,165,760	20	3	56	693,560	28,500	7	8	94,000	-	-	670,000	679,700
UNFPA	1,157,507	14	15	-	688,407	30,000	22	61	197,000	-	130,800	73,700	37,600
TOTAL	15,023,773	223	452	403	8,818,843	650,868	118	162	737,046	64	438,600	1,602,304	2,776,112
PERCENT OF TOTAL	100.0				58.7	4.3			4.9		2.9	10.7	18.5
1976													
PAHO--PR	6,129,962	102	76	181	4,286,909	349,842	7	77	238,342	56	153,100	284,970	816,799
PW	270,500	8	1	10	258,500	12,000	-	-	-	-	-	-	-
PI	360,000	23	88	-	216,690	4,500	-	-	-	-	-	35,000	103,810
PN	1,446,980	13	130	4	795,500	70,000	18	-	71,480	-	-	110,000	400,000
PG	1,021,007	3	101	12	604,810	14,000	-	-	-	-	28,500	97,987	275,710
PH	1,126,750	13	23	4	385,000	32,000	15	20	96,400	-	5,000	127,000	480,550
WHO--WR	2,232,638	27	15	173	1,277,113	115,500	44	70	209,200	12	124,700	274,551	231,574
UNDP	1,701,984	18	3	50	644,060	33,000	6	4	111,864	-	-	231,986	681,074
UNFPA	1,278,258	13	15	-	760,248	35,000	22	74	216,700	-	143,880	81,070	41,360
TOTAL	15,568,079	220	452	434	9,229,630	665,842	112	245	943,986	68	455,180	1,242,564	3,030,877
PERCENT OF TOTAL	100.0				59.3	4.3			6.1		2.9	8.0	19.4
<p>PAHO--PR--REGULAR BUDGET PW--COMMUNITY WATER SUPPLY PI--INCAP - REGULAR BUDGET PN--INCAP - GRANTS AND OTHER CONTRIBUTIONS PG--GRANTS AND OTHER CONTRIBUTIONS PH--PAN AMERICAN HEALTH AND EDUCATION FOUNDATION</p> <p>PAHO--PK--SPECIAL FUND FOR HEALTH PROMOTION PS--SPECIAL FUND FOR RESEARCH WHO--WR--REGULAR BUDGET UNDP--UNITED NATIONS DEVELOPMENT PROGRAM UNFPA--UNITED NATIONS FUND FOR POPULATION ACTIVITIES WO--GRANTS AND OTHER FUNDS</p>													

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

PART III, INTERCOUNTRY PROJECTS - DETAIL

AMRO-0100, EPIDEMIOLOGY

The goal of this project is to collaborate with the governments in developing and perfecting epidemiological services, systems of epidemiological surveillance, and programs of control of communicable diseases. Smallpox surveillance will eventually be integrated into this project.

In 1971 the preparation and training of epidemiologists was begun in regional courses offered with the assistance of the Center for Disease Control of the United States Public Health Service. Fifteen professionals from nine countries were trained as of 1973. A similar program was begun with the collaboration of the Government of Venezuela in 1972 and was continued in 1973; 24 professionals from eight countries were trained in the two years. In 1973 a third regional course, with 20 professionals taking part, was set up in Brazil.

Besides assisting in the training of technicians for surveillance activities in the various countries, the project participates in the study and preparation of models of epidemiological surveillance systems in both international and national courses. Zone epidemiologists, other than those specializing in malaria, are actively assisting in this project.

TOTAL		2	2	2	2	TOTAL	69,853	186,038	196,106	196,277
P-5 REG. ADV. - EPIDEMIOLOGY	PR	1	1	1	1	SUBTOTAL	44,966	57,200	49,500	54,200
.3633										
G-4 SECRETARY	PR	1	1	1	1					
.3669										
TOTAL		2	8	4	4	PERSONNEL-POSTS	32,398	25,200	40,300	42,400
CONSULTANT MONTHS	PR	2	4	-	1	PERSONNEL-CONSULTANTS	3,619	8,000	-	2,400
CONSULTANT MONTHS	WR	-	4	4	3	DUTY TRAVEL	8,949	9,000	9,200	9,400
TOTAL		-	10	12	12	FELLOWSHIPS	-	15,000	-	-
FELLOWSHIPS-SHORT TERM	PR	-	10	-	-	SUBTOTAL	24,887	128,838	146,606	142,077
FELLOWSHIPS-SHORT TERM	WR	-	-	12	12	PERSONNEL-CONSULTANTS	-	8,000	8,800	7,200
						CONTRACTUAL SERVICES	24,505	30,000	30,000	30,000
						SUPPLIES AND EQUIPMENT	382	25,000	25,000	20,377
						FELLOWSHIPS	-	-	18,000	18,000
						TRAINING GRANTS	-	36,500	36,500	36,500
						COURSE COSTS	-	29,338	28,306	30,000

AMRO-0101, EPIDEMIOLOGY (ZONE I)

The purpose of the project is to improve the control and/or eradication of communicable diseases prevalent in the countries of Zone I. High mortality and morbidity (20 to 30% of all deaths in the countries) due to infectious and parasitic diseases and infestation with *Aedes aegypti* represent one of the major public health problems in the Caribbean. There is limited knowledge of the prevalent communicable diseases, of the immunity level of the population, and of the effects of control and eradication programs. Tuberculosis and leprosy are still considerable health problems. Therefore, high priority should be given to all activities in the field of control and prevention of infectious diseases. Principal constraints are problems of infrastructure and supporting services, such as weakness or non-existence of epidemiological services and laboratory facilities, inadequate information systems, and problems of environmental health.

Objectives of the project are (1) establishment of regional and national epidemiological surveillance systems; (2) strengthening of epidemiological surveillance in most of the countries of the Zone; (3) improvement of notification systems and better utilization of epidemiological data in the control of communicable diseases; (4) control of those diseases which can be prevented by immunization; (5) development of an adequate network of laboratory facilities for bacteriological, virological, parasitological, and mycological testing; and (6) continuous education and training activities in epidemiology and control of communicable diseases. Beginning in 1975 services under this project will be continued under country projects.

TOTAL		1	1	-	-	TOTAL	31,593	36,040	-	-
P-4 EPIDEMIOLOGIST	PR	1	-	-	-	SUBTOTAL	31,593	-	-	-
.2042										
P-4 EPIDEMIOLOGIST	WR	-	1	-	-					
4.2042										
						PERSONNEL-POSTS	23,107	-	-	-
						DUTY TRAVEL	6,508	-	-	-
						SUPPLIES AND EQUIPMENT	117	-	-	-
						PARTICIPANTS	1,861	-	-	-

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
								\$	\$	\$	\$
TOTAL		-	2	-	-	SUBTOTAL	WR	-	36,040	-	-
CONSULTANT MONTHS	WR	-	2	-	-	PERSONNEL-POSTS		-	25,440	-	-
TOTAL		15	-	-	-	PERSONNEL-CONSULTANTS		-	4,000	-	-
						DUTY TRAVEL		-	6,600	-	-
PARTICIPANTS	PR	15	-	-	-						

AMRO-0102, EPIDEMIOLOGY (ZONE II)

Communicable diseases preventable by immunization continue to be major health problems in the countries of Zone II, other than Cuba, because the immunity levels of the susceptible population groups are inadequate. Diseases connected with environmental shortcomings are found in varying degrees in the four countries; there are high levels of infant diarrhea, salmonella, intestinal parasitosis, and hepatitis. Among eradicable diseases, malaria remains a problem in Haiti and Mexico, Aedes aegypti in all the countries, and yaws with residual foci in Haiti.

The purpose of this project is to collaborate with the Governments in programs designed to reduce mortality and morbidity from communicable diseases preventable by immunization, to improve information systems, to assist in research on certain problems related to noncommunicable diseases, to improve epidemiological services in general, to maintain application of the International Sanitary Regulations, to introduce the concept of surveillance in existing epidemiological services, and to foster and improve the training of personnel in the field of epidemiology. Services provided under this project will be continued under country projects after 1974.

		2	2	-	-	TOTAL		48,020	55,000	-	-
TOTAL						SUBTOTAL	PR	42,520	45,000	-	-
P-5 EPIDEMIOLOGIST	PR	1	1	-	-	PERSONNEL-POSTS		36,647	38,800	-	-
.0845						DUTY TRAVEL		5,636	5,700	-	-
G-5 SECRETARY	PR	1	1	-	-	SUPPLIES AND EQUIPMENT		237	500	-	-
.3875						SUBTOTAL	WR	5,500	10,000	-	-
						COURSE COSTS		5,500	10,000	-	-

AMRO-0103, EPIDEMIOLOGY (ZONE III)

Communicable and parasitic diseases continue to show a high endemicity in the countries of Central America. The percentage of deaths due to diseases which can be prevented by the use of vaccines ranges from 4 to 15% of total deaths due to well-defined causes. This situation makes constant support action necessary for the effective and continuing reduction of the morbidity and mortality rates for this group of diseases.

The purpose of the targets proposed for the next decade at the III Special Meeting of Ministers of Health of the Americas is to reduce the mortality rate for measles to 1.0, for whooping cough to 1.0, and for tetanus to 0.5 per 100,000 inhabitants; and to lower the morbidity rates for diphtheria and poliomyelitis to 1.0 and 0.1 per 100,000 inhabitants, respectively.

Some of these targets have already been reached in several countries of the area but not yet in others. It is particularly important to achieve initial useful levels and the effective maintenance of vaccination programs over the short term. Likewise, it is necessary to promote the initiation of integrated programs of epidemiological vigilance and to continue developing and improving, over the short, medium, and long terms, antivenereal and specific control services for communicable and parasitic diseases. Beginning in 1975 services under this project will be continued as part of country projects.

		2	2	-	-	TOTAL		33,980	36,400	-	-
TOTAL						PERSONNEL-POSTS		28,648	31,700	-	-
P-4 EPIDEMIOLOGIST	PR	1	1	-	-	DUTY TRAVEL		4,171	4,200	-	-
.0861						SEMINAR COSTS		607	-	-	-
G-5 SECRETARY	PR	1	1	-	-	SUPPLIES AND EQUIPMENT		554	500	-	-
.2131											

AMRO-0104, EPIDEMIOLOGY (ZONE IV)

The countries of Zone IV have in common high rates of morbidity and mortality from communicable diseases. The impact of these diseases is most obvious in the population group under five years of age, chiefly in rural areas. This pathology

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could be significantly reduced by health measures, particularly vaccination. Various factors contribute to the persistence of these diseases--the shortage of personnel trained in epidemiology; the deficient health infrastructure and, as a corollary, the lack of an epidemiological surveillance system; and control efforts which, because of various limitations, do not reach enough people to be effective.

The chief purpose of this project is to offer technical assistance to the epidemiology services, particularly in regard to promotion of all personnel training activities; encouragement of the establishment of epidemiological surveillance systems; advising on the reorganization of the services and rationalization of their functions; and expansion of concrete control activities until they achieve effective protection levels. Responsibility for the execution of all these measures is shared with the PAHO/WHO officials responsible for related projects in countries where such projects exist. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		2	2	-	-	TOTAL	PR	35,090	36,150	-	-
P-4 EPIDEMIOLOGIST .2028	PR	1	1	-	-	PERSONNEL-POSTS		30,901	31,900	-	-
G-4 CLERK STENOGRAPHER .2191	PR	1	1	-	-	DUTY TRAVEL		4,080	4,100	-	-
						SUPPLIES AND EQUIPMENT		109	150	-	-

AMRO-0106, EPIDEMIOLOGY (ZONE VI)

While considerable progress has been recorded in the control of communicable diseases, they still constitute a major problem in the countries of Zone VI. The situation is very favorable as regards smallpox, which has been eradicated since 1972: malaria, of which there persist only some small foci in the north of Argentina; yellow fever, epidemic typhus, bubonic plague, schistosomiasis, cholera, and onchocerciasis, all of which are also absent from the countries of the Zone. The situation is similar as regards poliomyelitis, of which there have been recorded only one epidemic outbreak in Paraguay and isolated cases in Argentina, Chile, and Uruguay. Morbidity from diphtheria, measles, and whooping cough is already well below the targets fixed for the decade at the last Meeting of Ministers of Health.

However, enteric infection and parasitic diseases are still major problems. Leprosy exists in three out of the four countries, but with a low rate of prevalence. On the other hand, Chagas' disease, infectious hepatitis, and hydatidosis are on the increase, as also is rabies in Argentina and Paraguay. In view of the above situation, there is a continued need for efficient, well-equipped epidemiological services with a structure that furthers the aim of continuing the reduction of the importance of communicable diseases as a cause of death. Particular importance will accrue in the future to epidemiological surveillance and international coordination through joint activities, especially in frontier areas. Services provided under this project will be continued under country projects after 1974.

TOTAL		2	2	-	-	TOTAL	PR	36,438	43,100	-	-
P-5 EPIDEMIOLOGIST .0846	PR	1	1	-	-	PERSONNEL-POSTS		32,199	38,900	-	-
G-5 SECRETARY .1041	PR	1	1	-	-	DUTY TRAVEL		3,656	3,700	-	-
						SUPPLIES AND EQUIPMENT		583	500	-	-

AMRO-0111, SEMINAR ON EPIDEMIOLOGICAL SURVEILLANCE PROGRAMS

A seminar was held in 1973 to exchange information on techniques, procedures, and evaluation of epidemiological surveillance systems.

TOTAL		43	-	-	-	TOTAL	WR	24,629	-	-	-
PARTICIPANTS	WR	43	-	-	-	PARTICIPANTS		24,629	-	-	-

AMRO-0117, EPIDEMIOLOGICAL MONITORING OF MORBIDITY DATA

PAHO presently receives weekly morbidity reports on at least 40 communicable diseases from 37 countries and territories in this Region. For influenza and pneumonia, computer programs have been developed which calculate seasonal norms based on 10 years of experience. These computer programs will then plot the norms along with the current weekly data for rapid visual inspection. By these techniques it is possible to detect quickly any unusual deviations from the norms.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
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The project will use existing data and a computer program already available to prepare a weekly plot of influenza morbidity for 10 selected countries. It will provide for a computer peripheral plotting system and a short-term consultant for one month each year to visit the countries cooperating with the program.

TOTAL		1973	1974	1975	1976	TOTAL	PR	1973	1974	1975	1976
		-	-	-	1			-	-	-	13,000
CONSULTANT MONTHS	PR	-	-	-	1	PERSONNEL-CONSULTANTS		-	-	-	2,400
						SUPPLIES AND EQUIPMENT		-	-	-	10,600

AMRO-0200, MALARIA TECHNICAL ADVISORY SERVICES

The objective of this project is to provide the assistance of short-term consultants for the investigation of special situations, to stimulate research on basic malaria problems through grants to research institutions, to enhance the capability of personnel, to stimulate interchange of ideas through technical seminars on advanced epidemiology and control of vector-borne diseases, and to investigate the relationships between antimalaria protection, other health activities, and economic planning and development.

TOTAL		1973	1974	1975	1976	TOTAL	PR	1973	1974	1975	1976
		6	2	2	2			152,745	82,570	80,540	89,700
P-5 MEDICAL OFFICER .3829	PR	1	-	-	-	SUBTOTAL		125,865	38,650	17,400	20,300
P-4 ECONOMIST 4.3394	WR	1	1	1	1	PERSONNEL-POSTS		110,368	10,500	11,600	12,300
P-4 PARASITOLOGIST .0816 .2088	PR	2	-	-	-	DUTY TRAVEL		11,779	-	-	-
P-2 LABORATORY ADVISER .3487	PR	1	-	-	-	CONTRACTUAL SERVICES		1,226	-	-	-
G-4 CLERK .0819	PR	1	1	1	1	SUPPLIES AND EQUIPMENT		2,492	8,150	5,800	8,000
						GRANTS		-	20,000	-	-
TOTAL		-	8	6	5	SUBTOTAL	WR	26,880	43,920	63,140	69,400
CONSULTANT MONTHS	WR	-	8	6	5	PERSONNEL-POSTS		26,880	26,920	28,840	31,100
						PERSONNEL-CONSULTANTS		-	16,000	13,200	12,000
						DUTY TRAVEL		-	1,000	1,100	1,300
						GRANTS		-	-	20,000	25,000

AMRO-0201, MALARIA ERADICATION (ZONE I)

Malaria has been eradicated in the originally malarious island countries in Zone I since the early 1960's. However, transmission still exists in Venezuela, Surinam, French Guiana, and the southwestern frontier of Guyana. The purposes of this project are to support the eradication programs in the countries which still have areas in attack and/or consolidation phases; to coordinate intercountry activities; to advise on the maintenance of an effective malaria vigilance system in the areas where eradication has been accomplished; and to provide assistance to research activities on the epidemiology of malaria. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		1973	1974	1975	1976	TOTAL	PR	1973	1974	1975	1976
		2	2	-	-			35,628	37,600	-	-
P-4 MALARIOLOGIST .3395	PR	1	1	-	-	PERSONNEL-POSTS		32,183	34,400	-	-
G-4 SECRETARY .3402	PR	1	1	-	-	DUTY TRAVEL		3,195	3,200	-	-
						SUPPLIES AND EQUIPMENT		250	-	-	-

AMRO-0203, MALARIA TECHNICAL ADVISORY SERVICES (ZONE III)

The purpose of this project is to encourage, supplement and coordinate the malaria technical advisory services provided to the countries of Central America and Panama. In this region the program has led to a substantial reduction in mortality and a decrease in morbidity indices. In Belize, Costa Rica, and Panama, the problem has been reduced to limited areas and the interruption of transmission over the short term is feasible, whereas in El Salvador, Guatemala, Honduras and Nicaragua there are technical and administrative problems which prevent the program from making substantial headway and raise operational costs. In March 1973, the Ministers of Health of the area met at PAHO Headquarters in Washington in order to review the situation of the program and consider various alternative methods of financing. Beginning in 1975 services under this project will be continued as part of country projects.

FUND					FUND					
	1973	1974	1975	1976		1973	1974	1975	1976	
						\$	\$	\$	\$	
TOTAL	6	3	-	-	TOTAL	PR 152,167	51,000	-	-	
P-5 MALARIOLOGIST .0829	PR	1	1	-	-	PERSONNEL-POSTS	130,878	46,000	-	-
P-4 ADMIN. METHODS OFFICER .0830	PR	1	-	-	-	DUTY TRAVEL	12,236	4,500	-	-
P-4 ENTOMOLOGIST .3841	PR	1	-	-	-	SEMINAR COSTS	8,481	-	-	-
P-3 ADMIN. METHODS OFFICER .1081	PR	1	-	-	-	SUPPLIES AND EQUIPMENT	567	500	-	-
G-8 DRAFTSMAN .3050	PR	1	1	-	-	COMMON SERVICES	5	-	-	-
G-6 SECRETARY .0832	PR	1	1	-	-					

AMRO-0216, RESEARCH ON THE EPIDEMIOLOGY OF MALARIA IN PROBLEM AREAS

This project has been redesignated as El Salvador-0216. Refer to that project for description of activities.

TOTAL					TOTAL				
		4	-	-		226,098	-	-	-
P-4 MEDICAL OFFICER 4.3221	WR	1	-	-	-	PR 44,224	-	-	-
P-3 ENTOMOLOGIST .0857	PP	1	-	-	-	SUBTOTAL	-	-	-
P-2 SANITARIAN 4.3511	WR	1	-	-	-	PERSONNEL-POSTS	28,435	-	-
P-1 SANITARIAN 4.3512	WR	1	-	-	-	DUTY TRAVEL	289	-	-
						GRANTS	15,500	-	-
						SUBTOTAL	WR 181,874	-	-
						PERSONNEL-POSTS	40,575	-	-
						DUTY TRAVEL	5,871	-	-
						SUPPLIES AND EQUIPMENT	79,831	-	-
						GRANTS	2,000	-	-
						LOCAL COSTS	53,597	-	-

AMRO-0218, PROMOTION OF RURAL HEALTH SERVICES AND ERADICATION CAMPAIGNS

As clearly established in the Ten-year Health Plan for the Americas, the extension of health services to rural areas is a major priority in the health plans of the governments of the Region. By their coverage of rural areas and by virtue of their organization, eradication campaigns, when they are in an advanced phase, offer an opportunity to expand the number of services offered, adding to their regular activities others that help to solve basic health problems without affecting the efficiency of the campaigns. PAHO provides technical assistance and fosters the interest of the governments in programs of this type.

TOTAL					TOTAL				
		2	2	2	2	PR 43,409	45,000	51,500	53,900
P-5 MEDICAL OFFICER .1066	PR	1	1	1	1	PERSONNEL-POSTS	38,476	40,000	46,000
G-4 SECRETARY .2153	PR	1	1	1	1	DUTY TRAVEL	4,933	5,000	5,500

AMRO-0300, SMALLPOX ERADICATION

This project reached its goal after 19 April 1971, when the last case of smallpox in this Region was reported. The current purpose of the project is to merge progressively with the regional project on epidemiology (AMRO-0100), cooperating in the development of epidemiological surveillance systems, in programs to control other communicable diseases, and in programs to maintain immunity levels of the population. The personnel and resources assigned to the project are used to train specialized personnel and to foster improvement of the respective countries' epidemiology services.

TOTAL					TOTAL				
		3	3	3	3	WR 89,487	92,556	96,540	101,450
P-5 MEDICAL OFFICER 4.2166	WR	1	1	1	1	PERSONNEL-POSTS	65,152	70,390	74,740
P-4 STATISTICIAN 4.3042	WR	1	1	1	1	PERSONNEL-CONSULTANTS	5,912	2,000	2,200
G-4 SECRETARY 4.2167	WR	1	1	1	1	DUTY TRAVEL	9,330	9,500	9,600
						SUPPLIES AND EQUIPMENT	9,093	10,666	10,000
TOTAL		3	3	3	3				
CONSULTANT MONTHS	WR	3	1	1	1				

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

AMRO-0400, TUBERCULOSIS CONTROL

In 1971, 156,719 cases of tuberculosis--a rate of 59.7 per 100,000 inhabitants--were reported in Latin America and the Caribbean. The recorded rate in the United States and Canada in the same year was 17.6 per 100,000. The tuberculosis death rate was 5.2 per 100,000 in children under 15 years of age and 24.1 per 100,000 among persons over 15 in Latin America and the Caribbean. It is certain that in most of the countries many cases and many deaths are not reported. The above rates for Latin America and the Caribbean must therefore be regarded as indicating the minimum extent of the epidemiological problem of tuberculosis in the Region.

Implementation of integrated national programs that could lead to a steady reduction in the tuberculosis problem is hampered more by the poor utilization of available resources than by the shortage of resources. The traditional approach, emphasizing the identification of cases through systematic radiological examination of the population, the confinement of discovered cases, and the maintenance of specialized dispensaries in the large cities, continues to have a negative budgetary effect in many countries. As a result of this approach, the people of smaller towns and rural areas lack easy access to tuberculosis control measures. The new approach of the tuberculosis program is to try to bring the benefits of technical knowledge on prevention, diagnosis, and treatment to the entire population by integrating these activities in the basic health services.

A priority is assigned to continued collaboration in the reorientation of tuberculosis control activities. The basic methods which should be applied nationwide are BCG vaccination of children under 15, bacteriological diagnosis of patients with respiratory symptoms, and outpatient chemotherapy treatment. Nursing participation in these activities is of fundamental importance. Most of them can be carried out by nursing personnel, including adequately trained and supervised aides.

TOTAL	1	1	1	1	TOTAL	WR	28,500	37,700	37,710	47,840
P-3 NURSE 4,0910	WR	1	1	1	1	PERSONNEL-POSTS	18,133	24,700	26,310	28,240
						PERSONNEL-CONSULTANTS	851	4,000	2,200	4,800
						DUTY TRAVEL	6,921	7,000	7,200	7,400
TOTAL		1	2	1	2	SUPPLIES AND EQUIPMENT	2,595	2,000	2,000	7,400
CONSULTANT MONTHS	WR	1	2	1	2					

AMRO-0403, TUBERCULOSIS CONTROL (ZONE III)

Tuberculosis remains a major public health problem in the countries of Zone III despite the continuing process of integration of antituberculosis activities in the basic health services in Panama, Costa Rica, El Salvador, Guatemala, and Honduras. It is hoped that this approach will make possible a long-range reduction of 50 to 60% in tuberculosis mortality during the present decade, as was proposed at the III Special Meeting of Ministers of Health of the Americas.

The objective in the area of BCG vaccination is to immunize 80% of the population under 15 years of age. The partial objectives, to be achieved in mid-decade, will permit continued consolidation of the integration process in Costa Rica and Honduras and strengthening of the process already begun as a priority matter in El Salvador, Guatemala, and Panama. Mass BCG vaccination programs will be conducted in Guatemala. A working group on tuberculosis control in the countries of the Central American area is meeting in 1974. Services provided under this project will be continued under country projects after 1974.

TOTAL	1	1	-	-	TOTAL	PR	25,241	28,900	-	-
P-4 MED. OFFICER - TUBERCULOSIS PR .0873	PR	1	1	-	-	PERSONNEL-POSTS	23,497	27,100	-	-
						DUTY TRAVEL	1,744	1,800	-	-

AMRO-0404, TUBERCULOSIS CONTROL (ZONE IV)

In Zone IV countries tuberculosis is among the five main causes of death, and morbidity is estimated at 110 per 100,000. The purpose of this project is to collaborate with the governments in conducting an integrated program which provides knowledge of modern tuberculosis control techniques to all general health services, insists on the application of those techniques, and brings about a reduction in the risks of infection, illness, and death from tuberculosis to which the people of the Zone are exposed. Specifically, a 50 to 65% reduction in mortality over the course of the present decade is sought. Beginning in 1975 services under this project will be continued as part of country projects.

FUND					FUND				
	1973	1974	1975	1976		1973	1974	1975	1976
						\$	\$	\$	\$
TOTAL	1	1	-	-	TOTAL	WR	31,761	28,050	-
P-4 MED. OFFICER - TUBERCULOSIS 4.0909	1	1	-	-	PERSONNEL-POSTS		28,522	24,700	-
					DUTY TRAVEL		3,014	3,200	-
					SUPPLIES AND EQUIPMENT		225	150	-

AMRO-0409, COURSES ON TUBERCULOSIS - EPIDEMIOLOGY

Recent advances in scientific knowledge concerning the diagnosis, prevention, and treatment of tuberculosis have radically changed the approach to control of the disease. Tuberculosis control requires, above all, administrators who can incorporate the anti-tuberculosis program into national health programs. To achieve this goal, public health administrators must receive special training in modern techniques and methods of tuberculosis control and in their effective application nationwide in accordance with the respective countries' socioeconomic conditions. Seventy-three physicians were trained in the four courses so far given, and it is hoped to train 30 more in the next few years.

TOTAL					TOTAL				
	3	3	-	3		WR	15,084	33,000	-
CONSULTANT MONTHS	WR	3	3	-	3	PERSONNEL-CONSULTANTS	7,889	6,000	-
TOTAL		-	14	-	10	FELLOWSHIPS	-	21,000	-
						COURSE COSTS	7,195	6,000	-
FELLOWSHIPS-SHORT TERM	WR	-	14	-	10				28,200

AMRO-0410, COURSES ON TUBERCULOSIS - BACTERIOLOGY

Due to the shortage of trained personnel, the contribution which bacteriology can make to the success of tuberculosis control efforts, to diagnosis and to guidance of treatment, and to the procurement of epidemiological information, has not been appropriately utilized. Consequently, PAHO is sponsoring and cooperating in a regional course on bacteriology of tuberculosis to train professional personnel in methods and techniques, with particular reference to their importance in identifying cases, procuring epidemiological data, guiding treatment, and evaluating programs. Seven courses have been given to date to 96 laboratory professionals, and the goal is to train another 30 in the next few years.

TOTAL					TOTAL				
	2	4	-	2		WR	9,062	26,300	-
CONSULTANT MONTHS	WR	2	4	-	2	PERSONNEL-CONSULTANTS	5,302	8,000	-
TOTAL		-	11	-	10	FELLOWSHIPS	-	16,500	-
						COURSE COSTS	3,760	1,800	-
FELLOWSHIPS-SHORT TERM	WR	-	11	-	10				4,800

AMRO-0411, STUDY GROUP ON TUBERCULOSIS CONTROL

BCG vaccination has top priority for tuberculosis control in Latin American countries. This priority was reaffirmed in the Ten-year Health Plan approved at the III Special Meeting of Ministers of Health in Santiago, Chile, in 1972.

This project seeks to ascertain the extent to which the goals of immunization against tuberculosis are being achieved in the countries of the Region, to analyze the operational problems involved, and to recommend solutions. The group will also examine the applicability to the Region of recent progress in scientific and technical knowledge acquired on the immunological strength of the various BCG vaccine strains; minimum dosage; ways of administering them, including simultaneous vaccination with other immunizations; vaccine quality control; and evaluation of the immune state of the population.

TOTAL					TOTAL				
	-	-	1	-		WR	-	-	15,700
CONSULTANT MONTHS	WR	-	-	1	-	PERSONNEL-CONSULTANTS	-	-	2,200
						SEMINAR COSTS	-	-	11,000
						SUPPLIES AND EQUIPMENT	-	-	2,500

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

AMRO-0412, REGIONAL COMMITTEE ON EVALUATION OF TUBERCULOSIS PROGRAMS

A multidisciplinary headquarters team consisting of a health administrator, university-trained nurse, and bacteriologist is required to direct each integrated national tuberculosis program. This group, which issues regulations and supervises and evaluates the program, needs specialized preparation in the epidemiology and control of tuberculosis.

This project replaces the regional courses in which physicians and bacteriologists were trained separately. The purpose is to give simultaneous training to the professionals in headquarters and intermediate units responsible for tuberculosis control, in accordance with the functions which they must carry out working as a team. The course will deal mainly with instruction in techniques of planning tuberculosis control efforts as integral parts of basic health services, training of personnel with varied functions, coordination among the various levels of the health structure, supervision, and technical and operational evaluation. Participants will also be acquainted with current technical knowledge in the epidemiology, immunization, diagnosis, and treatment of tuberculosis.

TOTAL		-	-	-	3	TOTAL	WR	-	-	-	37,700
CONSULTANT MONTHS	WR	-	-	-	3	PERSONNEL-CONSULTANTS		-	-	-	7,200
TOTAL		-	-	-	15	FELLOWSHIPS		-	-	-	22,500
FELLOWSHIPS-SHORT TERM	WR	-	-	-	15	GRANTS		-	-	-	8,000

AMRO-0500, LEPROSY CONTROL

Approximately 10,000 new cases of leprosy are reported annually in the Americas. Several times these cases go undiagnosed and untreated due to the wide variation in control programs in the countries. Early diagnosis and treatment can cure the disease, prevent deformity, and reduce the infectious reservoir. Some countries clearly appear to be succeeding, while in others there is inadequate effort to provide leprosy control directed at the disease or contacts of leprosy patients. Scarce resources continue to be used in maintaining for leprosy patients costly institutions which contribute nothing to control of the disease. This project provides technical assistance and guidance to the countries in the development, administration, and evaluation of leprosy control programs.

TOTAL		2	2	1	1	TOTAL		51,389	88,400	43,200	49,600
P-4 LEPROSY ADVISER .1098 .4210	PR	2	2	1	1	SUBTOTAL	PR	51,389	68,200	43,200	49,600
TOTAL		-	2	2	2	PERSONNEL-POSTS		42,544	54,200	28,300	29,500
CONSULTANT MONTHS	PR	-	2	2	2	PERSONNEL-CONSULTANTS		-	4,000	4,400	4,800
						DUTY TRAVEL		8,444	9,000	5,000	5,200
						SUPPLIES AND EQUIPMENT		-	401	1,000	1,000
						GRANTS		-	-	4,500	4,500
						SUBTOTAL	PH	-	20,200	-	-
						SUPPLIES AND EQUIPMENT		-	11,200	-	-
						LOCAL COSTS		-	9,000	-	-

AMRO-0507, COURSES ON REHABILITATION AND PREVENTION OF DEFORMITIES (LEPROSY)

Delay in the diagnosis and treatment of leprosy leads to deformity and/or disability in about 30% of the cases. Most of this is preventable, as is further extension of the disability when it has already occurred. This project will provide assistance in assessing the problem and the need for preventive rehabilitation, and in the training of personnel.

TOTAL		-	2	-	-	TOTAL	WR	-	12,000	-	-
CONSULTANT MONTHS	WR	-	2	-	-	PERSONNEL-CONSULTANTS		-	4,000	-	-
TOTAL		-	10	-	-	PARTICIPANTS		-	7,000	-	-
PARTICIPANTS	WR	-	10	-	-	COURSE COSTS		-	1,000	-	-

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

AMRO-0509, COURSE ON HISTOPATHOLOGY OF LEPROSY

In order to accurately diagnose and classify leprosy, histopathologic study is often essential. Improvement of the diagnosis and classification provide the basis for a more accurate prognosis for the patient and prediction of disease trends by the control program. Bringing the pathologist and the leprosy control officer closer together should benefit both.

This project provides an opportunity for pathologists, under the guidance of experts in the pathology of leprosy, to refresh and enhance their knowledge of the histopathology of leprosy. The pathologist can thus provide a needed service to the control program, and influence students and other pathologists to improve their understanding of leprosy and to consider it in their differential diagnosis.

TOTAL		2	-	1	1	TOTAL	WR	9,378	-	13,100	13,900
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
CONSULTANT MONTHS	WR	2	-	1	1	PERSONNEL-CONSULTANTS		6,508	-	2,200	2,400
						PARTICIPANTS		2,870	-	8,400	8,400
TOTAL		12	-	12	12	COURSE COSTS		-	-	2,500	3,100
-----		-----	-----	-----	-----						
PARTICIPANTS	WR	12	-	12	12						

AMRO-0512, TRAINING AND RESEARCH IN LEPROSY AND RELATED DISEASES

The International Center was opened in 1973 on the recommendation of the Advisory Committee for Leprosy meeting in Washington, July 1971. The purpose of the Center is to provide a focus for a Hemisphere-wide coordinated approach to leprosy control through training and research. International cooperation will be enhanced through the establishment of collaborating centers throughout the Region promoting communication and coordination of programs and a greater uniformity of control effort.

This project will provide programs for training of personnel at different levels and will develop teaching models using leprosy as a technical model for chronic infectious diseases. Research will be carried out by the Center and promoted throughout the Region, emphasizing immunology, histopathology, epidemiology, biochemical and anatomical identification of the leprosy organism and administration and control of infectious diseases. A colony of armadillos for research is being established at the Center, and others will be developed in two or three other collaborating centers where leprosy is a problem.

TOTAL		3	5	3	4	TOTAL	WR	13,582	20,000	10,600	21,300
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CONSULTANT MONTHS	WR	3	5	3	4	PERSONNEL-CONSULTANTS		9,286	10,000	6,600	9,600
						SUPPLIES AND EQUIPMENT		4,170	4,000	4,000	5,700
						GRANTS		-	6,000	-	6,000
						COURSE COSTS		126	-	-	-

AMRO-0600, VENEREAL DISEASE CONTROL

Greater awareness of the seriousness of the sexually transmitted diseases is being recognized by the governments of the Region. More importantly, the governments are insisting that greater effort be put forth in controlling these diseases. The control of the venereal diseases is a national problem; however, international and regional cooperation and coordination are necessary for effective control. The purpose of this project is to assist the countries in defining the actual situation and in developing and evaluating control programs.

TOTAL		-	2	2	2	TOTAL	PR	-	8,000	4,400	5,100
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
CONSULTANT MONTHS	PR	-	2	2	2	PERSONNEL-CONSULTANTS		-	4,000	4,400	4,800
						SUPPLIES AND EQUIPMENT		-	4,000	-	300

AMRO-0612, VENEREAL DISEASE SEMINARS

It is proposed to hold zone-wide seminars every other year to create a greater awareness of the venereal disease problem and to develop more uniformity of control programs. Country seminars will also be held, similar to the zone seminars but geared to specific country problems, programs, and resources.

				FUND	1973	1974	1975	1976					
				FUND	1973	1974	1975	1976					
					\$	\$	\$	\$					
G-2	LABORER			PG	3	3	3	3					
	.0801	.0803	.0804										
G-1	GUARD			PG	1	1	1	1					
	.2103												
G-1	LABORER			PR	-	1	1	1					
	.4021												
G-1	LABORER			PG	18	18	18	18					
	.0805	.0806	.0807	.0808									
	.0809	.2104	.2105	.2113									
	.2114	.3057	.3405	.3406									
	.3410	.3426	.3430	.3646									
	.3676	.3677											
G-1	MESSENGER			PG	1	1	1	1					
	.3371												
TOTAL						8	12	12	12				
CONSULTANT MONTHS					UNDP	8	12	12	12				
TOTAL						26	16	22	2				
FELLOWSHIPS-ACADEMIC					UNDP	15	3	1	1				
FELLOWSHIPS-SHORT TERM					PR	-	7	17	-				
FELLOWSHIPS-SHORT TERM					UNDP	11	6	4	1				

AMRO-0701, VETERINARY PUBLIC HEALTH (ZONE I)

The governments of Zone I are vigorously promoting livestock development as part of self-sufficiency programs. The Caribbean Development Bank plans to lend \$ 20.2 million during 1973-82 for livestock production projects to 14 Caribbean islands. Almost all the countries of the Zone are importing protein of animal origin. AID recently invested \$10 million in the Bahamas and \$3.8 million in Jamaica and the World Bank provided \$2.2 million to Guyana in livestock development.

The purpose of this project is to promote the development of national programs within the ministries of health and agriculture for the control and prevention of zoonotic, food-borne, and exotic diseases; to provide assistance to the veterinary medical services of the ministries in the design, formulation, preparation, and execution of these national programs; and to promote training programs for the continuing education of professionals. Services provided under this project will be continued under country projects after 1974.

				TOTAL	HR	13,231	23,560	-	-
TOTAL									
P-5	VETERINARIAN			HR	1	1	-	-	
	4.4045								
TOTAL						2	-	-	
CONSULTANT MONTHS					HR	2	-	-	
				TOTAL	PERSONNEL-POSTS	-	21,960	-	-
					PERSONNEL-CONSULTANTS	3,647	-	-	-
					DUTY TRAVEL	9,522	1,500	-	-
					SUPPLIES AND EQUIPMENT	62	100	-	-

AMRO-0702, VETERINARY PUBLIC HEALTH (ZONE II)

The losses caused by the zoonoses in the human and animal populations constitute serious problems for the Zone II countries. The purpose of this project is to cooperate with the local governments in the promotion, strengthening and organization of control and/or eradication of the zoonoses, and to establish veterinary public health services as well as to improve the professional background of veterinarians. Beginning in 1975 services under this project will be continued as part of country projects.

				TOTAL	PR	29,955	32,400	-	-
TOTAL									
P-4	VETERINARIAN			PR	1	1	-	-	
	.3218								
TOTAL						1	1	-	-
				TOTAL	PERSONNEL-POSTS	24,938	27,100	-	-
					DUTY TRAVEL	4,755	4,800	-	-
					SUPPLIES AND EQUIPMENT	262	500	-	-

AMRO-0703, VETERINARY PUBLIC HEALTH (ZONE III)

The purpose of this project is to cooperate with the countries in Zone III in the improvement of existing programs in veterinary public health, in determining areas of priority for action, and in establishing effective cooperation between ministries of health and agriculture in solving problems of common interest. Services provided under this project will be continued under country projects after 1974.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

The purpose of this project is to provide support to a research study on primate populations in the areas of the lower Rio Cauca and the Medio Magdalena, where there are many animals which will be used in biomedical research. Similar primate population surveillance is conducted in the Amazon rain forest of Peru. A permanent consultant stationed in Iquitos directs the study in collaboration with Government of Peru biologists. The purpose of the study is to determine the effects of commercial trade and environmental change on the continuance of the quantity and quality of the populations.

TOTAL		1	1	-	-	TOTAL	PG	44,176	79,042	-	-
P-4 VETERINARIAN .4011	PG	1	1	-	-	PERSONNEL-POSTS		27,949	16,000	-	-
						PERSONNEL-CONSULTANTS		2,687	30,486	-	-
TOTAL		1	15	-	-	DUTY TRAVEL		-	400	-	-
						CONTRACTUAL SERVICES		-	5,000	-	-
CONSULTANT MONTHS	PG	1	15	-	-	SUPPLIES AND EQUIPMENT		2,139	1,347	-	-
						LOCAL COSTS		11,401	25,809	-	-

AMRO-0900, PLAGUE CONTROL

Plague is present in enzootic foci in Argentina, Bolivia, Brazil, Ecuador, Peru, the United States of America, and Venezuela. The possibility of epizootics among domestic rodents makes permanent research and control measures necessary in order to limit the number of cases in humans. Between 1962 and 1973 there were 5,407 cases of bubonic plague in humans reported, the figure for 1973 being 173.

The purpose of this project is to cooperate with the countries in ecological research programs, epidemiological vigilance, and appropriate control methods.

TOTAL		3	2	1	1	TOTAL		5,148	6,000	4,200	4,400
CONSULTANT MONTHS	PR	-	1	1	1						
CONSULTANT MONTHS	WR	3	1	-	-	SUBTOTAL	PR	-	2,000	2,200	2,400
						PERSONNEL-CONSULTANTS		-	2,000	2,200	2,400
						SUBTOTAL	WR	5,148	4,000	2,000	2,000
						PERSONNEL-CONSULTANTS		5,148	2,000	-	-
						SUPPLIES AND EQUIPMENT		-	2,000	2,000	2,000

AMRO-0919, EVOLUTION AND CONTROL OF MYCOBACTERIOSES (LEPROSY/TUBERCULOSIS)

Seminars in leprosy control and administrative procedures have been held by PAHO in 1958, 1963, and 1968. These have usually taken place just prior to the International Congress of Leprosy held every five years. Because of several important new developments in leprosy reported at the International Congress in Norway in August 1973, the PAHO Seminar will be held early in 1974 to bring the latest developments to the attention of leprosy control officers of the Region.

The seminar will take advantage of the information from the Norway Congress and will also bring together other workers from the field of the mycobacterioses, including tuberculosis. It is the purpose of this seminar to observe the evolution of the mycobacteria and the diseases they produce, and to explore the most effective methods of their control and how these can best be applied to leprosy control.

TOTAL	WR	-	14,000	-	-
SEMINAR COSTS		-	14,000	-	-

AMRO-0923, DISEASES PREVENTABLE BY VACCINES

The purpose of this project is to stimulate interest of health administrations in the development and maintenance vaccination programs, in particular against poliomyelitis, measles, diphtheria, whooping cough and tetanus. In addition, it is to collaborate in the study of the severity and magnitude of these diseases and in the planning, establishing, developing and evaluating of systems of epidemiological surveillance. New mechanisms for developing programs will be sought, especially through the active contribution of the organized community, the study of new methods of health education and community education, the training of personnel, etc.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

At the same time search for new vaccines will be stimulated as well as the improvement of existing ones for those diseases prevalent in the Region, and trial of the new products will be facilitated.

TOTAL					TOTAL	WR			
	-	-	2	2		-	-	14,400	20,800
CONSULTANT MONTHS	WR	-	-	2	2			4,400	4,800
					PERSONNEL-CONSULTANTS			10,000	16,000
					SUPPLIES AND EQUIPMENT				

AMRO-0924, INTERNATIONAL SYMPOSIUM ON THE CONTROL OF LICE AND LOUSE-BORNE DISEASES

This project has provided for the follow-up and liquidation of the final costs of the International Symposium on Control of Lice and Louse-Borne Diseases held in late 1972.

TOTAL	PG	22,989	-	-	-
CONTRACTUAL SERVICES		2,490	-	-	-
PUBLICATIONS		12,510	-	-	-
SEMINAR COSTS		7,989	-	-	-

AMRO-0925, STRENGTHENING TYPHUS AND OTHER RICKETTSIAL DISEASE SURVEILLANCE AND DIAGNOSTIC FACILITIES

Louse-borne typhus fever remains endemic in the highlands of Bolivia, Ecuador, Peru, and Guatemala. Over the period 1961 to 1971, 3,000 cases were reported with 300 deaths. Significant outbreaks have occurred during the past two years in Guatemala, Ecuador, and Bolivia. A recent survey in Central America indicated that Q fever was endemic in selected areas of Costa Rica, Honduras, and Panama. A small percentage of the population had spotted fever antibodies and rickettsialpox infection has occurred in Costa Rica.

The Department of Microbiology of the University of Maryland, which has been collaborating in the study of attenuated typhus vaccine in Bolivia, will provide both reagents and reference services to those laboratories in Central and South America capable of performing the CF Test. Such diagnostic facilities are essential for the proper surveillance of louse-borne typhus and any other rickettsial infections which may present a public health problem. Performance evaluation of these tests will be accomplished by sending coded reference sera to each laboratory periodically. The project also provides for training local personnel in newer diagnostic techniques for the rickettsias.

TOTAL					TOTAL	WR			
	-	-	1	1		-	-	6,700	6,900
CONSULTANT MONTHS	WR	-	-	1	1			2,200	2,400
					PERSONNEL-CONSULTANTS			1,500	1,500
					FELLOWSHIPS			3,000	3,000
					GRANTS				
FELLOWSHIPS-SHORT TERM	WR	-	-	1	1				

AMRO-0926, ENTEROVIRUS COLLABORATIVE TESTING PROGRAM

The objective of this project is to strengthen the network of 20 enterovirus diagnostic laboratories in the Region. The WHO Regional Reference Center for Enteroviruses in the Center for Disease Control (CDC) will provide standard sera and prototype viruses to the collaborating laboratories. Using standardized test procedures, the performance of each laboratory will be evaluated. The project will provide the national laboratories with a measure of the accuracy of their methods and distribute the burden of testing reference antisera. The program will facilitate information exchange in enterovirus diagnosis. Emphasis will be on poliovirus diagnosis; however, the important ECHO and Coxsackie viruses will also be included.

TOTAL					TOTAL	WR			
	-	3	-	-		-	6,500	-	12,000
CONSULTANT MONTHS	WR	-	3	-	-		6,000	-	-
					PERSONNEL-CONSULTANTS			-	-
					SEMINAR COSTS			-	10,000
					SUPPLIES AND EQUIPMENT		500	-	2,000

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

AMRO-0928, SURVEILLANCE FOR INSECTICIDE-RESISTANT LICE IN THE AMERICAS

Recent studies have shown that the widespread use of agricultural insecticides, particularly DDT and malathion, is resulting in an increasing problem of insecticide resistance by lice. This is presenting troublesome problems in the control of louse-borne typhus fever in Africa and may very well be a problem in the Americas. Kits for testing lice are readily available through WHO, and this project will provide for systematic collection and testing of lice from the endemic regions in a surveillance program, as recommended by the Seminar on the Control of Lice and Louse-borne Diseases held by PAHO in December 1972.

TOTAL		1973	1974	1975	1976	TOTAL	WR	1973	1974	1975	1976
		-	-	-	1			-	-	1,000	3,400
CONSULTANT MONTHS	WR	-	-	-	1	PERSONNEL-CONSULTANTS		-	-	-	2,400
						SUPPLIES AND EQUIPMENT		-	-	1,000	1,000

AMRO-0929, STRENGTHENING HEPATITIS SURVEILLANCE SERVICES IN THE AMERICAS

Infectious hepatitis is now reported in all but three of the American countries, in contrast to the year 1960 when reports of this disease were received from only ten countries and six areas. With the increasing use of blood products, there is the accompanying risk of transmission of serum hepatitis through blood transfusions. Recently evidence has been accumulating in Africa that certain mosquitoes or other blood-sucking insects may be transmitters of the hepatitis B virus. Most surveys for the prevalence of hepatitis B antigen in the tropics have associated an increased risk of all tropical populations to the acquisition of this viral antigen.

This project will provide both reference and working reagents for testing all potential donors to blood banks for the presence of hepatitis B antigen. It will also provide both laboratory and epidemiological support for conducting surveys of the prevalence of hepatitis B antigen in selected populations throughout the tropical regions of Latin America, and funds for the preparation of gamma globulin to be used in the prevention of infectious hepatitis in those countries which currently do not have available production centers. In addition, it will promote the reporting and epidemiological analysis of both hepatitis A and hepatitis B infections through the routine epidemiological and statistical services of all of the countries of Latin American and the Caribbean.

TOTAL		1973	1974	1975	1976	TOTAL	WR	1973	1974	1975	1976
		-	-	-	2			-	-	-	31,800
CONSULTANT MONTHS	WR	-	-	-	2	PERSONNEL-CONSULTANTS		-	-	-	4,800
						CONTRACTUAL SERVICES		-	-	-	2,000
TOTAL		-	-	-	3	SEMINAR COSTS		-	-	-	5,200
						SUPPLIES AND EQUIPMENT		-	-	-	12,000
FELLOWSHIPS-ACADEMIC	WR	-	-	-	1	FELLOWSHIPS		-	-	-	7,800
FELLOWSHIPS-SHORT TERM	WR	-	-	-	2						

AMRO-0932, PERFORMANCE EVALUATION OF ARBOVIRUS SEROLOGIC DIAGNOSIS

In 1973, the Yale International Arbovirus Reference Center distributed five inactivated arbovirus antigens to 22 laboratories in Latin America and the Caribbean. This project will provide for a performance evaluation of the 22 laboratories in their routine use of these diagnostic reagents. Provision is made for fellowships to train laboratory technicians from each of the countries involved in the program.

TOTAL		1973	1974	1975	1976	TOTAL	WR	1973	1974	1975	1976
		-	-	4	4			-	-	9,500	9,500
FELLOWSHIPS-SHORT TERM	WR	-	-	4	4	CONTRACTUAL SERVICES		-	-	3,500	3,500
						FELLOWSHIPS		-	-	6,000	6,000

AMRO-1000, PARASITIC DISEASES

In part as a result of the shortage of available professional manpower, programs to control parasitic diseases suffer from a lack of data in most of the countries. The purpose of this project is to motivate the countries to organize and execute measures to control parasitic diseases, offering them the technical assistance they need to do so.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$
TOTAL	2	2	2	2	TOTAL	PR 7,559	18,500	35,000	50,200
P-5 PARASITOLOGIST .0975	PR 1	1	1	1	PERSONNEL-POSTS	7,559	15,500	30,300	42,400
G-4 SECRETARY .3119	PR 1	1	1	1	PERSONNEL-CONSULTANTS	-	2,000	2,200	4,800
					DUTY TRAVEL	-	1,000	2,500	3,000
TOTAL	-	1	1	2					
CONSULTANT MONTHS	PR -	1	1	2					

AMRO-1007, SCHISTOSOMIASIS

The purpose of this project is to urge the countries to improve their schistosomiasis control programs and to advise them on how to do so. PAHO is devoting particular attention to cooperation in special studies on classification of snails and to research on possible mutagenic effects of medications used to treat the disease. PAHO also assists in drafting requests for external support.

TOTAL	1973	1974	1975	1976	TOTAL	1973	1974	1975	1976
	-	2	1	1		PR 117	11,000	9,200	9,400
CONSULTANT MONTHS	PR -	2	1	1	PERSONNEL-CONSULTANTS	-	4,000	2,200	2,400
					SUPPLIES AND EQUIPMENT	117	2,000	2,000	2,000
					GRANTS	-	5,000	5,000	5,000

AMRO-1008, CHAGAS' DISEASE

This project gives priority attention to diagnostic laboratory techniques for Chagas' disease because of their importance in adequate control efforts. PAHO is lending technical and financial assistance to such efforts.

TOTAL	1973	1974	1975	1976	TOTAL	1973	1974	1975	1976
	1	3	2	2		2,164	24,133	13,400	15,800
CONSULTANT MONTHS	WR 1	3	2	2	SUBTOTAL	PG 466	9,133	-	-
					CONTRACTUAL SERVICES	466	9,133	-	-
					SUBTOTAL	WR 1,698	15,000	13,400	15,800
					PERSONNEL-CONSULTANTS	1,698	6,000	4,400	4,800
					SUPPLIES AND EQUIPMENT	-	4,000	4,000	4,000
					GRANTS	-	5,000	5,000	7,000

AMRO-2100, ENVIRONMENTAL SANITATION

Environment and ecology are objects of special attention during the decade of the 70's and will continue to be topics of primary importance throughout the 1980's, as they reflect equally important public concerns and needs requiring that environmental health programs be viewed in their proper perspective. Even though half of the population of Latin America still lives in rural conditions, some of the largest urban complexes in the world may be developing on the Continent. The magnitude of this growth of the principal cities, both in density and in industrial development, poses problems in environmental degradation and in alteration of the ecological equilibrium similar to those experienced by highly industrialized countries. The Ministers of Health of the Americas, in their III Special Meeting held in 1972, gave additional emphasis to these activities by approving recommendations and setting certain goals for environmental pollution.

Through this project PAHO renders assistance to the countries in environmental pollution and ecological problems, utilizing the services of the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS) in Lima, Peru. Assistance is also being given towards the establishment of a center for human ecology and health to be located in Mexico City, which will complement the assistance given to the countries by CEPIS.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

concerning water supplies in urban areas. One is close to achieving the goal relating to sewerage systems in urban areas. In other areas of environmental sanitation, however, deficiencies in coverage, personnel, budget allocations, and planning and programming persist, particularly in relation to rural areas.

The purpose of this project is to cooperate with the countries in the improvement and strengthening of agency infra-structures and in the orientation, coordination, development, supervision, and evaluation of environmental sanitation programs, particularly food inspection, industrial and housing hygiene, collection and disposal of solid waste, water and air pollution control, water supply and sewerage services, improvement of institutions, and training of personnel. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		2	2	-	-	TOTAL	PR	38,759	42,200	-	-
P-5 SANITARY ENGINEER .0866	PR	1	1	-	-	PERSONNEL-POSTS		34,820	38,400	-	-
G-6 SECRETARY .0867	PR	1	1	-	-	DUTY TRAVEL		3,174	3,200	-	-
						SUPPLIES AND EQUIPMENT		765	600	-	-

AMRO-2104, SANITARY ENGINEERING (ZONE IV)

The effort being made by the countries of the Zone in the matter of water supplies and sewerage while not sufficient is satisfactory. Out of the total population of 47 million, only 40% have potable water and 28% sewerage service. In the area of environmental control and quality maintenance programs, shortcomings are apparent in national policies and criteria, plans of action, and financing for such plans, compounded in every case by insufficient economic, human, and institutional resources.

It is intended to gradually formulate national sanitation plans for each country of the Zone, to provide water, sewerage, and solid waste services supplemented by programs for evaluating and controlling water, air, and soil pollution, all within the context of the Ten-year Health Plan for the Americas. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		2	2	-	-	TOTAL	PR	40,233	45,300	-	-
P-5 SANITARY ENGINEER .0868	PR	1	1	-	-	PERSONNEL-POSTS		35,309	40,300	-	-
G-6 SECRETARY .0869	PR	1	1	-	-	DUTY TRAVEL		4,924	5,000	-	-

AMRO-2106, SANITARY ENGINEERING (ZONE VI)

The purpose of this project is to continue collaborating with the countries of Zone VI in the promotion, planning, programming, execution, and evaluation of programs of sanitary engineering and environmental sciences which are being conducted in the countries in order to improve environmental conditions. Special attention will be given to activities related to control of environmental pollution and its effects on the health and well-being of the people. The project will provide assistance in solving the growing problems of air, water, and soil pollution; in utilizing water resources; in studying the effects of use of insecticides and pesticides; and in training professional and auxiliary personnel. This will all be done in the framework of the recommendations and goals set by the Ten-year Health Plan for the Americas. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		2	2	-	-	TOTAL	PR	36,984	43,300	-	-
P-5 SANITARY ENGINEER .0870	PR	1	1	-	-	PERSONNEL-POSTS		33,891	39,700	-	-
G-4 SECRETARY .0871	PR	1	1	-	-	DUTY TRAVEL		3,075	3,100	-	-
						SUPPLIES AND EQUIPMENT		18	500	-	-

AMRO-2107, ENVIRONMENTAL SANITATION (CARIBBEAN)

The objectives of this project are to assist the countries of the Eastern Caribbean in the planning of specific environmental activities; development of human resources; establishment of strong public health engineering units; and creation of a healthful environment through programs aimed at specific problems. Continuing assistance is provided for the improvement of water quality and supply in those territories not participating in a separate water supply project.

	FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
							\$	\$	\$	\$
G-2 CMAUFFEUR .3353	PG	1	1	1	1					
G-2 DRIVER 4.4378	WR	-	-	-	1					
G-1 GUARD .4374	PR	-	1	1	1					
G-1 GUARD/JANITOR .4377	PR	-	-	1	1					
G-1 GUARD/JANITOR .3352 .3956	PG	2	2	2	2					
G-1 MESSENGER .3955	PG	1	1	1	1					
TOTAL		14	10	7	16					
CONSULTANT MONTHS	PR	7	10	-	6					
CONSULTANT MONTHS	WR	7	-	7	10					

AMRO-2118, REGIONAL POLLUTION MONITORING NETWORK

The expenditures in this project represent final liquidation of UNDP costs. Activities continue under AMRO-2114.

TOTAL	UNDP	26	-	-	-
SUPPLIES AND EQUIPMENT		26	-	-	-

AMRO-2120, CONFERENCE ON ENVIRONMENTAL IMPROVEMENTS IN RURAL AREAS

At the end of 1972 the countries of the Region reported that 27% of their rural population was served by water systems. Of this total, 76% were served from house connections and 24% were provided with easy access. However, only 4% were served by sewerage systems. As the efforts of the countries have been focused on the concentrated rural population (villages) the coverage in this area of the water sector has been much higher than in the dispersed population. In a few countries the coverage approaches 50% of the village population. The goals at the special meeting in Santiago have given new impetus to the efforts to improve the quality of life in the rural areas. In order to achieve these goals, existing programs will need to be studied and in many cases reoriented. At the same time, there is the need to refine and intensify the present administrative, financial, and technical systems and techniques. In order to provide a focus for this effort, it is proposed that a conference be held to bring together the officials of the ongoing programs, the lending agencies, and the developmental assistance agencies to discuss common problems, listen to new ideas, and obtain orientation for future efforts in this field.

TOTAL		-	3	-	-	TOTAL	WR	-	28,500	-	-
CONSULTANT MONTHS	WR	-	3	-	-	PERSONNEL-CONSULTANTS	-	6,000	-	-	-
TOTAL		-	27	-	-	SEMINAR COSTS	-	4,500	-	-	-
PARTICIPANTS	WR	-	27	-	-	PARTICIPANTS	-	18,000	-	-	-

AMRO-2123, CENTER FOR HUMAN ECOLOGY AND HEALTH

Countries of Latin America and the Caribbean region can avoid to a considerable degree the environmental damage that has accompanied industrialization and urbanization in developed countries by applying the knowledge and experience gained by the latter. Clear recognition of this need is expressed most recently in Resolution XXXI of the 1971 Meeting of the Directing Council. It cites the need for a center for human ecology and health sciences and requests the Director to explore the means for its establishment.

The purpose of this project is to develop the center. Four major roles are visualized for it in collaboration with the governments: (1) develop biomedical and epidemiological methodology to identify, define, and monitor health problems of environmental origin; (2) advise governments on programs and actions to minimize the adverse effects of environment on health; (3) conduct and support training of environmental health specialists; (4) conduct, support, and promote studies and research; and (5) provide information for global assessment of health problems of environmental origin.

TOTAL		-	1	1	1	TOTAL	WR	-	24,960	38,000	40,710
P-5 ECOLOGIST 4.3828	WR	-	1	1	1	PERSONNEL-POSTS	-	21,960	34,700	36,310	
						DUTY TRAVEL	-	2,000	2,200	2,400	
						SUPPLIES AND EQUIPMENT	-	1,000	2,000	2,000	

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

AMRO-2124, PROMOTION OF SANITARY ENGINEERING

The Inter-American Association of Sanitary Engineers (AIDIS) is an organization of over 1,500 sanitary engineers from all the countries of the Region who render their services to federal, state, municipal, and local agencies as well as to industry, private practice, universities, and academic institutions. AIDIS has been in existence for 28 years and has always collaborated very closely with PAHO. In view of the increased importance of the activities and programs to control the environment and prevent pollution, it is highly desirable that PAHO take full advantage of the vast reservoir of human resources that AIDIS represents. Recently, AIDIS established a permanent secretariat, located in Venezuela, which reinforces its potential to serve and participate in regional activities. The main objective of this project is to cooperate with AIDIS so that it can render services to the countries and to PAHO in the establishment of national environmental sanitation plans designed to meet the goals set by the Ministers of Health of the Americas in 1972.

TOTAL		-	3	3	3	TOTAL	-	16,000	16,600	17,200
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CONSULTANT MONTHS	PR	-	3	-	-	SUBTOTAL	PR	-	16,000	10,000
CONSULTANT MONTHS	WR	-	-	3	3	PERSONNEL-CONSULTANTS		-	6,000	-
						GRANTS		-	10,000	10,000
						SUBTOTAL	WR	-	-	16,600
						PERSONNEL-CONSULTANTS		-	-	6,600
						GRANTS		-	-	10,000
										7,200

AMRO-2126, SYMPOSIUM ON ENVIRONMENTAL POLLUTION

Environmental quality in the countries of the Americas is progressively deteriorating as a result of population growth, intensive urbanization, and a lack of suitable criteria for the use of natural resources. Recognizing this situation, PAHO sponsored a Latin American seminar on air pollution in 1968 and a regional symposium on water pollution in 1970. Considering the growing interest of the governments in realistic programs to control environmental pollution, integrated with the overall development process, another meeting is needed. The results obtained by programs now under way could be evaluated, and proposals, plans, and programs designed to enable the countries to achieve the goals proposed in this field at the III Special Meeting of Ministers of Health could be discussed.

The purpose of the project is to make possible a broad, Regionwide debate, with the participation of the Hemisphere's most outstanding experts, on the current situation in the various countries as regards air, water, and soil pollution. Special attention will be given to strategy, new approaches, and new programs for environmental protection, as related to the economic and industrial development of the countries in the Region.

TOTAL		-	4	-	-	TOTAL	WR	-	32,500	-	-
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CONSULTANT MONTHS	WR	-	4	-	-	PERSONNEL-CONSULTANTS		-	8,000	-	-
TOTAL		-	40	-	-	SEMINAR COSTS		-	6,500	-	-
						PARTICIPANTS		-	18,000	-	-
PARTICIPANTS	WR	-	40	-	-						

AMRO-2127, SANITARY ENGINEERING PLANNING IN THE ANDEAN REGION (ZONE IV)

The Ten-year Health Plan for the Americas set a spending goal of about \$1 billion for the four countries in Zone IV in the fields of water supply, sewerage, and solid waste services. If all the members of the Andean Subregional Pact are included, the figure rises to \$1.6 billion.

This requirement for funds must be supported by the development of national environmental sanitation plans which clearly identify the economic resources needed and establish the mechanisms for this financing in the framework of the countries' socioeconomic policies. Methods of obtaining the material resources needed must also be analyzed. These plans should lay the foundations of programs to achieve national self-sufficiency or to meet certain needs through the Andean Subregional Pact. Concomitantly, programs to achieve greater and better use of existing installed capacity, especially in relation to water supply, sewerage, and solid waste services, will be intensified.

TOTAL		-	-	-	2	TOTAL	PR	-	-	-	23,400
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P-4 SANITARY ENGINEER	PR	-	-	-	1	PERSONNEL-POSTS		-	-	-	18,200
.4266						PERSONNEL-CONSULTANTS		-	-	-	2,400
G-4 SECRETARY	PR	-	-	-	1	DUTY TRAVEL		-	-	-	2,500
.4267						SUPPLIES AND EQUIPMENT		-	-	-	300

	FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
							\$	\$	\$	\$
TOTAL		-	-	-	1					
CONSULTANT MONTHS	PR	-	-	-	1					

AMRO-2200, WATER SUPPLIES

Data collected from the countries at the end of 1972 show that 77% of the urban population and 27% of the rural in the Region was served with adequate water supply systems either by house connections or public hydrants. Only 40% of the urban population had access to sewerage services. The new Ten-year Health Plan for the Americas has established more ambitious goals which will mean an investment of over \$10 billion during the decade of the 70's to provide services to 100 million additional people.

The purpose of this project is to continue providing optimum technical assistance to the countries in their achievement of the decade goals for potable water and suitable waste disposal facilities. The advisory services furnished in this project range from the level of national planning to the identification and preparation of projects for investment, preparation of sector and feasibility studies, development of master plans, and related assistance extending in complexity from short-term consultant assignments to large-scale preinvestment studies for major metropolitan areas.

TOTAL		5	5	5	5	TOTAL	113,980	130,900	139,500	146,700
P-5 REG. ADV. - WATER SUPPLY .3035	PR	1	1	1	1	SUBTOTAL	53,517	112,900	119,900	144,700
P-5 SANITARY ENGINEER .3343	PR	1	1	1	1	PERSONNEL-POSTS	40,200	100,900	107,400	112,500
G-5 SECRETARY .0053 .0930	PR	2	2	2	2	PERSONNEL-CONSULTANTS	-	-	-	19,200
G-4 SECRETARY .1099	PR	1	1	1	1	DUTY TRAVEL	13,317	12,000	12,500	13,000
TOTAL		5	8	8	8	SUBTOTAL	PK * 54,049	-	-	-
CONSULTANT MONTHS	PR	-	-	-	8	PERSONNEL-POSTS	54,049	-	-	-
CONSULTANT MONTHS	WR	5	8	8	-	SUBTOTAL	WR 6,414	18,000	19,600	2,000
						PERSONNEL-CONSULTANTS SUPPLIES AND EQUIPMENT	6,414	16,000	17,600	-
							-	2,000	2,000	2,000

*See Special Fund for Health Promotion, Part IV.

AMRO-2203, WATER SUPPLIES (ZONE III)

In December 1972, two countries of Zone III exceeded the target set in Santiago, Chile, for supplying potable water through house connections to 80% of the urban population, and the other four practically exceeded one half of the target. As for the rural sector, the target provides that water services should be supplied to 50% of the population; applying this criterion, two countries exceeded the target, another exceeded 30%, while the other three were under 13%. This fact, together with the population growth observed in the Central American area, means that greater efforts must be made to satisfy the mounting demand for potable water and to prevent the present achievements from deteriorating. For this purpose, implementation of the programs of construction of new water supplies or extension of existing ones must be expedited as quickly as possible, as must the operational, maintenance, and administrative programs. In order to do this, it is necessary to continue training the personnel and to strengthen the technico-administrative structure of the institutions responsible for developing the potable water and sewerage plans and programs in the countries.

The purpose of this project is to provide the countries of the Zone with advisory services in the planning, development, and evaluation of their national urban and rural water supply programs, to promote the preparation of technical and economic feasibility studies aimed at the self-financing of the systems, and to strengthen the institutional infrastructure in the fields of engineering and administration in an effort to reach the targets set in Santiago, Chile. at the III Special Meeting of Ministers of Health of the Americas. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		4	3	-	-	TOTAL	68,746	64,300	-	-
P-4 ADMIN. METHODS OFFICER .2645	PR	1	1	-	-	PERSONNEL-POSTS	58,893	58,800	-	-
P-4 MAINTENANCE ENGINEER .4047	PR	1	-	-	-	PERSONNEL-CONSULTANTS	1,308	-	-	-
P-4 SANITARY ENGINEER .0849	PR	1	1	-	-	DUTY TRAVEL	7,683	5,000	-	-
G-5 SECRETARY .3000	PR	1	1	-	-	SUPPLIES AND EQUIPMENT	862	500	-	-
TOTAL		4	3	-	-					
CONSULTANT MONTHS	PR	4	3	-	-					

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

AMRO-2213, STUDIES AND INVESTIGATION OF WATER RESOURCES

The purposes of this project were (1) to carry out an integrated study of water resources in the Region and of their present and future use, with special attention to water supplies, and the elimination of liquid wastes and the contamination they cause; (2) to analyze water resources, principally their health and sanitary aspects, for use in planning processes; and (3) to develop standard procedures for the formulation of projects in this field.

TOTAL	1	-	-	-	TOTAL	UNDP	31,024	1,815	-	-
P-4 SANITARY ENGINEER 4.0943	1	-	-	-	PERSONNEL-POSTS SUPPLIES AND EQUIPMENT		30,000	-	-	-
							1,024	1,815	-	-

AMRO-2219, WATER METERS

Through this project PAHO is cooperating in a study of the use of various kinds of water meters under variable conditions, and in the dissemination of the results.

TOTAL	PG	338	102	-	-
CONTRACTUAL SERVICES		338	102	-	-

AMRO-2220, INSTITUTIONAL DEVELOPMENT

It is estimated that hundreds of agencies in Latin America must be assisted in order that the Region can affect the climate of change that will be necessary to implement the ambitious goals of the national environmental plans and programs. These agencies must institutionalize the goals and objectives that will permit them to achieve the plans established for the decade and to invest the vast sums (about \$10 billion for water and sewerage alone) that will be required.

Present goals call for the coverage in the water sector to be raised from 70 to 80% in the urban areas by 1980. Rural goals, while less ambitious, are equally difficult. The strategy is one of strengthening existing institutions and establishing new ones, in such a way as to maximize the expenditure of those human, technical, and financial resources that the countries can bring to bear in the sector. As this effort must result in the establishment and operation of strong, viable institutions, the highly successful multidisciplinary approach of the past will be modified to reflect new ideas, approaches, technology, and financing procedures. In addition, new phases of the work will be developed with the countries. For example, in Brazil alone some 60,000 people need to be trained in water and sewerage utility management techniques and procedures.

The implementation of the new technical assistance approaches has resulted in stronger institutions, savings in time, and in increased revenues. During 1973-74, 44 projects in 18 countries used 208 manmonths of consultant time. Contributions by the countries for these services to the PAHO Water Fund amounted to \$1.1 million during 1973.

TOTAL	7	15	16	17	TOTAL	169,469	348,450	433,800	468,400	
P-5 MANAGEMENT CONSULTANT .0850	PR	1	1	1	1					
P-4 MANAGEMENT CONSULTANT .3581	PR	1	1	1	1					
P-4 MANAGEMENT CONSULTANT .4135 .4136 .4137 .4209 .4213 .4214 .4215 .4361	PW	-	8	8	8	PERSONNEL-POSTS DUTY TRAVEL	96,526 16,565	121,400 14,800	151,400 15,100	168,900 15,400
P-4 SANITARY ENGINEER .3120 .3509	PR	1	2	2	2	SUBTOTAL	45,440	210,750	257,200	270,500
P-4 SANITARY ENGINEER .3120	PW	1	-	-	-	PERSONNEL-POSTS	39,807	191,000	224,200	234,500
P-2 ADMINISTRATIVE ASSISTANT .4303	PR	-	-	-	1	PERSONNEL-CONSULTANTS DUTY TRAVEL	1,653 3,980	10,000 9,750	22,000 11,000	24,000 12,000
G-5 SECRETARY .0852	PR	1	1	1	1	SUBTOTAL	10,938	1,500	10,100	13,600
G-4 CLERK STENOGRAPHER .3889	PW	1	1	1	1	PERSONNEL-CONSULTANTS PUBLICATIONS	7,065 2,250	-	6,600	9,600
G-4 SECRETARY .3780 .4097	PW	1	-	-	-	SUPPLIES AND EQUIPMENT	1,623	1,500	3,500	4,000
G-4 SECRETARY .3780										
TOTAL		22	5	13	14					
CONSULTANT MONTHS	PW	19	5	10	10					
CONSULTANT MONTHS	WP	3	-	3	4					

FUND	1973	1974	1975	1976
	1	-	-	-

FUND	1973	1974	1975	1976
	\$	\$	\$	\$

AMRO-2223, PUBLIC SERVICES ADMINISTRATION

While substantial progress has been made since 1966 in the criteria and systems that are being used for the administration and management of the Region's public utilities, most of the information has been confined to individual countries and has not been shared with others. Consultant services were provided to study the feasibility of establishing a forum for the widest possible discussion of common experiences, as well as the latest concepts, in the managerial, administrative, economic, and engineering fields.

TOTAL		1	-	-	-	TOTAL	PR	2,869	-	-	-
CONSULTANT MONTHS	PR	1	-	-	-	PERSONNEL-CONSULTANTS		2,869	-	-	-

AMRO-2227, WATER QUALITY AND WATER SUPPLY SYSTEMS

Between water quality at the source and the desired quality of supply there is a gap which must be covered by water treatment processes. It is recognized by both public health and water utility officials that the quality of drinking water deteriorates between the time it leaves the treatment plant and its arrival at the consumer's tap. The responsibility of the water authorities in the countries of Latin America is to provide clear, wholesome water for public distribution. In order to achieve the goals established in the Ten-year Health Plan for the Americas for water supply it will be necessary to develop programs with a view to setting standards for water quality control. Several countries in the Region have already initiated water quality control programs and water quality surveillance systems. Coordination between these countries and the dissemination of knowledge, as well as the sharing of experiences, will be profitable both to the countries with established programs and those contemplating the introduction of water quality control.

Under this project it is proposed to hold a seminar in which representatives from the countries of the Region would meet and exchange views.

TOTAL		-	-	3	-	TOTAL	WR	-	-	26,600	-
CONSULTANT MONTHS	WR	-	-	3	-	PERSONNEL-CONSULTANTS		-	-	6,600	-
						SEMINAR COSTS		-	-	20,000	-

AMRO-2230, RURAL WATER SUPPLY AND SANITATION

In recent years, man has intensified his age-old quest to improve his immediate surroundings. This search for better ways has brought into sharp focus the conflict between social and technical problems. This has forced a growing awareness of the fact that the economic and social development of the countries often depends on their success in providing a balance between the attention given to man in his rural environment and that being provided to him in the other sectors.

Water supply coverage for this area has grown from 7% in 1961 to 27% in 1972, so that by the end of 1971, 33 million people enjoyed the benefits of safe water from the thousands of systems that they helped the programs to construct. To complete the task, it is estimated that at least 86 million people need to be served at a cost of \$1.7 billion by the end of 1980.

In response to the concern expressed by the Ministers of Health at their III Special Meeting in Santiago, where they said: ". . . our priority task is undoubtedly to devote special attention to those in need, to persons living in the villages and on the outskirts of major cities . . .", the purpose of this program is to provide a focus for the efforts of PAHO/WHO to assist the country programs in expanding their coverage and quality of service to a maximum number of people, providing these basic services in the shortest time at the lowest cost possible in order that the goals set forth in the Ten-year Health Plan for the Americas will be achieved.

TOTAL		-	1	1	1	TOTAL	PR	-	35,000	36,400	37,800
P-5 SANITARY ENGINEER .4382	PR	-	1	1	1	PERSONNEL-POSTS		-	33,000	34,400	35,800
						DUTY TRAVEL		-	2,000	2,000	2,000

AMRO-2300, Aedes aegypti ERADICATION

A cost-benefit study on the prevention in the Americas of diseases transmitted by Aedes aegypti was completed in 1972 and concluded that eradication of the vector would be worth the trouble involved and that this would be the best policy for the Americas.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

In 1973 the reinfested foci in Brazil and Costa Rica were completely eliminated; the islands of Saba and St. Eustatius reached negativity, and favorable results were obtained with some campaigns in other areas of the Caribbean region. Nonetheless, four foci of reinfestation were discovered in Guatemala, and one each in Nicaragua, Grand Cayman Island, and the Canal Zone in Panama, all of which were promptly eliminated.

The purpose of this project is to continue to cooperate in the eradication of Aedes aegypti, vector of urban yellow fever, from the Region of the Americas through development of effective and economical control measures suitable to each country; identification of problems and ecological studies of possible solutions through field investigations and experiments; conduction of intradomiciliary, perifocal or focal methods of vector control; and organization and enforcement of surveillance activities.

TOTAL		3	3	3	3	TOTAL	75,737	115,500	129,000	138,000
P-5 MEDICAL OFFICER .0811	PR	1	1	1	1					
P-4 MEDICAL OFFICER .3613	PR	-	1	1	1	SUBTOTAL	62,529	61,000	78,600	82,200
P-3 ENTOMOLOGIST .0812	PR	1	-	-	-	PERSONNEL-POSTS	55,751	60,200	71,600	75,000
G-5 SECRETARY .3309	PR	1	1	1	1	DUTY TRAVEL	6,778	6,800	7,000	7,200
						SUBTOTAL	13,208	48,500	50,400	55,800
TOTAL		-	2	2	2	PERSONNEL-CONSULTANTS	-	4,000	4,400	4,800
CONSULTANT MONTHS	WR	-	2	2	2	SEMINAR COSTS	951	-	-	-
TOTAL		-	3	4	4	SUPPLIES AND EQUIPMENT	12,257	40,000	40,000	45,000
FELLOWSHIPS-SHORT TERM	WR	-	3	4	4	FELLOWSHIPS	-	4,500	6,000	6,000

AMRO-2301, AEDES AEGYPTI ERADICATION (CARIBBEAN)

Almost all the countries of Zone I are infested, some heavily, with Aedes aegypti, vector of urban yellow fever, dengue, and hemorrhagic fever. Yellow fever, known to be present in the basins of the Amazon, Orinoco, and Magdalena Rivers, has been very active during 1973, with 41 deaths in Brazil. Dengue is endemic in many countries of the Caribbean and South America, including Colombia, the Dominican Republic, French Guiana, Grenada, Haiti, Puerto Rico and Venezuela.

An epidemic of any of the diseases transmitted by Aedes aegypti would produce a severe impact on the economy of the countries involved, whether their income is due to tourism or to other resources. The availability of several means of transportation among these countries and the heavy traffic between them represents a risk of transporting the vector from infested areas to other places in the Caribbean region, thereby affecting achievement of the final objective of the eradication campaigns now in progress.

The purpose of this project is to provide technical and advisory services to the countries of the Zone in the eradication of Aedes aegypti by assisting and coordinating the campaigns in progress in 16 political units and campaigns in the preparatory phase in four political units, and by promotion of campaigns in those remaining few countries without them. The project will also seek to promote epidemiologic surveillance operations, with priority in Trinidad and Tobago. In due time the project will encourage countries with limited activities to make an effort to expand them to a countrywide level. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		5	5	-	-	TOTAL	119,814	92,100	-	-
P-4 MEDICAL OFFICER .0610	PR	-	1	-	-	SUBTOTAL	29,616	33,800	-	-
P-4 MED. OFF. A. AEGYPTI ERAD. 4.0610	UNDP	1	-	-	-	PERSONNEL-POSTS	28,545	32,300	-	-
P-2 SANITARIAN 4.0611 4.0612	WR	-	2	-	-	DUTY TRAVEL	1,071	1,500	-	-
P-2 SANITARIAN 4.0611 4.0612 4.0613	UNDP	3	-	-	-	SUBTOTAL	22,212	58,300	-	-
P-1 SANITARIAN 4.0613	WR	-	1	-	-	PERSONNEL-POSTS	21,565	54,300	-	-
G-4 SECRETARY .3634	PR	1	1	-	-	DUTY TRAVEL	647	4,000	-	-
TOTAL		2	-	-	-	SUBTOTAL	67,986	-	-	-
CONSULTANT MONTHS	UNDP	2	-	-	-	PERSONNEL-POSTS	57,500	-	-	-
						PERSONNEL-CONSULTANTS	5,000	-	-	-
						SUPPLIES AND EQUIPMENT	5,486	-	-	-

AMRO-2303, AEDES AEGYPTI ERADICATION (ZONE III)

The objective of this project was to cooperate with the countries of the Zone in the eradication of Aedes aegypti and in the maintenance of surveillance systems. The personnel have been reassigned to country projects but will be on call as needed in the Zone.

FUND					FUND				
1973 1974 1975 1976					1973 1974 1975 1976				
-----					-----				
TOTAL					PR				
-----					-----				
		2	-	-		47,283	-	-	-
P-2	SANITARIAN	PR	1	-		38,986	-	-	-
	.2086					8,297	-	-	-
P-1	SANITARIAN	PR	1	-					
	.3689								
				TOTAL					
				PERSONNEL-POSTS					
				DUTY TRAVEL					

AMRO-2308, ADVISORY COMMITTEE ON DENGUE FEVER

The Scientific Advisory Committee on Dengue was established in 1970 and is made up of 14 scientists representing all the major dengue investigation centers in the Caribbean area. The Committee has held three meetings and has promoted and guided organization activities, including extension of epidemiological services in Puerto Rico, Haiti, the Dominican Republic, and Colombia and strengthening of virus laboratory diagnostic capabilities by providing reagents and training programs. A quarterly exchange of information has been established through a newsletter. Future meetings will guide intensified surveillance for dengue hemorrhagic fever should it occur and provide for a panel of scientists to respond to emergencies. Dengue vaccines will be field tested if they become available. The Committee also provides liaison between dengue surveillance and Aedes aegypti eradication activities.

TOTAL					TOTAL				
-----					-----				
		-	1	-			9,000	-	9,400
					WR				
CONSULTANT MONTHS		WR	-	1					
							2,000	-	2,400
							6,500	-	6,500
							500	-	500
				PERSONNEL-CONSULTANTS					
				SEMINAR COSTS					
				SUPPLIES AND EQUIPMENT					

AMRO-2309, STUDY GROUP ON Aedes aegypti ERADICATION

The purpose of this project is to hold a meeting, as a follow-up to that held in 1970, for the purpose of examining the latest methods for preventing diseases transmitted by Aedes aegypti and of establishing directions for future activities aimed at eradication of this vector.

TOTAL					TOTAL				
-----					-----				
					WR		12,000	-	-
				SEMINAR COSTS					
							12,000	-	-

AMRO-2310, COST BENEFIT STUDY ON THE PREVENTION OF Aedes aegypti-BORNE DISEASES

This project provided for liquidation of final costs of the survey carried out in 1972.

TOTAL					TOTAL				
-----					-----				
					PG		150	-	-
				CONTRACTUAL SERVICES					
							150	-	-

AMRO-2311, DENGUE SURVEILLANCE IN THE CARIBBEAN

The frequency of dengue epidemics has been steadily increasing in the Caribbean area for the past ten years. The largest outbreak occurred in Colombia during 1971-1972, with an estimated 416,000 cases. In three countries and eight territories 87,000 cases have been reported during the period 1963-1972. Currently, there is evidence of endemic dengue in both Haiti and the Dominican Republic. In the latter country an estimated 19% of the children under the age of 12 are infected annually. In Puerto Rico repeated small outbreaks of dengue caused by serotype 2 have been identified each year since 1969.

Project funds are used to implement the recommendations of the PAHO Scientific Advisory Committee on Dengue. The project supported epidemic investigations, such as in the Turks and Caicos Islands in 1974, and provided epidemiological and virological consultation to the French Departments and the Netherlands Antilles. A laboratory workshop on the diagnosis of dengue was held in Puerto Rico. The quarterly dengue newsletter is published and filmstrips distributed. Field support for dengue vaccine evaluation studies will be encouraged. Special research projects are stimulated, such as in the Dominican Republic, where the effects of dengue on maternal and infant health are being studied.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
						TOTAL		\$	\$	\$	\$
TOTAL		2	5	2	2	TOTAL	PR	5,686	10,200	6,500	10,600
CONSULTANT MONTHS	PR	2	5	2	2	PERSONNEL-CONSULTANTS		3,232	10,000	4,400	4,800
						SUPPLIES AND EQUIPMENT		2,454	200	2,100	5,800

AMRO-3000, COORDINATION WITH FOUNDATIONS

The purpose of this project is to cooperate with all foundations and other eleemosynary organizations in mobilizing resources for health and education. The nature of the projects supported depends upon the interest of the particular donor. The major portion of the activities under this project are in support of the Pan American Health and Education Foundation, since the joint projects with it are more diversified and extensive than with other foundations.

		3	6	6	7	TOTAL		39,936	80,300	96,300	109,700
P-6 ADMINISTRATIVE OFFICER	PR	1	1	1	1						
.4116											
P-5 MEDICAL OFFICER	PR	-	1	1	1	SUBTOTAL	PR	39,936	51,400	55,900	66,900
.4273											
G-6 CLERK	PH	-	1	1	1	PERSONNEL-POSTS		39,936	49,200	52,700	63,200
.4268						DUTY TRAVEL		-	2,000	3,000	3,500
G-5 CLERK	PH	1	1	1	1	SUPPLIES AND EQUIPMENT		-	200	200	200
.4018											
G-5 SECRETARY	PR	1	1	1	2	SUBTOTAL	PH	-	28,900	40,400	42,800
.4117 .4274											
G-4 CLERK TYPIST	PH	-	1	1	1	PERSONNEL-POSTS		-	28,900	40,400	42,800
.4314											

AMRO-3110, COORDINATION OF INTERNATIONAL RESEARCH

The purpose of this project is to stimulate, plan, develop, and coordinate PAHO's biomedical and health-related research program through promotion of multinational collaboration and communication among scientists, acceleration of the training of research workers, and development and implementation of research projects related to the health goals of the Americas. The PAHO Advisory Committee on Medical Research, comprising seventeen eminent scientists and educators from the Americas and Europe, assists PAHO in developing its program and recommends the basis for a long-term research policy. The Committee meets annually to review current and proposed research programs and to recommend to the Director those he might consider undertaking.

A new edition of Research in Progress will be published in 1974.

		3	3	3	3	TOTAL		71,324	119,308	96,600	105,100
P-3 EDITOR	PR	1	1	1	1						
.3488											
G-6 CLERK	PR	1	1	1	1	SUBTOTAL	PR	69,532	97,899	96,600	105,100
.3632											
G-4 SECRETARY	PR	1	1	1	1	PERSONNEL-POSTS		40,318	46,400	50,100	52,800
.2066						PERSONNEL-CONSULTANTS		4,442	14,000	11,000	16,800
						DUTY TRAVEL		-	500	500	500
						SEMINAR COSTS		24,772	36,999	35,000	35,000
TOTAL		6	7	5	7						
CONSULTANT MONTHS	PR	6	7	5	7	SUBTOTAL	PG	1,792	2,208	-	-
						SEMINAR COSTS		1,792	2,208	-	-
						SUBTOTAL	WR	-	19,201	-	-
						SEMINAR COSTS		-	19,201	-	-

AMRO-3125, SPECIAL SEMINARS IN ZONE III

PAHO has participated in seminars held in collaboration with the public health ministries in Central America and Panama. The purpose of these seminars has been to analyze, before the annual meeting of the ministers of health, the health problems in the countries of the Zone and to establish coordinated plans and priorities for the programs of action to be followed to resolve these problems. During the budget period PAHO will continue this collaboration through its technical personnel and by financial support of travel costs for the participants. Services provided under this project will be continued under country projects after 1974.

		60	56	-	-	TOTAL		16,770	15,000	-	-
PARTICIPANTS	PR	-	56	-	-	SUBTOTAL	PR	-	15,000	-	-
PARTICIPANTS	WR	60	-	-	-						
						PARTICIPANTS		-	15,000	-	-

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$
					WR	16,770	-	-	-
						892	-	-	-
						695	-	-	-
						15,183	-	-	-

AMRO-3126, OPERATIONS RESEARCH

The health administrator is often confronted with problems concerning (1) underutilization of available resources (men, equipment, material, etc.) in the health services program; and (2) ineffective work procedures due to lack of definition of effective criteria for the program. Such problems, to be found in the delivery and planning of health services, can at least partly be solved through the application of methods of operational analysis and operations research (systems analysis, industrial engineering).

The purposes of this project are to promote the application of concepts and methods of systems analysis in health services, to develop and apply techniques to solve specific problems, and to collaborate with Member Governments in using such methods.

TOTAL		1	2	2	2	TOTAL	3,335	13,000	10,900	11,300	
CONSULTANT MONTHS	PR	-	2	2	2						
CONSULTANT MONTHS	WR	1	-	-	-						
						SUBTOTAL	PR	-	10,900	10,900	11,300
						PERSONNEL-CONSULTANTS		-	4,000	4,400	4,800
						SUPPLIES AND EQUIPMENT		-	-	500	500
						GRANTS		-	6,000	6,000	6,000
						SUBTOTAL	WR	3,335	3,000	-	-
						PERSONNEL-CONSULTANTS		81	-	-	-
						SEMINAR COSTS		1,813	2,500	-	-
						SUPPLIES AND EQUIPMENT		1,441	500	-	-

AMRO-3129, RESEARCH TRAINING IN BIOMEDICAL SCIENCES

The number of qualified investigators in the biomedical sciences in Latin America is lower than the basic needs of most countries. To take advantage of the training potential of institutions and laboratories in Latin America and the Caribbean with well-recognized research activities, an exploratory program for advanced training in clinical research has been developed in cooperation with the Wellcome Trust. The program is limited to nationals of these countries and is restricted to training within the same geographic area. The scheme offers the advantage that trainees will be oriented toward the problems and conditions they are likely to find in their own countries when they return, and that there will usually be no language barrier. This approach to research training can contribute to moderating the emigration of scientific personnel from Latin America.

TOTAL		25,950	4,267	-	-
	PR	13,902	-	-	-
GRANTS		13,902	-	-	-
SUBTOTAL	PG	12,048	4,267	-	-
TRAINING GRANTS		12,048	4,267	-	-

AMRO-3130, CONFERENCE ON MYCOLOGY

The Western Hemisphere harbors a greater variety of mycotic diseases than any other part of the world. Certain of these infections, such as coccidioidomycosis and paracoccidioidomycosis, are unique to the Americas. The high annual incidence of the mycoses startles the observer who is unaware of their prevalence.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
						\$	\$	\$	\$

The public health importance of the mycoses does not stem merely from their numbers. Because clinically they mimic a host of other diseases, the clinician is forced to rely on a battery of expertly performed laboratory procedures to diagnose a fungal infection. These include cultures, serologic tests, and histopathologic studies. Even with a specific diagnosis, the physician's problems do not end for there are few specific treatments that are effective. Prolonged observations, often with extended bed rest, is required for many patients with a systemic mycotic disease. Thus, the economic and social impact of fungal diseases is formidable.

This project provides funds for a conference to continue the badly needed dialogue among scientists concerned with medical mycology in the Americas and to provide guidance for the development of more appropriate and workable solutions to the control of fungal infections in the Western Hemisphere. It also provided for the liquidation of costs related to an earlier meeting.

TOTAL		2	-	-	-	TOTAL	2,400	40,505	-	-
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CONSULTANT MONTHS	PG	2	-	-	-	SUBTOTAL	PG	2,400	36,505	-
TOTAL		-	35	-	-					
PARTICIPANTS	PG	-	35	-	-	PERSONNEL-CONSULTANTS		1,126	-	-
						PUBLICATIONS		-	12,000	-
						PARTICIPANTS		-	24,505	-
						CONFERENCE SERVICES		1,274	-	-
						SUBTOTAL	PH	-	4,000	-
						SEMINAR COSTS		-	4,000	-

AMRO-3131, CARIBBEAN HEALTH MINISTERS' CONFERENCE

The purpose of this project is to cooperate in providing a secretariat for the Caribbean Health Ministers' Conference.

TOTAL		1	1	1	-	TOTAL	35,414	44,000	45,400	-
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
P-5 MEDICAL OFFICER .3827	PR	1	1	1	-	SUBTOTAL	PR	27,496	33,000	34,400
						PERSONNEL-POSTS		27,496	33,000	34,400
						SUBTOTAL	WR	7,918	11,000	11,000
						GRANTS		7,918	11,000	11,000

AMRO-3133, SYMPOSIUM ON PARACOCIDIOIDOMYCOSIS

This project provided additional publications following the Symposium in 1971.

TOTAL		3,689	-	-	-
-----	-----	-----	-----	-----	-----
SUBTOTAL	PR	2,433	-	-	-
LIBRARY ACQUI. & BINDING		2,433	-	-	-
SUBTOTAL	PG	1,256	-	-	-
SEMINAR COSTS		1,256	-	-	-

AMRO-3135, DEVELOPMENT OF RIVER BASINS

A growing number of countries have initiated studies on the development of their more important watersheds, some international, as part of their national plans for social and economic development. The purpose of this project is to cooperate in the study of costs, benefits, and risks to health associated with the use of water resources; in the programming of measures and services for health care and protection for the population that will live in the zones being developed; and in the definition of models for development which will incorporate health as one of their components.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
						TOTAL		\$	\$	\$	\$
TOTAL		-	6	3	3	TOTAL	PR	-	12,000	6,600	7,200
CONSULTANT MONTHS	PR	-	6	3	3	PERSONNEL-CONSULTANTS		-	12,000	6,600	7,200

AMRO-3137, PROGRAM ON TRAFFIC ACCIDENTS

In compliance with the mandates of the Governing Bodies of PAHO and in accordance with the goals of the Ten-year Health Plan for the Americas, approved by the III Special Meeting of Ministers of Health, PAHO is developing a program of prevention of traffic accidents. This program has as its purpose the study of the problem as one in public health, given the importance, growing daily, of mortality from accidents as well as the temporary and permanent disabilities they cause.

In order to arouse interest of authorities in the solution of the problem, three international seminars have been held: one in Mexico for the countries of Central America; another in Caracas for the countries of South America; and a third for the English-speaking Caribbean, the United States of America, and Canada.

PAHO provides technical advisory services to the countries, appropriate training of personnel and at the same time organizes seminars at the level of each country under the auspices of the Ministerios and Secretarias of health, in order to establish national entities of coordination for this complex problem and to draw attention to its importance as a public health problem. In addition, it sponsors epidemiological investigation in order to know better the causes of accidents and to apply the most adequate means of prevention.

		1	1	1	2	TOTAL		44,224	54,193	31,600	33,800
TOTAL						TOTAL					
P-5 MEDICAL OFFICER .4114	PR	-	-	-	1	SUBTOTAL	PR	13,094	10,500	31,600	33,800
G-4 CLERK .4113	PR	1	1	1	1						
TOTAL		1	4	-	-	TEMPORARY PERSONNEL		10,214	-	-	-
CONSULTANT MONTHS	PG	1	4	-	-	PERSONNEL-POSTS		-	10,500	11,600	30,500
						DUTY TRAVEL		-	-	-	1,800
						SEMINAR COSTS		2,880	-	20,000	-
						SUPPLIES AND EQUIPMENT		-	-	-	1,500
TOTAL		30	-	-	-	SUBTOTAL	PG	31,130	43,693	-	-
PARTICIPANTS	PG	30	-	-	-	PERSONNEL-CONSULTANTS		541	8,500	-	-
						DUTY TRAVEL		749	551	-	-
						SEMINAR COSTS		6,506	34,642	-	-
						PARTICIPANTS		23,334	-	-	-

AMRO-3139, PAHO RESEARCH GRANT PROGRAM

In most countries of the Region there is a need for (1) strengthening of health services; (2) promoting cooperation among scientific and professional groups to contribute to the advancement of health; (3) promoting a good standard of teaching of health and related fields; and (4) promoting and conducting research in the field of health.

To meet the above needs the PAHO Research Training Program provides (1) individual research grants to provide assistance to research projects proposed by individual investigators; (2) exchange of research workers to assist in the exchange of research experience and the improvement of communication among scientists, through investigators' visits to different countries; and (3) reference center activities to assist in the development and maintenance of a high standard of work in specific fields and to achieve improved precision, reliability, consistency, and comparability in results from national and international studies.

	TOTAL	92,573	50,000	75,000	100,000
SUBTOTAL	PR	85,036	50,000	75,000	100,000
GRANTS		85,036	50,000	75,000	100,000
SUBTOTAL	PS	7,537	-	-	-
COURSE COSTS		7,537	-	-	-

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

AMRO-3141, DEVELOPMENT OF RIVER BASINS (ZONE IV)

There are in the countries of Zone IV river basins which constitute development foci. The use of these bodies of water for irrigation, water supplies, and as a depository for the discharge of waste water, requires preferential attention. Efficient use of water resources will be endangered in the future unless optimum utilization is made of the supply in the river basins to provide both the quantity and quality of water.

The purpose of this project is to collaborate in the development of river basins in Zone IV, providing optimum development of water resources with due consideration to the conditions of the environment, through the services of technical assistance, studies on the utilization of water resources, and protection and promotion of health, with special emphasis on the labor force and on family groups who live in the contiguous areas.

TOTAL	-	-	-	1	TOTAL	WR	-	-	-	2,400
CONSULTANT MONTHS	NR	-	-	-	1	PERSONNEL-CONSULTANTS	-	-	-	2,400

AMRO-3142, COORDINATION OF INTEGRATED HEALTH SERVICES IN FRONTIER AREAS (ZONE IV)

There are many common health problems in the frontier zones of the countries in Zone IV. In developing health programs in these border areas, preference has been given to the control of communicable diseases. Other problems that can utilize joint action between countries are malnutrition, which affects a high percentage of the population and results in a precarious socioeconomic and cultural situation, and the lack of adequate systems of water supply, waste disposal, and other measures of environmental health.

The purposes of this project include the improvement and coordination of existing health services and the creation of those deemed necessary for border areas, in such a way as to continue present country programs, broaden their coverage, and reorient them toward joint action among countries.

TOTAL	-	-	-	1	TOTAL	WR	-	-	-	2,400
CONSULTANT MONTHS	WR	-	-	-	1	PERSONNEL-CONSULTANTS	-	-	-	2,400

AMRO-3143, STUDY ON THE PARTICIPATION OF OTHER PUBLIC SECTORS IN THE DEVELOPMENT OF HEALTH SERVICES (ZONE IV)

The efforts of the health sector to establish greater integration among its diverse functions as well as to expand coverage of its services can reduce only up to a certain limit the indices related to health problems. In order to improve this situation and to arrive at a significant increase in the level of the well being of the community, it is necessary to establish an active, conscious, and coordinated cooperation with other sectors.

The purpose of this project is to study the degree of collaboration between the health sector and programs of housing, education, agriculture, and public services with a view to arriving at a feasible contribution on the part of these sectors in the improvement of health and prevention of disease.

TOTAL	-	-	-	1	TOTAL	PR	-	-	-	2,400
CONSULTANT MONTHS	PP	-	-	-	1	PERSONNEL-CONSULTANTS	-	-	-	2,400

AMRO-3144, HEALTH LEGISLATION

The Ten-year Health Plan for the Americas adopted by the Ministers of Health of the Americas establishes the need to reformulate the problem of health legislation, study the nature of the legal system of each country, and define those health problems that call for mandatory regulation or legal institutionalization. PAHO assistance has been provided in this analysis.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
								\$	\$	\$	\$
TOTAL		1	-	-	-	TOTAL	PR	2,859	-	-	-
CONSULTANT MONTHS	PR	1	-	-	-	PERSONNEL-CONSULTANTS		1,268	-	-	-
						SEMINAR COSTS		1,591	-	-	-

AMRO-3145, EMERGENCY PREPAREDNESS

During the period 1965-1969 a total of 74 natural disasters and epidemics occurred in Latin America. In 1970 there were 10 disasters, including the earthquake in Peru which cost 67,616 persons their lives. Experience with disasters that have taken place in recent years in the Americas indicates the magnitude of the problem, and PAHO has therefore initiated a program whose purpose is to assist the countries of the Region in reducing the risks to health caused by natural disasters.

The objectives of this program are to collaborate with the ministries and departments of health in establishing permanent units which will devote themselves to the problem; to promote the preparation of a national plan for emergencies, particularly in the health sector, and to train personnel of various categories to direct and carry out the activities which are incumbent on them in cases of disaster during their various stages, including rehabilitation.

In December 1972 a seminar was held in Puerto Rico for the countries of Central America and the Caribbean, in collaboration with the OAS. Seminars are planned for the countries of the Andean area, with special emphasis on handling earthquakes, and for the countries of the Atlantic zone of South America for handling floods and droughts.

PAHO also promotes courses and seminars and provides fellowships for training various types of professional and technical personnel. The program is coordinated with other United Nations agencies, the Organization of American States, and the Agency for International Development.

		1	8	-	-	TOTAL	PG	51	16,650	-	-
CONSULTANT MONTHS	PG	1	8	-	-	PERSONNEL-CONSULTANTS		38	15,515	-	-
						SUPPLIES AND EQUIPMENT		13	690	-	-
						GRANTS		-	445	-	-

AMRO-3200, NURSING SERVICES

Some 37% of the population of the Region has no access even to minimum health services, which may be defined as nursing care services that include the active participation of families and communities in the mitigation or solution of the health problems that affect them.

The purpose of this project is to collaborate with the countries in the expansion of nursing care services to cover as much as possible of their inhabited territory. Nursing care will be concentrated on the control of communicable diseases, maternal and child care, nutrition, and the home care of patients discharged from the hospital who need special treatment to complete their recovery. Emphasis will also be laid on nursing care in doctors' offices, as part of out-patient services.

Specific objectives include (1) formulation of a policy of nursing care for existing health services and expanding them to include those members of the population currently without health services; (2) improvement of the organizational structure of nursing units at national and regional levels, including their participation in such activities as health planning and programs at national levels; (3) development of an information system for the planning, conduct and evaluation of nursing care programs; and (4) coordination of efforts with nursing schools and courses for auxiliaries so as to ensure that the training of nursing personnel is related to the nursing care needs of the population, to national development, and to budgetary resources.

		2	3	3	3	TOTAL		45,008	61,200	65,300	68,500
P-4 NURSE	PR	1	1	1	1						
-2177											
G-5 SECRETARY	PR	1	1	1	1	SUBTOTAL	PR	40,282	61,200	60,900	63,700
-3484											
G-3 SECRETARY	PR	-	1	1	1	PERSONNEL-POSTS		30,678	47,700	51,200	53,800
-3876						PERSONNEL-CONSULTANTS		-	4,000	-	-
TOTAL		2	2	2	2	DUTY TRAVEL		7,468	7,500	7,700	7,900
						SUPPLIES AND EQUIPMENT		2,136	2,000	2,000	2,000
CONSULTANT MONTHS	PR	-	2	-	-	SUBTOTAL	WR	4,726	-	4,400	4,800
CONSULTANT MONTHS	WR	2	-	2	2	PERSONNEL-CONSULTANTS		4,726	-	4,400	4,800

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

\$ \$ \$ \$

AMRO-3201, NURSING (ZONE I)

In recent years nursing in Zone I has made rapid strides to meet the nursing services for patient care, but poor utilization of resources, due primarily to a lack of definitive roles for nursing personnel and, to a considerable extent, to the need for improved training, has hampered the provision of satisfactory levels of nursing care. The chief constraint in the development of adequate training programs appears to be the lack of systematic programming of health activities at any level and delays in the complex policy-decision process with respect to breaking away from traditional approaches to nursing services which do not meet present-day needs. In an attempt to satisfy the increased demand for services, countries are proceeding to produce new categories of health workers on an ad hoc basis.

The main purpose of this project is to assist governments in Zone I in determining nursing needs and resources, programming nursing and midwifery services (with emphasis on better utilization of personnel), and improving educational programs for nursing personnel.

Services of the Zone consultant will be shown under country projects beginning with the 1975 budget proposal.

TOTAL		2	2	-	-	TOTAL	PR	29,323	36,100	-	-
P-4 NURSE .0887	PR	1	1	-	-	PERSONNEL-POSTS		24,100	35,000	-	-
G-6 ADMINISTRATIVE ASSISTANT .0888	PR	1	1	-	-	DUTY TRAVEL		741	1,000	-	-
						SEMINAR COSTS		4,471	-	-	-
						SUPPLIES AND EQUIPMENT		11	100	-	-

AMRO-3202, NURSING (ZONE II)

A shortfall in both numbers and quality of nursing personnel persists in the countries of Zone II, where the highest ratio per 10,000 inhabitants is 14.5 and the lowest 2.5. Two of the countries are scarcely able to absorb trained personnel, and in the others the additional trained manpower available cannot offset the demand created by the accelerated pace of expansion of the health services and the increasing population. Important efforts have been made to improve the distribution and utilization of manpower and to raise the quality of nursing care, although extensive rural areas still have neither nursing or health services. The main purpose of this project is to provide reliable nursing care organized so as to meet both health service and community needs. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		2	2	-	-	TOTAL		40,309	45,100	-	-
P-4 NURSE .0889	PR	1	1	-	-						
G-6 SECRETARY .0890	PR	1	1	-	-	SUBTOTAL	PR	31,499	45,100	-	-
						PERSONNEL-POSTS		29,130	34,300	-	-
						DUTY TRAVEL		1,966	2,000	-	-
						SEMINAR COSTS		-	8,500	-	-
						SUPPLIES AND EQUIPMENT		403	300	-	-
TOTAL PARTICIPANTS	WP	60	-	-	-	SUBTOTAL	WR	8,810	-	-	-
						PARTICIPANTS		8,810	-	-	-

AMRO-3203, NURSING (ZONE III)

A study in 50 Central American hospitals of the status of nursing services and of the factors affecting nursing has pointed up the need to improve nursing care in hospitals in order to accelerate the recovery of patients and protect them from the risk of infection and accident. Among the major factors detracting from the quality of nursing care are the lack of support services and the shortage of nursing personnel. This situation, together with the goal of increasing health service coverage in rural areas, makes it all the more necessary to produce more nursing personnel and make better use of existing resources. As means of achieving quality control in nursing care for hospitalized patients, 19 basic standards for Central American nurses were introduced as a result of the survey of 50 hospitals. Activities related to programming in nursing were continued but on a less intensive scale.

The purpose of this project is to assist the governments to improve nursing care by (1) the introduction of basic standards as a means of improving the quality of nursing care for hospitalized patients; (2) the introduction of nursing structures that reflect the different categories and functions of nursing personnel, together with the educational programs required for each category; (3) the development and strengthening of programs of nursing education at various levels of training related to national health needs and plans, so as to increase the output of new personnel and the quality of the work of those already in service; and (4) formulation of strategies to expand the coverage of nursing services in rural areas in accordance with the objectives of health programs. Beginning in 1975 services under this project will be continued as part of country projects.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
						TOTAL		\$	\$	\$	\$
TOTAL		4	4	-	-	TOTAL	PR	52,295	73,300	-	-
P-4 NURSE .0891	PR	1	1	-	-	PERSONNEL-POSTS		38,951	66,300	-	-
P-3 NURSE .3214	PR	1	1	-	-	DUTY TRAVEL		6,676	6,700	-	-
P-3 NURSE EDUCATOR .4084	PR	1	1	-	-	SUPPLIES AND EQUIPMENT		1,243	300	-	-
G-5 SECRETARY .3125	PR	1	1	-	-	PARTICIPANTS		5,425	-	-	-
TOTAL		111	-	-	-						
PARTICIPANTS	PR	111	-	-	-						

AMRO-3204, NURSING (ZONE IV)

Statistics on the availability of nursing resources in the health services of the countries of Zone IV show a marked scarcity of nurses, especially in Bolivia, Colombia, and Ecuador, i.e., 0.8 nurses per 10,000 inhabitants in Colombia and Ecuador and 1.1 in Bolivia. There is also a scarcity of auxiliary resources, especially in Bolivia and Ecuador (2.6 and 4.1:10,000, respectively).

The purpose of this project is to cooperate with the governments in Zone IV in the development of nursing services. Beginning in 1975 the services will be incorporated into country projects.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
						TOTAL	PR	31,592	38,400	-	-
P-4 NURSE .0893	PR	1	1	-	-	PERSONNEL-POSTS		27,504	34,400	-	-
G-6 ADMINISTRATIVE ASSISTANT .0894	PR	1	1	-	-	DUTY TRAVEL		3,745	3,800	-	-
						SUPPLIES AND EQUIPMENT		343	200	-	-

AMRO-3206, NURSING (ZONE VI)

The purpose of this project is to cooperate with the governments of Zone VI in the determination of the necessities and resources available in the field of nursing and obstetrics and in the development of nursing services. Beginning in 1975 these services will be incorporated into country projects.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
						TOTAL	PR	25,554	17,500	-	-
P-4 NURSE .0895	PR	1	1	-	-	PERSONNEL-POSTS		23,360	15,000	-	-
G-4 SECRETARY .0896	PR	1	-	-	-	DUTY TRAVEL		2,194	2,300	-	-
						SUPPLIES AND EQUIPMENT		-	200	-	-

AMRO-3210, HOSPITAL NURSING SERVICES

The quality of nursing care provided in many hospitals often does not meet a minimal level of safe care. Furthermore, with emphasis being given to the establishment of unit management in hospitals, it is imperative that nurses undertaking these new duties be retrained to acquire additional skills and knowledge to improve nursing care. The purpose of this project is to improve the quality of nursing practice so that the minimal level of care is provided; its target is to improve 60% of the hospitals of 100 beds or more by the end of the decade.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
						TOTAL	WR	-	20,446	36,240	40,200
P-4 NURSE 4.2088	WR	-	1	1	1	PERSONNEL-POSTS		-	17,946	28,840	31,100
						PERSONNEL-CONSULTANTS		-	-	4,400	4,800
						DUTY TRAVEL		-	500	2,000	2,300
						SUPPLIES AND EQUIPMENT		-	2,000	1,000	2,000
TOTAL		-	-	2	2						
CONSULTANT MONTHS	WR	-	-	2	2						

AMRO-3214, DEFINITION AND IMPLEMENTATION OF POLICY FOR DEVELOPMENT OF NURSING

The achievement of the health goals set at the Meeting of Ministers of Health in Santiago, Chile, will depend on the availability in each country of the nursing resources required for the attainment of health program objectives.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
---	---	---	---	---	---	\$	\$	\$	-\$

The gap that exists between needs and available resources is partially due to insufficient nursing participation in the health planning process. In addition, no programming is subsequently carried out to ensure that the necessary quality and quantity of resources are provided. The purposes of this project are (1) to provide in 60% of the countries systems of nursing with the quantity and quality of nursing care needed by the overall health system; (2) to establish in each country a mechanism to ensure that nurses participate in the planning process; (3) to identify in each country a group of nurses competent to participate in the planning process and subsequently to program the nursing input required; and (4) to define the nursing information needed for planning and programming of nursing.

TOTAL		1	1	1	1	TOTAL	PR	16,082	34,600	32,300	34,000
P-3 NURSE .3691	PR	1	1	1	1	PERSONNEL-POSTS		10,042	22,100	23,200	24,300
						PERSONNEL-CONSULTANTS		2,878	8,000	4,400	4,800
						DUTY TRAVEL		1,990	2,000	2,200	2,400
TOTAL		3	4	2	2	SUPPLIES AND EQUIPMENT		1,172	2,500	2,500	2,500
CONSULTANT MONTHS	PR	3	4	2	2						

AMRO-3215, STUDY ON FACTORS AFFECTING NURSING GROWTH

The purpose of this project was to identify the factors acting as constraints to the development of nursing and provision of required care.

TOTAL		2	-	-	-	TOTAL	WR	4,841	-	-	-
CONSULTANT MONTHS	WR	2	-	-	-	PERSONNEL-CONSULTANTS		4,841	-	-	-

AMRO-3216, STANDARDS IN NURSING PRACTICE

The nursing care given to hospital in-patients in the Region is often inadequate in quantity and quality. For example, medical and nursing indications are not complied with fully and on time; patients often contract infections and are victims of accidents during their stay in hospitals; there are hospitals which lack some supporting services or, in some cases, the existing services do not function with due efficiency; and there are not enough personnel, supplies, or equipment. In order to improve the care, it would be desirable to establish standards of nursing practice which would serve as a guide in activities designed to improve the patient's safety, reduce the incidence of infections contracted in hospitals, and ensure the carrying out of the medical and nursing indications.

In order to accomplish this, the countries of the Region have been divided into four groups, three Spanish-speaking and one English-speaking. In each of these areas a series of working group meetings will be held for the purpose of determining the methodology to be used for conducting the studies in selected hospitals in each country and drawing up standards based on the findings of the respective studies.

TOTAL		2	4	2	2	TOTAL	WR	6,444	14,000	5,400	5,800
CONSULTANT MONTHS	WR	2	4	2	2	PERSONNEL-CONSULTANTS		2,860	8,000	4,400	4,800
						SEMINAR COSTS		2,713	4,000	-	-
						SUPPLIES AND EQUIPMENT		871	2,000	1,000	1,000

AMRO-3219, CONFERENCE ON PUBLIC HEALTH NURSING

One of the principal goals established by the Ministers of Health in 1972 was the extension of coverage of care, specifically to include the population living in the rural areas. This will require new approaches to the delivery of care, particularly in relation to community participation and to the role of auxiliary personnel. The purpose of this conference is to disseminate the guide for rural services (AMRO-3222) so that its use will result in a reorientation of nurses and physicians towards the development of rural health services.

TOTAL		-	2	-	1	TOTAL		-	24,000	-	16,400
CONSULTANT MONTHS	PR	-	-	-	1			-	-	-	16,400
CONSULTANT MONTHS	WR	-	2	-	-	SUBTOTAL	PR	-	-	-	16,400
TOTAL		-	30	-	20	PERSONNEL-CONSULTANTS		-	-	-	2,400
						SUPPLIES AND EQUIPMENT		-	-	-	2,000
PARTICIPANTS	PR	-	-	-	20	PARTICIPANTS		-	-	-	12,000
PARTICIPANTS	WR	-	30	-	-						

FUND 1973 1974 1975 1976
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FUND 1973 1974 1975 1976
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 \$ \$ \$ \$

AMRO-3225, UTILIZATION AND TRAINING OF THE TRADITIONAL BIRTH ATTENDANT

A significant proportion of deliveries in the countries of Latin America continue to take place in the home, and the TBA (traditional birth attendant) still attends from 50% to 80% of the births occurring in many countries of the Region. A few countries have training and supervision programs for the empirical midwife, but none of these has gained sufficient momentum to make the needed impact on the maternal-newborn situation with its elevated morbidity and mortality rates. It is the usual rule not to prepare professional or auxiliary health personnel to seek out, train, supervise, or use the TBA as an extended arm in MCH/family planning care, especially in rural and rapidly expanding marginal urban areas.

The purpose of this project is to change attitudes toward the laymidwife and stimulate the retraining of cadres of nurses and midwives in their own countries to plan, implement, continue, and integrate orientation and supervision programs for the TBA into MCH activities.

It is planned to hold an interdisciplinary conference of health professionals to discuss the situation and make suggestions for effective ongoing action; this will include the preparation of a report which will serve as a guide to the countries for TBA orientation and supervision programs.

TOTAL	-	1	-	-	TOTAL	WR	-	13,000	-	-
CONSULTANT MONTHS	WR	-	1	-	PERSONNEL-CONSULTANTS	-	2,000	-	-	-
					SEMINAR COSTS	-	10,000	-	-	-
					SUPPLIES AND EQUIPMENT	-	1,000	-	-	-

AMRO-3226, NURSE PRACTITIONERS IN INFANT/CHILD SERVICES

The Ministers of Health stated, as one of the goals for the decade of the seventies, to attain coverage of 90% of the children under one year, 50 to 70% from one to four years, and 50% of the children of five years. It is estimated that at the present time only between 30 and 40% of children under one year receive any type of health surveillance or care.

To attain this goal it will be necessary to use efficiently and effectively not only medical manpower but nursing as well. At the moment, in many countries of the Region, nursing personnel are already being used to deliver primary care but on a rather haphazard basis, without a clear definition of their role and adequate preparation to carry it out.

The purpose of this project is to cooperate in programs to develop nurses competent to provide primary care to infants and preschoolers in order to increase coverage of this group.

TOTAL	-	-	-	2	TOTAL	PR	-	-	-	9,800
CONSULTANT MONTHS	PR	-	-	-	2	PERSONNEL-CONSULTANTS	-	-	-	4,800
						SUPPLIES AND EQUIPMENT	-	-	-	5,000

AMRO-3300, LABORATORY SERVICES

In accordance with the recommendations for the decade drawn up at the III Special Meeting of Ministers of Health of the Americas (Santiago, Chile, 1972), the countries are to establish programs, at the national level, for the organization and development of their health laboratories. The main objectives are to organize them on a regional basis and to modernize health services, extending their coverage, and improving their efficiency and productivity. The recommendation indicates as a goal the provision of a laboratory of the requisite size for every health establishment that has a physician in daily attendance. The purpose of this project is to cooperate with the governments in improving and developing national health laboratories in the light of the needs and resources of the national health services.

TOTAL	6	2	2	2	TOTAL	WR	21,054	9,500	11,900	12,675
CONSULTANT MONTHS	WR	6	2	2	2	TEMPORARY PERSONNEL	6,728	-	-	-
						PERSONNEL-CONSULTANTS	10,216	4,000	4,400	4,800
						CONTRACTUAL SERVICES	3,000	4,500	4,500	4,725
						SUPPLIES AND EQUIPMENT	1,110	1,000	3,000	3,150

AMRO-3303, LABORATORY SERVICES (ZONE III)

The main objective of this project is to assist the countries of the Zone in the planning, organization, administration, and implementation of their health laboratory programs. To this end it is proposed to promote the conclusion of specific

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

agreements with each Government; to promote the manufacture and control of biological products at the Zone level; to conduct operational research aimed at improving the productivity and quality of the work of the laboratories of the area and standardizing methods, equipment, and reagents; and to support the programs for training of laboratory personnel. Services provided under this project will be continued under country projects after 1974.

TOTAL		1	1	-	-	TOTAL	PR	11,937	28,600	-	-
P-4 LABORATORY ADVISER .2032	PR	1	1	-	-	PERSONNEL-POSTS		6,719	27,100	-	-
						DUTY TRAVEL		38	1,500	-	-
						SEMINAR COSTS		796	-	-	-
TOTAL		19	-	-	-	PARTICIPANTS		4,384	-	-	-
PARTICIPANTS	PR	19	-	-	-						

AMRO-3304, LABORATORY SERVICES (ZONE IV)

According to recent estimates, in the countries of Zone IV the laboratory services are insufficient to meet the needs of the health programs, especially at the peripheral level. To modify the present situation, the baselines adopted have been the recommendations of the Ten-year Health Plan for the Americas and the conditions prevailing in each country.

The main objective of the project is to develop a network of laboratories in line with the decentralized and integrated structure of the health services. This includes expanding and improving laboratory diagnosis, together with production and control of biologicals for human and animal use, blood bank laboratories, training of personnel, and research of operational type and with public health relevance. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		1	-	-	-	TOTAL	PR	23,007	-	-	-
P-4 LABORATORY ADVISER .4383	PR	1	-	-	-	PERSONNEL-POSTS		20,297	-	-	-
						DUTY TRAVEL		2,524	-	-	-
						SUPPLIES AND EQUIPMENT		186	-	-	-

AMRO-3306, LABORATORY SERVICES (ZONE VI)

The purpose of this project is to promote the development and utilization of laboratory systems within the health plan of each country through the framing of technical and administrative rules for standardization of the laboratories; training of personnel; establishment of regional reference and control centers; extension of coverage; better utilization of resources; and coordination between health laboratories and clinical and epidemiological services. Services provided under this project will be continued under country projects after 1974.

TOTAL		1	1	-	-	TOTAL	WR	24,587	19,266	-	-
P-4 LABORATORY ADVISER 4.3528	WR	1	1	-	-	PERSONNEL-POSTS		22,673	16,466	-	-
						DUTY TRAVEL		1,896	2,000	-	-
						SUPPLIES AND EQUIPMENT		18	800	-	-

AMRO-3311, TRAINING OF LABORATORY PERSONNEL

The recommendations drawn up at the III Special Meeting of Ministers of Health of the Americas (Santiago, Chile, 1972) stress the need to develop staff training capacity, concentrating efforts at the level required by the health situation of each country. With regard to health laboratory personnel (university-trained, technical, and auxiliary), it has been recommended that a ratio of three technicians per 10,000 population be attained. The aim of this project is to cooperate with the governments in basic and advanced training and in the utilization of health laboratory personnel.

TOTAL		3	3	2	2	TOTAL		8,464	9,000	10,400	11,100
CONSULTANT MONTHS	PR	-	3	2	2						
CONSULTANT MONTHS	WR	3	-	-	-	SUBTOTAL	PR	-	9,000	10,400	11,100
						PERSONNEL-CONSULTANTS		-	6,000	4,400	4,800
						SEMINAR COSTS		-	3,000	6,000	6,300
						SUBTOTAL	WR	8,464	-	-	-
						PERSONNEL-CONSULTANTS		6,516	-	-	-
						SEMINAR COSTS		1,792	-	-	-
						SUPPLIES AND EQUIPMENT		156	-	-	-

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

AMRO-3316, PRODUCTION AND QUALITY CONTROL OF BIOLOGICALS

This project has as its purpose increasing and improving capability in the production and control of biologicals in the Latin American and Caribbean countries. Vital statistics from these countries show clearly that the morbidity and mortality from diseases controllable through vaccination are too high. Adequate immunization programs for the susceptible population could do much to lower these rates and, in some instances, to eliminate them entirely.

The aim of this project is to broaden the range of biologicals produced in the existing laboratories, to increase their production, and to ensure that all are of high quality. Objectives include close collaboration with the countries of the Region in the promotion, organization, and development of programs related to the control and manufacture of biological products; modernization of methods and techniques to provide for industrial-scale production; establishment of national and interregional control and reference laboratories; coordination of production between countries, where possible, in order to improve interchange of information and distribution of excess supplies; and training of personnel for the manufacture and distribution of biological reference material for the purpose of standardization.

TOTAL		1	1	1	2	TOTAL	WR	35,797	42,220	44,100	48,550
P-5 LABORATORY ADVISER	WR	1	1	1	1	PERSONNEL-POSTS	28,383	34,820	36,600	40,950	
4.3852						DUTY TRAVEL	7,324	7,400	7,500	7,600	
G-4 SECRETARY	WR	-	-	-	1	SUPPLIES AND EQUIPMENT	90	-	-	-	
4.4243											

AMRO-3318, MYCOLOGY RESEARCH AND TRAINING CENTERS

Human mycoses are a serious health problem in the Americas. Personnel needed for diagnosis, treatment, and research are not only insufficient but need training. The project provides support, in the form of visiting professors, training grants, supplies, and equipment, to four PAHO Mycology Research and Training Centers located in Mexico City, Caracas, São Paulo, and Buenos Aires to organize advanced courses for physicians and technicians and to participate in collaborative research projects recommended by the PAHO Coordinating Committee for the Mycoses.

TOTAL		1	4	2	2	TOTAL		19,524	43,402	17,000	17,400
CONSULTANT MONTHS	PG	1	2	-	-						
CONSULTANT MONTHS	WR	-	2	2	2	SUBTOTAL	PG	19,524	26,802	-	-
TOTAL		-	4	4	4						
FELLOWSHIPS-ACADEMIC	WR	-	2	2	2	PERSONNEL-CONSULTANTS		2,400	3,193	-	-
FELLOWSHIPS-SHORT TERM	WR	-	2	2	2	SEMINAR COSTS		694	-	-	-
						GRANTS		16,430	23,609	-	-
						SUBTOTAL	WR	-	16,600	17,000	17,400
						PERSONNEL-CONSULTANTS		-	4,000	4,400	4,800
						FELLOWSHIPS		-	12,600	12,600	12,600

AMRO-3320, CREATION OF A BIOLOGICAL PRODUCTS BANK (ZONE VI)

The activities planned for this program are as follows: (1) banking systems for certain biological and test products would be maintained at various laboratories in the Zone for reference or emergency use; (2) the laboratories selected to receive these deposits would be used as Zone reference laboratories for purposes of disease surveillance, vaccine control, and the storage of biological products; (3) the laboratories would also undertake the preparation of quality-controlled reagents in accordance with international test standards to supply the laboratories in the Zone, for practical use, for reference, or for diagnosis, as the case might be; (4) the program would facilitate the standardization of techniques and methods for the diagnosis of communicable diseases; (5) the program would expand technical advisory services and training of personnel in methods of tissue cultivation and virus diagnosis, which in turn would help to provide the manpower needed to extend the scope of the laboratory systems; and (6) it would also lay the foundation for future expansion to clinical, laboratory, and hospital services and to the treatment of noncommunicable diseases.

TOTAL		-	4	-	-	TOTAL	WR	-	10,000	-	-
CONSULTANT MONTHS	WR	-	4	-	-	PERSONNEL-CONSULTANTS		-	8,000	-	-
						SEMINAR COSTS		-	2,000	-	-

AMRO-3400, HEALTH EDUCATION

The Ten-year Health Plan for the Americas established the objective of organizing health education as part of the process of active and informed participation of the communities in all activities aimed at the prevention and treatment of disease.

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

On this basis, the project, which was launched in 1968, is designed to develop and improve health education services and programs so that they properly fulfill their functions of balancing the supply and demand for health services, in the light of the needs of the communities, and of stimulating the public to accept and utilize these services to the maximum; to prepare health personnel to handle these questions both at the training stage and during their work; and to encourage research on the attitude of individuals and groups towards health, so as to give health programs a clearer educational purpose.

TOTAL		10	6	3	5	TOTAL		15,415	14,400	9,000	14,400
CONSULTANT MONTHS	PR	-	6	3	5						
CONSULTANT MONTHS	WR	2	-	-	-	SUBTOTAL	PR	-	14,400	7,375	14,400
CONSULTANT MONTHS	UNFPA	8	-	-	-						
						PERSONNEL-CONSULTANTS		-	12,000	6,600	12,000
						SUPPLIES AND EQUIPMENT		-	2,400	775	2,400
						SUBTOTAL	WR	7,167	-	1,625	-
						PERSONNEL-CONSULTANTS		5,843	-	-	-
						SUPPLIES AND EQUIPMENT		1,324	-	1,625	-
						SUBTOTAL	UNFPA	8,248	-	-	-
						PERSONNEL-CONSULTANTS		8,248	-	-	-

AMRO-3401, HEALTH EDUCATION (CARIBBEAN)

In general, health programs were initiated in the Caribbean area without proper realization that community participation is essential to improve the health of the people and that health education is the means to obtain this participation. In this area, about 50% of the population is under 15 years, but an extremely small number of this age group receive relevant health instruction as a part of their general education. Resolution XX of the Fifth Meeting of the Caribbean Health Ministers, held in Dominica in 1973, recommended that each country formulate and implement a plan for stimulating community participation through the development of sound health education programs and services.

The long-term objective of this project is to establish effective health education programs and services in all countries, both in schools and in the community. The immediate objective is to train health education specialists, health workers, and personnel of related fields in order to enable them to perform health education responsibilities. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		1	1	-	-	TOTAL		43,412	43,789	-	-
P-4 HEALTH EDUCATOR .0918	PR	-	1	-	-	SUBTOTAL	PR	-	30,600	-	-
P-4 HEALTH EDUCATOR 4.0918	UNDP	1	-	-	-	PERSONNEL-POSTS		-	27,100	-	-
						DUTY TRAVEL		-	2,500	-	-
						SUPPLIES AND EQUIPMENT		-	1,000	-	-
TOTAL		1	1	-	-	SUBTOTAL	UNDP	43,412	13,189	-	-
FELLOWSHIPS-ACADEMIC	UNDP	1	1	-	-	PERSONNEL-POSTS		30,000	-	-	-
						SUPPLIES AND EQUIPMENT		1,050	1,950	-	-
						FELLOWSHIPS		12,362	11,239	-	-

AMRO-3410, TRAINING OF TEACHERS IN HEALTH EDUCATION

The general education sector constitutes a valuable field for the dissemination of new health discoveries and the adoption of new health practices by the various population groups. In some cases the school curriculum does not include programs of health education. There is also a shortage of up-to-date teaching material about health. Normally, basic teacher training in health matters is inadequate because health education is not taught in many teacher training centers. At the same time, there is a lack of joint planning by the health and education sectors for the provision of health education in schools.

In accordance with one of the targets of the Ten-year Health Plan for the Americas, the objectives of this project, which was launched in 1970, are to secure the cooperation of governments in developing the study plans and programs of general education and of the teacher training centers in the areas of health education and family life; to organize or strengthen coordination between the health and education sectors; to train all categories of teachers in these areas; and to assist in the elaboration and overhaul of teaching materials in these areas at the different levels of the general education system.

FUND					FUND				
1973	1974	1975	1976	TOTAL	1973	1974	1975	1976	TOTAL
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
					\$	\$	\$	\$	\$
TOTAL	5	8	8	8	PR	7,404	17,000	18,600	20,200
CONSULTANT MONTHS	PR	5	8	8	PERSONNEL-CONSULTANTS	7,384	16,000	17,600	19,200
					SUPPLIES AND EQUIPMENT	20	1,000	1,000	1,000

AMRO-3500, HEALTH STATISTICS

This project was established to obtain guidance in defining the role and activities of PAHO in developing and promoting health statistics throughout the Region. A Regional Advisory Committee meets at two-year intervals to provide recommendations to PAHO. Simultaneously, guidelines for actions of the countries in selected areas of health statistics are formulated. The meeting scheduled for late 1973 was postponed to 1974. The subject is the role and relationship of health statistics systems, health information systems, and health planning. In 1975 the discussion will center on methodology for developing vital and health statistics of rural populations and on methods and indicators for continuing evaluation of the quality and completeness of vital and health statistics.

TOTAL					TOTAL					
1	1	1	1	TOTAL	31,303	20,100	25,900	19,100	TOTAL	
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	
G-5 CLERK .3486	PR	1	1	1	1	PR	13,195	16,100	21,500	14,300
TOTAL		7	2	2	2	PERSONNEL-POSTS	12,505	8,100	13,500	14,300
CONSULTANT MONTHS	WR	7	2	2	2	TECHNICAL ADVISORY COMM.	-	8,000	8,000	-
						SUPPLIES AND EQUIPMENT	690	-	-	-
						SUBTOTAL	18,108	4,000	4,400	4,800
						PERSONNEL-CONSULTANTS	18,108	4,000	4,400	4,800

AMRO-3501, HEALTH STATISTICS (ZONE I)

Generally, the quality, coverage and timeliness of information on the health situation and delivery of health services are inadequate throughout Zone I. Inadequate utilization of information in the management process, in all of its aspects and at all of its levels, is seen as the fundamental reason for not providing the human, material and administrative resources required for the establishment and maintenance of services of health records and statistics. Registration of vital events is considered to be reasonably complete in most of the countries though availability of vital statistics is unduly delayed. Causes of delay vary from country to country, but one of the principal factors appears to be inefficiency of administration rather than the design of the registration system. In many countries there is an increasing awareness of the need to have and to use relevant and reliable information, and a concomitant trend in some to consider, plan and initiate requisite changes.

The purpose of the health statistics program is to provide relevant, reliable, and timely information for the administration, management, and planning of health services and for research and related activities. The objectives are to assist with planning and development of health statistics information systems appropriate to the respective countries, to foster and assist in the establishment of an institution-based training center, and to provide technical assistance to operations as required. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL					TOTAL					
2	2	-	-	TOTAL	PR	38,753	41,400	-	-	
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	
P-4 STATISTICIAN .0841	PR	1	1	-	-	PERSONNEL-POSTS	27,806	32,400	-	-
G-5 SECRETARY .3671	PR	1	1	-	-	PERSONNEL-CONSULTANTS	1,960	-	-	-
						DUTY TRAVEL	8,880	8,900	-	-
						SUPPLIES AND EQUIPMENT	107	100	-	-
TOTAL		1	-	-	-					
CONSULTANT MONTHS	PR	1	-	-	-					

AMRO-3502, HEALTH STATISTICS (ZONE II)

The countries of Zone II do not have enough reliable and up-to-date statistical information to adequately plan, administer, and evaluate health programs and activities. There is also a shortage of trained statistical personnel at all levels. PAHO collaborates with the governments for the purpose of designing, organizing, and evaluating systems of health

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

statistics and of preparing standards, guides, and procedures for the collection, tabulation, and analysis of data. It promotes the training of personnel and the organization of intermediate-level and auxiliary-level courses. It gives assistance to schools of medicine and public health in carrying out studies, in revising statistical programs, and in preparing teaching materials, and it sponsors seminars on medical and public health statistics. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		2	2	-	-	TOTAL	WR	38,092	37,290	-	-
P-4 STATISTICIAN 4.0839	WR	1	1	-	-	PERSONNEL-POSTS		33,639	32,790	-	-
G-5 SECRETARY 4.3161	WP	1	1	-	-	DUTY TRAVEL		4,453	4,500	-	-

AMRO-3503, HEALTH STATISTICS (ZONE III)

The present situation of health statistics in the countries of Zone III is variable. Among the main problems which affect the situation in all countries, or most of them, the following may be emphasized: underregistration of vital events and especially deaths; deficiencies in morbidity statistics and in the notification of communicable diseases; lack of equipment for processing data; inadequate administrative structures in the statistical departments of the ministries of health; lack of personnel with advanced training; and--in a number of countries--a general shortage of trained personnel. A particular problem is the underutilization of the statistics produced.

The objectives of the program are the administrative and operational strengthening of the statistical departments of the ministries of health; the analysis and programmed interpretation of the statistics produced; the proper organization of the statistical services and medical records in hospitals; provision of enough trained personnel at the central and regional levels and in the busiest establishments; and collaboration in the establishment of information and management systems and in research and teaching projects. Services provided under this project will be continued under country projects after 1974.

TOTAL		3	2	-	-	TOTAL		48,403	33,750	-	-
P-4 STATISTICIAN 4.0810	WR	1	1	-	-	PERSONNEL-POSTS		4,128	4,600	-	-
P-2 MEDICAL RECORDS LIBRARIAN 4.3678	WR	1	-	-	-	PERSONNEL-POSTS		4,128	4,600	-	-
G-5 SECRETARY .1047	PR	1	1	-	-	PERSONNEL-POSTS		4,128	4,600	-	-
						PERSONNEL-POSTS		37,191	24,700	-	-
						DUTY TRAVEL		5,959	4,200	-	-
						SEMINAR COSTS		500	-	-	-
						SUPPLIES AND EQUIPMENT		625	250	-	-

AMRO-3504, HEALTH STATISTICS (ZONE IV)

Most of the systems of health statistics in the countries of Zone IV are deficient in coverage, reliability, and timely elaboration of results. There is inadequate allocation of human, material, and financial resources for the maintenance of the systems, and little, if any, supervision of activities. The shortage of trained personnel at all levels, the low remuneration of qualified staff and, at times, the lack of available jobs, are all limiting factors. All these problems prevent existing statistical systems from being used as the basic element in the adoption of decisions in the health sector.

The purpose of the project is to promote the establishment and effective maintenance of statistical systems so as to provide the information necessary for knowledge of the health situation and for planning in the health sector. The objectives are to improve the coverage, reliability, and timeliness of existing statistical systems; to train the personnel necessary at all levels; and to carry out special studies in those fields and/or areas where there are no permanent records. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		2	2	-	-	TOTAL		35,077	43,766	-	-
P-4 STATISTICIAN 4.0838	WP	1	1	-	-	PERSONNEL-CONSULTANTS		1,459	-	-	-
P-3 MEDICAL RECORDS LIBRARIAN 4.0840	WR	1	1	-	-	PERSONNEL-CONSULTANTS		1,459	-	-	-
						PERSONNEL-CONSULTANTS		1,459	-	-	-
TOTAL		1	-	-	-	PERSONNEL-CONSULTANTS		1,459	-	-	-
CONSULTANT MONTHS	PR	1	-	-	-	PERSONNEL-CONSULTANTS		1,459	-	-	-
						PERSONNEL-POSTS		30,629	41,166	-	-
						DUTY TRAVEL		2,539	2,600	-	-
						SUPPLIES AND EQUIPMENT		450	-	-	-

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

AMRO-3506, HEALTH STATISTICS (ZONE VI)

In the countries of Zone VI health statistics are uneven. In order to bring about improvements in the countries with the greatest deficiencies in the utilization of information, this project will promote the appropriate activities at the national level, placing emphasis on the keeping of medical records; the improvement of vital statistics; the training of personnel; and the establishment of information systems which will serve to evaluate the implementation of the Ten-year Health Plan for the Americas in conformity with national plans. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		2	2	-	-	TOTAL	PR	36,586	34,400	-	-
P-4 STATISTICIAN .0842	PR	1	1	-	-	PERSONNEL-POSTS		33,553	31,600	-	-
G-4 SECRETARY .3052	PR	1	1	-	-	DUTY TRAVEL		2,657	2,700	-	-
						SUPPLIES AND EQUIPMENT		376	100	-	-

AMRO-3513, INTER-AMERICAN INVESTIGATION OF MORTALITY IN CHILDHOOD

The findings of the Investigation published in 1973 (Patterns of Mortality in Childhood) have indicated areas in which additional research should be carried out, for example operational research on the use of preventive measures such as immunizations and improved nutrition, and on the delivery of health services, epidemiological studies of human reproduction, and investigation on methods to improve vital and health statistics.

Analysis of data from the Investigation will continue. A small working group is meeting in 1974 to plan a coordinated study on the relationship of early mortality and the reproductive history of the mother. Advisory services will also be provided in the development of related research.

TOTAL		4	1	1	1	TOTAL		86,701	35,800	39,500	42,600
P-5 MEDICAL OFFICER .3222	PR	1	-	-	-	SUBTOTAL	PR	60,767	33,800	37,300	40,200
P-4 STATISTICIAN .3266	PG	1	-	-	-	PERSONNEL-POSTS		35,585	13,800	15,300	16,200
G-6 CLERK .3268	PR	1	1	1	1	PERSONNEL-CONSULTANTS		-	20,000	22,000	24,000
G-6 CLERK .3269	PG	1	-	-	-	DUTY TRAVEL		1,163	-	-	-
						SUPPLIES AND EQUIPMENT		1,422	-	-	-
						LIBRARY ACQUI. & BINDING		22,197	-	-	-
TOTAL		-	11	11	11	SUBTOTAL	PG	25,934	-	-	-
CONSULTANT MONTHS	PR	-	10	10	10	PERSONNEL-POSTS		24,683	-	-	-
CONSULTANT MONTHS	WR	-	1	1	1	DUTY TRAVEL		360	-	-	-
						CONTRACTUAL SERVICES		891	-	-	-
						SUBTOTAL	WR	-	2,000	2,200	2,400
						PERSONNEL-CONSULTANTS		-	2,000	2,200	2,400

AMRO-3515, TRAINING IN USE OF COMPUTERS IN HEALTH STATISTICS

As health statistics systems are developed and improved in the countries of the Region the use of computers for data processing will grow. The purposes of the project are to provide consultant services to the ministries of health on the need for equipment and on systems analysis and programming, and to ensure the optimum utilization of available equipment.

TOTAL		1	2	2	2	TOTAL	WR	418	4,000	4,400	4,800
CONSULTANT MONTHS	WR	1	2	2	2	PERSONNEL-CONSULTANTS		418	4,000	4,400	4,800

AMRO-3516, REGIONAL SEMINAR ON DATA PROCESSING

Computers are utilized in many countries in activities to develop health information systems and data banks, both in specific program areas and for national health planning. The purpose of the meetings, held at two-year intervals, is

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
						\$	\$	\$	\$

to review the status of computer usage in the health field in the Region and to obtain guidelines for a Regional program. Coordination of national activities with exchange of information--documentation, software and hardware specifications and literature--will facilitate the maximum yield from resources.

TOTAL				
-----		-	15,900	-
		-----	-----	-----
SUBTOTAL	PR	-	-	-
-----		-----	-----	-----
SEMINAR COSTS		-	-	-
-----		-----	-----	-----
SUBTOTAL	WR	-	15,900	-
-----		-----	-----	-----
SEMINAR COSTS		-	15,900	-

AMRO-3521, DETERMINATION OF BASIC DATA NEEDED ON THE DELIVERY OF HEALTH CARE

Despite the considerable attention devoted to information systems in recent years, there has been no clear cut definition of data requirements and their intended use. A meeting of the Regional Advisory Committee on Health Care Records and Statistics in November 1973 discussed the problems involved and recommended a study on the feasibility of collecting and utilizing a minimum set of basic data on the delivery of health care in a variety of settings, for both hospitalized and ambulatory patients. This set should include data on patient characteristics, provider characteristics and encounter characteristics.

Recording and reporting of hospital care information has improved in quality and quantity but that on ambulatory care services is only in the developing stage. It should be possible to identify common elements for describing patient care in both ambulatory and inpatient settings. If activities of health centers and other ambulatory care units are to be coordinated with hospitals, coordination of record systems is also necessary. A unit record for an integrated system is desirable in order to link services to patients and to provide continuity of care to patients.

It is proposed to select six communities and to collect a minimum basic data set in the hospital and health center, not only to assess the possibility of collection, but to evaluate whether it meets the requirements of users of information.

TOTAL	WR			
-----		-	-	-
		-----	-----	-----
SEMINAR COSTS		-	-	-
-----		-----	-----	-----
SUPPLIES AND EQUIPMENT		-	-	-
-----		-----	-----	-----
				3,900

				2,400

				1,500

AMRO-3600, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH

Difficulties in the areas of management, organization, planning, decision-making, and adequate utilization of present resources continue to be the most fundamental problems confronted by the health services. Through this project PAHO provides support, coordination of activities, and assistance to the governments of the Region in overcoming these deficiencies. It also assists in overall improvement of administration in the health sector of the countries.

TOTAL		3	3	3	3	TOTAL	PR	64,545	87,400	91,800	97,700
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
P-5 ADMIN. METHODS OFFICER	PR	1	1	1	1	PERSONNEL-POSTS		52,057	54,000	57,600	60,400
.2178						PERSONNEL-CONSULTANTS		-	6,000	6,600	9,600
G-4 SECRETARY	PR	2	2	2	2	DUTY TRAVEL		12,488	13,500	13,700	13,800
.2179 .3463						GRANTS		-	13,900	13,900	13,900
-----		-----	-----	-----	-----			-----	-----	-----	-----
TOTAL		-	3	3	4						
-----		-----	-----	-----	-----						
CONSULTANT MONTHS	PR	-	3	3	4						

AMRO-3601, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE I)

The expansion in the coverage of health services occurring in the last decades has not been matched with equal progress in efficiency of management. Methods and procedures are not conducive to better utilization of resources. Effective managerial skills need to be developed. Health authorities have shown continued interest in the improvement of health services. The Fifth Caribbean Health Ministers Conference requested its Executive Secretary to seek the support of PAHO and other interested agencies for a program of training in health management at the administrative and executive levels.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

The purpose of this project has been to promote and support necessary changes in the present pattern of management of the health services delivery system in keeping with health standards sought by the countries. Services will continue to be provided through country projects.

TOTAL		2	2	-	-	TOTAL	PR	44,744	34,000	-	-
P-4 ADMIN. METHODS OFFICER	PR	1	1	-	-	PERSONNEL-POSTS		24,831	32,400	-	-
.0917						DUTY TRAVEL		1,264	1,500	-	-
G-5 CLERK	PR	1	1	-	-	SUPPLIES AND EQUIPMENT		-	100	-	-
.2122						PARTICIPANTS		18,649	-	-	-
TOTAL		32	-	-	-						
PARTICIPANTS	PP	32	-	-	-						

AMRO-3602, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE II)

Consultant services in administrative methods and practices have been provided for the countries in Zone II. Such services will continue under country projects.

TOTAL		1	-	-	-	TOTAL	PR	29,495	-	-	-
P-4 ADMIN. METHODS OFFICER	PR	1	-	-	-	PERSONNEL-POSTS		27,227	-	-	-
.3124						DUTY TRAVEL		2,268	-	-	-

AMRO-3603, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE III)

The main objective of this project is to provide the countries with technical assistance for improving the administrative organization of the health sector with a view to raising the level of efficiency of the administrative services. Critical areas include personnel management, program budgets, accounting and costs, supplies, service maintenance and general services, and the lack of skilled personnel. Services provided under this project will be continued under country projects after 1974.

TOTAL		1	1	-	-	TOTAL	PR	17,185	30,600	-	-
P-4 ADMIN. METHODS OFFICER	PR	1	1	-	-	PERSONNEL-POSTS		14,643	27,100	-	-
.0874						DUTY TRAVEL		2,542	3,500	-	-

AMRO-3604, ADMINISTRATIVE METHODS AND PRACTICES IN PUBLIC HEALTH (ZONE IV)

The purpose of this project is to adapt the administrative organization, structure, and systems needed to improve and strengthen the infrastructure of the health sector of the countries of the Zone so that the services to the community of the area are efficiently managed. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		2	2	-	-	TOTAL	PR	29,754	35,600	-	-
P-4 ADMIN. METHODS OFFICER	PR	1	1	-	-	PERSONNEL-POSTS		26,196	31,900	-	-
.0958						DUTY TRAVEL		3,178	3,200	-	-
G-4 SECRETARY	PR	1	1	-	-	SUPPLIES AND EQUIPMENT		380	500	-	-
.4089											

AMRO-3607, MANAGEMENT OF HEALTH SERVICES

Although a major contribution has been made to streamline present organizational structures and administrative machinery, management problems continue to be the most important single factor affecting the returns on investments made in the health sector. The objective of this project is to assist in the administrative reform of the health sector, providing additional support to ongoing activities to overcome deficient organization and administrative patterns of the health services. It also assists governments of the Region in the organization of intercountry training activities.

FUND 1973 1974 1975 1976					FUND 1973 1974 1975 1976					
-----					-----					
					UNDP					
TOTAL		17	8	-	-	TOTAL	42,857	43,000	-	-
CONSULTANT MONTHS	UNDP	17	8	-	-	PERSONNEL-CONSULTANTS	41,000	19,000	-	-
						TRAINING GRANTS	1,857	24,000	-	-

AMRO-3700, HEALTH PLANNING

The activities in this project form part of the work program for 1974-1977. The purpose of assistance in the planning processes is to cooperate with the countries in creating the necessary conditions for developing the processes of planning redefining, and adjusting national health policies in the light of the Ten-year Health Plan for the Americas, formulating consistent plans, evaluating and reformulating them with particular stress on the extension of sectoral coverage and services, and the development of the necessary infrastructure programs. In addition, the project provides for cooperation in training and in the development of the system of quadrennial projections.

TOTAL					TOTAL					
-----					-----					
		4	3	3	3		140,998	87,850	94,400	104,140
P-5 LIAISON OFFICER	WR	1	1	1	1	PR	84,056	33,000	35,900	51,700
4.2174										
P-5 SYSTEMS INFORMATION OF.	PR	1	-	-	-					
.3930										
P-4 MEDICAL OFFICER	PR	1	1	1	1	PERSONNEL-POSTS	50,232	15,000	23,700	24,900
.2001						PERSONNEL-CONSULTANTS	10,272	6,000	-	14,400
G-4 SECRETARY	WR	1	1	1	1	DUTY TRAVEL	22,371	12,000	12,200	12,400
4.3485						SUPPLIES AND EQUIPMENT	1,181	-	-	-
TOTAL		9	7	4	6	SUBTOTAL	56,962	54,850	58,500	52,440
CONSULTANT MONTHS	PR	4	3	-	6	PERSONNEL-POSTS	38,399	42,850	45,500	48,040
CONSULTANT MONTHS	WR	5	4	4	-	PERSONNEL-CONSULTANTS	13,539	8,000	8,800	-
						DUTY TRAVEL	3,984	4,000	4,200	4,400
						CONTRACTUAL SERVICES	1,020	-	-	-

AMRO-3701, HEALTH PLANNING AND ORGANIZATION (ZONE I)

Since cultural patterns and administrative systems in the countries of Zone I differ greatly, this project is designed to improve the planning process as an integral part of the administration of the health services in most of the countries and to integrate health planning with national economic development so as to create a satisfactory health system based on each country's stage of development. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL					TOTAL					
-----					-----					
		2	2	-	-		35,630	40,400	-	-
P-4 HEALTH PLANNER	PR	1	1	-	-	PR	24,060	33,600	-	-
.4034										
G-5 ADMINISTRATIVE ASSISTANT	WR	1	1	-	-	PERSONNEL-POSTS	21,731	27,100	-	-
4.0828						DUTY TRAVEL	6,329	6,500	-	-
						SUBTOTAL	7,570	6,800	-	-
						PERSONNEL-POSTS	7,451	6,700	-	-
						SUPPLIES AND EQUIPMENT	119	100	-	-

AMRO-3702, HEALTH PLANNING (ZONE II)

The long-term objectives are to furnish advice to the governments of the Zone II countries for the development and improvement of the health planning process in the context of national and regional economic and social development, and to collaborate in the development and improvement of the process of joint programming of activities between the countries and PAHO/WHO.

Over the short term, it is proposed to train the personnel of the health institutions of the four countries of the Zone by means of national courses and fellowships relating to international matters; to collaborate in setting up and strengthening the planning systems of the health sectors in the four countries; to introduce and develop planning support systems in the health sectors of the four countries; and to formulate and implement plans and programs relating to various aspects of the institutional development of the health sector in those countries. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL					TOTAL					
-----					-----					
		1	1	-	-	WR	35,815	30,740	-	-
P-4 HEALTH PLANNER	WR	1	1	-	-	PERSONNEL-POSTS	30,590	25,440	-	-
4.3674						DUTY TRAVEL	5,225	5,300	-	-

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
						\$	\$	\$	\$

AMRO-3703, HEALTH PLANNING (ZONE III)

The purpose of this project is to extend and consolidate the planning processes in the countries of Zone III, helping to define policies and strategies and the programming of services and infrastructure over the medium term and to program at the local level over the short term; to organize national information, control, and decision-making systems; to program joint activities between the countries and PAHO/WHO; to design structures and functions for the planning units; and to train personnel at the national level. Services provided under this project will be continued under country projects after 1974.

TOTAL		1	1	-	-	TOTAL	PR	32,500	20,200	-	-
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
P-4 HEALTH PLANNER .2031	PR	1	1	-	-	PERSONNEL-POSTS		23,625	15,000	-	-
						DUTY TRAVEL		8,449	5,200	-	-
						SUPPLIES AND EQUIPMENT		426	-	-	-

AMRO-3704, HEALTH PLANNING (ZONE IV)

Consultant services in planning have been provided for the countries in Zone IV. Such services will continue under country projects.

TOTAL		1	-	-	-	TOTAL	PR	33,862	-	-	-
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
P-5 MEDICAL OFFICER .0912	PR	1	-	-	-	PERSONNEL-POSTS		30,013	-	-	-
						DUTY TRAVEL		3,814	-	-	-
						SUPPLIES AND EQUIPMENT		35	-	-	-

AMRO-3706, HEALTH PLANNING (ZONE VI)

The purpose is to promote and cooperate in the development of health planning processes in the countries of the Zone, in accordance with the recommendations of the III Special Meeting of Ministers of Health of the Americas, and to collaborate in the joint programming of activities by the countries and PAHO. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		1	2	-	-	TOTAL	PR	23,418	45,800	-	-
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
P-5 HEALTH PLANNER .0915	PR	1	1	-	-	PERSONNEL-POSTS		17,621	39,700	-	-
G-4 SECRETARY .0896	PR	-	1	-	-	DUTY TRAVEL		5,797	6,000	-	-
						SUPPLIES AND EQUIPMENT		-	100	-	-

AMRO-3709, MEETING OF MINISTERS OF HEALTH

In 1973, this project provided follow-up services to the III Special Meeting of Ministers of Health in 1972.

TOTAL	PR	24,979	-	-	-
-----		-----	-----	-----	-----
PUBLICATIONS		15,451	-	-	-
SEMINAR COSTS		9,256	-	-	-
SUPPLIES AND EQUIPMENT		272	-	-	-

AMRO-3710, DEVELOPMENT OF NATIONAL INFORMATION SYSTEMS

This program went into operation in June 1972 as part of project AMRO-3700, its purpose being to further the following objectives: (1) to design national information systems for the health sector in keeping with those of economic and social development and the specific needs of the country planning processes; (2) to promote the implementation of these systems in the countries of the Region; (3) to furnish advice to countries so requesting on the design, organization, operation and evaluation of information systems, in close coordination with the Department of Health Statistics and the Pan American Program for Health Planning; and (4) to work with the Programming and Analysis Unit of the Planning and Evaluation Section in developing the information subsystem in respect of joint country-PAHO activities.

During the period 1974-76 this program provides for cooperation in developing information systems for Brazil, Colombia, Ecuador, Peru, and Costa Rica. It is hoped that this cooperation will be expanded to cover other countries as the program proceeds.

FUND					FUND				
1973 1974 1975 1976					1973 1974 1975 1976				
					PR				
					PR				
TOTAL	-	1	1	1	TOTAL	-	55,000	57,600	53,000
P-5 SYSTEMS INFORMATION OF .3930	PR	-	1	1	PERSONNEL-POSTS	-	33,000	34,400	35,800
TOTAL	-	5	5	2	PERSONNEL-CONSULTANTS	-	10,000	11,000	4,800
CONSULTANT MONTHS	PR	-	5	5	DUTY TRAVEL	-	12,000	12,200	12,400

AMRO-3715, PAN AMERICAN PROGRAM FOR HEALTH PLANNING

The Pan American Program for Health Planning is a joint project covering 14 countries of the Region, in cooperation with UNDP and WHO, the latter acting as participating and executing agency. PAHO is in charge of the organization and conduct of the program, and has structured it in the form of a multinational center with the title of Pan American Center for Health Planning, functioning in accordance with the general rules for the establishment and operation of such institutions approved by the XVIII Pan American Sanitary Conference.

The purpose of the project is to contribute to the establishment and strengthening of the country health planning process, and to that end it engages in activities concerned with training, research, and information services. For the period 1974-77, two advanced seminars and five special seminars have been programmed with approximately 90 health professionals participating. The technical group will be continued with five basic courses, regional in scope, organized by schools of public health. It is hoped to train approximately 600 professionals. The program for 1975 includes a high level course of nine months' duration, designed for sectoral planning specialists holding posts at the director level in connection with the country planning processes.

In the research field, the development of activities programmed for the period 1971-75 will continue, emphasizing medium- and short-term research programs in cooperation with national research groups. The Information Service will continue its activities, focusing on updating the knowledge of professionals who received their training in previous years and on the supply of information on the different countries' experiences with the health planning process.

TOTAL					TOTAL					
8 8 8 6					UNDP 347,975 540,729 394,000 314,000					
P-5 CHIEF OF RESEARCH 4.3300	UNDP	1	1	1	1	PERSONNEL-POSTS	150,750	228,000	228,000	171,000
P-5 CHIEF OF TRAINING 4.3219	UNDP	1	1	1	1	PERSONNEL-CONSULTANTS	153,500	228,500	50,000	40,000
P-5 PROJECT MANAGER 4.3178	UNDP	1	1	1	1	DUTY TRAVEL	-	12,000	12,000	9,000
P-5 TRAINING OFFICER 4.3220	UNDP	1	1	1	1	SUPPLIES AND EQUIPMENT	23,021	44,729	42,000	38,000
P-4 RESEARCH OFFICER 4.3357	UNDP	1	1	1	1	LOCAL PERSONNEL COSTS	16,639	17,500	30,000	24,000
P-4 STATISTICIAN 4.3351	UNDP	1	1	1	1	MISCELLANEOUS	4,065	10,000	32,000	32,000
P-4 TRAINING OFFICER 4.3358 4.3359	UNDP	2	2	2	-					
TOTAL		81	44	20	16					
CONSULTANT MONTHS	UNDP	81	44	20	16					

AMRO-4100, MATERNAL AND CHILD HEALTH (renumbered AMRO-4915)

AMRO-4108, CLINICAL AND SOCIAL PEDIATRICS (renumbered AMRO-4917)

AMRO-4109, NURSING MIDWIFERY (renumbered AMRO-4919)

AMRO-4118, STUDY GROUP ON NURSING-MIDWIFERY SERVICES (renumbered AMRO-4918)

AMRO-4126, LATIN AMERICAN CENTER FOR PERINATOLOGY AND HUMAN DEVELOPMENT (renumbered AMRO-4920)

FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----

FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

AMRO-4128, EDUCATIONAL CENTER FOR OBSTETRICS IN MATERNAL-INFANT NURSING IN FAMILY WELFARE (renumbered AMRO-4921)

AMRO-4130, MATERNAL AND CHILD HEALTH-FAMILY PLANNING CONTINUING EDUCATION AND STAFF TRAINING (renumbered AMRO-4922)

AMRO-4200, NUTRITION ADVISORY SERVICES

The problems of nutrition still prevail in the majority of the countries of the Region. Calorie availability is below 2,500 and that of proteins below 60 grams per capita per day in half of the countries, affecting 70% of the Region's total population. Child mortality from one to four years is from 10 to 30 times higher than in developed countries. This is mainly attributable to the high prevalence of malnutrition which affects 10 to 20% of the preschool children. The prevalence of nutritional anemias among pregnant women varies between 29 and 63%. Endemic goiter affects from 10 to 60% of the preschool children in 14 countries, and vitamin A deficiency is found in from 5 to 45% of the general population in 13 countries.

This project is designed to assist the governments of the Region in the development of programs for the control and prevention of nutrition diseases, as well as the promotion of optimal nutrition conditions in the population by means of the following goals: (1) technical and administrative organization of nutrition services on the various levels in the health structure; (2) maintenance of up-to-date and dependable diagnoses of the nutrition state of the population; (3) training of personnel specialized in nutrition; (4) strengthening and expansion of supplemental programs of food and nutrition education; (5) technical and administrative improvement in food services in hospitals and other institutions of public aid; (6) program development for fortified foodstuffs; (7) effective programs for the iodization of salt; (8) development of low cost vegetable food mixtures of high biologic value; (9) planning of intersectoral programs in applied nutrition; and (10) formulation of national policies in food and nutrition.

TOTAL		3	3	3	3	TOTAL	63,529	59,350	63,500	67,200
P-4 MEDICAL OFFICER	PP	1	1	1	1	SUBTOTAL	56,578	41,700	44,400	46,600
.3694										
G-5 CLERK	PR	1	1	1	1	PERSONNEL-POSTS	54,377	39,300	41,800	43,800
.3456						DUTY TRAVEL	2,201	2,400	2,600	2,800
G-4 SECRETARY	PR	1	-	-	-	SUBTOTAL	6,951	17,650	19,100	20,600
.3709										
G-4 SECRETARY	WR	-	1	1	1	PERSONNEL-POSTS	-	8,650	9,300	10,000
4.3709						PERSONNEL-CONSULTANTS	6,306	8,000	8,800	9,600
TOTAL		4	4	4	4	SUPPLIES AND EQUIPMENT	645	1,000	1,000	1,000
CONSULTANT MONTHS	WR	4	4	4	4					

AMRO-4201, NUTRITION ADVISORY SERVICES (ZONE I)

The main nutrition deficiency in Zone I is protein-calorie malnutrition, especially in young children. Deaths from PCM of all ages constitute from 0.6 to 12.0% of all deaths, and in children under five from 0.0 to 26.0%. Anemia and goiter are also important problems in Venezuela, especially the latter in the Andean regions. Other nutrition-related diseases due to excess, such as cardiovascular diseases and diabetes, are also prevalent and constitute from 3.1 to 13.0% and from 1.2 to 4.5%, respectively, of all deaths. Problems of infrastructure, such as lack of trained staff or organized structures for program planning and implementation, persist in most territories.

The purposes of this project are (1) to provide nutrition advisory services to the governments of Zone I; (2) to promote the development of food and nutrition policies in those countries that have the diagnostic information and infrastructure; (3) to integrate and strengthen the nutrition component of all individual-, family-, and community-oriented health activities; (4) to promote and undertake the organization of training activities to increase the quantity and quality of human resources in health and nutrition; (5) to strengthen nutrition structures within the ministries of health; (6) to promote and conduct research aimed at providing information and guidelines in the planning, execution, and evaluation of nutrition programs; (7) to promote organization of institutional dietary services and training of staff; and (8) to collaborate with other international and bilateral agencies working in the field of nutrition in order to minimize duplication of efforts. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		1	1	-	-	TOTAL	31,041	34,300	-	-
P-4 MEDICAL OFFICER - NUTRITION	WR	1	1	-	-	PERSONNEL-POSTS	21,988	25,200	-	-
4.0885						DUTY TRAVEL	8,970	9,000	-	-
						SUPPLIES AND EQUIPMENT	83	100	-	-

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

AMRO-4203, INSTITUTE OF NUTRITION OF CENTRAL AMERICA AND PANAMA

The nutritional problems of the Central American area, which do not differ much from those confronting other countries of the Region, have been defined in respect to nature and magnitude. The most important are considered to be protein-calorie malnutrition, vitamin A deficiency, nutritional anemias, and endemic goiter. Their basic causes and their consequences have also been determined.

The programs of INCAP are directed towards collaborating with the governments in solving these problems through research, counseling, and technical assistance, within prevailing conditions and utilizing available resources. Thus, for the prevention and control of endemic goiter, a method for iodization of salt applicable in the area has been developed and the governments are being assisted in the implementation of this measure. In regard to protein-calorie malnutrition, formulae for cheap foods with high nutritional value and methods for improving the nutritional quality or utilization of common foodstuffs have been developed. A practical and effective method of enriching foodstuffs with vitamin A has been devised, and work is proceeding on a similar process for iron enrichment. Systems and materials have also been developed for nutrition education at different levels, and procedures worked out for integrating nutrition activities into regular health programs.

The Institute will continue its programs of service through technical assistance, while at the same time strengthening its cooperation with national agencies in the fields of health, education, and agriculture and, at the intersectoral level, with national planning offices, for the formulation and development of national food and nutrition policies. It will also continue to cooperate with other agencies, such as FAO, PMA, UNICEF, and AID, in the development of programs connected with nutrition.

Adjusting the goals of the Ten-year Health Plan for the Americas to the situation and conditions of the countries of the Isthmus, the program requirements for each country are being determined. It is thought that, if the available technical resources can be fully utilized, these targets can be more than met in regard to endemic goiter, nutritional anemias, and vitamin A deficiency. Correction of protein-calorie deficiency which--together with infectious and parasitic diseases--is the main factor responsible for infant mortality, is faced with serious obstacles of a socioeconomic nature which are being studied in depth with a view to proposing measures adapted to the actual situation of each country. For this purpose, as also for the development of national nutrition policies, the Institute's capacity will be expanded in the area of economic and social studies relating to nutrition.

Since shortage of qualified manpower is one of the major limitations on better utilization and application of available knowledge, INCAP has a teaching program, recognized by the University of San Carlos in Guatemala, for the training of nutritionists/dietitians and experts in applied nutrition, animal nutrition, food science and technology, and other relevant fields. Each year about 120 students from all over the Region are admitted. In view of its excellent results, this program will be maintained and will, if possible, be expanded in the area of multidisciplinary training for planners. It is also intended to launch a program aimed at better utilization of mass communications media in nutritional education. An extensive program of research is being conducted to enable the Institute to perform its service and teaching functions effectively. In addition to rendering direct services to its Member Countries (Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama), INCAP constitutes a technical resource for nutrition programs throughout Latin America.

Apart from the direct economic contribution it receives from its Member Countries, INCAP requires the administrative and financial support of PAHO for the full discharge of its responsibilities at the regional level, both in the provision of services and in research and teaching. It also receives grants from various outside sources, including the National Institutes of Health (NIH) of the United States of America, and the Kellogg, Josiah Macy, Jr., Nestlé, Ford, Rockefeller and Research Corporation Foundations, with which it finances most of its research programs and part of its service and teaching activities.

TOTAL		298	298	298	298	TOTAL	3,099,849	3,096,266	3,169,180	3,277,380
P-6 DIRECTOR	PR	1	1	1	1					
.0615						SUBTOTAL	497,861	565,800	604,700	631,400
P-5 MEDICAL OFFICER	PR	3	3	3	3					
.0616 .0989 .1004										
P-4 ADMINISTRATIVE OFFICER	PR	1	1	1	1	PERSONNEL-POSTS	242,251	294,700	313,800	327,500
.0921						TECHNICAL ADVISORY COMM.	3,014	4,500	4,500	4,500
P-4 MEDICAL OFFICER	PR	1	1	1	1	DUTY TRAVEL	24,505	24,000	25,000	28,000
.3190						HOSPITALITY	360	400	400	400
P-4 NUTRITION ADVISER	PR	1	1	1	1	SUPPLIES AND EQUIPMENT	5,732	17,200	36,000	46,000
.0617						LOCAL COSTS	221,999	225,000	225,000	225,000
P-4 PROGRAMMER ANALYST	PR	1	1	1	1	SUBTOTAL	358,258	346,990	360,000	360,000
.3497										
P-3 NUTRITION EDUCATOR	PR	1	1	1	1					
.0618						PERSONNEL-POSTS	186,490	196,690	206,525	216,690
P-2 EDITOR-TRANSLATOR	PR	1	1	1	1	DUTY TRAVEL	7,074	4,500	4,500	4,500
.0619						SUPPLIES AND EQUIPMENT	58,505	41,790	42,000	35,000
P- PROFESSIONALS (INCAP)	PI	23	23	23	23	COMMON SERVICES	106,189	104,010	106,975	103,810
P- PROFESSIONALS (INCAP)	PH	12	12	12	12	SUBTOTAL	549,985	734,943	751,200	773,400
P- PROFESSIONALS (INCAP)	PN	13	13	13	13					
G-8 ACCOUNTING TECHNICIAN	PR	1	1	1	1	PERSONNEL-POSTS	213,044	304,580	319,800	335,000
.2052						PERSONNEL-CONSULTANTS	22,999	-	-	-
G- LOCALS (INCAP)	PI	88	88	88	88	DUTY TRAVEL	32,534	32,300	30,000	32,000
G- LOCALS (INCAP)	PH	21	21	21	21	SUPPLIES AND EQUIPMENT	109,092	86,691	85,000	90,000
G- LOCALS (INCAP)	PN	130	130	130	130	FELLOWSHIPS	25,835	66,400	66,400	66,400
						GRANTS	74,738	85,760	90,000	90,000
						COMMON SERVICES	71,743	159,212	160,000	160,000

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
								\$	\$	\$	\$
P-4 MEDICAL OFFICER .3692 .4223	PH	-	2	2	-	SUBTOTAL	PG	196,740	223,873	151,333	114,000
P-3 NUTRITION EDUCATOR .3303	PK	-	-	-	1	PERSONNEL-POSTS		60,635	83,523	75,133	77,500
P-3 NUTRITIONIST .4224	PH	-	1	1	-	PERSONNEL-CONSULTANTS		8,250	27,750	4,000	4,000
P-3 NUTRITIONIST 4.3103	WR	1	1	1	1	TECHNICAL ADVISORY COMM.		-	4,995	4,000	4,000
P-3 TECHNICAL OFFICER .3491	PK	1	1	1	1	DUTY TRAVEL		3,947	7,234	3,000	3,500
P-2 INFORMATION OFFICER .4222	PH	-	1	1	-	CONTRACTUAL SERVICES		15,152	13,224	-	-
G-8 ADMINISTRATIVE ASSISTANT 4.3068	WR	1	1	1	1	SEMINAR COSTS		11,532	25,461	24,000	24,000
G-6 ADMINISTRATIVE ASSISTANT .3506	PG	1	1	1	1	SUPPLIES AND EQUIPMENT		1,897	3,052	-	-
G-5 ADMINISTRATIVE ASSISTANT .4064	PG	1	1	1	1	FELLOWSHIPS		80,218	53,746	39,000	-
G-5 SECRETARY .3562	PR	1	1	1	1	COMMON SERVICES		15,069	4,888	2,200	1,000
G-4 CLERK .3706	PR	1	1	1	1	SUBTOTAL	PH	-	157,600	169,300	-
G-4 SECRETARY .3507 .3704 .3704 .4059	PG	7	7	6	5	PERSONNEL-POSTS		-	130,000	136,500	-
G-3 FIELD ASSISTANT .4026	PG	1	1	-	-	DUTY TRAVEL		-	12,000	15,000	-
G-3 RECEPTIONIST .4060	PG	1	1	1	1	CONTRACTUAL SERVICES		-	13,600	14,800	-
G-2 CLERK .4062	PG	1	1	1	1	SUPPLIES AND EQUIPMENT		-	2,000	3,000	-
G-2 DRIVER .4061 .4096	PG	2	2	1	1	SUBTOTAL	WR	51,843	50,800	54,610	58,790
G-1 CLERK .4063	PG	1	1	1	1	PERSONNEL-POSTS		25,475	34,700	37,210	40,090
G-1 DRIVER .4066	PG	1	1	1	1	PERSONNEL-CONSULTANTS		1,011	12,000	13,200	14,400
						DUTY TRAVEL		4,081	4,100	4,200	4,300
						COMMON SERVICES		21,272	-	-	-
TOTAL		16	15	8	8						
CONSULTANT MONTHS	PG	14	13	2	2						
CONSULTANT MONTHS	WR	2	2	6	6						
TOTAL		25	16	13	-						
FELLOWSHIPS-ACADEMIC	PG	25	16	13	-						

AMRO-4211, RESEARCH ON PROTEIN-CALORIE MALNUTRITION

Protein-calorie malnutrition (PCM) is, among the deficiency diseases, the major nutrition problem of this Hemisphere. The age of onset and type of protein-calorie malnutrition (i.e., marasmus, kwashiorkor, or both) are important factors in determining the preventive as well as curative procedures of intervention. There have been numerous reports expressing the opinion that protein-calorie malnutrition is occurring at a much earlier age and is further complicated by the decline in breast feeding. Severe protein-calorie malnutrition in the first year of life greatly increases the risk of impairing neurological and mental development and physical growth of children.

The purpose of this project is to collaborate with selected nutrition research centers in assessing the age of onset, type, and cause of protein malnutrition; to develop guides for treatment, be it in hospitals, nutrition recuperation centers, or homes; and to test applied effective prevention programs.

This project has been identified as Bolivia-4200 and Colombia-4200 for the period 1974-1975 as a result of funds earmarked for specific research work in both countries.

TOTAL		-	-	-	2	TOTAL	WR	7,372	-	-	6,800
CONSULTANT MONTHS	WR	-	-	-	2	PERSONNEL-CONSULTANTS		-	-	-	4,800
						SUPPLIES AND EQUIPMENT		3,272	-	-	2,000
						COURSE COSTS		4,100	-	-	-

AMRO-4212, RESEARCH ON NUTRITIONAL ANEMIAS

Recent studies sponsored by PAHO have substantiated the high prevalence of iron deficiency anemia in infants, menstruating and pregnant females, and adolescents. The borderline iron balance in much of the population, in addition to the above vulnerable groups, is due to a restricted iron intake and low absorption of food iron in high-cereal, low-animal-food diets. In view of the public health importance of this nutrition problem, it is highly desirable to review the research progress every five years, and, on the basis of these findings, to update recommendations for the prevention and control of nutritional anemias in the Americas.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
----	-----	-----	-----	-----	----	-----	-----	-----	-----
	\$	\$	\$	\$		\$	\$	\$	\$

The purposes of this project are to assist regional collaborative research centers on nutritional anemias through specialized technical consultantship and laboratory equipment; to convene a small research review group in 1974; to investigate practical means of fortifying food with the proper iron salt; to plan collaborative studies to evaluate iron absorption from regional diets; to extend the food iron absorption studies to field evaluation; and to convene the Third Scientific Group Meeting on Anemias in 1976.

TOTAL	1	2	2	1	TOTAL	PR	860	14,000	8,400	4,400
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CONSULTANT MONTHS	PR	1	2	2	1					
					PERSONNEL-CONSULTANTS		860	4,000	4,400	2,400
					SEMINAR COSTS		-	4,000	-	-
					SUPPLIES AND EQUIPMENT		-	6,000	4,000	2,000

AMRO-4213, IODINE DETERMINATION IN ENDEMIC GOITER

Endemic goiter occurs in 14 countries of the Region at a prevalence rate of 12% to over 40%, with some areas having as high as 90% of the population affected. An even more serious consequence of iodine deficiency is the occurrence of endemic cretinism-deaf mutism and accompanying neurological disorders. In some areas, especially in Ecuador, Peru and Bolivia, up to 10% of the population is handicapped by neurological disorders.

The purpose of this project is to assist governments in implementing effective salt iodization or goiter prevention programs.

TOTAL	1	2	2	2	TOTAL	7,715	6,000	6,400	6,800	
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	
CONSULTANT MONTHS	WR	1	2	2	2					
					SUBTOTAL	PR	3,742	-	-	-
					LIBRARY ACQUI. & BINDING		3,742	-	-	-
					SUBTOTAL	WR	3,973	6,000	6,400	6,800
					PERSONNEL-CONSULTANTS		2,226	4,000	4,400	4,800
					SEMINAR COSTS		1,747	2,000	2,000	2,000

AMRO-4221, SEMINAR ON NUTRITION IN FOOD AND HEALTH POLICIES

The targets of the Ten-year Health Plan for the Americas (1971-1980) have explicitly established that an adequate nutritional level and the satisfaction of demands for food constitute a basic right of all the peoples of the Region, apart from the strictly economic considerations of the countries, as part of their development plans. Almost none of the countries has formulated a definite, coordinated, intersectoral food and nutrition policy designed to satisfy the nutritional needs of all population groups.

The purpose of this project is to collaborate with the governments by means of action in conjunction and coordination with other international agencies in formulating and executing national food and nutrition policies which are biologically-oriented. Specifically, the adoption of legal measures for setting up intersectoral technical groups on nutrition in public health, agricultural economics, food technology, and other related subjects will be promoted at the highest level of the development planning of each country. There will be participation in the preparation, testing, and implementation of a methodology of planning in nutrition and food which can be geared to the requirements and peculiarities of each country. Several subregional conferences will be held to analyze the methodological aspects of the planning process in nutrition and food by presenting and discussing the experiences gained by the countries in this field.

UNICEF cooperates in this project.

TOTAL	1	3	3	3	TOTAL	PR	1,881	6,000	6,600	12,000
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
CONSULTANT MONTHS	PR	1	3	3	3					
					PERSONNEL-CONSULTANTS		1,881	6,000	6,600	7,200
					FELLOWSHIPS		-	-	-	4,800
TOTAL		-	-	-	1					
FELLOWSHIPS-ACADEMIC	PR	-	-	-	1					

AMRO-4230, NUTRITION TRAINING

The failure of human resources at each level of health services operation, qualified in nutrition as well as in other inter-related fields, to make a noticeable impact upon the existing nutrition problems and to prevent the extension or development of additional problems is a main obstacle that should be overcome. The countries in the Region are making efforts

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

to solve existing nutrition problems and prevent extension and development of new ones. As a result, the programs have increased demand for well-qualified nutrition personnel--medical and nonmedical nutritionists--to work especially in health services and other related agencies.

The purpose of this project is to strengthen nutrition and dietetics training in university degree programs through (1) review and improvement of curriculum planning; (2) technical consultations in specific areas; (3) guidance in developing appropriate field experience internship; and (4) education grants for faculty members in the schools of nutrition and dietetics of Latin America.

TOTAL		1	1	2	2	TOTAL	PR	38,069	26,500	35,200	45,700
P-4 NUTRITION ADVISER .0886	PR	1	-	1	1	PERSONNEL-POSTS		6,614	10,500	26,600	36,000
G-4 SECRETARY .4050	PR	-	1	1	1	PERSONNEL-CONSULTANTS		13,481	6,000	6,600	7,200
						DUTY TRAVEL		2,181	-	2,000	2,500
						SEMINAR COSTS		15,496	10,000	-	-
						SUPPLIES AND EQUIPMENT		297	-	-	-
TOTAL		9	3	3	3						
CONSULTANT MONTHS	PR	9	3	3	3						

AMRO-4233, NUTRITION TEACHING IN MEDICAL SCHOOLS

As a result of the Conference on Education in Nutrition in the Schools of Medicine and Public Health in Latin America, held in Washington, D.C., in 1966, attention was drawn to the need of providing this education on a broader basis and in greater depth, special emphasis being given to the problems of food and nutrition existing in the Region and to the social preventive approach. In addition, the physician has a direct responsibility in the diagnosis, prevention, and treatment of nutritional diseases and, as a leader in public health, he participates in the planning, development, and evaluation of programs designed to prevent and control the more prevalent and serious problems.

The purpose of this project is to collaborate with the schools of medicine and public health of the Region with a view to incorporating and strengthening the teaching of nutrition by revising the curricula and holding national and subregional seminars on the subject.

TOTAL		2	4	4	4	TOTAL	WR	2,368	8,000	8,800	9,600
CONSULTANT MONTHS	WR	2	4	4	4	PERSONNEL-CONSULTANTS		2,368	8,000	8,800	9,600

AMRO-4238, NUTRITION RESEARCH

The Ten-year Health Plan for the Americas (1971-1980) recognizes that the major nutrition problems in the Region are protein-calorie malnutrition, iron and folate deficiency anemia, endemic goiter, and vitamin A deficiency. Hence, the strategy for improving nutrition and controlling deficiency diseases in the present decade must include relevant research, both to define more clearly the extension, magnitude, and significance of malnutrition and to devise the most effective measures for the prevention, treatment, and rehabilitation from deficiency diseases.

The purpose of this project is to assist research workers and institutions of the Region to carry out comprehensive studies on food and nutrition problems, ranging from biochemical and metabolic research, through sociological studies at the community level, to operational and nutrition intervention designs that may be practical and feasible to implement.

TOTAL		-	1	1	1	TOTAL	PR	2,973	15,200	27,085	40,700
P-5 NUTRITION RESEARCH ADVISER .3151	PR	-	1	1	1	PERSONNEL-POSTS		-	8,200	19,185	30,100
						PERSONNEL-CONSULTANTS		1,983	4,000	4,400	4,800
						DUTY TRAVEL		-	1,000	1,500	1,800
						SUPPLIES AND EQUIPMENT		990	2,000	2,000	4,000
TOTAL		2	2	2	2						
CONSULTANT MONTHS	PR	2	2	2	2						

AMRO-4247, SURVEILLANCE OF NUTRITIONAL STATUS

There is a need to develop simplified methodology, uniform tests, analysis, and interpretation of data for defining nutrition problems and for continuing surveillance of nutrition status and evaluation of intervention programs. Such data

FUND	1973	1974	1975	1976
	-	-	2	2

FUND	1973	1974	1975	1976
	-	-	12,400	6,800

are essential in the formulation and implementation of national food and nutrition policies. Past experience indicates that certain key measurements which are simple and low in cost can be adapted to yield reliable baseline assessment of nutrition and health status.

The purposes of this project are to establish guidelines for interpretation of anthropometric, biochemical, and dietary data; to provide meaningful, simple, low-cost tests for assessing nutrition and health status; to systematize computer analysis of the survey data; and to update, review, and publish a simplified manual on nutrition surveillance for use in Latin America.

TOTAL	WR	1973	1974	1975	1976
CONSULTANT MONTHS	WR	-	-	2	2
		-	-	4,400	4,800
		-	-	6,000	-
		-	-	2,000	2,000

AMRO-4248, NUTRITIONAL AND NON-NUTRITIONAL FACTORS AFFECTING GROWTH AND DEVELOPMENT

Malnutrition is a deterrent to social and economic progress in the Region, as well as a priority health problem. Optimal physical growth and mental development is the overall goal of a maternal and child health program. To prevent and control malnutrition and hence growth and development impairment, the nutritional and environmental factors must be identified. Studies in several countries have pointed out the physical and behavioral lag present in survivors of chronic severe malnutrition in early life. More recently attention has been given to the significance of growth retardation in the uterus, low-weight births, and resistance to infectious diseases in early childhood.

The purpose of this project is to provide assistance in developing relevant research studies on growth and development and its relationship to nutritional and environmental factors affecting both the mother, the fetus, and the offspring.

TOTAL	WR	1973	1974	1975	1976
CONSULTANT MONTHS	WR	-	-	2	2
		-	-	6,400	6,800
		-	-	4,400	4,800
		-	-	2,000	2,000

AMRO-4249, OPERATIONS RESEARCH IN METHODS OF PREVENTING MALNUTRITION AND IMPROVING NUTRITIONAL STATUS

Nutrition intervention programs have evolved in the Region of the Americas upon validity assumptions which have not always been tested for their effectiveness to overcome specific prevailing problems and to promote better nutrition in the population at large. There are alternate strategies for individual countries. While the selection of a course of action is rarely susceptible to the formal quantitative application of systems analysis or cost-benefit calculations, this concept should be taken into consideration in the evaluation of alternate strategies. Research is required prior to selection of major programs and courses of action and a systematic means of modifying programs on the basis of such evaluation.

The purpose of this project is to assist selected research centers in the Region in carrying out operational studies in the following areas: (1) nutrition education systems and methodology; (2) supplementary feeding; (3) cost-effectiveness of nutrition intervention programs; and (4) cost-effectiveness of specific maternal and child health activities.

TOTAL	PR	1973	1974	1975	1976
CONSULTANT MONTHS	PR	-	-	2	2
		-	-	16,400	6,800
		-	-	4,400	4,800
		-	-	10,000	-
		-	-	2,000	2,000

AMRO-4300, MENTAL HEALTH

The purpose of this project is to assist the governments of the Region in developing and expanding their mental health programs as established in the Ten-year Health Plan, particularly in reference to definition of policies, extension of coverage, training of personnel, and dissemination of technical information. Since the initiation of this project, 20 countries have received technical assistance in the development of their national programs, in the evaluation of their services, and in the expansion of their mental health care systems, including the creation of modalities of treatment other than hospitalization.

FUND 1973 1974 1975 1976					FUND 1973 1974 1975 1976					
TOTAL	-	1	1	1	TOTAL	PR	6,481	45,000	47,400	52,200
P-5 MEDICAL OFFICER .0077	PR	-	1	1	PERSONNEL-POSTS	-	-	33,000	34,400	35,800
					PERSONNEL-CONSULTANTS	5,839	6,000	6,600	9,600	
					DUTY TRAVEL	-	5,000	5,200	5,400	
TOTAL		2	3	3	SUPPLIES AND EQUIPMENT	642	1,000	1,200	1,400	
CONSULTANT MONTHS	PR	2	3	3						

AMRO-4312, COURSES IN COMMUNITY PSYCHIATRY

The extension of general and specialized services to areas now without them is among the goals of the Ten-year Health Plan for the Americas. One way to pursue this goal as regards psychiatric care is by giving training in basic psychiatry and mental health to the general practitioners and public health physicians who serve these areas. The objectives of the project are to give short courses in basic psychiatry, management of psychiatric emergencies, follow-up on discharged patients, treatment of epileptics, and providing care in the community to long-term patients. The courses, sponsored by PAHO with the support of the governments, are followed by an extensive period of consultation and supervision by a local psychiatrist, so that the training of general practitioners can be pursued in a continuing education program. Seven courses, attended by 85 physicians, have been given in four countries.

TOTAL					TOTAL					
		1	2	2	1	TOTAL	3,695	13,000	13,400	13,900
CONSULTANT MONTHS	PR	1	2	2	1	SUBTOTAL	PR	3,695	7,500	13,400
						PERSONNEL-CONSULTANTS	3,360	4,000	4,400	2,400
						SUPPLIES AND EQUIPMENT	335	1,000	1,000	1,500
						COURSE COSTS	-	2,500	8,000	10,000
						SUBTOTAL	WR	-	5,500	-
						COURSE COSTS	-	5,500	-	-

AMRO-4313, NURSING IN MENTAL HEALTH

The psychiatric and mental health services of the Region are scanty and ill-distributed, coverage being incomplete for the urban population and almost nonexistent for the rural population. Moreover, an increase in demand for mental health services is expected. The number of psychiatric nurses and their present rate of production are inadequate to cover the nursing care requirements relating to the mental health of the population. The nursing care received by mental patients in hospitals is entrusted to auxiliary staff and to aides with little or no preparation for looking after this type of patient.

The purpose of this project is a dual one: firstly, to improve both the quantity and the quality of the nursing care delivered in the psychiatric services, including prevention and rehabilitation; and, secondly, to increase output of psychiatric nurses concurrently with the creation and development of in-service training programs for professional and auxiliary nursing staff and nursing aides.

TOTAL					TOTAL					
		1	1	1	1	TOTAL	24,450	35,100	35,260	57,660
P-3 NURSE 4.3283	WR	1	1	1	1	SUBTOTAL	PR	-	-	16,000
TOTAL		-	2	1	2	CONTRACTUAL SERVICES	-	-	-	16,000
CONSULTANT MONTHS	WR	-	2	1	2	SUBTOTAL	WR	24,450	35,100	35,260
						PERSONNEL-POSTS	19,124	24,700	26,560	28,760
						PERSONNEL-CONSULTANTS	-	4,000	2,200	4,800
						DUTY TRAVEL	5,326	5,400	5,500	5,600
						SUPPLIES AND EQUIPMENT	-	1,000	1,000	2,500

AMRO-4314, EPIDEMIOLOGICAL STUDY ON EPILEPSY

Convulsive disorders have a high frequency in the countries of the Region, although their exact prevalence rates and geographical distribution are unknown. There are legal restrictions as well as discriminatory attitudes toward epileptic patients, both at school and on the job, which are without justification, depriving the patients of opportunities for a normal life. Resolutions of the Governing Bodies have recommended the promotion of epidemiological research on epilepsy in the Hemisphere, in order to determine the magnitude of the problem as a base to provide services.

FUND					FUND					
	1973	1974	1975	1976		1973	1974	1975	1976	
						\$	\$	\$	\$	
TOTAL	1	3	3	3	TOTAL	WR	6,174	12,150	18,800	16,400
CONSULTANT MONTHS	WR	1	3	3	3	PERSONNEL-CONSULTANTS	2,873	6,000	6,600	7,200
					CONTRACTUAL SERVICES	-	3,150	6,200	6,200	6,200
					SUPPLIES AND EQUIPMENT	3,301	3,000	6,000	6,000	3,000

AMRO-4316, EPIDEMIOLOGY OF SUICIDES

Suicide is a leading cause of death in the age group 15-74 years in several Latin American countries. Statistics from Europe and the United States show that suicide is a problem of later ages (65 years and over). Furthermore, in several Latin American countries, high rates of suicide coexist with high rates of homicide, an observation which does not support theories based on statistics from other regions.

The natural history of suicide is almost completely unknown, hindering the planning and implementation of sound, preventive programs. This project aims at the study of the incidence of suicide, characteristics of the victims, and associated factors that must be taken into account. Five countries in which the problem is particularly serious have been selected for the study.

TOTAL					TOTAL					
	1	2	2	-		WR	3,414	7,500	7,900	-
CONSULTANT MONTHS	WR	1	2	2	-	PERSONNEL-CONSULTANTS	2,448	4,000	4,400	-
						SEMINAR COSTS	966	-	-	-
						SUPPLIES AND EQUIPMENT	-	1,500	1,500	-
						GRANTS	-	2,000	2,000	-

AMRO-4317, STUDY GROUP ON TEACHING MENTAL HEALTH IN SCHOOLS OF PUBLIC HEALTH

The education received by public health administrators in Latin America usually does not include mental health. Similarly, very few psychiatrists in the Region have received formal training in public health. No school of public health offers specialized programs in mental health and community psychiatry, and only a few offer an isolated course in mental health in their curriculum. The availability of psychiatric care and mental health care to the population is inadequate, and limited to part of the urban population. These services are dispensed by specialists only; rarely are any functions delegated to other members of the health team.

This study group seeks to increase the interest of directors of schools of public health in mental health and to encourage the inclusion of this discipline in the regular programs for doctors, nurses, and other personnel. It also promotes the introduction of academic programs in mental health as a subspecialty of public health.

TOTAL					TOTAL					
	-	1	-	-		PR	-	9,900	-	-
CONSULTANT MONTHS	PR	-	1	-	-	PERSONNEL-CONSULTANTS	-	2,000	-	-
						SEMINAR COSTS	-	7,400	-	-
						SUPPLIES AND EQUIPMENT	-	500	-	-

AMRO-4318, EPIDEMIOLOGY OF ALCOHOLISM

Alcoholism is a serious public health problem in Latin America; nevertheless, its magnitude and distribution is only partially known. The study of alcohol abuse and the medical and social problems created by alcoholism is one of the targets listed in the Ten-year Health Plan for the Americas.

This project has the following objectives: (1) a survey of the prevalence of alcoholism in eight cities and two rural areas in Latin America; (2) a study of drinking patterns and attitudes; (3) dissemination of scientific information on the subject to governments and interested institutions; and (4) promotion of centers for studies on alcohol and alcoholism in at least two countries.

An international course on alcoholism, attended by 41 professionals from 12 countries, was given in San José, Costa Rica, in February 1973. A center for studies on alcohol and alcoholism was created in this city, with the cooperation of the Government. A preparatory workshop was convened in Rio de Janeiro in March 1973 to draw up a strategy for the epidemiological study.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$
TOTAL	3	3	3	2	TOTAL	119,002	246,346	151,500	91,150
P-4 MEDICAL OFFICER .3983 .3984	PG 2	2	2	2	SUBTOTAL	PR 2,244	-	-	-
G-5 SECRETARY .3985	PG 1	1	1	-	SEMINAR COSTS	2,244	-	-	-
TOTAL	45	21	15	10	SUBTOTAL	PG 116,758	246,346	151,500	91,150
CONSULTANT MONTHS	PG 45	21	15	10	PERSONNEL-POSTS	4,614	40,559	58,250	45,750
TOTAL	49	-	-	-	PERSONNEL-CONSULTANTS	31,442	48,724	29,100	19,350
PARTICIPANTS	PG 49	-	-	-	DUTY TRAVEL	-	20,713	18,750	10,500
					CONTRACTUAL SERVICES	-	39,600	12,500	-
					SEMINAR COSTS	7,764	3,517	4,500	4,500
					SUPPLIES AND EQUIPMENT	19,413	24,733	13,900	11,050
					PARTICIPANTS	32,025	-	-	-
					LOCAL PERSONNEL COSTS	21,500	68,500	14,500	-

AMRO-4320, SEMINAR ON MENTAL RETARDATION

A seminar in 1973 analyzed existing resources for dealing with the problems of mental retardation in Latin America and made recommendations on providing more adequate medical care and preventive programs.

TOTAL		1	-	-	-	TOTAL	PR	7,994	-	-	-
CONSULTANT MONTHS	PR	1	-	-	-	PERSONNEL-CONSULTANTS	606	-	-	-	-
TOTAL		-	-	-	-	SEMINAR COSTS	230	-	-	-	-
PARTICIPANTS	PR	-	-	-	-	PARTICIPANTS	7,158	-	-	-	-

AMRO-4322, DEVELOPMENT OF PSYCHIATRY AND MENTAL HEALTH LIBRARIES

Libraries serving the psychiatric residency training programs and those of the psychiatric departments of the Latin American schools of medicine are very poor or nonexistent. The number of psychiatric and mental health journals they receive is also scarce, making it very difficult for the faculty, students, and residents to keep up with advances in their specialty.

The purpose of this program is to strengthen the libraries of several centers which offer residency training programs in psychiatry by providing them with subscriptions to a reasonable number of psychiatric and psychological journals. In 1973, nine residency programs were included in this project.

TOTAL	WR	-	4,000	4,000	5,000
SUPPLIES AND EQUIPMENT	-	4,000	4,000	5,000	

AMRO-4323, CONFERENCE ON THE EPIDEMIOLOGY OF DRUG ABUSE

Seven countries participated in a discussion on the epidemiology of drug abuse in Latin America in preparation for more extensive studies and programs in this area.

TOTAL		1	-	-	-	TOTAL	PG	4,727	-	-	-
CONSULTANT MONTHS	PG	1	-	-	-	PERSONNEL-CONSULTANTS	690	-	-	-	-
TOTAL		21	-	-	-	PARTICIPANTS	4,037	-	-	-	-
PARTICIPANTS	PG	21	-	-	-						

AMRO-4324, ADMINISTRATION OF MENTAL HEALTH SERVICES

Most Latin American countries have national agencies of mental health, usually headed by psychiatrists with relatively little experience in administration or by public health administrators with no basic background in psychiatry and mental health. The objective of this project is to offer short courses in mental health administration to high-ranking mental health officers. An accredited school of public health will be selected to offer the training.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
								\$	\$	\$	-\$
TOTAL		-	-	-	2	TOTAL	PR	-	-	-	9,600
FELLOWSHIPS-ACADEMIC	PR	-	-	-	2	FELLOWSHIPS		-	-	-	9,600

AMRO-4400, DENTAL HEALTH

There is a high prevalence and incidence of dental disease in Latin America, and only a limited number of people receive the benefits of dental services. There is also a lack of dental personnel, both professional and auxiliary, and of adequate systems to provide comprehensive dental services. The project has collaborated in the conduct of national dental health and manpower surveys in Venezuela and Colombia and in a preliminary review of the delivery of dental services and of the situation regarding dental health manpower in the English-speaking Caribbean. A school for the preparation of dental auxiliaries has been established in Jamaica, and plans are being made for the use of dental auxiliary personnel in other Caribbean countries and territories. Integrated dental clinics for services to the community have been set up in Chile, Ecuador, and Venezuela; simplified dental equipment has been installed in these clinics; and additional laboratories established for experimentation in the use of dental personnel and of new delivery systems for dental care.

It is proposed to refine the methodology for conducting dental health surveys and develop dental health planning, providing improved methods for the utilization of dental personnel and the application of preventive and curative measures. It is envisaged that, through a combined approach involving use of auxiliary personnel, new systems of care delivery, and improved payment mechanisms and equipment, the range of services available to persons in Latin America may be expanded.

		8	5	5	5		PR	14,255	12,000	15,000	18,000
TOTAL						TOTAL					
CONSULTANT MONTHS	PR	8	5	5	5	PERSONNEL-CONSULTANTS		12,872	10,000	11,000	12,000
						SUPPLIES AND EQUIPMENT		1,383	2,000	4,000	6,000

AMRO-4407, DENTAL EPIDEMIOLOGY

Despite the high prevalence and incidence of dental disease in Latin America, few countries in the Region have adequate, well-documented data on the extent of such diseases. It has been considered necessary to improve the availability of knowledge in this regard and to train persons capable of conducting dental epidemiological and planning surveys. The factors associated with the presence or absence of dental disease in communities require further study, together with any causative agents that may be associated with these conditions. A course in dental epidemiology has been held at the School of Public Health, São Paulo, Brazil, and epidemiological surveys conducted in Colombia and Venezuela; in addition, a survey utilizing new methodology is currently being conducted in Montserrat. The National School of Public Health, Colombia, is participating in the WHO program for International Centers in Dental Epidemiology, and one investigation into the causative factors of caries prevalence in two communities has been initiated.

It is proposed to stimulate the training of additional persons in the field of dental epidemiology, to improve the basic knowledge of dental health conditions in the Americas, and to disseminate improved methodologies for the collection of such data. Collaborative programs will be established with international agencies, and educational materials will be prepared to improve the knowledge and information available to epidemiologists in Latin America. Investigations into the factors associated with presence of dental disease will continue.

		2	3	3	1			10,639	13,000	13,600	9,400
TOTAL						TOTAL					
CONSULTANT MONTHS	PR	2	3	3	1	SUBTOTAL	PR	6,881	13,000	13,600	9,400
TOTAL		-	2	2	2						
FELLOWSHIPS-SHORT TERM	PR	-	2	2	2	PERSONNEL-CONSULTANTS		4,612	6,000	6,600	2,400
						SUPPLIES AND EQUIPMENT		2,269	4,000	4,000	4,000
						FELLOWSHIPS		-	3,000	3,000	3,000
						SUBTOTAL	PG	3,758	-	-	-
						SUPPLIES AND EQUIPMENT		1,358	-	-	-
						LOCAL PERSONNEL COSTS		2,400	-	-	-

AMRO-4409, FLUORIDATION

Fluoridation of water supplies is an accepted, effective method for prevention of dental caries. The program of fluoridation in the Region needs to be implemented and extended to cover cities over 50,000 population. There is a shortage of trained engineers and auxiliary personnel, and a stimulus must be provided to the production of fluoride compounds and the use of local resources in the Region. Educational and informational material should be prepared and distributed

FUND					FUND									
1973 1974 1975 1976					1973 1974 1975 1976									
-----					-----									
					\$ \$ \$ \$									
among institutions and professionals with an interest in the subject, and research on new methods to bring increased benefits to the population should be provided.														
TOTAL		2	2	2	2	TOTAL	PR	77,885	74,900	83,500	99,100			
-----					-----									
P-5 DENTAL OFFICER .3015	PP	1	1	1	1	PERSONNEL-POSTS		53,972	60,100	62,700	65,300			
P-4 SANITARY ENGINEER .3027	PR	1	1	1	1	PERSONNEL-CONSULTANTS		17,122	8,000	8,800	9,600			
					DUTY TRAVEL						6,791	6,800	7,000	7,200
					SEMINAR COSTS						-	-	-	6,000
					SUPPLIES AND EQUIPMENT						-	-	5,000	6,000
					GRANTS						-	-	-	5,000
TOTAL		6	4	4	4									

CONSULTANT MONTHS	PR	6	4	4	4									

AMRO-4410, LABORATORY FOR CONTROL OF DENTAL PRODUCTS

There is a lack of standardization in the quality control of dental materials used in Latin America; indeed, until the initiation of the PAHO program, no Latin American country had a laboratory for quality control of dental products. There is no governmental control of dental products and no coordination between teaching about dental materials and the clinical application of such materials, either in public programs or private practice. Dental materials are utilized in traditional form and are not oriented towards the treatment of large population groups. A center for dental materials has been established in collaboration with the Central University and other dental schools in Venezuela. A survey has been conducted on the teaching and use of dental materials in Latin America, and one international seminar has been held at the Dental Materials Center in Venezuela. Field studies on new materials with possible application to large groups of population for prevention of dental caries are being initiated in five localities in four countries, and a regional program in dental materials has been approved for Central America and Panama.

FUND					FUND									
1973 1974 1975 1976					1973 1974 1975 1976									
-----					-----									
					\$ \$ \$ \$									
TOTAL		2	3	3	2	TOTAL		15,891	24,529	10,600	8,800			
-----					-----									
CONSULTANT MONTHS	PR	2	3	3	2									
					SUBTOTAL					PR	6,004	10,000	10,600	8,800
					PERSONNEL-CONSULTANTS						3,106	6,000	6,600	4,800
					CONTRACTUAL SERVICES						-	1,000	1,000	1,000
					SUPPLIES AND EQUIPMENT						2,898	3,000	3,000	3,000
					SUBTOTAL					PH	9,887	14,529	-	-
					TEMPORARY PERSONNEL						1,480	-	-	-
					CONTRACTUAL SERVICES						4,600	4,800	-	-
					SUPPLIES AND EQUIPMENT						507	1,529	-	-
					GRANTS						3,300	2,000	-	-
					COURSE COSTS						-	6,200	-	-

AMRO-4411, HUMAN AND MATERIAL RESOURCES IN DENTISTRY

In Latin America there is a scarcity of the human and material resources necessary to provide preventive, curative, and rehabilitative services in dentistry. Resources that do exist are fully utilized and distributed in terms of the national needs. There is a shortage of appropriate equipment for the provision of dental care in urban and rural areas, as well as a need for modern management techniques to produce effective interaction between the human and technical resources and the socioeconomic system. The program has currently produced a basic design for a simplified dental unit which has been tested and assembled in Argentina, Colombia, and Venezuela and is receiving further testing in Barbados, Honduras, Mexico, and Panama. Courses on the use of such simplified dental equipment have been given in Argentina, Brazil, Chile, Colombia, and Venezuela. In the field of education a simplified programmed learning machine has been developed in Brazil, and programs for the training of personnel in specific technical areas have been developed in Chile, Colombia, and Venezuela.

It is proposed (1) to continue assistance to countries in the design, development, and utilization of improved equipment for the provision of dental care programs in urban and rural areas; (2) to prepare manuals on administration and on the construction and design of dental facilities, including systems approaches for the provision of care, analysis of dental programs, and courses in management for dental personnel; and (3) to establish a coordinating unit for the interchange of information and promote intercommunication between persons working in specialized dental fields in the Region.

FUND					FUND									
1973 1974 1975 1976					1973 1974 1975 1976									
-----					-----									
					\$ \$ \$ \$									
TOTAL		1	2	2	2	TOTAL	PR	14,969	33,000	48,200	48,400			
-----					-----									
P-3 DENTAL HYGIENIST .4241	PR	-	1	1	1	PERSONNEL-POSTS		8,124	23,000	31,400	33,100			
G-4 SECRETARY .3067	PR	1	1	1	1	PERSONNEL-CONSULTANTS		3,533	6,000	6,600	4,800			
					DUTY TRAVEL						-	1,000	1,200	1,500
					SUPPLIES AND EQUIPMENT						3,312	3,000	3,000	3,000
					COURSE COSTS						-	-	6,000	6,000
TOTAL		5	3	3	2									

CONSULTANT MONTHS	PR	5	3	3	2									

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

AMRO-4412, SEMINAR ON IMPLEMENTATION OF DENTAL HEALTH PROGRAMS

All countries in the Region are seeking solutions to the problems of providing dental care services to large groups of the population. Over the past five years PAHO has initiated certain projects in the fields of dental health and dental education, and it is necessary to bring together experts with experience in the field of dental programs in order to evaluate the achievement of these and other programs in the field. It is also necessary to utilize a concerted and comprehensive approach to the resolution of complex problems and to apply current knowledge for the improvement of PAHO's approach and of the programs to be developed in countries in Latin America.

It is proposed to hold a continuing series of seminars to evaluate dental programs, their approach, and achievements and to initiate the interchange of information and experience obtained in such programs in Latin America. It is also proposed to establish an advisory group and to conduct follow-up seminars with experts, based on the experience gained from early seminars.

TOTAL	-	-	-	3	TOTAL	-	6,600	1,000	15,700	
CONSULTANT MONTHS	PR	-	-	3						
TOTAL		-	10	-	12	PR	-	3,910	1,000	15,700
PARTICIPANTS	PP	-	5	-	12	PERSONNEL-CONSULTANTS	-	-	-	7,200
PARTICIPANTS	WR	-	5	-	-	SEMINAR COSTS	-	1,900	-	1,000
						SUPPLIES AND EQUIPMENT	-	600	1,000	1,000
						PARTICIPANTS	-	2,310	-	6,500
						SUBTOTAL	WR	-	2,690	-
						PARTICIPANTS	-	2,690	-	-

AMRO-4500, HEALTH ASPECTS OF RADIATION

Radiation has been used for the diagnosis and treatment of disease since soon after the discovery of x-rays nearly 80 years ago. While in the most advanced countries over half of the population is likely to undergo an x-ray diagnostic examination each year, the vast majority of people in the developing countries do not have access to so precise a diagnostic tool.

The dual problem facing the health authorities of every country of the Region is to obtain the benefits for health that are possible while controlling unwarranted radiation exposure. To date the major effort of this program has been expended in the radiation protection area. It is intended, however, to place greater emphasis on the extension of radiological services and on the training of suitable personnel (technicians in particular) to provide such services.

TOTAL	3	3	3	3	TOTAL	WR	9,846	12,000	12,600	13,200
CONSULTANT MONTHS	WR	3	3	3	3	PERSONNEL-CONSULTANTS	9,702	6,000	6,600	7,200
						SUPPLIES AND EQUIPMENT	144	6,000	6,000	6,000

AMRO-4507, RADIATION HEALTH PROTECTION

Inherently associated with the beneficial uses of radiation is the necessity of providing adequate protection for patients, radiation workers, and the general public as well. In recent years a number of health ministries have shown an interest in correcting deficiencies in the area of radiation protection. The objective of this program is to help establish the nucleus of national radiation protection services within the health ministries through the provision of expert consultation, training, and the basic equipment needed to detect and measure radiation.

TOTAL	1	1	1	1	TOTAL	PR	38,468	44,000	46,200	48,800
P-5 HEALTH PHYSICIST .1005	PR	1	1	1	1	PERSONNEL-POSTS	27,814	33,000	34,400	35,800
						PERSONNEL-CONSULTANTS	6,169	6,000	6,600	7,200
						DUTY TRAVEL	3,365	3,500	3,700	3,800
TOTAL		5	3	3	3	SUPPLIES AND EQUIPMENT	1,120	1,500	1,500	2,000
CONSULTANT MONTHS	PR	5	3	3	3					

AMRO-4509, RADIATION SURVEILLANCE

As a result of nuclear weapons testing in the atmosphere, there has been worldwide pollution of the environment with radioactive elements, and various health ministries have requested assistance in establishing systems for detecting

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
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	\$	\$	\$	\$		\$	\$	\$	\$

and measuring these contaminants. Additionally, the III Special Meeting of Ministers of Health of the Americas reiterated the need for establishing in the countries programs to measure radioactivity of the environment.

Air samples are collected in 10 countries (Argentina, Bolivia, Chile, Colombia, Ecuador, Guyana, Jamaica, Peru, Trinidad and Tobago, and Venezuela) and milk samples are collected in five (Chile, Colombia, Ecuador, Jamaica, and Venezuela). This environmental sampling network is supported through technical assistance, training, and supplies furnished by PAHO.

TOTAL	PR	907	2,000	2,500	2,500
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SUPPLIES AND EQUIPMENT		907	2,000	2,500	2,500

AMRO-4516, PLANNING AND DEVELOPING RADIOLOGICAL FACILITIES

Radiological installations are perhaps the most expensive facilities required by the medical profession. Accommodations built for this purpose need to meet stringent specifications for the protection of the patients, the operators, and the people working or living in the vicinity.

Adequate planning of radiological facilities is essential, for it is very expensive and difficult (if not impossible) to remodel premises which were not properly planned from the very beginning. Yet there is scarcely any organization at the national level consistently entrusted with this task. More often than not, it is performed by groups with vested interests, i.e., the commercial manufacturers. In addition, not enough thinking goes into the planning of small radiological facilities for rural hospitals. The result is often appalling, if the units operate at all.

There is also need for developing simple, rugged, and versatile radiological equipment capable of performing under adverse field conditions and of being locally maintained and serviced. Such equipment is essential to provide radio-diagnostic services to a large population group, estimated at more than 50% of the total, traditionally deprived of them.

Last, but not least, there is a lack of adequately-trained personnel (i.e., radiologists, x-ray technicians, and engineering technicians specialized in the maintenance and repair of x-ray equipment) in district and local hospitals. It is extremely important to define their need, their geographical distribution, and the type of training they require to meet the challenge.

TOTAL		-	-	2	-	TOTAL	WR	-	-	8,400	-
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
CONSULTANT MONTHS	WR	-	-	2	-	PERSONNEL-CONSULTANTS CONTRACTUAL SERVICES		-	-	4,400	-
										4,000	-

AMRO-4618, MANGANESE POISONING

Under a grant from the U.S. National Institutes of Health, PAHO is participating in a research project on the mechanisms by which chronic inhalation of dust containing manganese induces a schizophrenia-like syndrome followed by a Parkinson's or a Wilson's disease syndrome. The Catholic University in Santiago, Chile, and the Brookhaven National Laboratory in Upton, New York, are collaborating in this study.

TOTAL		9	1	-	-	TOTAL	67,199	29,871	-	-
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
CONSULTANT MONTHS	PG	9	1	-	-	SUBTOTAL	59,906	27,164	-	-
						PERSONNEL-CONSULTANTS	17,341	1,500	-	-
						SUPPLIES AND EQUIPMENT	10,608	7,098	-	-
						LOCAL PERSONNEL COSTS	27,304	18,054	-	-
						COMMON SERVICES	4,653	512	-	-
						SUBTOTAL	7,293	2,707	-	-
						CONTRACTUAL SERVICES	7,293	2,707	-	-

AMRO-4620, MANAGEMENT OF PESTICIDES

Major concern by the Member Countries has developed over the widespread contamination of the environment and food chain with pesticides resulting from their indiscriminate use. Serious accidents, with numerous human deaths and suicides resulting from toxic doses of these chemicals, have caused this preoccupation. Accidental deaths of children and

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

other individuals have resulted from ingestion of pesticides that are sold and distributed indiscriminately in improper containers without warning or identification.

The environment has become seriously contaminated in certain areas where continuous agriculture practices are utilized, with the ecosystem practically destroyed or left in irreparable condition. Many wildlife, fish and avian species have disappeared, but more important is the contamination of the food-producing animals. Vectors of diseases of public health significance have developed resistance to the pesticides. Little relief appears likely in the near future because of the extensiveness of the contamination.

Of immediate concern is the training of medical personnel capable of diagnosis and treatment of toxic human cases to avoid premature deaths. Concurrently, criteria and guidelines for pesticide management programs must be developed for use by the governments as a basic document on which to build legislation, analytical and control laboratories, field investigations, and surveillance systems to assure the citizen he is properly protected. Expertise in this sector is negligible and training of personnel is of the highest priority, specifically in clinical medicine, laboratory analysis, and agricultural application.

Objectives of this project include the formulation and development of national policy on pesticides with enforcement legislation and control measures along the lines of the criteria and guidelines to be developed; preparation and development of criteria and guidelines for pesticide management programs; establishment and strengthening of national centers with fully equipped laboratories to support the enforcement of legislation on pesticide analysis; development of training projects for clinicians, chemists, and agriculturists; and provision of technical assistance to government services and educational institutions through multidisciplinary teams with experience in pesticide management.

TOTAL		---	3	3	3	TOTAL	WR	---	7,000	7,600	8,700
CONSULTANT MONTHS	WR	-	3	3	3	PERSONNEL-CONSULTANTS	-	6,000	6,600	7,200	
						SUPPLIES AND EQUIPMENT	-	1,000	1,000	1,500	

AMRO-4700, FOOD AND DRUG CONTROL

The Ten-year Health Plan adopted by the Health Ministers of the Americas in 1972 emphasizes the need to reduce illness and economic loss caused by impure foods and to ensure the quality of the medicaments used in their countries. In accordance with those goals, this is a continuing project to help the countries improve their organization and procedures for ensuring the safety and satisfactory condition of their food and drug supplies.

The actions taken under this project include (1) development of guidelines for the organization and operation of national food and drug control agencies; (2) study of the food and drug control situation in the various countries (these studies by PAHO result in reports to the countries recommending actions for achieving better quality control of foods and drugs); and (3) providing training for analysts, inspectors, and law administrators from the national food and drug control agencies.

TOTAL		---	2	2	2	2	TOTAL		---	48,968	53,700	56,700	59,300
P-5 FOOD AND DRUG CONSULTANT .2006	PR	1	1	1	1	SUBTOTAL	PR	48,968	53,700	55,914	58,300		
G-4 SECRETARY .3216	PR	1	1	1	1	PERSONNEL-POSTS		40,093	43,500	46,000	48,100		
TOTAL		1	2	2	2	PERSONNEL-CONSULTANTS		2,674	4,000	4,400	4,800		
CONSULTANT MONTHS	PR	1	2	2	2	DUTY TRAVEL		5,158	5,200	5,300	5,400		
						SUPPLIES AND EQUIPMENT		1,043	1,000	214	-		
						SUBTOTAL	WR	-	-	786	1,000		
						SUPPLIES AND EQUIPMENT		-	-	786	1,000		

AMRO-4703, FOOD REFERENCE LABORATORY (ZONE III)

A food reference laboratory has been established within INCAP and is cooperating with national food control services of the countries of Zone III. Services will continue under AMRO-4203 and country projects.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
								\$	\$	\$	\$
TOTAL		3	-	-	-	TOTAL		65,846	-	-	-
P-5 LABORATORY ADVISER .2033	PR	1	-	-	-	SUBTOTAL	PR	50,489	-	-	-
P-2 LABORATORY ADVISER .3535	PR	1	-	-	-	PERSONNEL-POSTS		46,811	-	-	-
G-5 LABORATORY ASSISTANT .3536	PR	1	-	-	-	DUTY TRAVEL		3,678	-	-	-
						SUBTOTAL	WR	15,357	-	-	-
						SUPPLIES AND EQUIPMENT		15,357	-	-	-

AMRO-4708, FOOD HYGIENE TRAINING CENTER

Better methods than those existing for food protection must be developed in an expeditious manner in order to maintain at least minimal control of the problems associated with the production, transportation, storage, and distribution of available food. Growth of food industries combined with mass migration of rural inhabitants to urban centers have created problems which surpassed the technical and sanitary capacity of the health services. Handling of food in the open markets, where the majority of food commerce occurs, is in most instances in the control of the vendor, who lacks knowledge of basic sanitation.

Several countries are developing national and local programs of food protection but lack personnel with knowledge of principles and practices of food protection. Some countries need immediate assistance in the early phases of their developing food protection programs.

The Food Hygiene Training Center is located in Venezuela but provides instruction to personnel of other countries. Complementing the instruction at the Center is a demonstration area within metropolitan Caracas operated in collaboration with the Ministry of Health. Both activities provide advanced level instruction for professionals and basic training for inspectors.

		1	1	1	1		WR	42,530	39,440	44,420	47,540
TOTAL		1	1	1	1	TOTAL		22,975	25,440	27,320	29,540
P-4 TRAINING OFFICER 4,3439	WR	1	1	1	1	PERSONNEL-POSTS		9,829	6,000	6,600	7,200
						PERSONNEL-CONSULTANTS		122	1,000	1,500	1,800
TOTAL		5	3	3	3	DUTY TRAVEL		4,604	2,000	4,000	4,000
						SUPPLIES AND EQUIPMENT		5,000	5,000	5,000	5,000
						GRANTS					
CONSULTANT MONTHS	WR	5	3	3	3						

AMRO-4715, FOOD HYGIENE

Foodstuffs are contaminated and wasted in great quantities through physical, chemical, and microbial means and agents which are very complex. Contamination is generally discovered through evidence of large numbers of human illnesses and deaths and subsequent food-borne disease investigations, principally because of absence of minimal surveillance. Agricultural production lags far behind population growth with the necessity more than ever to preserve greater quantities of available food from losses.

The responsibilities and role of the health sector need to be clearly defined with respect to food protection throughout the processes of production, transportation, refrigeration, storage, and commercial distribution. Through this project it is expected to define responsibilities of the health sector and provide guidelines and criteria for achieving the objectives. Personnel in the national veterinary public health services will receive instruction on developing national food protection programs, including food standards and regulations, and aid will be provided to the food reference and diagnostic laboratories of the ministries of health and agriculture.

		-	2	2	2			-	24,500	42,900	49,900
TOTAL		-	2	2	2	TOTAL		-	24,500	42,900	49,900
P-4 VETERINARIAN .3800	PR	-	1	1	1	SUBTOTAL	PR	-	24,500	41,400	48,400
G-4 SECRETARY .3801	PR	-	1	1	1	PERSONNEL-POSTS		-	22,000	39,900	41,800
						PERSONNEL-CONSULTANTS		-	-	-	4,800
TOTAL		-	-	-	2	DUTY TRAVEL		-	1,000	1,500	1,800
						SUPPLIES AND EQUIPMENT		-	1,500	-	-
CONSULTANT MONTHS	PR	-	-	-	2	SUBTOTAL	WR	-	-	1,500	1,500
						SUPPLIES AND EQUIPMENT		-	-	1,500	1,500

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

AMRO-4716, TRAINING IN ANALYSIS OF FOOD AND DRUGS

In order to reach the goals of the Ten-year Health Plan for the Americas in the area of food and drug services, it will be necessary to organize training courses in the analysis of food and drugs for laboratory personnel. This will standardize techniques and methods and reinforce services of food and drug control and inspection, permitting an improvement in intraregional commerce as well as commerce with other countries.

TOTAL		1	2	2	2	TOTAL	WR	3,863	6,000	6,400	6,800
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
CONSULTANT MONTHS	WR	1	2	2	2	PERSONNEL-CONSULTANTS		2,863	4,000	4,400	4,800
						SEMINAR COSTS		1,000	-	-	-
						SUPPLIES AND EQUIPMENT		-	2,000	2,000	2,000

AMRO-4717, SEMINAR ON FOOD HYGIENE

The food industry of Latin America is developing at a faster rate than programs to control the problems related to production, distribution, processing, and commercialization. Many diseases that affect the total population of several countries, particularly in the Andean region, are related to food of animal origin. The mass migration of people to the urban centers is further compounding existing food-related public health problems.

A seminar is planned to bring together health, agriculture, and food industry officials for a critical analysis of the situation. Recommendations from this group will be the guide to motivate, design, and prepare national food hygiene control programs.

TOTAL		-	1	-	-	TOTAL	WR	-	11,000	-	-
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
CONSULTANT MONTHS	WR	-	1	-	-	PERSONNEL-CONSULTANTS		-	2,000	-	-
						SEMINAR COSTS		-	1,000	-	-
TOTAL		-	15	-	-	PARTICIPANTS		-	8,000	-	-
-----		-----	-----	-----	-----						
PARTICIPANTS	WR	-	15	-	-						

AMRO-4719, WORKSHOP ON EVALUATION OF MEDICAMENTS

Clinical pharmacology deals with the scientific study of drugs in man, and the clinical pharmacologist is a scientist trained in methods of studying drug actions in man, including studies of absorption, distribution, metabolism, and excretion, with special knowledge and experience in designing and carrying out therapeutic trials.

As pointed out in the WHO Technical Report Series pamphlet No. 446, "The effective and safe use of drugs is seriously impeded by a lack of clinical pharmacologists." As one action that can be taken to overcome this problem in the Region of the Americas, it is proposed to hold a one-week workshop in which recognized experts in clinical pharmacological evaluation of drugs will present current techniques in the investigation of the effects of drugs on humans. The other participants would be physicians in official or university positions involving evaluation of medicaments, particularly with respect to deciding whether a new drug should be allowed to enter the market.

TOTAL		-	-	-	1	TOTAL	PR	-	-	-	22,400
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
CONSULTANT MONTHS	PR	-	-	-	1	PERSONNEL-CONSULTANTS		-	-	-	2,400
						SUPPLIES AND EQUIPMENT		-	-	-	2,000
TOTAL		-	-	-	12	FELLOWSHIPS		-	-	-	18,000
-----		-----	-----	-----	-----						
FELLOWSHIPS-SHORT TERM	PR	-	-	-	12						

AMRO-4800, MEDICAL CARE SERVICES

The main purpose of this project is to promote the organization of a system of medical care services as an integral part of the national health system of the countries. In order to make better use of available resources, the coordination of all preventive, curative, and rehabilitative activities of public sector institutions concerned with medical care is recommended. The regionalization of services is the administrative counterpart to such action, enabling the handling of resources to be decentralized and the provision of services to be more flexible. Furthermore, in order to relate the services required to the real needs of the population served, it is recommended that various levels of medical care be adopted, directly related to the nature of the services required by the community in the various stages of health and sickness.

FUND					FUND				
	1973	1974	1975	1976		1973	1974	1975	1976
						\$	\$	\$	\$
TOTAL	2	2	2	2	TOTAL	33,827	34,800	38,200	43,000
G-6 CLERK .2139	PR	1	1	1	1	PR	26,701	26,800	29,400
G-4 SECRETARY .2007	PR	1	1	1	1				43,000
TOTAL		3	4	4	5	PERSONNEL-POSTS	21,171	24,300	26,900
						PERSONNEL-CONSULTANTS	-	-	-
						SUPPLIES AND EQUIPMENT	5,530	2,500	2,500
CONSULTANT MONTHS	PR	-	-	-	5	SUBTOTAL	7,126	8,000	8,800
CONSULTANT MONTHS	WR	3	4	4	-				-
						PERSONNEL-CONSULTANTS	7,126	8,000	8,800

AMRO-4801, MEDICAL CARE SERVICES (ZONE I)

The aim of this project is the improvement of medical care administrative infrastructures in the English-speaking countries of Zone I in order to achieve the highest level of operational efficiency and patient care possible through the utilization of available economic and human resources. Its activities include revision of legislation controlling health facility activities; administrative and medical organization of institutions, including institutional by-laws and regulations governing national public hospitals; standardization of administrative structures; promotion of administrative and technical training of health services personnel; coordination of health services activities; and development of health facility maintenance programs. Beginning in 1975 services under this project will be continued as part of country projects.

FUND					FUND				
	1973	1974	1975	1976		1973	1974	1975	1976
						\$	\$	\$	\$
TOTAL	2	3	-	-	TOTAL	36,543	75,990	-	-
P-5 SPECIAL STUDIES OFFICER .4286	PR	-	1	-	-	PR	-	35,000	-
P-4 HOSPITAL ADMINISTRATOR 4.3580	WR	1	1	-	-				-
G-5 SECRETARY 4.3081	WR	1	1	-	-	PERSONNEL-POSTS	-	33,000	-
						DUTY TRAVEL	-	2,000	-
						SUBTOTAL	36,543	40,990	-
						PERSONNEL-POSTS	29,646	34,890	-
						DUTY TRAVEL	6,823	6,000	-
						SUPPLIES AND EQUIPMENT	74	100	-

AMRO-4802, MEDICAL CARE SERVICES (ZONE II)

The purpose of this project is to collaborate with the governments in Zone II in improving medical care through the integration of services; the coordination of the activities of all health institutions, and hospital regionalization. Support is also being given to the development of training and applied research programs related to the administration of medical and hospital care, with a view to training the personnel needed. Beginning in 1975 services under this project will be continued as part country projects.

FUND					FUND				
	1973	1974	1975	1976		1973	1974	1975	1976
						\$	\$	\$	\$
TOTAL	1	1	-	-	TOTAL	17,289	28,600	-	-
P-4 HOSPITAL ADMINISTRATOR .2188	PR	1	1	-	-	PERSONNEL-POSTS	16,662	27,100	-
						DUTY TRAVEL	627	1,500	-

AMRO-4803, MEDICAL CARE SERVICES (ZONE III)

Through this project PAHO has cooperated in the development of national medical care programs in the countries of Zone III. Services will continue under country projects, beginning in 1975.

FUND					FUND				
	1973	1974	1975	1976		1973	1974	1975	1976
						\$	\$	\$	\$
TOTAL	2	2	-	-	TOTAL	34,197	38,600	-	-
P-4 HOSPITAL ADMINISTRATOR .0899	PR	1	1	-	-	PERSONNEL-POSTS	27,734	31,700	-
G-5 SECRETARY .2063	PR	1	1	-	-	DUTY TRAVEL	6,320	6,400	-
						SUPPLIES AND EQUIPMENT	143	500	-

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

AMRO-4804, MEDICAL CARE SERVICES (ZONE IV)

As a result of the adoption of innovations and methods for improving the quality of patient care and extending its coverage, the science and technology of the administration of medical care services is now acquiring a new dimension. Consequently, there is a growing need to improve its infrastructure and increase the number of qualified personnel in health institutions. The ministries of health of the countries of Zone IV are seeking to improve structures and encourage changes based on a new policy, designed to increase financial resources, effectively contribute to economic and social development, and satisfy as fully as possible the health needs of their populations.

In support of the targets set, the system of progressive patient care is being introduced in its broadest sense. Action is being taken to implement and consolidate measures designed to achieve interinstitutional coordination and sectoral regionalization through the adoption of guidelines and rules providing for joint action on the part of the various institutions in the health sector that will make more effective and better use of scarce resources. Services provided under this project will be continued under country projects after 1974.

TOTAL		2	2	-	-	TOTAL	PR	33,438	40,500	-	-
P-4 HOSPITAL ADMINISTRATOR	PR	1	1	-	-	PERSONNEL-POSTS		29,991	32,000	-	-
.0911						DUTY TRAVEL		3,167	3,200	-	-
G-5 SECRETARY	PR	1	1	-	-	SEMINAR COSTS		-	5,000	-	-
.1061						SUPPLIES AND EQUIPMENT		280	300	-	-

AMRO-4806, MEDICAL CARE SERVICES (ZONE VI)

PAHO has cooperated with the Governments in Zone VI in establishing coordinated medical care services in accordance with the health policy of each country. These services will continue under country projects, various regional projects, and the Latin American Center for Medical Administration.

TOTAL		2	-	-	-	TOTAL	PR	4,474	-	-	-
P-4 MEDICAL OFFICER	PR	1	-	-	-	PERSONNEL-POSTS		4,474	-	-	-
.0900											
G-4 SECRETARY	PR	1	-	-	-						
.3684											

AMRO-4813, HOSPITAL PLANNING AND ADMINISTRATION

In order to achieve in the next 10 years the goals adopted at the III Special Meeting of Ministers of Health (ten hospital discharges and 200 consultations per 100 inhabitants per year), the governments must make maximum use of existing resources and obtain a sufficient number of new resources in the next seven years. These are estimated at 106,000 hospital beds for Latin America and the Caribbean alone.

The purpose of this project is to assist the governments in the achievement of these goals, as regards both the quantity and the quality of hospital care, by strengthening hospital infrastructure through creation of a unit administration service and integral improvement of the administration of support services, better known as services of diagnostic, therapeutic, and general collaboration of the hospital. The project also seeks to establish basic maintenance services for equipment, facilities, and buildings so that the physical plant can make its greatest possible contribution to patient care. Finally, the project is working with the governments on analysis of the needs for and functional characteristics of hospital resources now and in the future. It therefore cooperates in the functional planning and architectural design for modernization, expansion, and construction of hospitals.

TOTAL		3	3	3	3	TOTAL		46,361	62,000	82,500	104,400
P-5 MEDICAL OFFICER	PR	1	1	1	1	SUBTOTAL	PR	46,361	62,000	73,700	85,800
.3785											
P-4 MAINTENANCE ENGINEER	PR	1	1	1	1						
.2012											
G-5 SECRETARY	PR	1	1	1	1	PERSONNEL-POSTS		34,943	47,500	62,500	73,900
.2182						PERSONNEL-CONSULTANTS		-	4,000	-	-
						DUTY TRAVEL		8,483	9,000	9,200	9,400
						SUPPLIES AND EQUIPMENT		2,935	1,500	2,000	2,500
TOTAL		-	2	4	4	SUBTOTAL	WR	-	-	8,800	18,600
CONSULTANT MONTHS	PR	-	2	-	-					8,800	9,600
CONSULTANT MONTHS	WR	-	-	4	4	PERSONNEL-CONSULTANTS		-	-	-	9,000
						SEMINAR COSTS		-	-	-	-

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

AMRO-4815, TRAINING FOR MEDICAL CARE AND HOSPITAL ADMINISTRATION

The objective of this project is to assist in the training of administrative personnel for medical care systems and hospitals so as to improve the efficiency of those systems and the use of their resources. The specific objectives of the project are (1) to train a "basic administrative group" which directs the institutions, especially for each of the 3,050 hospitals with over 100 beds, intended for short- and long-term patients, in the countries of Latin America and the Caribbean; (2) to incorporate the principles and methods of medical care administration in the curricula of departments of medicine and health sciences; and (3) to conduct continuing refresher education for executives of the institutions.

TOTAL		1	2	2	2	TOTAL		59,032	80,100	71,000	92,100
P-5 HOSPITAL ADMIN. EDUCATOR .3121	PR	1	1	1	1						
G-5 SECRETARY .3717	PR	-	1	1	1	SUBTOTAL	PR	47,627	80,100	71,000	92,100
TOTAL		3	5	6	6	PERSONNEL-POSTS		29,842	45,200	47,900	50,100
						PERSONNEL-CONSULTANTS		7,542	10,000	13,200	14,400
CONSULTANT MONTHS	PH	3	5	6	6	DUTY TRAVEL		7,817	8,000	8,200	8,400
TOTAL		22	24	-	24	SUPPLIES AND EQUIPMENT		2,426	500	1,700	2,000
						PARTICIPANTS		-	16,400	-	17,200
PARTICIPANTS	PR	-	24	-	24	SUBTOTAL	WR	11,405	-	-	-
PARTICIPANTS	WR	22	-	-	-	PARTICIPANTS		11,405	-	-	-

AMRO-4816, PROGRESSIVE PATIENT CARE

The purpose of this project is to promote the concept of progressive patient care in Latin American hospitals so as to improve the quality of medical care and increase the use of related resources. The project began with the establishment of intensive care units in six university hospitals in Brazil, Chile, Colombia, Peru, Uruguay, and Venezuela. These units have recently been complemented by the addition of intermediate care units and the strengthening of outpatient care. Contributions have also been made to the improvement of radiological and clinical laboratory services, indispensable to the proper dispensing of intensive care. Although the project is coming to an end and has been evaluated, it appears necessary to continue international assistance for some time yet, with emphasis on the unit administration system which makes possible improved use of hospital resources, and on outpatient care which projects the hospital's efforts into the community and links hospital services with primary community health services.

TOTAL		1	-	-	-	TOTAL		96,151	20,305	-	-
P-4 HOSPITAL ADMINISTRATOR .3711	PH	1	-	-	-	PERSONNEL-POSTS		22,044	-	-	-
TOTAL		4	-	-	-	PERSONNEL-CONSULTANTS		9,280	-	-	-
CONSULTANT MONTHS	PH	4	-	-	-	DUTY TRAVEL		3,347	-	-	-
TOTAL		17	-	-	-	PUBLICATIONS		2,709	-	-	-
						SUPPLIES AND EQUIPMENT		2,249	20,305	-	-
PARTICIPANTS	PH	17	-	-	-	EQUIPMENT		43,948	-	-	-
						PARTICIPANTS		12,574	-	-	-

AMRO-4826, IMPROVEMENT OF MEDICAL CARE ADMINISTRATION LIBRARIES

The purpose of this project is to improve the programs of medical care and hospital administration offered by nine schools of public health, by the San Juan de Dios Regional Training Center (Bogotá), and by the Latin American Center for Medical Care (CLAM), through improvement of their libraries' organization and fund of study materials. Specific objectives are (1) to train a professional librarian in each institution in library science techniques as applied to public health and to medical care and hospital administration; (2) to provide 2,000 copies of textbooks for students and reference books for professors; and (3) to provide 35 new subscriptions to scientific periodicals in the field for three years.

TOTAL		1	-	-	-	TOTAL		59,415	15,784	-	-
G-5 SECRETARY .3717	PR	1	-	-	-	SUBTOTAL	PR	10,050	-	-	-
						PERSONNEL-POSTS		10,050	-	-	-
						SUBTOTAL	PH	49,365	15,784	-	-
						SUPPLIES AND EQUIPMENT		21,601	15,784	-	-
						LIBRARY ACQUI. & BINDING		27,764	-	-	-

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

\$ \$ \$ \$

AMRO-4831, STUDY GROUP ON MAINTENANCE SYSTEMS IN LATIN AMERICA

In Latin America there are 14,589 hospitals with a bed capacity in excess of 318,699. If each bed costs \$12,000, there is already an investment of over \$9.6 billion. Planning in the health care area indicates that 200,000 additional beds will be needed during the next 10 years. This will increase property investment to \$12 billion. To maintain and protect this staggering investment, less than one-half of 1% of the health care facilities employ qualified hospital engineers or technicians, but countries are becoming aware of the need to develop appropriate maintenance organizations and systems, and to train technicians who are presently unavailable.

To establish the basis of an effective maintenance program, a study group is proposed to study maintenance programs in South America with a view to recommending changes and/or modifications to present work methods.

TOTAL	-	-	12	-	TOTAL	PR	-	-	6,000	-
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
PARTICIPANTS	PR	-	-	12	-	-	-	-	500	-
					SEMINAR COSTS				5,500	-
					PARTICIPANTS					

AMRO-4900, HEALTH AND POPULATION DYNAMICS

The rapid growth of population in many of the countries of the Region has a substantial effect on the development goals of those countries, both in the health and the socioeconomic sectors. The program of health and population dynamics provides technical assistance in the technology required to solve problems of fertility and population structure, thereby furthering the achievement of national development goals.

The program provides assistance in the structuring and implementing of family planning service projects, especially the integration of family planning into the health services structure, the development of manpower capabilities, and demographic and human reproduction research. The program is also assisting in family life education, family planning education, program evaluation, and the dissemination of program-related information throughout Latin America. The program supports many regional activities, as well as 18 country projects. In addition, the program works closely with other national, international, and voluntary agencies in meeting the demands of the health and population dynamics field.

TOTAL		26	24	30	30	TOTAL	457,099	987,394	1,000,007	1,135,750
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P-5 MEDICAL OFFICER .3367	PR	1	1	1	1					
P-5 MEDICAL OFFICER 4.4194	UNFPA	-	1	1	1	SUBTOTAL	46,542	38,000	39,500	41,100
P-4 ADMIN. METHODS OFFICER 4.4183	UNFPA	-	1	1	1	PERSONNEL-POSTS	40,010	33,000	34,400	35,800
P-4 DEMOGRAPHER 4.4181	UNFPA	-	-	1	1	DUTY TRAVEL	6,532	5,000	5,100	5,300
P-4 HEALTH EDUCATOR 4.4196 4.4197	UNFPA	-	1	2	2	SUBTOTAL	399,346	292,029	-	-
P-4 HEALTH PLANNER 4.4182	UNFPA	-	-	1	1	TEMPORARY PERSONNEL	-	29,825	-	-
P-4 MEDICAL OFFICER .3366	PR	1	-	-	-	PERSONNEL-POSTS	258,813	-	-	-
P-4 MEDICAL OFFICER .3361 .3631 .3696	PG	3	-	-	-	PERSONNEL-CONSULTANTS	30,324	89,922	-	-
P-4 MEDICAL OFFICER 4.3696	WR	-	-	-	1	DUTY TRAVEL	24,589	12,414	-	-
P-4 MEDICAL OFFICER 4.3696	UNFPA	-	1	1	-	CONTRACTUAL SERVICES	10,569	25,750	-	-
P-4 SOCIAL WORKER .3701	PG	1	-	-	-	SEMINAR COSTS	54,276	96,882	-	-
P-4 SOCIAL WORKER 4.3701	UNFPA	-	1	1	1	SUPPLIES AND EQUIPMENT	20,775	23,646	-	-
P-4 TRAINING OFFICER .3804	PG	1	-	-	-	FELLOWSHIPS	-	13,590	-	-
P-3 ADMINISTRATIVE OFFICER .3697	PG	1	-	-	-	SUBTOTAL	11,211	-	-	-
P-3 ADMINISTRATIVE OFFICER 4.3697	UNFPA	-	1	1	1	PERSONNEL-POSTS	10,689	-	-	-
P-3 EDUCATION AIDS CONSULTANT .3493	PG	1	-	-	-	PERSONNEL-CONSULTANTS	-	-	-	-
P-3 EDUCATION AIDS CONSULTANT 4.3493	UNFPA	-	1	1	1	DUTY TRAVEL	522	-	-	-
P-2 ACCOUNTANT .3805	PG	1	-	-	-	SUBTOTAL	-	-	-	33,100
P-2 ACCOUNTANT 4.3805	UNFPA	-	1	1	1	PERSONNEL-POSTS	-	-	-	31,100
P-2 DEMOGRAPHER .3652	PG	1	-	-	-	DUTY TRAVEL	-	-	-	2,000
P-2 DEMOGRAPHER 4.3652	UNFPA	-	1	1	1	SUBTOTAL	-	657,365	960,507	1,061,558
P-2 INFORMATION OFFICER .3699	PG	1	-	-	-	PERSONNEL-POSTS	-	395,702	578,407	639,248
P-2 INFORMATION OFFICER 4.3699	UNFPA	-	1	1	1	PERSONNEL-CONSULTANTS	-	84,000	110,000	121,000
P-2 SUPPLY SERVICES OFFICER 4.4198	UNFPA	-	1	1	1	DUTY TRAVEL	-	20,000	30,000	35,000
P-2 TRAINING OFFICER .3698	PG	1	-	-	-	SEMINAR COSTS	-	69,500	130,800	143,880
						SUPPLIES AND EQUIPMENT	-	58,563	73,700	81,070
						GRANTS	-	19,600	37,600	41,360
						MISCELLANEOUS	-	10,000	-	-

	FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
							\$	\$	\$	\$
G-6 CLERK	PG	2	-	-	-					
.3714 .3808										
G-6 CLERK	UNFPA	-	1	1	1					
4.3808										
G-6 SECRETARY	PG	1	-	-	-					
.3370										
G-6 SECRETARY	UNFPA	-	1	1	1					
4.3370										
G-5 CLERK	PG	5	-	-	-					
.3019 .3806 .3807 .3809										
.3877										
G-5 CLERK	UNFPA	-	5	5	5					
4.3019 4.3806 4.3807 4.3809										
4.3877										
G-4 CLERK	UNFPA	-	-	1	1					
4.4193										
G-4 SECRETARY	PG	4	-	-	-					
.3368 .3369 .3649 .3710										
G-4 SECRETARY	UNFPA	-	5	7	7					
4.3368 4.3649 4.3710 4.3714										
4.3888 4.4195 4.4370										
G-3 CLERK	PG	1	-	-	-					
.3888										
TOTAL		13	45	-	-					
CONSULTANT MONTHS	PG	12	45	-	-					
CONSULTANT MONTHS	PK	1	-	-	-					
CONSULTANT MONTHS	UNFPA	-	-	-	-					
TOTAL		-	9	-	-					
FELLOWSHIPS-SHORT TERM	PG	-	9	-	-					

AMRO-4901, HEALTH AND POPULATION DYNAMICS (ZONE I)

The governments in the Caribbean area are increasingly concerned at the alarming rate of population growth and the effects of this growth on their economic development. The high rate of natural increase is produced mainly by a steady decline in mortality and the persistence of high natality. Overseas migration is now mostly limited to skilled professionals. Although declining slowly, infant mortality is still too high in the region. The population structure is characterized by a large group of young children (45% in the 0-15 year age group) and the women of child-bearing age amount to 20% of the population. The governments in Zone I are also becoming increasingly aware of the health consequences of unregulated fertility and of the need for well-conceived health education programs.

The purposes of this project are to assist the governments of Zone I in the systematic development and strengthening of their maternal and child health and family planning programs; to prepare health personnel in the modern concepts of MCH and family care; to develop health education components of these programs in order to stimulate community participation; and to develop appropriate and adequate information systems. Assistance will be provided to prepare specific country requests to UNFPA, UNICEF, or other donor agencies. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		3	4	-	-	TOTAL	77,289	107,727	-	-
P-4 HEALTH EDUCATOR	PG	1	-	-	-	SUBTOTAL	32,455	-	-	-
.3702										
P-4 HEALTH EDUCATOR	UNFPA	-	1	-	-	PERSONNEL-POSTS	23,772	-	-	-
4.3702						DUTY TRAVEL	6,295	-	-	-
P-4 MED. OFF. - POP. DYNAMICS	WR	1	1	-	-	SUPPLIES AND EQUIPMENT	2,388	-	-	-
4.3209										
P-4 MED. OFF. - POP. DYNAMICS	UNFPA	1	1	-	-	SUBTOTAL	791	-	-	-
4.3700										
P-3 NURSE MIDWIFE	UNFPA	-	1	-	-	PERSONNEL-POSTS	791	-	-	-
4.3703						SUBTOTAL	13,383	17,466	-	-
						PERSONNEL-POSTS	12,844	16,466	-	-
						DUTY TRAVEL	539	1,000	-	-
						SUBTOTAL	30,660	90,261	-	-
						PERSONNEL-POSTS	28,929	80,261	-	-
						DUTY TRAVEL	1,731	10,000	-	-

* See Special Fund for Health Promotion, Part IV.

AMRO-4902, HEALTH AND POPULATION DYNAMICS (ZONE II)

PAHO has cooperated with the governments in Zone II in the expansion of programs of maternal and infant health and in broadening coverage and improving quality of services. These services will continue under country and other regional projects.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$
TOTAL	1	-	-	-	TOTAL	PR	35,094	-	-
P-5 MEDICAL OFFICER .0027	PR	1	-	-	PERSONNEL-POSTS DUTY TRAVEL		31,823 3,271	-	-

AMRO-4903, HEALTH AND POPULATION DYNAMICS (ZONE III)

Most of the countries of Central America and Panama have active programs in population dynamics and family planning, usually related to or integrated with maternal and child health services. In order to assist in the successful development of these family planning programs, it is proposed to continue advisory services for the analysis and assessment of the impact of the programs. Special emphasis has been placed on the development of the comprehensive maternity-centered family planning program approach in these countries. Services provided under this project will be continued under country projects after 1974.

TOTAL		2	1	-	-	TOTAL	28,405	30,087	-	-
P-4 MEDICAL OFFICER .3365	PR	1	-	-	-	SUBTOTAL	PR	20,669	-	-
P-4 MEDICAL OFFICER .3360	PG	1	-	-	-	PERSONNEL-POSTS DUTY TRAVEL		17,219 3,450	-	-
P-3 NURSE MIDWIFE 4.3363	UNFPA	-	1	-	-	SUBTOTAL	PG	6,971	-	-
						PERSONNEL-POSTS DUTY TRAVEL		5,502 1,469	-	-
						SUBTOTAL	PK	765	-	-
						PERSONNEL-POSTS DUTY TRAVEL		765	-	-
						SUBTOTAL	UNFPA	-	30,087	-
						PERSONNEL-POSTS DUTY TRAVEL		-	27,587 2,500	-

AMRO-4906, HEALTH AND POPULATION DYNAMICS (ZONE VI)

The four countries of Zone VI expressed once again, after the III Special Meeting of Ministers of Health, the high priority which they assign to the extension of the maternal and child health services aimed at lowering the rates of infant mortality which have leveled off for long periods, although the rate in one of them has started to fall in the last six years. PAHO provides technical assistance in meeting these needs. Beginning in 1975 services under this project will be continued as part of country projects.

TOTAL		2	3	-	-	TOTAL	38,266	73,687	-	-
P-5 MED. OFF. - POP. DYNAMICS .2117	PR	1	1	-	-	SUBTOTAL	PR	38,105	43,600	-
P-4 NURSE MIDWIFE 4.4199	UNFPA	-	1	-	-	PERSONNEL-POSTS DUTY TRAVEL SUPPLIES AND EQUIPMENT		34,006 4,099 -	38,900 4,200 500	-
G-5 SECRETARY .4043	PR	1	1	-	-	SUBTOTAL	PK	161	-	-
						PERSONNEL-POSTS DUTY TRAVEL		161	-	-
						SUBTOTAL	UNFPA	-	30,087	-
						PERSONNEL-POSTS DUTY TRAVEL		-	27,587 2,500	-

AMRO-4909, EDUCATION AND TRAINING IN HEALTH AND POPULATION DYNAMICS

There is a scarcity of personnel trained in maternal and child health, family planning, demography, and human reproduction. The capabilities of educational institutions and national programs are inadequate to meet the growing demands of programs related to health and population dynamics. The purposes of this project are to develop and improve the capability of educational institutions and national programs to carry out training activities in health and population dynamics in order to increase the number of professional and non-professional personnel in this field.

FUND					FUND					
1973	1974	1975	1976	TOTAL	1973	1974	1975	1976	TOTAL	
---	---	---	---	---	---	---	---	---	---	
					\$	\$	\$	\$	\$	
TOTAL	3	4	4	4	TOTAL	295,038	230,464	342,260	394,460	
P-5 DIRECTOR .3521	PR	1	1	1	1	PR	74,663	88,446	201,550	245,350
P-4 PERINATOLOGIST .3501 .4318	PR	1	2	2	2					
P-4 PERINATOLOGIST 4.3054	WR	1	1	1	1	PERSONNEL-POSTS	44,923	75,100	86,400	90,200
TOTAL		1	-	-	-	DUTY TRAVEL	10,287	2,500	4,000	4,300
CONSULTANT MONTHS	PG	1	-	-	-	SUPPLIES AND EQUIPMENT	-	-	30,000	32,000
CONSULTANT MONTHS	PH	-	-	-	-	LOCAL COSTS	19,453	10,846	81,150	118,850
TOTAL		1	-	-	-	SUBTOTAL	103,118	69,865	-	-
FELLOWSHIPS-ACADEMIC	PG	1	-	-	-	PERSONNEL-POSTS	32	-	-	-
						PERSONNEL-CONSULTANTS	2,440	668	-	-
						DUTY TRAVEL	1,366	-	-	-
						SUPPLIES AND EQUIPMENT	23,380	30,541	-	-
						FELLOWSHIPS	5,200	-	-	-
						LOCAL PERSONNEL COSTS	70,702	38,656	-	-
						SUBTOTAL	70,059	23,631	81,150	118,850
						PERSONNEL-CONSULTANTS	-	1,000	-	-
						DUTY TRAVEL	918	400	-	-
						CONTRACTUAL SERVICES	17,849	5,795	-	-
						SUPPLIES AND EQUIPMENT	18,554	3,080	-	-
						FELLOWSHIPS	2,430	2,700	-	-
						LOCAL PERSONNEL COSTS	27,446	10,156	81,150	118,850
						COMMON SERVICES	2,862	500	-	-
						SUBTOTAL	47,198	48,522	59,560	30,260
						PERSONNEL-POSTS	21,925	24,700	26,560	28,760
						DUTY TRAVEL	2,646	1,000	1,000	1,500
						LOCAL COSTS	22,627	22,822	32,000	-

AMRO-4921, EDUCATIONAL CENTER FOR OBSTETRICS IN MATERNAL-INFANT NURSING IN FAMILY WELFARE (previously AMRO-4128)

Graduate midwives are used to staff maternity-newborn services in at least eight Latin American countries, four of which belong to the Andean group. Data on the number of these professionals in each country are not available, but it is known that they are greatly underutilized, a paradoxical situation given the magnitude of the problems that affect the maternal-child segment and the rapid growth in population that prevails. The goals for the decade set by the Ministers of Health demand the utmost use of available manpower and call for professionals who can perform in expanded roles with multiplier effects. Schools which prepare the single-trained midwife, however, tend to focus their curricula on her labor-delivery role and to pay less attention to the newborn in the first week of life. Opportunities for upgrading midwives who hold service or teaching responsibilities are practically nonexistent.

The purpose of this project is to provide short courses for these professionals to complement their preparation in maternal-child health, population dynamics, family planning, communication, health education, community participation and family health, thus improving and/or broadening the scope of the midwife's participation in the delivery of health care.

FUND					FUND					
1973	1974	1975	1976	TOTAL	1973	1974	1975	1976	TOTAL	
---	---	---	---	---	---	---	---	---	---	
TOTAL	-	2	2	2	TOTAL	WR	-	24,000	24,400	19,800
CONSULTANT MONTHS	WR	-	2	2	2	PERSONNEL-CONSULTANTS	-	-	4,400	4,800
TOTAL		-	20	-	-	SEMINAR COSTS	-	1,410	-	-
						SUPPLIES AND EQUIPMENT	-	510	-	-
						PARTICIPANTS	-	22,080	-	-
						GRANTS	-	-	20,000	15,000
PARTICIPANTS	WR	-	20	-	-					

AMRO-4922, MATERNAL AND CHILD HEALTH-FAMILY PLANNING CONTINUING EDUCATION AND STAFF TRAINING (previously AMRO-4130)

With the development of MCH/family planning services expected to continue as a high priority in the countries of Latin America, an ever increasing number of nursing and midwifery personnel will have to be employed even though their actual preparation has not qualified them for updated and new functions. The purpose of this project is to utilize the graduates of the MCH/Family Planning Educational Centers (Cali, Panama) and other educational programs being developed for midwives in their own countries, to form a national nucleus in each country for training of different levels of nursing and midwifery personnel involved in MCH/family planning activities.

FUND					
1973	1974	1975	1976	TOTAL	
---	---	---	---	---	
TOTAL	WR	-	-	7,000	8,000
SUPPLIES AND EQUIPMENT		-	-	3,500	4,000
GRANTS		-	-	3,500	4,000

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

AMRO-4923, MATERNAL AND CHILD HEALTH DEVELOPMENT PROGRAM

A coordinated regional program is planned, with educational and service development in the area of maternal and child health as the overall objective, using the results of the two investigations of mortality (Patterns of Urban Mortality and Patterns of Mortality in Childhood) and complying with the recommendations formulated by the III Meeting of Ministers of Health of the Americas.

The plan is to use a network of schools of health sciences as well as health services of selected communities to provide in-program, in-service training and teaching to all members of the health team and to conduct operational and epidemiological studies leading to improved health care delivery and teaching programs. One area will be selected for demonstration, and gradual involvement of others will be sought.

The health facilities of each of the existing programs of community medicine in a specific geographical area will be used (1) to administer individual teaching and training activities at the undergraduate, professional, and auxiliary levels; and (2) to create a pool of programs and activities in a comprehensive program for training students of public health, medicine, and nursing, using the various programs and institutions to integrate the various aspects needed to provide such comprehensive training and to coordinate community-centered studies.

TOTAL		~	1	1	1	TOTAL		-	118,300	130,700	127,000
P-5 MEDICAL OFFICER .4309	PR	~	1	1	1	SUBTOTAL	PR	-	37,000	38,400	40,300
TOTAL		~	3	5	7	PERSONNEL-POSTS		-	33,000	34,400	35,800
FELLOWSHIPS-SHORT TERM	PH	~	3	5	7	DUTY TRAVEL		-	4,000	4,000	4,500
						SUBTOTAL	PH	-	81,300	92,300	86,700
						CONTRACTUAL SERVICES		-	8,000	3,000	5,000
						SEMINAR COSTS		-	8,000	5,000	5,000
						SUPPLIES AND EQUIPMENT		-	4,000	-	-
						FELLOWSHIPS		-	5,000	8,000	10,000
						GRANTS		-	25,000	45,000	45,000
						LOCAL PERSONNEL COSTS		-	31,300	31,300	21,700

AMRO-5000, REHABILITATION

The long-term purpose of this project is to assist Member Governments to incorporate services of medical rehabilitation into their public health programs. This includes the planning and supervision of training courses, seminars, study groups, and fellowship programs in physical medicine, physical and occupational therapy, prosthetics and orthotics, rehabilitation nursing, communications therapy (speech, sight, and hearing), and psychological rehabilitation. These programs are implemented through country projects.

The short-term purpose of this project is to respond to requests from countries wanting immediate assistance in rehabilitation activities, either as an emergency measure or as a first stage in the implementation of an overall program. The response to such requests is carried out by the medical officer attached to the project with assistance if required of specialist short-term consultants.

TOTAL		2	1	1	1	TOTAL		61,565	50,500	52,800	57,200
P-5 MEDICAL OFFICER .0609	PR	1	1	1	1	SUBTOTAL	PR	37,292	42,500	44,000	47,600
P-3 PROSTHETICS TECHNICIAN 4.3106	WR	1	-	-	-	PERSONNEL-POSTS		28,108	33,000	34,400	35,800
TOTAL		1	4	4	4	DUTY TRAVEL		9,049	9,500	9,600	9,800
CONSULTANT MONTHS	WR	1	4	4	4	SUPPLIES AND EQUIPMENT		135	-	-	2,000
						SUBTOTAL	WR	24,273	8,000	8,800	9,600
						PERSONNEL-POSTS		22,987	-	-	-
						PERSONNEL-CONSULTANTS		75	8,000	8,800	9,600
						DUTY TRAVEL		1,211	-	-	-

AMRO-5010, STUDY GROUP ON HUMAN COMMUNICATIONS

The countries in the Region are becoming aware that, although at least one and a half million people in Latin America have serious speech and hearing problems, services of rehabilitation reach only about 5% of those affected. These defects prevent many otherwise healthy persons from living a normal family, social, and economic life. Effective techniques are available today to enable many of those affected to integrate satisfactorily into their communities. Children with this impairment are often classified as mentally retarded, while they could be returned to a normal life. A study group has made recommendations on the personnel who should be providing services in human communications and the type of training they should receive.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
TOTAL		2	-	-	-	TOTAL	\$	\$	\$	\$	\$
CONSULTANT MONTHS	WR	2	-	-	-	PERSONNEL-CONSULTANTS	WR	6,306	-	-	-
						SEMINAR COSTS		4,588	-	-	-
								1,718	-	-	-

AMRO-5012, STUDY GROUP ON BLIND REHABILITATION IN LATIN AMERICA

There are estimated to be, in Latin America, about one million blind and four million with visual impairment sufficiently severe so as to be unable to carry out a major activity (work, keep house, attend school.) Rehabilitation services for these people as at present provided tend to be inefficient and unsuitable for today's needs. To help remedy this situation, it is planned to convene a study group of Latin and North American experts in this field to discuss the provision of adequate services and the training of appropriate personnel to provide them.

TOTAL	WR	1973	1974	1975	1976
SEMINAR COSTS		-	-	7,500	-

AMRO-5100, CHRONIC DISEASES

With the progress in communicable disease control and the increase in the life expectancy of the population, the problem of chronic diseases has assumed great importance for Latin America. Meanwhile, all over the world mortality from cardiovascular diseases is attaining high rates, even in younger age brackets. Through this project PAHO is cooperating with the governments of the world in surveying the magnitude of the problem of chronic diseases with a view to the formulation of programs for identification of risks, prevention, medical care, and rehabilitation.

TOTAL		1973	1974	1975	1976	TOTAL	PR	1973	1974	1975	1976
P-5 REG. ADV. - CHRONIC DIS.	PR	1	1	1	1	PERSONNEL-POSTS		6,529	40,000	46,000	48,100
.0974						DUTY TRAVEL		1,376	1,500	1,780	1,800
G-4 SECRETARY	PR	1	1	1	1	GRANTS		6,000	6,000	6,000	6,000
.2014											

AMRO-5108, SURVEY ON SMOKING PATTERNS IN LATIN AMERICA

The purpose of this project is to investigate smoking patterns and attitudes in eight Latin American cities where reliable mortality statistics and demographic information are already available. The survey provides information on the prevalence of smoking and on the social, cultural, and demographic characteristics of persons indulging in the habit. The data will assist the national public health agencies of the Region in the formulation of national policies regarding cigarette smoking and will permit the estimation of the baseline needed for an accurate evaluation of the effectiveness of future antismoking programs.

TOTAL	PG	1973	1974	1975	1976
TEMPORARY PERSONNEL		2,921	-	-	-
CONTRACTUAL SERVICES		8,143	4,087	-	-
SUPPLIES AND EQUIPMENT		3,155	-	-	-

AMRO-5109, CANCER CONTROL

This project relates to the growing priority being accorded in the Region to problems of malignant neoplastic diseases. It has the following objectives: (1) to foster and support the early detection, diagnosis, and treatment of cancer of the fundus and neck of the uterus, the breast, and other areas where such efforts can result in prognoses more favorable than those common today; (2) to stimulate and assist in the planning and operation of specialized, community-wide medical services; (3) to foster programs that combat the smoking habit; (4) to support the implementation of epidemiological studies and the application of their results in programs of primary and secondary cancer protection; (5) to collaborate in the training of professionals and technicians; and (6) to strengthen the oncological knowledge of physicians and other professionals and technicians in the health sciences. In pursuit of these objectives, PAHO will assist the countries by offering the cooperation of its regular professional staff and temporary consultants and by limited provision of equipment and supplies.

FUND					FUND						
1973 1974 1975 1976					1973 1974 1975 1976						
-----					-----						
					-						
TOTAL		-	2	2	2	TOTAL	3,491	49,000	55,600	58,300	
P-5 MEDICAL OFFICER	PR	-	1	1	1	SUBTOTAL	PR	-	41,000	47,200	49,500
.4110						PERSONNEL-POSTS			40,000	46,000	48,100
G-4 SECRETARY	PR	-	1	1	1	DUTY TRAVEL			1,000	1,200	1,400
.4111						SUBTOTAL	WR	3,491	8,000	8,400	8,800
TOTAL		1	2	2	2	PERSONNEL-CONSULTANTS		3,454	4,000	4,400	4,800
CONSULTANT MONTHS	WR	1	2	2	2	SUPPLIES AND EQUIPMENT		37	4,000	4,000	4,000

AMRO-5111, STUDY OF THE RELATION BETWEEN GASTRIC CANCER AND NITRATES

Gastric cancer is in first place among the causes of death from malignant tumors in most of the countries of the Region. On the other hand, there is a marked geographic difference in the risk of this disease in zones of the Caribbean, Colombia, Chile, and Venezuela.

The purpose of this project is to study the relation between cancer of the stomach and the excessive ingestion of nitrates, as well as other alimentary and ecological factors.

TOTAL					TOTAL					
-----					-----					
					PR					
CONSULTANT MONTHS	PR	-	-	-	4	PERSONNEL-CONSULTANTS	-	-	-	9,600
						SUPPLIES AND EQUIPMENT	-	-	-	2,000
						GRANTS	-	-	-	10,000

AMRO-6000, MEDICAL EDUCATION: TEXTBOOKS AND TEACHING MATERIALS

The purpose of this program is to provide textbooks at low cost in some 22 courses of undergraduate training, through cash sales or on credit, to some 100,000 students in 150 schools of medicine in Latin America, and to set up a revolving fund which will, after five years, support the textbook program through the use of funds from sales of books.

In developing the program a mechanism was established for selection of the books that are to be included by technical committees composed of specialists in the various disciplines and based on suggestions by the schools of medicine of Latin America. The committees meet every three years to revise the general plans for training physicians and the specific aspects of teaching the appropriate discipline, and also to indicate the books they consider most suitable for the program.

TOTAL					TOTAL						
-----					-----						
					123,768 127,600 141,700 149,600						
P-4 ADMINISTRATIVE OFFICER	PR	1	1	1	1	SUBTOTAL	PR	-	127,600	141,700	149,600
.4055						PERSONNEL-POSTS			108,100	120,400	126,900
P-2 ACCOUNTANT	PR	1	1	1	1	PERSONNEL-CONSULTANTS			14,000	15,400	16,800
.3404						DUTY TRAVEL			2,500	2,700	2,900
G-7 ADMINISTRATIVE ASSISTANT	PR	1	1	1	1	PUBLICATIONS			3,000	3,000	3,000
.3349						SUBTOTAL	PK *	123,768	-	-	-
G-6 CLERK	PR	1	1	1	1	PERSONNEL-POSTS		83,659	-	-	-
.3772						PERSONNEL-CONSULTANTS		8,325	-	-	-
G-6 TECHNICAL ASSISTANT	PR	1	1	1	1	DUTY TRAVEL		2,443	-	-	-
.3771						CONTRACTUAL SERVICES		22,290	-	-	-
G-4 SECRETARY	PR	2	2	2	2	SUPPLIES AND EQUIPMENT		1,525	-	-	-
.3168 .3690						LIBRARY ACQUI. & BINDING		5,526	-	-	-
TOTAL		2	7	7	7						
CONSULTANT MONTHS	PR	2	7	7	7						
CONSULTANT MONTHS	PK	-	-	-	-						

* See Special Fund for Health Promotion, Part IV.

AMRO-6100, EDUCATION AND TRAINING IN PUBLIC HEALTH

The programs of the schools of public health and other educational institutions are trying to satisfy the need to train personnel in public health at all levels. The purpose of this project is to further these programs and provide advisory services for them by supporting the different public health schools and courses and offering technical assistance for the development of undergraduate and postgraduate training in preventive and social medicine. Coordinating machinery needs to be developed in order to improve the productivity and integration of the separate programs designed for the same purpose. PAHO has sought to provide opportunities for the exchange of experiences and to facilitate closer links between

	FUND	1973	1974	1975	1976
TOTAL		10	11	24	22
CONSULTANT MONTHS	UNDP	10	11	24	22
TOTAL		-	8	10	8
FELLOWSHIPS-ACADEMIC	UNDP	-	-	6	5
FELLOWSHIPS-SHORT TERM	UNDP	-	8	4	3

FUND	1973	1974	1975	1976
	\$	\$	\$	\$

AMRO-6200, EDUCATION IN HEALTH SCIENCES

The purpose of this project is to improve the planning and training of human resources in health sciences on a continuing basis. In the planning area, the aim is to promote the establishment of specialized offices at the country level, to develop studies on supply and demand and occupational analyses of health personnel, and to keep a permanent record of statistical information on existing resources and training.

In the area of human resources training, the project is aimed at strengthening educational institutions and at direct personnel training. Its activities include technical assistance for the purpose of educational reform, including multi-professional, multidisciplinary, and assistant-teacher integration; the development of modern educational technology especially focused on self-teaching processes; improving teaching and in-service training programs at the professional, technical, and auxiliary levels, with particular emphasis on developing the diversification of "professionalizing" education at the secondary level; the distribution and sale at low cost of training materials, including textbooks and diagnostic equipment; and the promotion of studies and research on educational aspects together with postgraduate training and teacher training, especially in the social sciences.

The periodical Educación médica y salud is published and each year an educational workshop on health sciences is held to provide guidelines for the schools of the Region.

TOTAL		7	6	6	6	TOTAL	167,810	164,400	167,500	194,706
P-5 MEDICAL OFFICER	PR	2	2	2	2					
.0978 .1065						SUBTOTAL	167,810	156,900	133,400	187,206
P-3 EDITOR	PR	1	-	-	-					
.3647										
G-6 CLERK	PR	1	1	1	1	PERSONNEL-POSTS	117,937	113,000	120,800	126,700
.0034						PERSONNEL-CONSULTANTS	7,461	8,000	-	7,200
G-5 CLERK	PR	1	1	1	1	DUTY TRAVEL	11,650	12,400	12,600	12,800
.2053						CONTRACTUAL SERVICES	3,128	-	-	-
G-4 SECRETARY	PR	2	2	2	2	SEMINAR COSTS	15,006	16,000	-	20,000
.2017 .3021						SUPPLIES AND EQUIPMENT	9,364	3,000	-	-
TOTAL		2	4	3	3	FELLOWSHIPS	3,264	4,500	-	-
						TRAINING GRANTS	-	-	-	20,506
CONSULTANT MONTHS	PR	2	4	-	3	SUBTOTAL	-	7,500	-	-
CONSULTANT MONTHS	WR	-	-	3	-					
						TEMPORARY PERSONNEL	-	5,000	-	-
						DUTY TRAVEL	-	2,000	-	-
						GRANTS	-	.500	-	-
						SUBTOTAL	-	-	34,100	7,500
						PERSONNEL-CONSULTANTS	-	-	4,600	-
						SEMINAR COSTS	-	-	20,000	-
						SUPPLIES AND EQUIPMENT	-	-	3,000	3,000
						FELLOWSHIPS	-	-	4,500	4,500

AMRO-6203, MEDICAL EDUCATION (ZONE III)

The purposes of this Zone III project are (1) to encourage revision of the curriculum, program, methodology, and techniques of training and of the administrative structure of the training centers in order to effect the changes which will enable health personnel to be trained in appropriate numbers and at the standard of quality required to meet each country's own needs in the health sector; (2) to promote the exchange of ideas and experiences relating to the training and functions of health personnel and the fields of action of the various professions in the educational centers of the countries of the Isthmus; (3) to strengthen intra- and inter-institutional coordination programs for the purpose of formulating multi-institutional plans for developing human resources in the health sector and establishing faculties of health sciences in which the present faculties and university schools training health personnel would be integrated; (4) to promote an increase in the number of teaching personnel required to train human resources for health services, and also an improvement in scientific teacher training; and (5) to encourage the development of health research programs, especially those which are of the operational type and epidemiologically oriented and, so far as possible, coordinate the research of the different Central American countries. Beginning in 1975 services under this project will be continued as part of country projects.

	FUND	1973	1974	1975	1976		FUND	1973	1974	1975	1976
						TOTAL		\$	\$	\$	\$
TOTAL		1	2	-	-	TOTAL	PR	21,358	36,100	-	-
P-4 MEDICAL EDUCATOR .3627	PR	1	1	-	-	PERSONNEL-POSTS		16,978	31,700	-	-
G-5 SECRETARY .4238	PR	-	1	-	-	DUTY TRAVEL		4,380	4,400	-	-

AMRO-6204, MEDICAL EDUCATION (ZONE IV)

Both the universities and the governments of the four countries in Zone IV--Bolivia, Colombia, Ecuador, and Peru-- have shown great interest in improving the curricula and in adapting them to the current needs of their respective countries, diversifying instruction and introducing modern, more effective teaching methods. The purpose of this project is to work with the governments and universities to solve the problems connected with medical education, at the same time improving the programs and methods of training at the various levels. The project also provides continuous advisory services on the problems of medical education at the university, postgraduate, and continuing education levels. Beginning in 1975 services under this project will be continued as part of country projects.

		2	2	-	-	TOTAL		29,920	35,850	-	-
TOTAL						TOTAL	PR				
P-4 MEDICAL EDUCATOR .3401	PR	1	1	-	-	PERSONNEL-POSTS		25,957	31,900	-	-
G-4 SECRETARY .3441	PR	1	1	-	-	DUTY TRAVEL		3,653	3,800	-	-
						SUPPLIES AND EQUIPMENT		310	150	-	-

AMRO-6206, MEDICAL EDUCATION (ZONE VI)

The purposes of this project in Zone VI are to strengthen the personnel training institutions and programs, to improve educational and training processes, and to support multidisciplinary and multiprofessional integration of education in the health sciences. The foregoing is to be closely linked, in each country, with the general process of planning human resources.

The aim is to integrate the various disciplines in the 19 schools of medicine in the countries of Zone VI--nine in Argentina, eight in Chile, one in Paraguay, and one in Uruguay--to diversify education, to introduce modern and more effective teaching methods, and to link teaching activities with the health services of the community by means of extramural programs. Services provided under this project will be continued under country projects after 1974.

		1	1	-	-	TOTAL		34,489	33,100	-	-
TOTAL						TOTAL					
P-4 MEDICAL EDUCATOR .3685	PR	1	1	-	-	SUBTOTAL	PR	31,918	33,100	-	-
						PERSONNEL-POSTS		26,732	27,100	-	-
						DUTY TRAVEL		4,872	5,000	-	-
						SUPPLIES AND EQUIPMENT		314	200	-	-
						COURSE COSTS		-	800	-	-
						SUBTOTAL	PG	2,571	-	-	-
						SUPPLIES AND EQUIPMENT		2,571	-	-	-

AMRO-6208, TEACHING OF STATISTICS IN MEDICAL SCHOOLS

The teaching of professional level biostatisticians is included as a goal of the Ten-year Health Plan for the Americas. They are needed for teaching of biostatistics in schools of medicine and for research programs in these institutions. This project serves as a stimulus to the development of an appreciation of the need for and uses of statistical methodology in medical education and research. Advisory services are provided to schools of medicine and public health on course development, as well as for the presentation of short courses for faculty members on selected subjects, such as design and analysis of experiments.

		1	2	1	1	TOTAL		1,631	4,000	2,200	2,400
TOTAL						TOTAL	PR				
CONSULTANT MONTHS	PR	1	2	1	1	PERSONNEL-CONSULTANTS		1,631	4,000	2,200	2,400

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

AMRO-6214, FACULTY TRAINING FOR MEDICAL SCHOOLS

The purpose of this project was to cooperate in the improvement of the level of teaching of medicine, through training in the University of Antioquia, Colombia, of fellows who will be reincorporated into their respective institutions after training. Teaching equipment was provided.

TOTAL	PG	1,162	-	-	-
SUPPLIES AND EQUIPMENT		1,162	-	-	-

AMRO-6216, BEHAVIORAL SCIENCES IN TRAINING OF HEALTH PERSONNEL

The schools of medicine and other health professions in the Region have begun to show an interest in incorporating into their teaching aspects of human and community behavior towards health problems and their relationship to disease. The majority of schools lack adequately trained personnel to head these programs, as well as adequate methodology to permit their integration into the general plan of studies. In Latin America very little research has been undertaken on behavioral sciences applied to health problems, which makes training in this discipline difficult because of lack of factual information with sufficient validity in the various countries.

The purposes of this project are (1) to collaborate in determining the course content in behavioral sciences for preparation of teachers in the various health professions; (2) to present various alternative methodologies to facilitate training in behavioral sciences in a form integrated with other areas of the curriculum, such as biological and clinical sciences; (3) to contribute to improved training of teachers for multidisciplinary work; (4) to assist schools of health sciences in the organization and development of training programs in health sciences; and (5) to promote and collaborate in the development of research projects in behavioral sciences applied to health problems, particularly in their relationship to teaching.

TOTAL		2	2	2	2	TOTAL	47,569	60,000	58,700	55,900
P-5 MEDICAL OFFICER .2120	PR	1	1	1	1	SUBTOTAL	42,283	60,000	58,700	55,900
G-4 SECRETARY .3122	PR	1	1	1	1					
TOTAL		-	15	15	-	PERSONNEL-POSTS	36,714	43,500	46,000	48,100
PARTICIPANTS	PR	-	15	15	-	DUTY TRAVEL	5,569	5,600	5,700	5,800
						SUPPLIES AND EQUIPMENT	-	2,000	2,000	2,000
						PARTICIPANTS	-	8,900	5,000	-
						SUBTOTAL	5,286	-	-	-
						SUPPLIES AND EQUIPMENT	5,286	-	-	-

AMRO-6221, LIBRARY OF MEDICINE

In Latin America today there is a shortage, both quantitative and qualitative, of scientific information in the biomedical science field, a lack of human resources, and a need for guidance in regard to new works of reference, material on scientific progress, abstracts, and literature on modern procedures for obtaining bibliographical information.

The problem is aggravated by the rapid increase in scientific periodicals, and especially the growing number of articles published in the various fields of the health sciences. This situation is due to the large number of active scientific researchers, whose creative productivity is growing enormously, and also to the fragmentation of knowledge into specialties and the emergence of interdisciplinary sciences involving scientists and technicians from different fields, such as physics, ecology, engineering, mathematics, biochemistry, electronics, and computer sciences. Precise data are wanting on the extent of the shortage of human, institutional, bibliographical, and financial resources in relation to biomedical libraries in Latin America.

The purposes of this project are (1) to provide health workers in Latin America--professional, researchers, and teachers alike--with better access to a wider collection of publications on biomedical sciences; (2) to train more personnel in biomedical librarianship; (3) to orient health professionals; and (4) to conduct research on the application of modern methods to scientific communications.

FUND					FUND					
	1973	1974	1975	1976		1973	1974	1975	1976	
						\$	\$	\$	\$	
TOTAL	7	7	5	5	TOTAL	510,236	776,649	534,456	530,383	
P-5 DIRECTOR .3175	PR	1	1	1	1					
P-4 CHIEF OF REGIONAL SERVICES 4.3464	WR	1	1	1	1	PR	140,238	109,726	92,400	210,455
P-4 LIBRARIAN 4.3176	WR	1	1	1	1	PERSONNEL-POSTS	61,002	72,200	75,400	78,600
P-4 TRAINING OFFICER .3927	PH	1	1	-	-	PERSONNEL-CONSULTANTS	10,364	10,000	11,000	14,400
P-2 CHIEF OF REFERENCE SERVICES .3466	PR	1	1	1	1	DUTY TRAVEL	5,724	6,000	5,800	5,900
P-2 CHIEF OF TECHNICAL SERVICES .3465	PR	1	1	1	1	CONTRACTUAL SERVICES	-	-	-	30,000
G-4 SECRETARY .3928	PH	1	1	-	-	HOSPITALITY	227	200	200	200
						SUPPLIES AND EQUIPMENT	62,921	13,826	-	35,000
						FELLOWSHIPS	-	7,500	-	22,500
						COMMON SERVICES	-	-	-	23,855
TOTAL	11	10	5	6	PERSONNEL-CONSULTANTS	1,461	5,000	-	-	
CONSULTANT MONTHS	PR	4	5	5	6	CONTRACTUAL SERVICES	2,221	11,105	-	-
CONSULTANT MONTHS	PC	1	3	-	-	PUBLICATIONS	63,682	108,709	100,000	70,000
CONSULTANT MONTHS	PH	3	2	-	-	SUPPLIES AND EQUIPMENT	55,540	31,697	5,000	-
CONSULTANT MONTHS	WR	3	-	-	-	LOCAL PERSONNEL COSTS	92,566	208,132	180,000	185,000
TOTAL	-	30	15	15	PERSONNEL-POSTS	23,181	31,600	-	-	
FELLOWSHIPS-SHORT TERM	PR	-	5	-	15	PERSONNEL-CONSULTANTS	6,041	3,600	-	-
FELLOWSHIPS-SHORT TERM	PH	-	15	-	-	DUTY TRAVEL	2,532	7,530	-	-
FELLOWSHIPS-SHORT TERM	WR	-	10	15	-	CONTRACTUAL SERVICES	300	-	-	-
TOTAL	68	-	-	-	SEMINAR COSTS	3,164	-	-	-	
PARTICIPANTS	PH	68	-	-	-	SUPPLIES AND EQUIPMENT	1,405	27,000	-	-
						LIBRARY ACQUI. & BINDING	23,735	-	-	
						FELLOWSHIPS	-	20,900	-	
						PARTICIPANTS	40,674	-	-	
						GRANTS	-	27,890	-	
						PERSONNEL-POSTS	23,470	43,387	55,856	60,328
						PERSONNEL-CONSULTANTS	9,781	-	-	-
						DUTY TRAVEL	3,492	3,500	4,500	4,600
						CONTRACTUAL SERVICES	153	30,000	30,000	-
						SUPPLIES AND EQUIPMENT	16,600	41,873	44,200	-
						FELLOWSHIPS	-	15,000	22,500	-

AMRO-6223, TEACHING BEHAVIORAL SCIENCES

It is well established that the efficiency of doctors and of others in the field of health sciences has benefited enormously from the incorporation into the curricula of the basic principles of social science. Studies on the general characteristics of schools of medicine in Latin America have shown that the introduction of the social sciences into their curricula is quite necessary, on a level with their importance in the solution of medical problems and in research programs. However, there are no existing models at either the undergraduate or postgraduate levels to demonstrate this integration; there has been a minimum of research into the subject, and teaching personnel for such a program are lacking.

The purposes of this project are (1) preparation of teaching materials on the application of social sciences to the solution of medical problems; (2) development of teaching materials; (3) selection of publications and preparation of an anthology to serve as a guide for professors and as a text for students; (4) training of teaching personnel in social sciences in order to provide for proper teaching of this material at both the undergraduate and postgraduate levels; (5) stimulation of the development of research projects applied to medical problems and related to various sociocultural factors in the Region; and (6) organization of postgraduate courses in social sciences for the training of teachers in the health science professions.

TOTAL					TOTAL					
	1	1	-	-		UNDP	42,554	10,000	-	-
P-4 BEHAVIORAL SCIENTIST 4.3615	UNDP	1	1	-	-	PERSONNEL-POSTS	2,500	9,000	-	-
TOTAL	9	-	-	-	PERSONNEL-CONSULTANTS	25,500	-	-	-	-
CONSULTANT MONTHS	UNDP	9	-	-	-	DUTY TRAVEL	-	1,000	-	-
TOTAL	-	-	-	-	SUPPLIES AND EQUIPMENT	8,497	-	-	-	-
FELLOWSHIPS-ACADEMIC	UNDP	-	-	-	-	FELLOWSHIPS	5,557	-	-	-
						MISCELLANEOUS	500	-	-	-

AMRO-6228, MEDICAL EDUCATION IN THE CARIBBEAN

The purpose of this project, started in 1971, is to support the Faculty of Medicine of the University of the West Indies in its efforts to improve and expand its programs, with a view to satisfying the needs of the contributing territories through their educational and training programs. It is intended to continue support of undergraduate and postgraduate

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

courses, especially programs of preventive and social medicine and courses leading to the public health diploma. A special program for providing textbooks is also included.

TOTAL		1	3	3	3	TOTAL	3,187	36,000	44,400	45,000
CONSULTANT MONTHS	PR	1	-	-	-	CONSULTANT MONTHS	PR	3,187	-	25,000
CONSULTANT MONTHS	WR	-	3	3	3	PERSONNEL-CONSULTANTS		2,467	-	-
TOTAL		1	-	3	3	FELLOWSHIPS		720	-	-
FELLOWSHIPS-ACADEMIC	WR	-	-	1	1	GRANTS		-	-	25,000
FELLOWSHIPS-SHORT TERM	PR	1	-	-	-	PERSONNEL-CONSULTANTS		-	36,000	44,400
FELLOWSHIPS-SHORT TERM	WR	-	-	2	2	SUPPLIES AND EQUIPMENT		-	6,000	6,600
						FELLOWSHIPS		-	5,000	5,000
						GRANTS		-	7,800	7,800
								-	25,000	25,000

AMRO-6234, PROGRAM OF ADVANCED STUDIES IN HEALTH

This program's objectives are to contribute to identification of the health problems in the Region and to development of new methods and approaches relating to them; to strengthen health professionals at the postgraduate level in knowledge and methods connected with problems of priority to their respective countries; and to identify and strengthen currently existing high-level education and research centers and promote the development of new centers.

The goals established in the Ten-year Health Plan for the Americas and the health goals of the Member Countries will provide the framework in which the program will be carried out. Ad hoc technical committees will contribute to the selection of projects and candidates, and institutional fellowships and research grants will be awarded.

TOTAL		2	2	2	2	TOTAL	46,843	85,900	93,290	106,300
P-5 MEDICAL OFFICER	PR	1	1	1	1	PERSONNEL-POSTS		42,420	45,200	47,900
.3925						PERSONNEL-CONSULTANTS		168	4,000	4,400
G-5 SECRETARY	PR	1	1	1	1	TECHNICAL ADVISORY COMM.		-	12,000	-
.3926						DUTY TRAVEL		-	1,500	2,000
TOTAL		1	2	2	2	CONTRACTUAL SERVICES		4,255	7,200	-
CONSULTANT MONTHS	PR	1	2	2	2	FELLOWSHIPS		-	13,510	19,790
						PERSONNEL-POSTS		-	2,490	19,200
						PERSONNEL-CONSULTANTS		-	-	12,000
						TECHNICAL ADVISORY COMM.		-	-	7,200
						CONTRACTUAL SERVICES		-	2,490	-
						FELLOWSHIPS		-	-	7,200

AMRO-6300, NURSING EDUCATION

The lack of any policy or plan for training of nursing personnel in most of the countries of Latin America has resulted in an imbalance between the production of such personnel, the demand for them, and their absorption. The purpose of this project is to cooperate with the countries in analyzing the present system of nursing education, in drawing up educational programs adapted to the personnel structure established, and in creating conditions which will make it possible to attain the goal set forth in the Ten-year Health Plan for the Americas of producing 485,000 nursing staff during the present decade.

TOTAL		2	3	2	2	TOTAL	3,970	15,950	7,400	7,800
CONSULTANT MONTHS	WR	2	3	2	2	CONSULTANT MONTHS	PH	-	6,950	-
TOTAL		-	5	-	-	FELLOWSHIPS		-	6,950	-
FELLOWSHIPS-SHORT TERM	PH	-	5	-	-	PERSONNEL-CONSULTANTS		2,662	6,000	4,400
						SUPPLIES AND EQUIPMENT		1,308	3,000	3,000

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
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						\$	\$	\$	\$

AMRO-6301, NURSING EDUCATION (ZONE I)

Changes in the method of preparing students in basic courses of nursing are being proposed in some schools in the Caribbean. Schools will need to reexamine their purposes and objectives in terms of health needs, and activity studies and levels of care assessments are needed to assist administrators and tutors in planning the educational programs. There is a shortage of qualified personnel for teaching and health services. Postbasic education programs are increasing but still do not meet the needs of the area.

The objectives of this project are to assist the Caribbean countries in developing activity studies and levels of care assessments; formulation of objectives and plans for the implementation of new curricula in the schools of nursing; development of postbasic and continuing education programs for nursing and midwifery; expansion of the advanced Nursing Education Unit, West Indies; and development of regional projects for education and training of allied health personnel. Services provided under this project will be continued under country projects after 1974.

TOTAL		2	1	-	-	TOTAL	PR	55,269	37,600	-	-
P-3 NURSE EDUCATOR .0604 .3672	PR	2	1	-	-	PERSONNEL-POSTS		36,659	22,100	-	-
						PERSONNEL-CONSULTANTS		-	2,000	-	-
						DUTY TRAVEL		11,432	6,000	-	-
TOTAL		-	1	-	-	SUPPLIES AND EQUIPMENT		-	500	-	-
						COURSE COSTS		7,178	7,000	-	-
CONSULTANT MONTHS	PR	-	1	-	-						

AMRO-6306, NURSING EDUCATION (ZONE VI)

A seminar was held in 1973 to advise a group of nurse educators in Zone VI on the methodology for planning, structuring, and developing curriculum for the training of nursing personnel.

TOTAL		1	-	-	-	TOTAL	PR	9,681	-	-	-
CONSULTANT MONTHS	PR	1	-	-	-	PERSONNEL-CONSULTANTS PARTICIPANTS		2,775	-	-	-
TOTAL		14	-	-	-			6,906	-	-	-
PARTICIPANTS	PR	14	-	-	-						

AMOR-6310, NURSING EDUCATION: TEXTBOOKS AND TEACHING MATERIALS

High on the list of problems that must be tackled in nursing education in Latin America in order to improve the teaching is the shortage and high cost of books on nursing in Spanish and Portuguese. The objective of this project is to improve the teaching of nursing at the basic and postbasic levels through revision of the teaching programs and methodology in the different branches of nursing, and to make available textbooks of high scientific and pedagogical standards at a cost within the reach of the students. It is hoped to cover 75% of nursing students through this program by 1980.

TOTAL		3	2	2	2	TOTAL		78,848	58,281	13,400	13,800
CONSULTANT MONTHS	PG	3	-	-	-	SUBTOTAL	PG	78,848	45,281	-	-
CONSULTANT MONTHS	WR	-	2	2	2	PERSONNEL-CONSULTANTS		10,927	87	-	-
						SUPPLIES AND EQUIPMENT		67,921	45,194	-	-
						SUBTOTAL	WR	-	13,000	13,400	13,800
						PERSONNEL-CONSULTANTS		-	4,000	4,400	4,800
						SEMINAR COSTS		-	5,000	5,000	5,000
						SUPPLIES AND EQUIPMENT		-	4,000	4,000	4,000

AMRO-6317, SEMINAR ON NURSING EDUCATION

The majority of the countries of Latin America have built up their nursing systems by establishing three levels of personnel--professional, intermediate, and auxiliary. Of the 657 programs for training of nursing personnel for which information is available, 130 are at the level of higher education, 156 at the intermediate level, and 371 at the primary (auxiliary) level. The reform of intermediate-level education in Latin America, establishing the diversified Bachelor's Degree, has favored the proliferation of nursing programs integrated into secondary education.

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
						\$	\$	\$	\$

There is an urgent need to define the functions of the different levels and reorganize the educational programs accordingly. The objective of this project is to cooperate with the countries in analyzing the programs at the various levels and in training a selected group of nurse educators in the field of educational planning and curriculum construction through seminars and short courses.

TOTAL		7	3	2	2	TOTAL	WR	10,266	27,600	29,200	28,800
CONSULTANT MONTHS	WR	7	3	2	2	PERSONNEL-CONSULTANTS		8,107	6,000	4,400	4,800
						SEMINAR COSTS		2,164	16,600	20,000	19,000
						SUPPLIES AND EQUIPMENT		-	5,000	4,800	5,000

AMRO-6319, TRAINING OF NURSING AUXILIARIES

It is estimated that between 70 and 80% of the active labor force in nursing consists of nursing auxiliaries. According to the Ten-year Health Plan for the Americas, for wider coverage and better care in nursing it would be necessary to increase the number of auxiliaries by 120% (287,146) between now and 1980, which means training an average of 36,000 auxiliaries each year.

The aim of this project is to prepare a group of nurses in teaching, production of audiovisual material, and research, so that they can undertake to train in their respective countries the requisite number of nursing teachers for the educational programs as well as for producing auxiliary teaching material to help increase production and achieve more individualized preparation.

TOTAL		2	2	2	2	TOTAL	WR	5,548	55,700	67,470	63,260
P-3 NURSE 4,0979	WR	1	1	1	1	PERSONNEL-POSTS		4,488	27,200	30,070	32,260
G-4 SECRETARY 4,3013	WR	1	1	1	1	PERSONNEL-CONSULTANTS		-	4,000	4,400	4,800
						DUTY TRAVEL		-	1,500	2,000	2,200
						SEMINAR COSTS		-	20,000	27,000	20,000
						SUPPLIES AND EQUIPMENT		1,060	3,000	4,000	4,000
TOTAL		-	2	2	2						
CONSULTANT MONTHS	WR	-	2	2	2						

AMRO-6320, POSTBASIC COURSES IN NURSING

The need to increase production of nursing personnel and expand the functions of the nursing profession in order to assume wider responsibilities in the promotion, care, and restoration of health calls for a larger number of nurses trained for teaching, administration, and provision of specialized care. The number of postgraduate courses existing in Latin America for the training of such personnel is very small and does not cover all the priority areas; they also need to be readjusted to the new functions which nurses are taking on in the service and education fields. The purpose of this project is to cooperate in evaluating the existing programs, determining local and regional needs and establishing new programs according to the requirements and priorities established.

TOTAL		5	5	2	-	TOTAL	WR	10,050	23,000	18,400	-
CONSULTANT MONTHS	WR	5	5	2	-	PERSONNEL-CONSULTANTS		9,200	10,000	4,400	-
						SEMINAR COSTS		-	10,000	10,000	-
						SUPPLIES AND EQUIPMENT		850	3,000	4,000	-

AMRO-6322, RESEARCH IN NURSING TEACHING

The purpose of this project is to establish a regional nursing teaching research center in a nursing school or as part of a university program. The location of the center has not yet been determined.

TOTAL		-	-	-	2	TOTAL	PR	-	-	-	74,400
CONSULTANT MONTHS	PR	-	-	-	2	PERSONNEL-CONSULTANTS		-	-	-	4,800
						FELLOWSHIPS		-	-	-	9,600
TOTAL		-	-	-	2	GRANTS		-	-	-	60,000
FELLOWSHIPS-ACADEMIC	PR	-	-	-	2						

FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976
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	\$	\$	\$	\$		\$	\$	\$	\$

AMRO-6324, TRAINING OF PROFESSORS, ADMINISTRATORS, AND SPECIALISTS IN CLINICAL AREAS

One of the greatest drawbacks in increasing the production of schools of nursing and the improvement of services is the lack of trained teaching personnel and of specialists in clinical and functional areas. Programs in the Region for preparation of this personnel are scarce and resources are insufficient. However, it is not necessary to establish in each country a center for training in all the areas of specialization. A study has been begun to evaluate existing programs and their potentiality for development in the light of present and future necessities in Latin America.

The purpose of this project is to establish a network of regional courses responsive to the needs of the Latin American countries, taking advantage of existing resources and creating new nuclei in priority areas.

TOTAL		-	-	2	2	TOTAL	PR	-	-	4,400	14,800
CONSULTANT MONTHS	PR	-	-	2	2	PERSONNEL-CONSULTANTS	-	-	-	4,400	4,800
						GRANTS	-	-	-	-	10,000

AMRO-6325, EDUCATIONAL TECHNOLOGY IN NURSING

The problems that face nursing education in the countries of Latin America might be summed up under two main headings: the low output of the schools and the faulty adaptation of their programs to present and future needs. This situation is due mainly to the present shortage of human, material, and financial resources, aggravated by lack of coordination of the educational system with the health system.

The objective of this project is to increase the educational output of these schools of nursing by seeking to increase the efficiency and effectiveness of the system to a maximum, creating the necessary conditions for attaining the goals indicated in the Ten-year Health Plan of preparing 125,000 nurses during the present decade. It is hoped to achieve this objective through training of teaching personnel, improvement of the curriculum, and utilization of the resources of new educational technology, with the aim of developing individualized teaching of the highest possible standard while at the same time increasing output.

TOTAL		-	-	1	1	TOTAL		-	56,000	88,000	151,300
P-4 NURSE .4242	PR	-	-	1	1	SUBTOTAL	PR	-	-	17,000	46,300
TOTAL		-	4	4	4	PERSONNEL-POSTS	-	-	-	15,000	23,700
CONSULTANT MONTHS	PH	-	4	4	4	DUTY TRAVEL	-	-	-	2,000	2,500
TOTAL		-	11	11	22	FELLOWSHIPS	-	-	-	-	20,100
FELLOWSHIPS-ACADEMIC	PR	-	-	-	2	SUBTOTAL	PH	-	56,000	71,000	105,000
FELLOWSHIPS-SHORT TERM	PR	-	-	-	7	PERSONNEL-CONSULTANTS	-	-	8,000	8,000	8,000
FELLOWSHIPS-SHORT TERM	PH	-	11	11	13	SUPPLIES AND EQUIPMENT	-	-	32,000	27,000	37,000
						FELLOWSHIPS	-	-	16,000	16,000	20,000
						GRANTS	-	-	-	20,000	40,000

AMRO-6400, SANITARY ENGINEERING EDUCATION

The Ten-year Health Plan for the Americas approved by the III Special Meeting of Ministers of Health established as goals to be attained in the decade (1) the training of 3,200 sanitary engineers in graduate programs; (2) the organization of courses for 30,000 professionals and technicians; (3) an increase to 2,000 in the number of sanitary engineers working in environmental health programs and to 5,000 the number of engineers working in water, waste water, and other environmental services; and an increase to 4,000 in the number of sanitary inspectors working in public health. In the last five years more than 380 training activities have been organized with more than 12,000 participants. It is expected that, as a minimum, these rates will be maintained during 1975 and 1976.

TOTAL		3	3	3	3	TOTAL	PR	64,614	62,700	72,700	79,500
P-5 SANITARY ENGINEER .1034	PR	1	1	1	1	PERSONNEL-POSTS	-	54,951	52,200	59,500	62,400
G-5 SECRETARY .2018	PR	1	1	1	1	PERSONNEL-CONSULTANTS	-	-	-	2,200	4,800
G-4 SECRETARY .3053	PR	1	1	1	1	DUTY TRAVEL	-	9,663	10,500	11,000	11,300
						SUPPLIES AND EQUIPMENT	-	-	-	-	1,000
TOTAL		-	-	1	2						
CONSULTANT MONTHS	PR	-	-	1	2						

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976
\$ \$ \$ \$

AMRO-6500, VETERINARY MEDICINE EDUCATION

There are 53 schools of veterinary medicine in Latin America with some countries having several while certain entire regions have only one. Student qualifications and level of instruction are considerably lower than that which is achievable. Veterinary medical manpower exists at various levels, with increasing shortages of veterinarians resulting from expansion and intensification of animal health programs, particularly to control foot-and-mouth disease, brucellosis and bovine tuberculosis, as well as the lack of achievement of professional parity of the veterinarian in the interprofessional and social communities and problems in the training of veterinarians.

The purpose of this project is to cooperate in the development and recognition of the role of the veterinarian in planning for agriculture and health; in increasing human resources; in a resolution of problems inherent in the veterinary schools, such as outdated academic structure, physical facilities, laboratory equipment, instructional resources with the objective of curriculum improvement; and in the organization of national and international workshops on the learning/teaching process and selection of curriculum.

TOTAL		2	2	2	2	TOTAL	WR	32,910	55,070	59,350	62,550
P-5 VETERINARIAN 4,3786	WR	1	1	1	1	PERSONNEL-POSTS		26,305	44,270	46,750	49,150
G-5 SECRETARY 4,3787	WR	1	1	1	1	PERSONNEL-CONSULTANTS		1,335	6,000	6,600	7,200
						DUTY TRAVEL		3,701	3,800	4,000	4,200
						SUPPLIES AND EQUIPMENT		1,569	1,000	2,000	2,000
TOTAL		1	3	3	3						
CONSULTANT MONTHS	WR	1	3	3	3						

AMRO-6507, SEMINARS ON VETERINARY MEDICINE EDUCATION

The availability of a broad infrastructure of veterinary medical manpower, including public health veterinarians and animal health specialists, depends upon long-range strengthening and planning for the expansion of the functions of the schools of veterinary medicine. Continuity of the programs to increase the efficiency of teaching personnel in the preparation of human resources in veterinary medicine can be maintained principally through the coordinative activities of an advisory study group.

Emphasis will be placed on improved training of teachers, establishment of postgraduate and continuing education programs, training in the proper application of audiovisual methods, and promotion and development of programs for training groups of animal health assistants in each country. Assistance will be given in incorporating the teaching of animal health planning and programming into the curriculum.

Objectives include maximum collaboration with the Latin American Federation of Associations of Veterinary Medicine and with national associations in formulating policy for strengthening existing academic programs and development of new ones.

TOTAL		2	-	2	2	TOTAL	WR	8,807	-	7,400	7,800
CONSULTANT MONTHS	WR	2	-	2	2	PERSONNEL-CONSULTANTS		6,176	-	4,400	4,800
TOTAL		6	-	-	-	SEMINAR COSTS		9	-	3,000	3,000
						PARTICIPANTS		2,622	-	-	-
PARTICIPANTS	WR	6	-	-	-						

AMRO-6508, PROGRAM FOR TRAINING ANIMAL HEALTH AND VETERINARY PUBLIC HEALTH ASSISTANTS (CARIBBEAN)

The long-range objective of this project is to establish a regional school in the Caribbean for training animal health assistants. A preparatory assistance mission has met to conduct a feasibility study and the report has been submitted to the Intra-Caribbean Conference on Education and Training of Animal Health Assistants in February 1974. A project proposal is now being developed.

TOTAL	UNDP	-	12,000	-	-
FELLOWSHIPS		-	10,000	-	-
MISCELLANEOUS		-	2,000	-	-

FUND	1973	1974	1975	1976
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FUND	1973	1974	1975	1976
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	\$	\$	\$	\$

AMRO-6600, DENTAL EDUCATION

The dental schools of the Region have begun to revise their study programs on a basis consistent with scientific methodology. Consideration is being given to this at seminars and technical meetings on dentistry. The schools have no machinery to provide them with updated information on educational methods, study programs, and the utilization of auxiliary personnel in the Region. There is no association of schools of dentistry to act as a coordinating and advisory body. There are no programs for the administrative restructuring of dental schools, and there is a shortage of suitable textbooks, as well as a lack of organized libraries and trained librarians. The physical layout and other facilities are ill-suited to the needs of current study programs, intended not only for dentists but also for the joint training of dentists and auxiliaries. At most of the schools the equipment for clinical instruction is wholly outdated. Finally, academic personnel are not fully trained in either teaching and learning processes or in the effective use of educational methods.

The purpose of this project is to collaborate with dental schools in Latin America in the review of study programs and of methods and building facilities; the establishment of new dental schools and programs of further education, and the preparation and provision of instructional materials; and the introduction of programs and methods adapted to the needs of dental education in Latin America.

TOTAL		1	1	1	1	TOTAL	PR	21,779	28,200	31,500	35,700
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
G-5 SECRETARY .0876	PR	1	1	1	1	PERSONNEL-POSTS		11,082	12,200	13,500	14,300
						PERSONNEL-CONSULTANTS		5,844	10,000	11,000	14,400
						SEMINAR COSTS		-	2,000	2,000	2,000
TOTAL		2	5	5	6	SUPPLIES AND EQUIPMENT		4,853	4,000	5,000	5,000
-----		-----	-----	-----	-----			-----	-----	-----	-----
CONSULTANT MONTHS	PR	2	5	5	6						

AMRO-6608, TRAINING OF AUXILIARY DENTAL PERSONNEL

PAHO has already made a detailed study pointing up the massive shortfall in numbers of dental auxiliaries and in institutions to train them. As a result, the Ministers of Health of the Americas, meeting in Santiago, Chile, in 1972, recommended the establishment of educational institutions and programs for the training of diversified dental personnel, and the promotion of regional programs to train instructors for subprofessional and auxiliary-level personnel in the countries of the Americas.

The purpose of this program is to create machinery for coordinating and disseminating information on the training and utilization of auxiliaries; to prepare educational materials and study, motivational, and advisory programs, with a view to the development of sufficient courses in the Region to triple the present number of auxiliaries over a period of five years; and to carry out three regional courses for instructors to serve the needs of the Spanish-, English-, and Portuguese-speaking countries.

TOTAL		3	5	5	6	TOTAL		7,830	10,000	14,000	37,400
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
CONSULTANT MONTHS	PR	3	5	-	-	SUBTOTAL	PR	7,830	10,000	-	-
CONSULTANT MONTHS	WR	-	-	5	6						
TOTAL		-	-	-	8	PERSONNEL-CONSULTANTS		6,636	10,000	-	-
-----		-----	-----	-----	-----	SUPPLIES AND EQUIPMENT		1,194	-	-	-
FELLOWSHIPS-SHORT TERM	WR	-	-	-	8	SUBTOTAL	WR	-	-	14,000	37,400
								-----	-----	-----	-----
						PERSONNEL-CONSULTANTS		-	-	11,000	14,400
						SEMINAR COSTS		-	-	3,000	3,000
						SUPPLIES AND EQUIPMENT		-	-	-	8,000
						FELLOWSHIPS		-	-	-	12,000

AMRO-6611, COMMUNICATIONS AND INFORMATION IN DENTAL SCIENCE

There is at present no machinery in the Region for coordinating and distributing information on advances made in the dental field. To provide this coordination, a network of dentists will be formed to make available to the dental profession what has been published and recorded in the dental literature, as well as results of the educational programs and experiments being carried out in the countries.

AMRO-6700, BIostatistics Education					AMRO-6707, Latin American Center for Classification of Diseases					
FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976	
						\$	\$	\$	\$	
TOTAL	1	1	-	-	TOTAL	9,380	19,120	14,400	14,800	
G-3 CLERK .4090	PH	1	1	-	-	PR	-	-	8,400	4,800
TOTAL		4	-	2	2	SUBTOTAL	-	-	4,400	4,800
CONSULTANT MONTHS	PR	-	-	2	2	PERSONNEL-CONSULTANTS SUPPLIES AND EQUIPMENT	-	-	4,400	4,800
CONSULTANT MONTHS	PH	4	-	-	-	SUBTOTAL	9,380	19,120	-	-
						PERSONNEL-POSTS	3,389	6,000	-	-
						PERSONNEL-CONSULTANTS	3,871	-	-	-
						DUTY TRAVEL	920	-	-	-
						CONTRACTUAL SERVICES	700	5,120	-	-
						SUPPLIES AND EQUIPMENT	-	8,000	-	-
						GRANTS	500	-	-	-
						SUBTOTAL	-	-	6,000	10,000
						SUPPLIES AND EQUIPMENT	-	-	6,000	10,000

AMRO-6700, BIostatistics Education

The Ten-year Health Plan of the III Special Meeting of Ministers of Health of the Americas pointed to the need for training professional-level biostatisticians to direct statistical units in ministries of health, to provide instruction in biostatistics in medical and public health schools, and to provide advice on design of experiments and data analysis in universities and research institutions. Training requires 18 months to two years and it is difficult to locate qualified and interested candidates. Also, in many countries individuals already trained are isolated from new techniques and methodology. An annual short course of six weeks is proposed to stimulate interest among faculty members of universities and personnel of health services for advanced training of longer duration, and to serve as refresher training for those who have already completed academic courses. It is proposed that each year the short course be given in a different university in the Americas, with teaching by faculty recruited from various universities.

AMRO-6700, BIostatistics Education					AMRO-6707, Latin American Center for Classification of Diseases					
FUND	1973	1974	1975	1976	FUND	1973	1974	1975	1976	
						\$	\$	\$	\$	
TOTAL	1	2	-	-	TOTAL	7,643	8,959	-	34,500	
CONSULTANT MONTHS	UNDP	1	2	-	-	PR	-	-	-	30,000
TOTAL		-	1	-	20	SUBTOTAL	-	-	-	30,000
FELLOWSHIPS-ACADEMIC	UNDP	-	1	-	-	FELLOWSHIPS	-	-	-	30,000
FELLOWSHIPS-SHORT TERM	PR	-	-	-	20	SUBTOTAL	-	-	-	4,500
FELLOWSHIPS-SHORT TERM	UNDP	-	-	-	-	SUPPLIES AND EQUIPMENT	-	-	-	1,500
						GRANTS	-	-	-	3,000
						SUBTOTAL	UNDP	7,643	8,959	-
						PERSONNEL-CONSULTANTS	500	4,500	-	-
						SUPPLIES AND EQUIPMENT	4,953	47	-	-
						FELLOWSHIPS	2,190	4,245	-	-
						MISCELLANEOUS	-	167	-	-

AMRO-6707, Latin American Center for Classification of Diseases

PAHO has the responsibility both for promoting the use of the International Classification of Diseases in the countries of the Region and also for providing instruction on its use. In addition, it collaborates with countries to develop Regional proposals of change for the decennial revisions and participates in the preparation of Spanish and Portuguese editions.

The Latin American Center for Classification of Diseases serves as the reference center of WHO for the study of problems in the use of the International Classification of Diseases in Spanish. Teaching materials and manuals are prepared, courses are provided in the countries, and research is carried out on the classification of causes of morbidity and mortality. In addition to continuing activities on the Classification, it will be necessary to organize regional seminars in 1976 and 1977 to introduce the Ninth Revision of the Classification, which will be put into use in 1978.

FUND					FUND					
	1973	1974	1975	1976		1973	1974	1975	1976	
						\$	\$	\$	\$	
TOTAL	1	2	2	1	TOTAL	WR	24,587	24,095	25,210	29,470
P-4 MEDICAL OFFICER 4.4022	WR	-	1	1	-	PERSONNEL-POSTS	14,876	15,595	18,310	21,170
P-1 STATISTICIAN 4.2069	WR	1	-	-	1	PERSONNEL-CONSULTANTS	-	4,000	2,200	2,400
G-4 SECRETARY 4.4023	WR	-	1	1	-	DUTY TRAVEL	883	1,500	1,700	1,900
						SUPPLIES AND EQUIPMENT	1,828	3,000	3,000	4,000
						GRANTS	7,000	-	-	-
TOTAL		-	2	1	1					
CONSULTANT MONTHS	WR	-	2	1	1					

AMRO-6708, TRAINING PROGRAM IN HOSPITAL STATISTICS

Hospitals and ambulatory care centers are a major source of information needed for planning and analysis of the delivery of health care. Good medical records and statistics are essential for care of the patient and for administration of the individual health establishments in order to attain optimum utilization of resources. At a meeting of a Regional Advisory Committee on Health Care Records and Statistics in 1973 recommendations were formulated for the development of minimum basic data sets for ambulatory and inpatient care, on the need for research and pilot projects on the feasibility of collecting and utilizing a minimum set of basic data, and for the development of a demonstration project to develop a comprehensive health care information system in a defined area in one country. This Committee reviewed the functions of medical record personnel at professional, intermediate and auxiliary levels. It recommended that each country estimate the number of individuals to be trained in health care records and statistics and that auxiliary level courses be organized in all countries. An additional six courses at the intermediate level were proposed, as were courses at the professional level. Training in medical records is now provided to 150 persons at the intermediate level and to about 1,000 auxiliaries each year. One course in Argentina provides more advanced training.

The purpose of the project is to provide advisory services for developing training courses to meet personnel requirements for the Region and for organization of units on medical records and statistics at both the institutional and central levels.

TOTAL					TOTAL						
		4	4	4	4		57,313	94,700	99,200	103,500	
P-4 MEDICAL RECORDS LIBRARIAN .0981	PR	1	1	1	1	SUBTOTAL	PR	57,313	94,398	98,200	102,500
P-4 STATISTICIAN .0980	PR	1	1	1	1						
P-3 MEDICAL RECORDS LIBRARIAN .2061	PR	1	1	1	1	PERSONNEL-POSTS	41,174	86,800	91,400	95,600	
G-4 SECRETARY .2128	PR	1	1	1	1	PERSONNEL-CONSULTANTS	542	-	-	-	
						DUTY TRAVEL	6,670	6,700	6,800	6,900	
						SUPPLIES AND EQUIPMENT	64	898	-	-	
						PARTICIPANTS	8,913	-	-	-	
TOTAL		1	-	-	-	SUBTOTAL	PH	-	200	-	-
CONSULTANT MONTHS	PR	1	-	-	-						
TOTAL		11	-	-	-	SUPPLIES AND EQUIPMENT		-	200	-	-
						SUBTOTAL	WR	-	102	1,000	1,000
PARTICIPANTS	PR	11	-	-	-						
						SUPPLIES AND EQUIPMENT		-	102	1,000	1,000

AMRO-6712, CONTINUING EDUCATION FOR STATISTICIANS OF NATIONAL HEALTH SERVICES

The small number of statisticians in the health services with training in biostatistics, their heterogeneous educational background, and the need for sound knowledge of statistical methodology in introducing changes into statistical systems, in analyzing data, and in initiating research, has led to a proposal for a program of continuing training.

At a regional meeting in 1972 on the role of statisticians in family health programs, the value of annual meetings dealing with selected areas of work was stressed. Many participants indicated that they were not receiving current information or keeping abreast of developments in health programs, epidemiology, health statistics, and the like.

Through this project it is proposed to hold annual meetings of statisticians from national health services. In addition, a few selected books will be obtained for the health statistics unit in each country and related papers and reports will be widely distributed.

TOTAL					TOTAL						
		-	-	1	1		PR	-	-	14,200	14,400
CONSULTANT MONTHS	PR	-	-	1	1	PERSONNEL-CONSULTANTS	-	-	-	2,200	2,400
						SUPPLIES AND EQUIPMENT	-	-	-	2,000	2,000
						COURSE COSTS	-	-	-	10,000	10,000

FUND 1973 1974 1975 1976

FUND 1973 1974 1975 1976

 \$ \$ \$ \$

AMRO-6713, OPERATIONS RESEARCH IN MEDICAL RECORDS

The health care goals outlined in the Ten-year Health Plan for the Americas call for expanding coverage of the population with health services and increasing the comprehensiveness and continuity of the care provided, while containing costs. To meet the challenge imposed by these goals, medical record techniques will have to be adapted or evaluated, or new ones devised, and the results disseminated. The need for coordinating health care records has already been manifested in several countries.

It is proposed to select six centers where operational research in medical records could be conducted. Among the topics to be studied at one or more of these centers would be health records in ambulatory care settings, health record linkage, and the problem-oriented medical record. A seminar on medical record research would be organized to provide personnel from participating centers with background knowledge on applied research techniques and to outline the characteristics of the research or demonstration projects to be conducted. Technical assistance in specific aspects of the development and evaluation of the studies would be furnished through short-term consultants.

TOTAL	-	-	4	4	TOTAL	-	-	20,800	21,600
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
CONSULTANT MONTHS	PR	-	-	-	-	PR	-	-	21,600
CONSULTANT MONTHS	WR	-	-	4	4	-----	-----	-----	-----
					SUBTOTAL				

					PERSONNEL-CONSULTANTS				9,600
					SUPPLIES AND EQUIPMENT				12,000
					-----				-----
					SUBTOTAL	WR		20,800	-
					-----	-----			-----
					PERSONNEL-CONSULTANTS			8,800	-
					SUPPLIES AND EQUIPMENT			12,000	-
					-----				-----

PART IV: SPECIAL FUND FOR HEALTH PROMOTION - PROGRAM BUDGET^a

1973

AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$		VII. REPAYMENT OF LOAN	\$		\$	
250,000	100.0	250,000	100.0		250,000	100.0	250,000	100.0

SUMMARY OF INVESTMENTS^a

SOURCE OF FUNDS	TOTAL AMOUNT	*-----PERSONNEL-----*			*--DUTY--*	*---FELLOWSHIPS---*		*--SEMINARS--*	*SUPPLIES* AND EQUIPMENT	*GRANTS* AND OTHER
		POSTS PROF.	LOCAL	STC MONTH	TRAVEL AMOUNT	ACAD.	SHORT	PART. AMOUNT		
	\$				\$	\$		\$	\$	\$
<u>1973</u>										
PAHO---PR*	250,000	-	-	-	-	-	-	-	-	250,000
PERCENT OF TOTAL	100.0	-	-	-	-	-	-	-	-	100.0
<u>1974</u>										
PAHO---PR*	250,000	-	-	-	-	-	-	-	-	250,000
PERCENT OF TOTAL	100.0	-	-	-	-	-	-	-	-	100.0
<u>1975</u>										
PAHO---PR*	250,000	-	-	-	-	-	-	-	-	250,000
PERCENT OF TOTAL	100.0	-	-	-	-	-	-	-	-	100.0
<u>1976</u>										
PAHO---PR*	250,000	-	-	-	-	-	-	-	-	250,000
PERCENT OF TOTAL	100.0	-	-	-	-	-	-	-	-	100.0

*REGULAR BUDGET

^a In order to avoid a cumbersome and divided presentation of the field program, the projects and portions of projects to be financed under this part are included with all the other field projects presented in Part III under the respective country and intercountry headings, where they are identified by footnotes. Since these projects are included in the country and zone summaries, the numbers marked in these tables are "non-add" figures. See the narrative portion of the "detail" section below for a further explanation of the Special Fund for Health Promotion.

PART IV: SPECIAL FUND FOR HEALTH PROMOTION - DETAIL

The Special Fund for Health Promotion is based on an agreement with the W. K. Kellogg Foundation under which the Foundation agreed to lend to the Pan American Health Organization the sum of \$5,000,000 used toward erecting a headquarters building for the Pan American Health Organization, Regional Office for the Americas of the World Health Organization. This loan is repayable in annual installments, as agreed, beginning in 1962 and to be repaid in full on or before 1 January 1982, without interest. Instead of being made to the Foundation, however, these annual payments are allocated to a Special Fund for Health Promotion to finance expanded program activities. In view of the nature of this allocation, it is understood that the remaining items of the budget will cover and not reduce regular program activities.

PAHO is required to use the Fund to expand activities relating to (1) community water supplies; (2) nutrition; and (3) educational and training activities, including fellowships, although PAHO may from time to time revise these expanded activities by approval by the Directing Council or the Conference and give notice thereof to the Foundation.

Listed below are all projects comprising the Special Fund, details of which may be found by reference to the index of projects. Individual projects are footnoted throughout this document.

	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>
	\$	\$	\$	\$
TOTAL FUNDS	<u>250,000</u>	<u>250,000</u>	<u>250,000</u>	<u>250,000</u>
Water Supplies:				
AMRO-2200, Water Supplies	54,049*	122,400*	108,300*	100,400*
Maternal and Child Health:				
West Indies-4900, Health and Population Dynamics	812*	-	-	-
AMRO-4901, Health and Population Dynamics (Zone I)	720*	-	-	-
AMRO-4919, Nursing Midwifery	70,651*	-	-	-
Development of Educational Institutions:				
AMRO-6000, Medical Education: Textbooks and Teaching Materials	123,768	127,600	141,700	149,600

*Partial

PART V: INCREASE TO ASSETS - PROGRAM BUDGET

1973		1974		1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT	AMOUNT	PERCENT
\$		\$		\$		\$	
400,000	100.0	450,000	100.0	550,000	100.0	600,000	100.0
400,000	100.0	450,000	100.0	550,000	100.0	600,000	100.0

*LESS THAN .05 PER CENT

SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	PERSONNEL		AMOUNT	TRAVEL AMOUNT	FELLOWSHIPS		SEMINARS		SUPPLIES AND EQUIPMENT	GRANTS AND OTHER
		POSTS PROF.	LOCAL MONTH			ACAD.	SHORT	PART.	AMOUNT		
	\$			\$	\$			\$	\$		\$
1973											
PAHO--PR	400,000	-	-	-	-	-	-	-	-	-	400,000
TOTAL	400,000	-	-	-	-	-	-	-	-	-	400,000
PERCENT OF TOTAL	100.0	-	-	-	-	-	-	-	-	-	100.0
1974											
PAHO--PR	450,000	-	-	-	-	-	-	-	-	-	450,000
TOTAL	450,000	-	-	-	-	-	-	-	-	-	450,000
PERCENT OF TOTAL	100.0	-	-	-	-	-	-	-	-	-	100.0
1975											
PAHO--PR	550,000	-	-	-	-	-	-	-	-	-	550,000
TOTAL	550,000	-	-	-	-	-	-	-	-	-	550,000
PERCENT OF TOTAL	100.0	-	-	-	-	-	-	-	-	-	100.0
1976											
PAHO--PR	600,000	-	-	-	-	-	-	-	-	-	600,000
TOTAL	600,000	-	-	-	-	-	-	-	-	-	600,000
PERCENT OF TOTAL	100.0	-	-	-	-	-	-	-	-	-	100.0

PAHO-PR-REGULAR BUDGET
 PW-COMMUNITY WATER SUPPLY
 PI-INCAP - REGULAR BUDGET
 PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS
 PG-GRANTS AND OTHER CONTRIBUTIONS
 PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION

PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION
 PS-SPECIAL FUND FOR RESEARCH
 WHO--WR-REGULAR BUDGET
 UNDP-UNITED NATIONS DEVELOPMENT PROGRAM
 UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES
 WU-GRANTS AND OTHER FUNDS

DETAIL

The XI Directing Council (1959) established a policy for the Working Capital Fund by deciding in Resolution VII "to approve the assignment of a portion of the budget for gradually increasing the Working Capital Fund until the authorized level has been reached, and for maintaining the Fund at that level." Based on a study of requirements over a five-year period and taking into account the fact that the financial year of some major contributors begins in July, it was recommended in the Financial Report of the Director for 1966 (OD-75) that in the future the amount budgeted for the Working Capital Fund be established with a view to attaining a level of 40% of the budget. Accordingly, provision is made for \$550,000 in 1975 and \$600,000 in 1976.

PART VI: FOOT-AND-MOUTH DISEASE - PROGRAM BUDGET

1973		1974			1975		1976	
AMOUNT	PERCENT	AMOUNT	PERCENT		AMOUNT	PERCENT	AMOUNT	PERCENT
\$ 2,036,697	100.0	\$ 1,996,248	100.0	1. PROTECTION OF HEALTH	\$ 2,127,877	100.0	\$ 2,256,786	100.0
2,036,697	100.0	1,996,248	100.0	A. COMMUNICABLE DISEASES	2,127,877	100.0	2,256,786	100.0
2,036,697	100.0	1,996,248	100.0	0800 FOOT-AND-MOUTH DISEASE	2,127,877	100.0	2,256,786	100.0
2,036,697	100.0	1,996,248	100.0	GRAND TOTAL	2,127,877	100.0	2,256,786	100.0

*LESS THAN .05 PER CENT

SUMMARY OF INVESTMENT

SOURCE OF FUNDS	TOTAL AMOUNT	*PERSONNEL*			*DUTY TRAVEL AMOUNT*	*FELLOWSHIPS*		*SEMINARS*		*SUPPLIES AND EQUIPMENT*	*GRANTS AND OTHER*	
		POSTS PROF.	STC LOCAL	MONTH		ACAD.	SHORT	AMOUNT	PART.			AMOUNT
1973	\$				\$	\$			\$	\$	\$	
PAHO--PR	1,767,546	30	138	10	1,367,860	72,423	-	-	-	49,850	184,243	93,170
PG	269,151	-	-	-	-	-	7	11	41,479	-	205,933	21,739
TOTAL	2,036,697	30	138	10	1,367,860	72,423	7	11	41,479	49,850	390,176	114,909
PERCENT OF TOTAL	100.0				67.2	3.6			2.0	2.4	19.2	5.6
1974												
PAHO--PR	1,871,084	30	141	3	1,515,704	95,827	-	21	31,042	-	149,841	78,670
PG	125,164	-	-	-	-	-	1	19	75,000	-	25,164	25,000
TOTAL	1,996,248	30	141	3	1,515,704	95,827	1	40	106,042	-	175,005	103,670
PERCENT OF TOTAL	100.0				75.9	4.8			5.3	-	8.8	5.2
1975												
PAHO--PR	2,054,356	30	147	3	1,663,336	111,827	-	34	51,682	-	148,641	78,870
PG	73,521	-	-	-	-	-	2	15	73,521	-	-	-
TOTAL	2,127,877	30	147	3	1,663,336	111,827	2	49	125,203	-	148,641	78,870
PERCENT OF TOTAL	100.0				78.2	5.2			5.9	-	7.0	3.7
1976												
PAHO--PR	2,256,786	32	147	3	1,806,857	123,793	-	43	64,716	-	172,040	89,380
TOTAL	2,256,786	32	147	3	1,806,857	123,793	-	43	64,716	-	172,040	89,380
PERCENT OF TOTAL	100.0				80.1	5.5			2.9	-	7.6	3.9

PAHO-PR-REGULAR BUDGET
 PW-COMMUNITY WATER SUPPLY
 PI-INCAP - REGULAR BUDGET
 PN-INCAP - GRANTS AND OTHER CONTRIBUTIONS
 PG-GRANTS AND OTHER CONTRIBUTIONS
 PH-PAN AMERICAN HEALTH AND EDUCATION FOUNDATION

PAHO-PK-SPECIAL FUND FOR HEALTH PROMOTION
 PS-SPECIAL FUND FOR RESEARCH
 WHO-WR-REGULAR BUDGET
 UNDP-UNITED NATIONS DEVELOPMENT PROGRAM
 UNFPA-UNITED NATIONS FUND FOR POPULATION ACTIVITIES
 WO-GRANTS AND OTHER FUNDS

FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----

FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

PART VI: FOOT-AND-MOUTH DISEASE - DETAIL

CHILE-0800, FOOT-AND-MOUTH DISEASE CONTROL

Chile has organized a national foot-and-mouth disease eradication campaign with the assistance of an IDB loan. The project is providing for the services of a permanent consultant to assist with this campaign and in the activities of the Pan American Foot-and-Mouth Disease Center.

TOTAL		1973	1974	1975	1976	TOTAL	PR	1973	1974	1975	1976
-----		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
P-4 COUNTRY CONSULTANT .0628	PR	-	1	1	1	PERSONNEL-POSTS DUTY TRAVEL	-	27,100 4,000	28,300 4,100	29,500 4,300	33,800

COLOMBIA-0800, FOOT-AND-MOUTH DISEASE CONTROL

Colombia is a major cattle-raising country with a high prevalence of foot-and-mouth disease and adjacent to another country that is free of this disease. Colombia has initiated a national campaign to control foot-and-mouth disease and brucellosis with the assistance of an IDB loan. This project will furnish the services of a full-time consultant, who will assume technical responsibilities in the campaign and coordinate his activities with those of the Pan American Foot-and-Mouth Disease Center.

TOTAL		1973	1974	1975	1976	TOTAL		1973	1974	1975	1976
-----		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
P-4 COUNTRY CONSULTANT .3153	PR	-	1	1	1	SUBTOTAL	PR	21,739	30,500	31,800	33,100
						PERSONNEL-POSTS DUTY TRAVEL		-	27,100 3,400	28,300 3,500	29,500 3,600
						SUBTOTAL	PG	21,739	-	-	-
						CONFERENCE SERVICES		21,739	-	-	-

ECUADOR-0800, FOOT-AND-MOUTH DISEASE CONTROL

This project seeks to reduce the losses sustained by the Ecuadorian economy and by both Ecuadorian and world production as a result of foot-and-mouth disease. IDB support is provided and a national foot-and-mouth disease program has been organized as a counterpart measure. Currently the local production and use of vaccine is being increased, quarantine stations have been organized, research is being undertaken, and an intensive program of training is under way.

TOTAL		1973	1974	1975	1976	TOTAL	PR	1973	1974	1975	1976
-----		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
P-3 COUNTRY CONSULTANT .3593	PR	-	1	1	1	PERSONNEL-POSTS DUTY TRAVEL	-	22,100 3,500	23,200 3,600	24,300 3,800	28,100

PANAMA-0800, FOOT-AND-MOUTH DISEASE CONTROL

Panama, where there is no foot-and-mouth disease, adjoins another country where this disease is prevalent. On the completion of the Pan American Highway, Panama will be linked to Colombia. This project will furnish Panama and the International Regional Agency for Livestock Health with the services of a permanent consultant to provide technical assistance to countries north of Panama and in the Caribbean that are free from foot-and-mouth disease.

TOTAL		1973	1974	1975	1976	TOTAL	PR	1973	1974	1975	1976
-----		-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
P-4 COUNTRY CONSULTANT .0630	PR	-	1	1	1	PERSONNEL-POSTS DUTY TRAVEL	-	27,100 3,700	28,300 3,800	29,500 3,900	33,400

PARAGUAY-0800, FOOT-AND-MOUTH DISEASE CONTROL

Paraguay has organized a national campaign for the eradication of foot-and-mouth disease with the aid of an IDB loan. It is also an important producer of foot-and-mouth disease vaccine, supplying a number of other South American countries. This project will provide technical assistance through a permanent consultant and help to coordinate the activities of the campaign with those of the Pan American Foot-and-Mouth Disease Center.

FUND					FUND					
1973	1974	1975	1976		1973	1974	1975	1976		
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	
					\$	\$	\$	\$	\$	
TOTAL	-	1	1	1	TOTAL	-	54,600	30,900	32,300	
P-4 COUNTRY CONSULTANT .3152	PR	-	1	1	1	PR	-	29,600	30,900	32,300
					SUBTOTAL					
					PERSONNEL-POSTS	-	27,100	28,300	29,500	
					DUTY TRAVEL	-	2,500	2,600	2,800	
					SUBTOTAL	PG	-	25,000	-	-
					SUPPLIES AND EQUIPMENT	-	25,000	-	-	

PERU-0800, FOOT-AND-MOUTH DISEASE CONTROL

Peru has organized a national foot-and-mouth disease control campaign. This project will provide for the services of a permanent consultant to assist in the activities of this campaign and coordinate them with those of the Pan American Foot-and-Mouth Disease Center. The expert will also advise the Governments of Bolivia and Ecuador on the preparation of the loan applications they are to make to IDB to obtain funds for the campaign.

TOTAL					TOTAL					
1973	1974	1975	1976		1973	1974	1975	1976		
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	
-	1	1	1	TOTAL	PR	-	18,700	27,500	28,800	
P-4 COUNTRY CONSULTANT .0631	PR	-	1	1	1	PERSONNEL-POSTS	-	15,000	23,700	24,900
					DUTY TRAVEL	-	3,700	3,800	3,900	

TRINIDAD-0800, VII RIGAZ MEETING

The Government of Trinidad has cooperated with PAHO in the VII Inter-American Meeting, at the Ministerial Level, on Foot-and-Mouth Disease and Zoonoses Control in Trinidad, which reviewed Hemisphere-wide problems in the zoonoses, including foot-and-mouth disease.

TOTAL					TOTAL				
1973	1974	1975	1976		1973	1974	1975	1976	
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-	1	1	1	TOTAL	PG	-	25,000	-	-
CONFERENCE SERVICES					-	25,000	-	-	

VENEZUELA-0800, FOOT-AND-MOUTH DISEASE CONTROL

Venezuela is mounting a national campaign for the control of foot-and-mouth disease and brucellosis. This project will furnish the services of a permanent consultant to assist in campaign operations and coordinate activities with those of the Pan American Foot-and-Mouth Disease Center. The expert will also collaborate in the programs for the prevention of foot-and-mouth disease and the control of other vesicular diseases being undertaken by the Governments of French Guiana, Guyana, Surinam, and by the French-, Dutch-, and English-speaking nations of the Caribbean region.

TOTAL					TOTAL					
1973	1974	1975	1976		1973	1974	1975	1976		
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	
-	1	1	1	TOTAL	PR	-	31,600	33,000	34,300	
P-4 COUNTRY CONSULTANT .3154	PR	-	1	1	1	PERSONNEL-POSTS	-	27,100	28,300	29,500
					DUTY TRAVEL	-	4,500	4,700	4,800	

AMRO-0800, PAN AMERICAN FOOT-AND-MOUTH DISEASE CENTER

Foot-and-mouth disease is the most important animal disease in the countries it affects and is a constant hazard to countries free of the disease. It is one of the most infectious and easily transmitted diseases of animals and will infect cattle, sheep, swine, and goats. It also possesses a multiplicity of viral agents, each antigenically different. In addition to creating severe economic losses for the countries, it interferes with trade in animals and animal products on the world market. Accordingly, it is considered a "political disease."

In recent years it has been clearly brought to the attention of governmental authorities in the countries that the social, economic, and agricultural development of the countries is seriously impaired by the presence of the disease. National and multinational programs to combat the disease have been developed by the countries as a procedure to stem the economic losses and hopefully to place animal products into the free trade of the world market. External financing is being provided by international lending agencies to give financial support to the national programs for controlling the disease. Veterinary medical service units have been established within the ministries of agriculture of the countries to prepare, direct, coordinate, and carry out the control programs.

		FUND	1973	1974	1975	1976			FUND	1973	1974	1975	1976
										\$	\$	\$	\$
G-8	ACCOUNTING ASSISTANT .0642	PR	1	1	1	1							
G-8	RESEARCH ASSISTANT .3069 .3070 .3929	PR	3	3	3	3							
G-7	ADMINISTRATIVE ASSISTANT .0645	PR	1	1	1	1							
G-6	ACCOUNTING CLERK .0647	PR	1	1	1	1							
G-6	ADMINISTRATIVE ASSISTANT .0646 .0653 .0654	PR	3	3	3	3							
G-6	CLERK .0179	PR	1	1	1	1							
G-6	LABORATORY ASSISTANT .4119	PR	-	-	1	1							
G-6	LIBRARIAN .0649	PR	1	1	1	1							
G-6	SECRETARY .0648	PR	1	1	1	1							
G-6	TECHNICAL ASSISTANT .0652	PR	1	1	1	1							
G-5	ACCOUNTING CLERK .0672	PR	1	1	1	1							
G-5	ADMINISTRATIVE CLERK .4298	PR	-	1	1	1							
G-5	CLERK .0656 .0658 .1000 .3595 .4124	PR	4	4	5	5							
G-5	DRAFTSMAN .4123	PR	-	-	1	1							
G-5	LABORATORY TECHNICIAN .0655 .0657 .0659 .3934	PR	3	4	4	4							
G-5	SECRETARY .0650 .0651 .1078 .3233 .3588 .3594	PR	6	6	6	6							
G-4	ACCOUNTING CLERK .0699	PR	1	1	1	1							
G-4	CLERK .0660 .0666 .0705 .0998 .3460 .3592 .3596 .3760 .3935	PR	8	9	9	9							
G-4	LABORATORY ASSISTANT .0661 .0663 .0668 .0669 .3758 .3759 .4120	PR	6	6	7	7							
G-4	LABORER .3244	PR	1	1	1	1							
G-3	CLERK .0662 .0664 .0670 .0671 .0674 .0679 .0690 .0733 .0999 .3238	PR	10	10	10	10							
G-3	CLERK TYPIST .3250	PR	1	1	1	1							
G-3	LABORATORY ASSISTANT .0665 .0667 .0683 .0698 .0754 .0997 .3234 .3589 .3590 .3591 .4121 .4122	PR	10	10	12	12							
G-3	LABORER .0725	PR	1	1	1	1							
G-2	CLERK .0678 .0685 .0692	PR	3	3	3	3							
G-2	DRIVER .0675 .0676 .0677 .0696 .0700 .0701 .0719 .0738 .3235 .3243 .3248 .3249	PR	12	12	12	12							
G-2	LABORATORY HELPER .0673 .0680 .0681 .0682 .0686 .0687 .0688 .0696 .0697 .0717 .0718 .0723 .0731 .0755 .3242 .3246	PR	16	16	16	16							
G-2	LABORER .0695 .0702 .0703 .0730 .1001 .3237 .3245 .3247	PR	8	8	8	8							
G-2	MESSENGER .0735	PR	1	1	1	1							
G-2	SWITCHBOARD OPERATOR .0728	PR	1	1	1	1							
G-1	LABORER .0704 .0706 .0707 .0708 .0709 .0710 .0712 .0713 .0714 .0715 .0716 .0720 .0722 .0724 .0726 .0727 .0729 .0732 .0734 .0736 .0737 .0740 .1003 .3236 .3239 .3240 .3241 .3252 .3253 .3254 .3255	PR	31	31	31	31							
G-1	MESSENGER .0739	PR	1	1	1	1							
TOTAL			10	3	3	3							
CONSULTANT MONTHS			PR	10	3	3	3						
TOTAL				-	21	34	43						
FELLOWSHIPS-SHORT TERM			PR	-	21	34	43						

FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----

FUND	1973	1974	1975	1976
-----	-----	-----	-----	-----
	\$	\$	\$	\$

AMRO-0806, VACCINE PRODUCTION PLANT

The purposes of this project are to provide intensive training in the techniques of industrial production and control of vaccines against foot-and-mouth disease for professionals from the Pan American Foot-and-Mouth Disease Center, from private establishments in Brazil, and from other countries, and to adapt to industrial production new types of vaccines that demonstrate better immunity, with the goal of obtaining a more efficient and economical product.

TOTAL		18	20	17	-	TOTAL	PG	52,112	75,164	73,521	-
-----		-----	-----	-----	-----	-----		-----	-----	-----	-----
FELLOWSHIPS-ACADEMIC	PG	7	1	2	-	SUPPLIES AND EQUIPMENT		10,633	164	-	-
FELLOWSHIPS-SHORT TERM	PG	11	19	15	-	FELLOWSHIPS		41,479	75,000	73,521	-

ANNEX I

METHOD OF PREPARATION

Form of PresentationGeneral

The proposed program and budget estimates contained in this document are presented in the same manner as those of the previous budget document, including the latest actual year, as well as an attribution of services from intercountry projects to the various Member Governments.

In accordance with Resolution VII of the XVIII Meeting of the Directing Council concerning the Tax Equalization Fund, provision is made for the sum of \$3,787,141 in 1975. This amount represents the difference between the estimated 1975 gross and net salary costs. While the amount of \$3,787,141 is included in the proposed appropriation resolution, it is not included in the body of the budget presentation since it does not affect the total program proposed. The PAHO Regular program in this document is based only upon the effective working budget of \$23,653,019, which includes \$400,000 in miscellaneous income.

In general, the material is self-explanatory. However, some elaboration may be helped with respect to the portion of the document entitled "Detailed Schedules."

Detailed Schedules

All the schedules include narrative explanations, actual expenditures for 1973, and the estimates for a three-year period. The first schedule is for "All Parts - All Funds" and facilitates study of the entire budget in summary form by part and source of fund. The following schedules, starting with Part I, present detailed estimates for each activity. A summary for each part precedes the details.

For Part III of the budget, the presentation is made by section. In Section 1, the Zone Offices are presented together; Section 2 covers Editorial Services and Publications. In Section 3 will be found the country projects, after which is an attribution of services from intercountry projects to the particular country. After the Zones, there are presented the schedules for country projects administered by the Washington Office and for the intercountry programs.

Part IV is devoted to the Special Fund for Health Promotion. In order to avoid division of the field program, the projects falling under Part IV are presented with the other field projects in Part III, under the respective country and intercountry headings, and are identified by footnotes. Part IV also includes a schedule giving a list and estimated costs of all projects to be financed under this fund.

In Part V, Increase to Assets, the amount for increasing the Working Capital Fund is presented in accordance with a decision of the XI Directing Council (Resolution VII). In Part VI, the estimates for Foot-and-Mouth Disease are presented.

Method of Computation

All estimates are expressed in U.S. dollars.

For the year 1974, the latest allotment analyses prior to publication of this document serve as a basis for the estimates.

The situation as of 1 March 1974 has been used for projecting salaries and common staff costs for all established positions of the budget for the years 1974, 1975, and 1976. Posts are costed for the full year except for:

- 1) New posts, which are costed from 1 May of the year in which they are budgeted; and
- 2) Vacant posts, which are costed from the dates they are expected to be filled.

A simplified system of averages has been used for costing of posts financed from PAHO funds. The averages, including all entitlements, were developed to provide figures for filled or vacant posts in the Washington Office or in field activities, by grade or post. The averages are based on the actual total cost of all posts; the estimated cost of a particular office or project may be slightly above or below the actual cost, depending upon the length of service, number of dependents, and other pertinent cost factors of staff members employed in such project or office. This small difference would not affect planning of individual activities or analysis of the budget according to subject groups, since the total budget estimate for personnel costs is the same as under the previous system of detailed costing. An average system has also been applied to posts funded by WHO; these posts are costed on a uniform system in all Regions, based upon estimates provided by WHO Headquarters.

ANNEX 2
SUMMARY OF PROFESSIONAL AND LOCAL PERSONNEL
ALL PARTS - ALL FUNDS
1973 - 1974 - 1975 - 1976

FUND SYMBOL	NUMBER OF POSTS											
	TOTAL				PROFESSIONAL				LOCAL			
	1973	1974	1975	1976	1973	1974	1975	1976	1973	1974	1975	1976
DETAIL BY PART												
PART I ORGANIZATIONAL MEETINGS.....TOTAL	20	20	21	21	10	9	9	9	10	11	12	12
PAHO REGULAR PR	15	14	15	15	6	5	5	5	9	9	10	10
WHO REGULAR WR	5	6	6	6	4	4	4	4	1	2	2	2
PART II HEADQUARTERS.....TOTAL	298	294	300	301	112	109	109	109	186	185	191	192
PAHO REGULAR PR	211	207	212	213	75	72	72	72	136	135	140	141
WHO REGULAR WR	87	87	88	88	37	37	37	37	50	50	51	51
PART III FIELD AND OTHER PROGRAMS.....TOTAL	1,205	1,268	1,273	1,235	603	644	649	609	602	624	624	626
ZONE OFFICES SUBTOTAL	79	78	77	78	8	8	7	7	71	70	70	71
PAHO REGULAR PR	79	78	77	78	8	8	7	7	71	70	70	71
EDITORIAL SERVICES AND PUBLICATIONS SUBTOTAL	36	41	41	41	12	15	15	15	24	26	26	26
PAHO REGULAR PR	32	37	37	37	11	14	14	14	21	23	23	23
WHO REGULAR WR	4	4	4	4	1	1	1	1	3	3	3	3
PROJECTS SUBTOTAL	1,090	1,149	1,155	1,116	583	621	627	587	507	528	528	529
PAHO REGULAR PR	392	419	426	430	280	291	294	296	112	128	132	134
PAHO COMMUNITY WATER SUPPLY PW	10	18	13	10	8	17	12	9	2	1	1	1
INCAP MEMBER GOVERNMENTS PI	111	111	111	111	23	23	23	23	88	88	88	88
INCAP GRANTS AND OTHER CONTRIBUTIONS PN	143	143	143	143	13	13	13	13	130	130	130	130
GRANTS AND OTHER CONTRIBUTIONS TO PAHO PG	149	122	113	110	26	14	9	8	123	108	104	102
PAN AMERICAN HEALTH AND EDUCATION FOUNDATION PH	41	44	41	36	17	18	17	13	24	26	24	23
SPECIAL FUND FOR HEALTH PROMOTION PK	-	-	-	-	-	-	-	-	-	-	-	-
WHO REGULAR WR	129	138	143	148	113	117	121	123	16	21	22	25
UNITED NATIONS DEVELOPMENT PROGRAM UNDP	110	116	118	83	98	103	107	73	12	13	11	10
UNITED NATIONS FUND FOR POPULATION ACTIVITIES UNFPA	4	36	46	45	4	23	30	29	-	13	16	16
WHO GRANTS AND OTHER CONTRIBUTIONS WD	1	2	1	-	1	2	1	-	-	-	-	-
PART VI PAN AMERICAN FOOT-AND-MOUTH DISEASE CENTER.....TOTAL	168	171	177	179	30	30	30	32	138	141	147	147
PAHO REGULAR PR	168	171	177	179	30	30	30	32	138	141	147	147
.....TOTAL ALL PARTS.....	1,691	1,753	1,771	1,736	755	792	797	759	936	961	974	977
DETAIL BY FUND												
PAHO REGULAR PR	897	926	944	952	410	420	422	426	487	506	522	526
PAHO COMMUNITY WATER SUPPLY PW	10	18	13	10	8	17	12	9	2	1	1	1
INCAP MEMBER GOVERNMENTS PI	111	111	111	111	23	23	23	23	88	88	88	88
INCAP GRANTS AND OTHER CONTRIBUTIONS PN	143	143	143	143	13	13	13	13	130	130	130	130
GRANTS AND OTHER CONTRIBUTIONS TO PAHO PG	149	122	113	110	26	14	9	8	123	108	104	102
PAN AMERICAN HEALTH AND EDUCATION FOUNDATION PH	41	44	41	36	17	18	17	13	24	26	24	23
SPECIAL FUND FOR HEALTH PROMOTION PK	-	-	-	-	-	-	-	-	-	-	-	-
WHO REGULAR WR	225	235	241	246	155	159	163	165	70	76	78	81
UNITED NATIONS DEVELOPMENT PROGRAM UNDP	110	116	118	83	98	103	107	73	12	13	11	10
UNITED NATIONS FUND FOR POPULATION ACTIVITIES UNFPA	4	36	46	45	4	23	30	29	-	13	16	16
WHO GRANTS AND OTHER CONTRIBUTIONS WD	1	2	1	-	1	2	1	-	-	-	-	-
.....TOTAL ALL FUNDS.....	1,691	1,753	1,771	1,736	755	792	797	759	936	961	974	977

ANNEX 3

DETAIL OF GRANTS AND OTHER CONTRIBUTIONS TO PAHO AND WHO
BY SOURCE OF FUND AND BY PROGRAM

	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>Project</u>
	\$	\$	\$	\$	
A) <u>By Source of Fund</u>					
<u>PAHO Grants and Other - Total</u>	<u>5,610,437</u>	<u>5,135,363</u>	<u>3,833,634</u>	<u>3,533,474</u>	
American Cancer Society (PG)	14,219	4,087	-	-	
B. J. Buckingham (PG)	-	40	-	-	
CFNI - Governments of the Caribbean (PG)	39,515	59,643	53,000	53,000	
Ciba-Geigy Limited (PG)	2,577	613	-	-	
Commonwealth Fund (PG)	10,145	92,751	30,000	-	
Dow Chemical International (PG)	-	3,640	-	-	
Ford Foundation (PG)	92,215	99,309	35,333	37,000	
Foundation for Microbiology (PG)	1,256	-	-	-	
Freedom from Hunger Campaign, United Kingdom Committee (PG)	33,667	19,986	-	-	
Government of Algeria (PG)	-	1,824	-	-	
Government of Argentina (PG)	510,443	648,947	660,361	670,926	
Government of the Bahamas (PG)	2,109	-	-	-	
Government of Barbados (PG)	-	4,001	-	-	
Government of Brazil (PG)	213,690	308,300	299,720	264,987	
Government of Cameroun (PG)	-	2,250	-	-	
Government of Canada (PG)	120,462	114,686	40,500	35,000	
Government of Colombia (PG)	35,996	90,743	20,000	-	
Government of Ecuador (PG)	10,000	15,000	15,000	-	
Government of Guinea (PG)	-	1,955	-	-	
Government of Honduras (PG)	3,029	158,971	298,000	168,000	
Government of Paraguay (PG)	-	25,000	-	-	
Government of Peru (PG)	49,330	146,456	81,219	89,931	
Government of Thailand (PG)	-	1,000	-	-	
Government of Trinidad and Tobago (PG)	-	25,000	-	-	
Government of the United States of America (PG)	2,637,218	1,179,307	414,500	383,650	
Government of Venezuela (PG)	2,185	-	-	-	
Howard University (PG)	4,913	4,110	-	-	
INCAP - Grants and Other Contributions (excluding PAHEF) (PN)	1,091,792	1,386,533	1,389,480	1,446,980	
INCAP - Regular Budget from Member Countries and Miscellaneous Income (PT)	358,258	346,990	360,000	360,000	
Inter-American Development Bank (PG)	52,450	75,266	73,521	-	
Kellogg Foundation (PG)	1,162	-	-	-	
Medical Research Council (PG)	2,635	8,068	-	-	
Milbank Memorial Fund (PG)	7,857	-	-	-	
National Academy of Sciences (PG)	44,176	79,042	-	-	
Organization of American States (PG)	15,640	3,206	-	-	
Overseas Development Administration (PG)	11,569	-	-	-	
Research Corporation (PG)	77,846	86,257	-	-	
Rockefeller Foundation (PG)	836	-	-	-	
Royal College of Surgeons (PG)	3,758	-	-	-	
Special Fund for Research (PS)	9,537	3,926	-	-	
Squibb and Sons, Incorporated (PG)	2,400	-	-	-	
Textbooks (PT)	78,848	45,281	-	-	
UNESCO (PG)	-	7,500	-	-	
UNICEF (PG)	48,714	42,867	63,000	24,000	
United Nations Association of the United States of America (PG)	51	16,650	-	-	
United States-Mexico Border, Public Health Association (PG)	3,641	2,253	-	-	
University of Panama (PG)	3,784	-	-	-	
Wellcome Trust (PG)	12,514	17,905	-	-	
World Health Organization (PG)	-	6,000	-	-	
<u>WHO Grants and Other - Total</u>	<u>145,988</u>	<u>97,893</u>	<u>16,950</u>	<u>-</u>	
Real Estate Fund (WB)	93,662	-	-	-	
Reimbursable (FAO) (WL)	1,695	21,142	-	-	
Reimbursable (ILO) (WL)	2,825	16,950	16,950	-	
Special Account for Miscellaneous Designated Contributions (Government of Switzerland) (WV)	45,651	59,801	-	-	
Special Account for Miscellaneous Designated Contributions (Wellcome Trust) (WV)	2,155	-	-	-	
GRAND TOTAL	<u><u>5,756,425</u></u>	<u><u>5,233,256</u></u>	<u><u>3,850,584</u></u>	<u><u>3,533,474</u></u>	

ANNEX 3 . . . continued

DETAIL OF GRANTS AND OTHER CONTRIBUTIONS TO PAHO AND WHO
BY SOURCE OF FUND AND BY PROGRAM

	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>Project</u>
	\$	\$	\$	\$	
B) <u>By Program</u>					
<u>Protection of Health - Total</u>	<u>976,030</u>	<u>1,238,459</u>	<u>942,821</u>	<u>863,344</u>	
<u>Communicable Diseases</u>					
<u>0100 - General</u>	<u>50,252</u>	<u>235,368</u>	<u>188,000</u>	<u>210,000</u>	
Government of the United States of America (PG)	45,339	31,258	-	-	Brazil-0114
Government of the United States of America (PG)	-	200,000	188,000	210,000	Brazil-0115
Harvard University (PG)	4,913	4,110	-	-	Brazil-0100
<u>0400 - Tuberculosis</u>	<u>3,950</u>	<u>-</u>	<u>-</u>	<u>-</u>	
Organization of American States (PG)	3,950	-	-	-	Dominican Republic-0400
<u>0700 - Zoonoses</u>	<u>555,485</u>	<u>688,567</u>	<u>580,081</u>	<u>563,413</u>	
Ciba-Geigy Limited (PG)	2,577	613	-	-	AMRO-0700
Dow Chemical International (PG)	-	3,640	-	-	AMRO-0700
Government of Argentina (PG)	349,372	448,947	460,361	470,926	AMRO-0700
Government of Brazil (PG)	9,794	53,300	44,720	9,987	Brazil-0700
Government of the United States of America (PG)	147,381	103,025	75,000	82,500	Mexico-0710
Government of Venezuela (PG)	2,185	-	-	-	Venezuela-0700
National Academy of Sciences (PG)	44,176	79,042	-	-	AMRO-0719
<u>0800 - Foot-and-Mouth Disease</u>	<u>269,151</u>	<u>125,164</u>	<u>73,521</u>	<u>-</u>	
Government of Colombia (PG)	21,739	-	-	-	Colombia-0800
Government of Paraguay (PG)	-	25,000	-	-	Paraguay-0800
Government of Trinidad and Tobago (PG)	-	25,000	-	-	Trinidad and Tobago-0800
Government of the United States of America (PG)	195,300	-	-	-	AMRO-0800
Inter-American Development Bank (PG)	52,112	75,164	73,521	-	AMRO-0806
<u>0900 - Other Communicable Diseases</u>	<u>25,144</u>	<u>-</u>	<u>-</u>	<u>-</u>	
Government of the United States of America (PG)	22,989	-	-	-	AMRO-0924
Special Account for Miscellaneous Designated Contributions (Wellcome Trust) (WV)	2,155	-	-	-	Brazil-0900
<u>1000 - Parasitic Diseases</u>	<u>12,035</u>	<u>9,133</u>	<u>-</u>	<u>-</u>	
Overseas Development Administration (PG)	11,569	-	-	-	Brazil-1001
Wellcome Trust (PG)	466	9,133	-	-	AMRO-1008
<u>Environmental Health</u>	<u>60,013</u>	<u>180,227</u>	<u>101,219</u>	<u>89,931</u>	
<u>2100 - General</u>	<u>49,330</u>	<u>174,457</u>	<u>101,219</u>	<u>89,931</u>	
Government of Barbados (PG)	-	2,001	-	-	Barbados-2100
Government of Colombia (PG)	-	20,000	20,000	-	Colombia-2105
Government of Peru (PG)	49,330	146,456	81,219	89,931	AMRO-2114
World Health Organization (PG)	-	6,000	-	-	AMRO-2114
<u>2200 - Water Supplies</u>	<u>2,033</u>	<u>4,852</u>	<u>-</u>	<u>-</u>	
Inter-American Development Bank (PG)	338	102	-	-	AMRO-2219
Reimbursable (FAO) (WL)	1,695	4,750	-	-	Jamaica-2202
<u>2300 - Aedes aegypti Eradication</u>	<u>8,650</u>	<u>918</u>	<u>-</u>	<u>-</u>	
Government of the United States of America (PG)	150	-	-	-	AMRO-2310
Government of the United States of America (PG)	8,500	918	-	-	Colombia-2301

ANNEX 3 . . . continued

DETAIL OF GRANTS AND OTHER CONTRIBUTIONS TO PAHO AND WHO
BY SOURCE OF FUND AND BY PROGRAM

	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>Project</u>
	\$	\$	\$	\$	
<u>Promotion of Health - Total</u>	<u>4,079,147</u>	<u>3,371,733</u>	<u>2,601,263</u>	<u>2,415,130</u>	
<u>General Services</u>	<u>183,961</u>	<u>180,040</u>	<u>34,000</u>	<u>35,000</u>	
<u>3100 - General Public Health</u>	<u>78,479</u>	<u>114,027</u>	-	-	
B. J. Buckingham (PG)	-	40	-	-	Nicaragua-3102
Commonwealth Fund (PG)	1,792	2,208	-	-	AMRO-3110
Foundation for Microbiology (PG)	1,256	-	-	-	AMRO-3133
Government of the Bahamas (PG)	2,109	-	-	-	Bahamas-3110
Government of Cameroun (PG)	-	2,250	-	-	Nicaragua-3102
Government of Guinea (PG)	-	1,955	-	-	Nicaragua-3102
Government of Thailand (PG)	-	1,000	-	-	Nicaragua-3102
Government of the United States of America (PG)	-	32,000	-	-	AMRO-3130
Government of the United States of America (PG)	31,130	43,693	-	-	AMRO-3137
Organization of American States (PG)	6,592	3,206	-	-	Dominican Republic-3100
Organization of American States (PG)	56	-	-	-	El Salvador-3100
Organization of American States (PG)	997	-	-	-	Haiti-3100
Organization of American States (PG)	2,421	-	-	-	Honduras-3104
Organization of American States (PG)	1,624	-	-	-	Nicaragua-3102
Reimbursable (ILO) (WL)	2,825	-	-	-	Ecuador-3103
Special Fund for Research (PS)	7,537	-	-	-	AMRO-3139
Special Fund for Research (PS)	2,000	-	-	-	Brazil-3104
Squibb and Sons, Incorporated (PG)	2,400	-	-	-	AMRO-3130
United Nations Association of the United States of America (PG)	51	16,650	-	-	AMRO-3145
United States-Mexico Border, Public Health Association (PG)	3,641	2,253	-	-	Mexico-3108
Wellcome Trust (PG)	12,048	4,267	-	-	AMRO-3129
Wellcome Trust (PG)	-	4,505	-	-	AMRO-3130
<u>3300 - Laboratory</u>	<u>33,422</u>	<u>33,013</u>	-	-	
Government of the United States of America (PG)	19,524	26,802	-	-	AMRO-3318
Government of the United States of America (PG)	13,898	6,211	-	-	Bolivia-3301
<u>3400 - Health Education</u>	<u>14,523</u>	-	-	-	
Government of the United States of America (PG)	14,523	-	-	-	Ecuador-3400
<u>3500 - Statistics</u>	<u>25,934</u>	-	-	-	
Government of the United States of America (PG)	25,934	-	-	-	AMRO-3513
<u>3700 - Health Planning</u>	<u>31,603</u>	<u>33,000</u>	<u>34,000</u>	<u>35,000</u>	
Government of Canada (PG)	31,603	33,000	34,000	35,000	Canada-3700
<u>Specific Programs</u>	<u>3,895,186</u>	<u>3,191,693</u>	<u>2,567,263</u>	<u>2,380,130</u>	
<u>4200 - Nutrition</u>	<u>1,649,425</u>	<u>1,975,932</u>	<u>1,900,813</u>	<u>1,920,980</u>	
CFNI - Governments of the Caribbean (PG)	39,515	59,643	53,000	53,000	AMRO-4207
Ford Foundation (PG)	-	29,444	35,333	37,000	AMRO-4207
Freedom from Hunger Campaign, United Kingdom Committee (PG)	33,667	19,986	-	-	AMRO-4207
INCAP - Grants and Other Contributions (excluding PAHEF) (PN)	1,091,792	1,386,533	1,389,480	1,446,980	AMRO-4203
INCAP - Regular Budget from Member Countries and Miscellaneous Income (PI)	358,258	346,990	360,000	360,000	AMRO-4203
Medical Research Council (PG)	2,635	8,068	-	-	Bolivia-4202
Research Corporation (PG)	77,846	75,789	-	-	AMRO-4207
Research Corporation (PG)	-	8,863	-	-	Ecuador-4203
Research Corporation (PG)	-	1,605	-	-	Peru-4200
Rockefeller Foundation (PG)	836	-	-	-	AMRO-4207
UNICEF (PG)	44,876	39,011	63,000	24,000	AMRO-4207
<u>4300 - Mental Health</u>	<u>121,485</u>	<u>246,346</u>	<u>151,500</u>	<u>91,150</u>	
Government of Canada (PG)	4,727	-	-	-	AMRO-4323
Government of the United States of America (PG)	116,758	246,346	151,500	91,150	AMRO-4318

ANNEX 3 . . . continued

DETAIL OF GRANTS AND OTHER CONTRIBUTIONS TO PAHO AND WHO
BY SOURCE OF FUND AND BY PROGRAM

	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>Project</u>
	\$	\$	\$	\$	
<u>4400 - Dental Health</u>	<u>3,758</u>	<u>3,926</u>	-	-	
Royal College of Surgeons (PG)	3,758	-	-	-	AMRO-4407
Special Fund for Research (PS)	-	3,926	-	-	Chile-4401
<u>4600 - Occupational Health</u>	<u>59,906</u>	<u>43,556</u>	-	-	
Government of the United States of America (PG)	59,906	27,164	-	-	AMRO-4618
Reimbursable (FAO) (WL)	-	16,392	-	-	Brazil-4602
<u>4800 - Medical Care</u>	<u>178,357</u>	<u>450,488</u>	<u>514,950</u>	<u>368,000</u>	
Government of Algeria (PG)	-	1,824	-	-	Nicaragua-4800
Government of Argentina (PG)	161,071	200,000	200,000	200,000	Argentina-4803
Government of Barbados (PG)	-	2,000	-	-	Nicaragua-4800
Government of Colombia (PG)	14,257	35,743	-	-	Colombia-4800
Government of Colombia (PG)	-	35,000	-	-	Colombia-4801
Government of Honduras (PG)	3,029	158,971	298,000	168,000	Honduras-4801
Reimbursable (ILO) (WL)	-	16,950	16,950	-	Colombia-4803
<u>4900 - Family Health and Population Dynamics</u>	<u>1,868,036</u>	<u>467,358</u>	-	-	
Ford Foundation (PG)	92,215	69,865	-	-	AMRO-4920
Government of the United States of America (PG)	399,346	292,029	-	-	AMRO-4900
Government of the United States of America (PG)	32,455	-	-	-	AMRO-4901
Government of the United States of America (PG)	6,971	-	-	-	AMRO-4903
Government of the United States of America (PG)	75,171	1,031	-	-	AMRO-4909
Government of the United States of America (PG)	10,903	-	-	-	AMRO-4920
Government of the United States of America (PG)	-	1,777	-	-	Bolivia-4900
Government of the United States of America (PG)	39,284	30,000	-	-	Brazil-4900
Government of the United States of America (PG)	886,840	20,500	-	-	Colombia-4900
Government of the United States of America (PG)	87,575	-	-	-	Costa Rica-4900
Government of the United States of America (PG)	839	4,000	-	-	Ecuador-4900
Government of the United States of America (PG)	5,055	-	-	-	Ecuador-4909
Government of the United States of America (PG)	3,518	-	-	-	Guatemala-4900
Government of the United States of America (PG)	6,488	-	-	-	Guyana-4900
Government of the United States of America (PG)	25,207	-	-	-	Honduras-4900
Government of the United States of America (PG)	-	4,300	-	-	Nicaragua-4900
Government of the United States of America (PG)	5,779	-	-	-	Panama-4900
Government of the United States of America (PG)	111,721	40,000	-	-	Paraguay-4900
Government of the United States of America (PG)	65,836	-	-	-	Uruguay-4900
Government of the United States of America (PG)	8,995	-	-	-	West Indies-4900
UNICEF (PG)	3,838	3,856	-	-	AMRO-4917
<u>5100 - Cancer and Other Chronic Diseases</u>	<u>14,219</u>	<u>4,087</u>	-	-	
American Cancer Society (PG)	14,219	4,087	-	-	AMRO-5108
<u>Development of Educational Institutions - Total</u>	<u>502,251</u>	<u>623,064</u>	<u>306,500</u>	<u>255,000</u>	
<u>6200 - Medicine</u>	<u>308,621</u>	<u>462,982</u>	<u>291,500</u>	<u>255,000</u>	
Commonwealth Fund (PG)	8,353	90,543	30,000	-	AMRO-6221
Government of Brazil (PG)	203,896	255,000	255,000	255,000	AMRO-6221
Government of Canada (PG)	84,132	81,686	6,500	-	Canada-6201
Government of the United States of America (PG)	3,221	19,100	-	-	AMRO-6221
Government of the United States of America (PG)	-	9,153	-	-	Mexico-6200
Kellogg Foundation (PG)	1,162	-	-	-	AMRO-6214
Milbank Memorial Fund (PG)	2,571	-	-	-	AMRO-6206
Milbank Memorial Fund (PG)	5,286	-	-	-	AMRO-6216
UNESCO (PG)	-	7,500	-	-	AMRO-6200
<u>6300 - Nursing</u>	<u>134,195</u>	<u>85,281</u>	-	-	
Government of the United States of America (PG)	29,295	20,000	-	-	Colombia-6300
Government of the United States of America (PG)	26,052	20,000	-	-	Panama-6300
Textbooks (PT)	78,848	45,281	-	-	AMRO-6310

ANNEX 3 . . . continued

DETAIL OF GRANTS AND OTHER CONTRIBUTIONS TO PAHO AND WHO
BY SOURCE OF FUND AND BY PROGRAM

	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>Project</u>
	\$	\$	\$	\$	
<u>6400 - Environmental Sciences</u>	<u>45,651</u>	<u>59,801</u>	<u>-</u>	<u>-</u>	
Special Account for Miscellaneous Designated Contributions (Government of Switzerland) (WV)	45,651	59,801	-	-	Guatemala-6400
<u>6600 - Dentistry</u>	<u>13,784</u>	<u>15,000</u>	<u>15,000</u>	<u>-</u>	
Government of Ecuador (PG)	10,000	15,000	15,000	-	Ecuador-6600
University of Panama (PG)	3,784	-	-	-	Panama-6600
<u>Administrative Direction</u>	<u>198,997</u>	<u>-</u>	<u>-</u>	<u>-</u>	
<u>General Expenses</u>	<u>198,997</u>	<u>-</u>	<u>-</u>	<u>-</u>	
Government of the United States of America (PG)	105,335	-	-	-	Headquarters Common Services
Real Estate Fund (WB)	93,662	-	-	-	Zone V Office
GRAND TOTAL	<u>5,756,425</u>	<u>5,233,256</u>	<u>3,850,584</u>	<u>3,533,474</u>	

ANNEX 4

PROJECTS REQUESTED TO BE IMPLEMENTED
IF FUNDS BECOME AVAILABLE

	Personnel Costs \$	Supplies and Other \$	Fellowships and Seminars \$	Total \$
<u>Communicable Diseases - General</u>	<u>24,200</u>	<u>11,772</u>	<u>46,000</u>	<u>81,972</u>
Bolivia-0100, Epidemiology			4,000	4,000
Chile-0100, Communicable Disease Control		1,000		1,000
AMRO-0100, Epidemiology	22,000		33,000	55,000
AMRO-0103, Epidemiology (Zone III)		500	9,000	9,500
AMRO-0117, Epidemiological Monitoring of Morbidity Data	2,200	10,272		12,472
<u>Malaria</u>	<u>62,200</u>	<u>40,950</u>	<u>15,300</u>	<u>118,450</u>
Brazil-0200, Malaria Eradication	30,000			30,000
Costa Rica-0200, Malaria Eradication			1,500	1,500
El Salvador-0216, Research on the Epidemiology of Malaria in Problem Areas		29,450		29,450
French Antilles and Guiana-0200, Malaria Eradication		1,000		1,000
Mexico-0200, Malaria Eradication	2,200	10,000	4,500	16,700
Nicaragua-0200, Malaria Eradication	30,000			30,000
AMRO-0200, Malaria Technical Advisory Services			7,000	7,000
AMRO-0203, Malaria Technical Advisory Services (Zone III)		500	2,300	2,800
<u>Smallpox</u>		<u>6,100</u>		<u>6,100</u>
AMRO-0300, Smallpox Eradication		6,100		6,100
<u>Tuberculosis</u>	<u>17,600</u>	<u>3,300</u>	<u>40,800</u>	<u>61,700</u>
Costa Rica-0400, Tuberculosis Control			1,500	1,500
AMRO-0400, Tuberculosis Control	4,400	2,800		7,200
AMRO-0403, Tuberculosis Control (Zone III)	2,200	500	1,500	4,200
AMRO-0409, Courses on Tuberculosis - Epidemiology	6,600		21,000	27,600
AMRO-0410, Courses on Tuberculosis - Bacteriology	4,400		16,800	21,200
<u>Leprosy</u>	<u>19,800</u>	<u>9,000</u>		<u>28,800</u>
AMRO-0500, Leprosy Control		4,000		4,000
AMRO-0512, Training and Research in Leprosy and Related Diseases	19,800	5,000		24,800
<u>Venereal Diseases</u>	<u>48,800</u>	<u>17,000</u>	<u>10,500</u>	<u>76,300</u>
AMRO-0600, Venereal Disease Control	2,200			2,200
AMRO-0612, Venereal Disease Seminars	6,600		6,000	12,600
AMRO-0613, Surveillance of Viral and Bacterial Venereal Diseases	40,000	17,000	4,500	61,500
<u>Zoonoses</u>	<u>52,000</u>	<u>5,100</u>	<u>41,500</u>	<u>98,600</u>
Barbados-0700, Veterinary Public Health	6,600		4,800	11,400
Brazil-0700, Veterinary Public Health	32,200			32,200
Cuba-0700, Zoonoses Control			4,800	4,800
Grenada-0700, Veterinary Public Health	2,200	600		2,800
Guyana-0700, Veterinary Public Health		1,000	1,500	2,500
Honduras-0700, Zoonoses Control	4,400	1,000	7,800	13,200
Jamaica-0700, Veterinary Public Health		250	3,000	3,250
Mexico-0700, Zoonoses Control			4,800	4,800
Uruguay-0703, Veterinary Public Health	2,200	1,500	7,800	11,500
AMRO-0701, Veterinary Public Health (Zone I)		400		400
AMRO-0703, Veterinary Public Health (Zone III)	4,400	350	7,000	11,750
<u>Other Communicable Diseases</u>	<u>142,000</u>	<u>59,600</u>	<u>55,100</u>	<u>256,700</u>
Brazil-0901, Plague Research	4,400			4,400
AMRO-0900, Plague Control	4,400			4,400
AMRO-0923, Diseases Preventable by Vaccines	13,200		6,000	19,200
AMRO-0926, Enterovirus Collaborative Testing Program			12,000	12,000
AMRO-0928, Surveillance for Insecticide Resistant Lice in the Americas	2,200			2,200
AMRO-0929, Strengthening Hepatitis Diagnostic Surveillance Services in the Americas	60,200	19,500	26,300	106,000
AMRO-0931, International Center for the Hemorrhagic Fevers	57,600	40,100	10,800	108,500

ANNEX 4 . . . continued

PROJECTS REQUESTED TO BE IMPLEMENTED
IF FUNDS BECOME AVAILABLE

	Personnel Costs	Supplies and Other	Fellowships and Seminars	Total
	\$	\$	\$	\$
<u>Parasitic Diseases</u>	<u>15,400</u>	<u>2,000</u>	<u>1,500</u>	<u>18,900</u>
Brazil-1001, Chagas' Disease	2,200			2,200
Surinam-1000, Schistosomiasis	2,200		1,500	3,700
AMRO-1000, Parasitic Diseases	2,200			2,200
AMRO-1007, Schistosomiasis	4,400			4,400
AMRO-1008, Chagas' Disease	4,400	2,000		6,400
<u>Environmental Health</u>	<u>465,850</u>	<u>259,982</u>	<u>156,350</u>	<u>882,182</u>
Argentina-2101, Environmental Pollution Control	30,000	14,300	5,700	50,000
Bahamas-2104, Environmental Services			5,000	5,000
Barbados-2100, Environmental Sanitation	6,600			6,600
Brazil-2100, Environmental Sanitation	8,800			8,800
Costa Rica-2100, Environmental Sanitation			4,800	4,800
Dominican Republic-2100, Environmental Sanitation		26,000		26,000
Guatemala-2100, Environmental Sanitation			1,500	1,500
Honduras-2100, Engineering and Environmental Sciences	2,200		1,500	3,700
Jamaica-2100, Water Supplies and Environmental Sanitation	4,400		9,500	13,900
Mexico-2100, Control of Environmental Pollution	2,200	3,000		5,200
Paraguay-2100, Environmental Sanitation	80,000			80,000
West Indies-2104, Liquid and Solid Waste Management	95,000	5,346	18,000	118,346
AMRO-2100, Environmental Sanitation		2,000		2,000
AMRO-2114, Pan American Sanitary Engineering Center	60,050	39,561		99,611
AMRO-2118, Regional Pollution Monitoring Network	102,500	165,975	13,350	281,825
AMRO-2123, Center for Human Ecology and Health			67,000	67,000
AMRO-2127, Sanitary Engineering Planning in the Andean Region (Zone IV)	59,100	800		59,900
AMRO-2128, Development of Information Systems for Environmental Health Services	15,000	3,000	30,000	48,000
<u>Water Supplies</u>	<u>313,900</u>	<u>84,000</u>	<u>149,300</u>	<u>547,200</u>
Dominican Republic-2202, Groundwater Investigation	180,000	40,000	10,000	230,000
Honduras-2200, Water Supplies	2,200	500	1,500	4,200
Honduras-2201, Water Supply Development	30,000	40,000	30,000	100,000
Jamaica-2204, Water and Sewer Administration in Jamaica		2,000	8,800	10,800
Mexico-2200, Water Supplies	2,200	1,000	1,500	4,700
Panama-2200, Water Supplies			4,500	4,500
AMRO-2203, Water Supplies (Zone III)	6,600	500		7,100
AMRO-2220, Institutional Development	15,400			15,400
AMRO-2223, Seminar on Public Services Administration	4,400			4,400
AMRO-2225, Management Development Center for Environmental Protection Services	44,000		49,000	93,000
AMRO-2227, Water Quality and Water Supply Systems	6,600		24,000	30,600
AMRO-2229, Development of Economic Distribution Systems for Water Supplies	22,500		20,000	42,500
<u>Aedes aegypti Eradication</u>	<u>11,000</u>	<u>37,000</u>	<u>-</u>	<u>48,000</u>
Cuba-2300, <u>Aedes aegypti</u> Eradication		30,000		30,000
Guyana-2300, <u>Aedes aegypti</u> Eradication		3,000		3,000
AMRO-2300, <u>Aedes aegypti</u> Eradication	4,400			4,400
AMRO-2311, Dengue Surveillance in the Caribbean	6,600	4,000		10,600
<u>General Public Health</u>	<u>311,750</u>	<u>39,100</u>	<u>251,625</u>	<u>602,475</u>
Bahamas-3110, Health Services	25,000		1,500	26,500
Barbados-3100, Health Services		2,500	35,400	37,900
Belize-3100, Health Services	4,400	400		4,800
Brazil-3101, Health Services in the Northeast	13,300			13,300
Brazil-3104, Health Services in the Southeast	86,225			86,225
Brazil-3109, Health Services (Amazon Basin)	31,600			31,600
Brazil-3112, Health Services in the West Central Region	65,625		9,600	75,225
Chile-3100, Health Services		6,700	6,300	13,000
Costa Rica-3100, Health Services	6,600		22,200	28,800
Costa Rica-3104, Rural Health		1,500	3,000	4,500

ANNEX 4 . . . continued

PROJECTS REQUESTED TO BE IMPLEMENTED
IF FUNDS BECOME AVAILABLE

	Personnel Costs \$	Supplies and Other \$	Fellowships and Seminars \$	Total \$
<u>General Public Health (continued)</u>				
Ecuador-3100, Health Services			34,000	34,000
El Salvador-3100, Health Services			12,300	12,300
Guatemala-3100, Health Services	2,200		6,000	8,200
Guyana-3100, Health Services	2,200	500	1,800	4,500
Haiti-3100, Health Services			1,500	1,500
Haiti-3105, Public Health Services	6,600		1,500	8,100
Honduras-3100, Health Services			1,500	1,500
Mexico-3100, Health Services		1,000	6,000	7,000
Peru-3100, Health Services			3,000	3,000
Uruguay-3100, Health Services			4,800	4,800
AMRO-3110, Coordination of International Research	6,600		21,725	28,325
AMRO-3125, Special Seminars in Zone III			6,500	6,500
AMRO-3126, Operations Research	4,400			4,400
AMRO-3129, Research Training in Biomedical Sciences	2,200		73,000	75,200
AMRO-3135, Development of River Basins		1,500		1,500
AMRO-3139, PAHO Research Grant Program		25,000		25,000
AMRO-3141, Development of River Basins (Zone IV)	6,600			6,600
AMRO-3142, Coordination of Integrated Health Services in Frontier Areas (Zone IV)	4,400			4,400
AMRO-3143, Study on the Participation of Other Public Sectors in the Development of Health Services (Zone IV)	2,200			2,200
AMRO-3144, Health Legislation	41,600			41,600
<u>Nursing</u>	<u>44,800</u>	<u>3,000</u>	<u>48,800</u>	<u>96,600</u>
Argentina-3200, Nursing	25,000			25,000
Bahamas-3200, Nursing Services	2,200		1,500	3,700
El Salvador-3200, Nursing Services			6,300	6,300
AMRO-3200, Nursing Services	2,200			2,200
AMRO-3201, Nursing (Zone I)		400		400
AMRO-3203, Nursing (Zone III)	4,400	600	6,000	11,000
AMRO-3213, Seminar on Administration of Nursing Services	2,200	2,000	16,000	20,200
AMRO-3214, Definition and Implementation of Policy for Development of Nursing	4,400			4,400
AMRO-3216, Standards in Nursing Practice	2,200		4,000	6,200
AMRO-3223, Systems of Nursing	2,200		15,000	17,200
<u>Laboratory</u>	<u>46,800</u>	<u>75,250</u>	<u>40,200</u>	<u>162,250</u>
Mexico-3302, Vaccine Production		25,000		25,000
Trinidad and Tobago-3314, Trinidad Regional Virus Laboratory		1,000		1,000
West Indies-3300, Laboratory Services			3,000	3,000
AMRO-3300, Laboratory Services	4,400			4,400
AMRO-3303, Laboratory Services (Zone III)		250		250
AMRO-3311, Training Laboratory Personnel	6,600			6,600
AMRO-3316, Production and Quality Control of Biologicals	16,000			16,000
AMRO-3318, Mycology Research and Training	4,400	4,000	21,000	29,400
AMRO-3319, Multinational Training Program in Pathology	6,600	20,000	11,200	37,800
AMRO-3320, Creation of a Biological Products Bank (Zone VI)	8,800	25,000	5,000	38,800
<u>Health Education</u>	<u>214,921</u>	<u>23,000</u>	<u>38,600</u>	<u>276,521</u>
Brazil-3400, Health Education	8,371			8,371
West Indies-3401, Caribbean Center for the Production and Utilization of Audiovisual Aids in Health Education	195,550	21,000	29,000	245,550
AMRO-3400, Health Education	6,600			6,600
AMRO-3401, Health Education (Caribbean)		2,000	9,600	11,600
AMRO-3410, Training of Teachers in Health Education	4,400			4,400
<u>Statistics</u>	<u>107,225</u>	<u>8,416</u>	<u>45,800</u>	<u>161,441</u>
Bolivia-3500, Health Statistics	25,000	7,466	15,300	47,766
Brazil-3500, Health Statistics			3,000	3,000
Brazil-3502, Health Information Systems	41,225			41,225
West Indies-3500, Health Statistics	6,600	200	24,500	31,300
AMRO-3503, Health Statistics (Zone III)	30,000	750	3,000	33,750
AMRO-3515, Training in Use of Computers in Health Statistics	4,400			4,400

ANNEX 4 . . . continued

PROJECTS REQUESTED TO BE IMPLEMENTED
IF FUNDS BECOME AVAILABLE

	Personnel Costs \$	Supplies and Other \$	Fellowships and Seminars \$	Total \$
<u>Administrative Methods</u>	<u>126,600</u>	<u>750</u>	<u>49,000</u>	<u>176,350</u>
El Salvador-3600, Admin. Methods and Practices in Public Health		500		500
AMRO-3600, Admin. Methods and Practices in Public Health	2,200			2,200
AMRO-3601, Admin. Methods and Practices in Public Health (Zone I)	4,400			4,400
AMRO-3603, Admin. Methods and Practices in Public Health (Zone III)		250		250
AMRO-3607, Management of Health Services	120,000		49,000	169,000
<u>Health Planning</u>	<u>50,600</u>	<u>1,500</u>		<u>52,100</u>
Costa Rica-3700, Health Planning		1,200		1,200
AMRO-3700, Health Planning	19,800			19,800
AMRO-3703, Health Planning (Zone III)	13,200	300		13,500
AMRO-3710, Development of National Information Systems	17,600			17,600
<u>Nutrition</u>	<u>37,700</u>	<u>4,500</u>	<u>117,500</u>	<u>159,700</u>
Bolivia-4200, Nutrition	2,200	1,000		3,200
Brazil-4203, Institute of Nutrition (Recife)	2,200			2,200
Colombia-4200, Nutrition	2,200	1,000		3,200
Ecuador-4200, Nutrition			100,000	100,000
Guyana-4200, Nutrition		500	1,500	2,000
Nicaragua-4200, Nutrition	22,300			22,300
AMRO-4200, Nutrition Advisory Services	4,400			4,400
AMRO-4233, Nutrition Training in Medical Schools	4,400		6,000	10,400
AMRO-4238, Nutrition Research		2,000		2,000
AMRO-4248, Nutritional and Non-nutritional Factors Affecting Growth and Development			10,000	10,000
<u>Mental Health</u>	<u>15,400</u>		<u>10,000</u>	<u>25,400</u>
Jamaica-4300, Mental Health			5,500	5,500
Peru-4300, Mental Health	6,600		4,500	11,100
AMRO-4300, Mental Health	6,600			6,600
AMRO-4314, Epidemiological Study on Epilepsy	2,200			2,200
<u>Dental Health</u>	<u>52,300</u>	<u>12,500</u>	<u>70,000</u>	<u>134,800</u>
Barbados-4400, Fluoridation	30,000			30,000
Venezuela-4401, Center on Dental Materials			1,500	1,500
AMRO-4400, Dental Health	4,400		31,900	36,300
AMRO-4407, Dental Epidemiology			3,000	3,000
AMRO-4409, Fluoridation	13,500	12,500	6,000	32,000
AMRO-4410, Laboratory for Control of Dental Products	2,200		9,000	11,200
AMRO-4411, Human and Material Resources in Dentistry	2,200		6,000	8,200
AMRO-4412, Seminar on Implementation of Dental Health Programs			12,600	12,600
<u>Radiation and Isotopes</u>	<u>8,800</u>		<u>1,500</u>	<u>10,300</u>
Brazil-4500, Radiation Protection	2,200			2,200
Guatemala-4500, Radiation Protection			1,500	1,500
AMRO-4507, Radiation Health Protection	6,600			6,600
<u>Food and Drug</u>	<u>54,200</u>			<u>54,200</u>
Venezuela-4700, Food and Drug Control	49,800			49,800
AMRO-4700, Food and Drug Control	2,200			2,200
AMRO-4715, Food Hygiene	2,200			2,200
<u>Medical Care</u>	<u>107,600</u>	<u>900</u>	<u>53,400</u>	<u>161,900</u>
Argentina-4803, Latin American Center for Medical Administration	30,000			30,000
Barbados-4801, Hospital Administration			9,600	9,600
Brazil-4800, Medical Care Services	2,200			2,200
Costa Rica-4800, Medical Care Services			6,300	6,300

ANNEX 4 . . . continued

PROJECTS REQUESTED TO BE IMPLEMENTED
IF FUNDS BECOME AVAILABLE

	<u>Personnel Costs</u>	<u>Supplies and Other</u>	<u>Fellowships and Seminars</u>	<u>Total</u>
<u>Medical Care (Continued)</u>				
El Salvador-4800, Medical Care Services	34,400		13,600	48,000
El Salvador-4802, Hospital Maintenance	30,000			30,000
Honduras-4800, Medical Care Services			3,000	3,000
Jamaica-4800, Medical Care and Hospital Administration		500		500
Mexico-4800, Medical Care and Hospital Administration	6,600		4,500	11,100
AMRO-4800, Medical Care Services	2,200			2,200
AMRO-4801, Medical Care Services (Zone I)		400		400
AMRO-4813, Hospital Planning and Administration	2,200			2,200
AMRO-4815, Training for Medical Care and Hospital Administration			16,400	16,400
	<u>1,831,424</u>	<u>1,614,035</u>	<u>368,182</u>	<u>3,813,641</u>
<u>Family Health and Population Dynamics</u>				
Argentina-4900, Family Health and Population Dynamics	4,400	15,000	14,300	33,700
Barbados-4901, Child Guidance	27,800			27,800
Bolivia-4900, Maternal and Child Health	42,970	217,100	47,515	307,585
Brazil-4901, Maternal and Child Health	32,200			32,200
Chile-4902, Maternal and Child Health		12,500		12,500
Colombia-4900, Family Health and Population Dynamics	908,708	331,449	7,217	1,247,374
Cuba-4901, Family Health and Population Dynamics	1,495	611,259		612,754
Guatemala-4901, Maternal and Child Health	4,400		7,500	11,900
Mexico-4900, Family Health and Population Dynamics	8,600			8,600
Trinidad and Tobago-4900, Family Health and Population Dynamics	4,400	3,000	7,500	14,900
Venezuela-4900, Education, Orientation, and Family Planning	129,403	26,327	11,750	167,480
West Indies-4904, Family Health and Population Dynamics (St.Vincent)	28,187	9,000	3,600	40,787
AMRO-4900, Family Health and Population Dynamics	634,461	383,400	238,200	1,256,061
AMRO-4901, Family Health and Population Dynamics (Zone I)	2,200	5,000	19,600	26,800
AMRO-4914, Human Genetics	2,200		11,000	13,200
	<u>8,800</u>	<u>2,000</u>	<u>8,800</u>	<u>19,600</u>
<u>Rehabilitation</u>				
Argentina-5000, Rehabilitation	4,400		3,000	7,400
Jamaica-5000, Rehabilitation		500		500
Uruguay-5000, Rehabilitation	4,400	1,500	5,800	11,700
	<u>55,000</u>	<u>62,500</u>	<u>86,200</u>	<u>203,700</u>
<u>Cancer and Other Chronic Diseases</u>				
Argentina-5100, Accidents	2,200		3,000	5,200
Brazil-5101, Cancer Control	2,200			2,200
Brazil-5102, Pan American Investigation Center for Cardiovascular Diseases	2,200			2,200
Chile-5100, Chronic Diseases		2,500	1,500	4,000
AMRO-5109, Cancer Control	39,600	48,000	76,700	164,300
AMRO-5111, Study on the Relation between Gastric Cancer and Nitrates	8,800	12,000	5,000	25,800
	<u>89,917</u>	<u>39,900</u>	<u>86,000</u>	<u>215,817</u>
<u>Public Health</u>				
Brazil-6102, Development of Human Resources	13,117			13,117
Mexico-6100, Development of Human Resources	26,400	37,500	71,000	134,900
Uruguay-6103, Study of Human Resources	2,200			2,200
AMRO-6100, Education and Training in Public Health	8,800		12,000	20,800
AMRO-6101, Human Resources Program in the Caribbean	39,400	2,400	3,000	44,800
	<u>128,121</u>	<u>36,000</u>	<u>69,900</u>	<u>234,021</u>
<u>Medicine</u>				
Brazil-6200, Medical Education	2,200			2,200
Brazil-6225, Strengthening of the Brazilian Biomedical Information Network (São Paulo)	28,800			28,800
Brazil-6233, Latin American Center of Educational Technology for Health	47,321	15,000		62,321
Chile-6200, Medical Education	30,000		22,500	52,500
Haiti-6200, Medical Education			5,800	5,800
Uruguay-6201, Collaboration with the University of the Republic	4,400		4,800	9,200
AMRO-6200, Education in Health Sciences	6,600	10,000	4,000	20,600
AMRO-6203, Medical Education (Zone III)	2,200	200		2,400
AMRO-6206, Medical Education (Zone VI)		800		800

ANNEX 4 . . . continued

PROJECTS REQUESTED TO BE IMPLEMENTED
IF FUNDS BECOME AVAILABLE

	<u>Personnel Costs</u>	<u>Supplies and Other</u>	<u>Fellowships and Seminars</u>	<u>Total</u>
	\$	\$	\$	\$
<u>Medicine (continued)</u>				
AMRO-6208, Teaching of Statistics in Medical Schools	2,200			2,200
AMRO-6216, Behavioral Sciences in Training of Health Personnel		5,000		5,000
AMRO-6221, Library of Medicine	4,400		32,800	37,200
AMRO-6228, Medical Education in the Caribbean		5,000		5,000
<u>Nursing</u>	<u>35,200</u>	<u>1,500</u>	<u>58,300</u>	<u>95,000</u>
Colombia-6300, Nursing Education			20,000	20,000
Mexico-6300, Nursing Education	4,400			4,400
Panama-6300, Nursing Education			20,000	20,000
AMRO-6300, Nursing Education	6,600			6,600
AMRO-6301, Nursing Education (Zone I)	4,400		6,300	10,700
AMRO-6312, Seminars on Nursing Education (Zone I)	4,400	1,500	12,000	17,900
AMRO-6317, Seminars on Nursing Education	2,200			2,200
AMRO-6320, Post-basic Courses in Nursing	4,400			4,400
AMRO-6324, Training of Professors, Administrators, and Specialists in Clinical Areas	8,800			8,800
<u>Environmental Sciences</u>	<u>17,600</u>	<u>6,500</u>	<u>7,000</u>	<u>31,100</u>
Brazil-6401, Sanitary Engineering Education	2,200			2,200
Jamaica-6400, Sanitary Engineering Education			500	500
Mexico-6400, Sanitary Engineering Education	2,200	5,500		7,700
Uruguay-6400, Sanitary Engineering Education			1,000	1,000
AMRO-6400, Sanitary Engineering Education	2,200	1,000		3,200
AMRO-6414, Study Group on Process of Transfer of Technology	11,000		5,500	16,500
<u>Veterinary Medicine</u>	<u>30,000</u>	<u>13,600</u>	<u>13,600</u>	<u>57,200</u>
Mexico-6500, Veterinary Medicine Education			6,300	6,300
AMRO-6508, Training Program for Animal Health Assistants (Caribbean)	30,000	13,600	7,300	50,900
<u>Dentistry</u>	<u>93,000</u>	<u>8,000</u>	<u>15,000</u>	<u>116,000</u>
AMRO-6600, Dental Education	2,200			2,200
AMRO-6608, Training of Auxiliary Dental Personnel	61,200	8,000	15,000	84,200
AMRO-6611, Communications and Information in Dental Sciences	29,600			29,600
<u>Biostatistics</u>	<u>47,400</u>	<u>18,000</u>	<u>84,900</u>	<u>150,300</u>
AMRO-6700, Biostatistics Education	32,000	18,000	55,600	105,600
AMRO-6707, Latin American Center for Classification of Diseases	2,200			2,200
AMRO-6708, Training Program in Hospital Statistics			9,000	9,000
AMRO-6712, Continuing Education for Statisticians of National Health Services	2,200		10,300	12,500
AMRO-6713, Operations Research in Medical Records	11,000		10,000	21,000
	<u>4,687,908</u>	<u>2,506,755</u>	<u>2,040,657</u>	<u>9,235,320</u>
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ANNEX 5

PROGRAM BUDGET - DETAIL BY FUND
PAHO REGULAR

1973

PROGRAM BUDGET - DETAIL 1973		TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
		\$	\$	\$	\$	\$
I.	PROTECTION OF HEALTH	6,045,344	4,798,728	521,072	725,544	-
A.	COMMUNICABLE DISEASES	4,383,800	3,214,626	443,630	725,544	-
	0100 GENERAL	408,608	366,512	11,263	30,833	-
	0200 MALARIA	1,361,052	1,297,468	19,360	44,224	-
	0400 TUBERCULOSIS	85,847	82,214	3,633	-	-
	0500 LEPROSY	54,389	51,389	-	3,000	-
	0600 VENEREAL DISEASES	1,101	1,101	-	-	-
	0700 ZOOSES	695,653	452,139	108,790	134,724	-
	0800 FOOT-AND-MOUTH DISEASE	1,767,546	954,199	300,584	512,763	-
	0900 OTHER	59	59	-	-	-
	1000 PARASITIC DISEASES	9,545	9,545	-	-	-
B.	ENVIRONMENTAL HEALTH	1,661,544	1,584,102	77,442	-	-
	2100 GENERAL	953,755	889,353	64,402	-	-
	2200 WATER SUPPLIES	378,677	367,946	10,731	-	-
	2300 AEDES AEGYPTI ERADICATION	290,799	288,490	2,309	-	-
	2400 HOUSING	36,958	36,958	-	-	-
	2500 AIR POLLUTION	1,355	1,355	-	-	-
II.	PROMOTION OF HEALTH	6,701,927	4,970,206	985,886	745,835	-
A.	GENERAL SERVICES	4,388,922	3,408,476	608,815	371,631	-
	3100 GENERAL PUBLIC HEALTH	2,530,019	1,746,908	488,641	294,470	-
	3200 NURSING	340,718	298,295	42,423	-	-
	3300 LABORATORY	200,771	162,597	21,780	16,394	-
	3400 HEALTH EDUCATION	23,664	23,664	-	-	-
	3500 STATISTICS	483,865	418,025	5,073	60,767	-
	3600 ADMINISTRATIVE METHODS	441,964	407,827	34,137	-	-
	3700 HEALTH PLANNING	367,921	351,160	16,761	-	-
B.	SPECIFIC PROGRAMS	2,313,005	1,561,730	377,071	374,204	-
	4200 NUTRITION	930,687	393,880	237,266	299,541	-
	4300 MENTAL HEALTH	140,339	84,993	55,346	-	-
	4400 DENTAL HEALTH	167,512	165,580	1,932	-	-
	4500 RADIATION AND ISOTOPES	87,251	87,251	-	-	-
	4600 OCCUPATIONAL HEALTH	16,902	15,912	990	-	-
	4700 FOOD AND DRUG	99,457	99,457	-	-	-
	4800 MEDICAL CARE	478,741	417,078	61,663	-	-
	4900 FAMILY HEALTH AND POP. DYNAMICS	326,022	232,105	19,254	74,663	-
	5000 REHABILITATION	49,691	49,071	620	-	-
	5100 CANCER & OTHER CHRONIC DISEASES	16,403	16,403	-	-	-
III.	DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	1,590,903	1,320,783	270,120	-	-
	6100 PUBLIC HEALTH	152,547	136,141	16,406	-	-
	6200 MEDICINE	884,298	780,220	104,078	-	-
	6300 NURSING	168,397	133,399	34,998	-	-
	6400 ENVIRONMENTAL SCIENCES	206,755	146,828	59,927	-	-
	6500 VETERINARY MEDICINE	33,316	7,326	25,990	-	-
	6600 DENTISTRY	69,334	49,526	19,808	-	-
	6700 BIOSTATISTICS	76,256	67,343	8,913	-	-
IV.	PROGRAM SERVICES	1,337,873	212,128	148,121	-	977,624
	7100 PROGRAM SERVICES	1,337,873	212,128	148,121	-	977,624
V.	ADMINISTRATIVE DIRECTION	2,890,540	-	-	-	2,890,540
	8100 EXECUTIVE AND TECHNICAL DIRECTION	212,011	-	-	-	212,011
	8200 ADMINISTRATIVE SERVICES	1,503,653	-	-	-	1,503,653
	8300 GENERAL EXPENSES	1,174,876	-	-	-	1,174,876
VI.	GOVERNING BODIES	351,367	-	-	-	351,367
VII.	INCREASE TO ASSETS	400,000	-	-	-	400,000
	GRAND TOTAL	19,317,954	11,301,845	1,925,199	1,471,379	4,619,531
	PER CENT OF TOTAL	100.0	58.5	10.0	7.6	23.9

ANNEX 5 . . . continued

PROGRAM BUDGET - DETAIL BY FUND
PAHO REGULAR

1974

PROGRAM BUDGET - DETAIL 1974		TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
		\$	\$	\$	\$	\$
I.	PROTECTION OF HEALTH	6,541,916	5,183,129	600,228	758,559	-
A.	COMMUNICABLE DISEASES	4,655,384	3,408,097	488,728	758,559	-
	0100 GENERAL	426,750	350,950	39,500	36,300	-
	0200 MALARIA	1,226,950	1,145,650	14,100	67,200	-
	0400 TUBERCULOSIS	106,400	95,900	10,500	-	-
	0500 LEPROSY	81,700	78,700	-	3,000	-
	0600 VENEREAL DISEASES	8,000	8,000	-	-	-
	0700 ZOOZOSES	902,000	599,976	140,186	161,838	-
	0800 FOOT-AND-MOUTH DISEASE	1,871,084	1,101,421	284,442	485,221	-
	0900 OTHER	3,000	3,000	-	-	-
	1000 PARASITIC DISEASES	29,500	24,500	-	5,000	-
B.	ENVIRONMENTAL HEALTH	1,886,532	1,775,032	111,500	-	-
	2100 GENERAL	1,069,332	994,432	74,900	-	-
	2200 WATER SUPPLIES	545,300	513,200	32,100	-	-
	2300 Aedes Aegypti ERADICATION	216,200	213,200	3,000	-	-
	2400 HOUSING	45,300	45,300	-	-	-
	2500 AIR POLLUTION	10,400	8,900	1,500	-	-
II.	PROMOTION OF HEALTH	7,549,255	6,062,877	747,381	738,997	-
A.	GENERAL SERVICES	4,507,239	3,850,115	320,525	336,599	-
	3100 GENERAL PUBLIC HEALTH	2,195,494	1,735,895	171,800	287,799	-
	3200 NURSING	523,200	477,600	45,600	-	-
	3300 LABORATORY	248,000	202,700	30,300	15,000	-
	3400 HEALTH EDUCATION	72,500	72,500	-	-	-
	3500 STATISTICS	541,600	488,700	19,100	33,800	-
	3600 ADMINISTRATIVE METHODS	545,525	501,100	44,425	-	-
	3700 HEALTH PLANNING	380,920	371,620	9,300	-	-
B.	SPECIFIC PROGRAMS	3,042,016	2,212,762	426,856	402,398	-
	4200 NUTRITION	1,037,740	475,942	247,846	313,952	-
	4300 MENTAL HEALTH	166,100	128,700	37,400	-	-
	4400 DENTAL HEALTH	200,350	192,540	7,810	-	-
	4500 RADIATION AND ISOTOPIES	95,880	89,580	6,300	-	-
	4600 OCCUPATIONAL HEALTH	27,800	21,500	6,300	-	-
	4700 FOOD AND DRUG	172,400	161,900	10,500	-	-
	4800 MEDICAL CARE	657,900	587,800	70,100	-	-
	4900 FAMILY HEALTH AND POP. DYNAMICS	509,046	399,300	21,300	88,446	-
	5000 REHABILITATION	56,300	48,500	7,800	-	-
	5100 CANCER & OTHER CHRONIC DISEASES	118,500	107,000	11,500	-	-
III.	DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	1,886,559	1,592,579	293,980	-	-
	6100 PUBLIC HEALTH	223,100	201,100	22,000	-	-
	6200 MEDICINE	996,286	869,576	126,710	-	-
	6300 NURSING	172,505	135,105	37,400	-	-
	6400 ENVIRONMENTAL SCIENCES	253,020	171,550	81,470	-	-
	6500 VETERINARY MEDICINE	23,950	8,350	15,600	-	-
	6600 DENTISTRY	69,600	58,800	10,800	-	-
	6700 BIOSTATISTICS	148,098	148,098	-	-	-
IV.	PROGRAM SERVICES	1,562,200	172,000	187,000	-	1,203,200
	7100 PROGRAM SERVICES	1,562,200	172,000	187,000	-	1,203,200
V.	ADMINISTRATIVE DIRECTION	3,176,680	-	-	-	3,176,680
	8100 EXECUTIVE AND TECHNICAL DIRECTION	239,211	-	-	-	239,211
	8200 ADMINISTRATIVE SERVICES	1,788,939	-	-	-	1,788,939
	8300 GENERAL EXPENSES	1,148,530	-	-	-	1,148,530
VI.	GOVERNING BODIES	355,700	-	-	-	355,700
VII.	INCREASE TO ASSETS	450,000	-	-	-	450,000
	GRAND TOTAL	21,522,310	13,010,585	1,828,589	1,497,556	5,185,580
	PER CENT OF TOTAL	100.0	60.5	8.5	6.9	24.1

ANNEX 5 . . . continued

PROGRAM BUDGET - DETAIL BY FUND
PAHO REGULAR

1975

PROGRAM BUDGET - DETAIL 1975	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
I. PROTECTION OF HEALTH	6,788,312	5,429,959	570,337	788,016	-
A. COMMUNICABLE DISEASES	4,892,312	3,623,559	480,737	788,016	-
0100 GENERAL	421,165	386,565	17,000	17,600	-
0200 MALAKIA	1,215,050	1,161,050	4,500	49,500	-
0400 TUBERCULOSIS	114,200	111,200	3,000	-	-
0500 LEPROSY	54,800	50,300	-	4,500	-
0600 VENEREAL DISEASES	4,400	4,400	-	-	-
0700 ZOOLOSES	981,941	660,620	143,460	177,861	-
0800 FOOT-AND-MOUTH DISEASE	2,054,356	1,208,024	312,777	533,555	-
0900 OTHER	2,200	2,200	-	-	-
1000 PARASITIC DISEASES	44,200	39,200	-	5,000	-
B. ENVIRONMENTAL HEALTH	1,896,000	1,806,400	89,600	-	-
2100 GENERAL	978,500	921,000	57,500	-	-
2200 WATER SUPPLIES	591,100	568,000	23,100	-	-
2300 AEDES AEGYPTI ERADICATION	258,300	252,300	6,000	-	-
2400 HOUSING	57,200	57,200	-	-	-
2500 AIR POLLUTION	10,900	7,900	3,000	-	-
II. PROMOTION OF HEALTH	8,495,042	6,750,575	817,664	926,803	-
A. GENERAL SERVICES	5,058,623	4,287,498	398,325	372,800	-
3100 GENERAL PUBLIC HEALTH	2,510,025	1,966,325	223,200	320,500	-
3200 NURSING	594,300	537,900	56,400	-	-
3300 LABORATORY	247,700	189,100	43,600	15,000	-
3400 HEALTH EDUCATION	69,375	69,375	-	-	-
3500 STATISTICS	616,578	549,878	29,400	37,300	-
3600 ADMINISTRATIVE METHODS	610,725	575,500	41,225	-	-
3700 HEALTH PLANNING	403,920	399,420	4,500	-	-
B. SPECIFIC PROGRAMS	3,436,419	2,463,077	419,339	554,003	-
4200 NUTRITION	1,122,575	517,983	252,139	352,453	-
4300 MENTAL HEALTH	173,100	126,600	46,500	-	-
4400 DENTAL HEALTH	226,400	216,400	10,000	-	-
4500 RADIATION AND ISOTOPES	101,300	95,000	6,300	-	-
4600 OCCUPATIONAL HEALTH	39,900	32,100	7,800	-	-
4700 FOOD AND DRUG	253,714	245,914	7,800	-	-
4800 MEDICAL CARE	688,000	630,300	57,700	-	-
4900 FAMILY HEALTH AND POP. DYNAMICS	632,750	420,400	10,800	201,550	-
5000 REHABILITATION	57,200	49,400	7,800	-	-
5100 CANCER & OTHER CHRONIC DISEASES	141,480	128,980	12,500	-	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	1,892,751	1,608,161	284,590	-	-
6100 PUBLIC HEALTH	177,000	145,500	31,500	-	-
6200 MEDICINE	982,296	869,206	113,090	-	-
6300 NURSING	216,755	178,555	38,200	-	-
6400 ENVIRONMENTAL SCIENCES	250,050	185,850	64,200	-	-
6500 VETERINARY MEDICINE	22,450	8,650	13,800	-	-
6600 DENTISTRY	82,100	68,300	13,800	-	-
6700 BIOSTATISTICS	162,100	152,100	10,000	-	-
IV. PROGRAM SERVICES	1,742,500	185,500	200,700	-	1,356,300
7100 PROGRAM SERVICES	1,742,500	185,500	200,700	-	1,356,300
V. ADMINISTRATIVE DIRECTION	3,768,414	-	-	-	3,768,414
8100 EXECUTIVE AND TECHNICAL DIRECTION	278,414	-	-	-	278,414
8200 ADMINISTRATIVE SERVICES	2,047,100	-	-	-	2,047,100
8300 GENERAL EXPENSES	1,442,900	-	-	-	1,442,900
VI. GOVERNING BODIES	416,000	-	-	-	416,000
VII. INCREASE TO ASSETS	550,000	-	-	-	550,000
GRAND TOTAL	23,653,019	13,974,195	1,873,291	1,716,819	6,090,714
PER CENT OF TOTAL	100.0	59.1	7.9	7.2	25.8

ANNEX 5 . . . continued
PROGRAM BUDGET - DETAIL BY FUND
PAHO REGULAR

1976

PROGRAM BUDGET - DETAIL 1976	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
I. PROTECTION OF HEALTH	7,371,907	5,851,359	664,127	856,421	-
A. COMMUNICABLE DISEASES	5,288,944	3,891,896	540,627	856,421	-
0100 GENERAL	458,730	417,230	22,800	18,700	-
0200 MALARIA	1,263,750	1,205,850	6,000	51,900	-
0400 TUBERCULOSIS	125,700	121,200	4,500	-	-
0500 LEPROSY	61,900	57,400	-	4,500	-
0600 VENEREAL DISEASES	20,400	15,900	4,500	-	-
0700 ZOOZOSES	1,039,678	695,705	157,218	186,755	-
0800 FOOT-AND-MOUTH DISEASE	2,256,786	1,321,611	345,609	589,566	-
0900 OTHER	2,400	2,400	-	-	-
1000 PARASITIC DISEASES	59,600	54,600	-	5,000	-
B. ENVIRONMENTAL HEALTH	2,082,963	1,959,463	123,500	-	-
2100 GENERAL	1,119,863	1,051,563	68,300	-	-
2200 WATER SUPPLIES	666,700	622,000	44,700	-	-
2300 AEDES AEGYPTI ERADICATION	221,300	215,300	6,000	-	-
2400 HOUSING	60,100	60,100	-	-	-
2500 AIR POLLUTION	15,000	10,500	4,500	-	-
II. PROMOTION OF HEALTH	9,185,705	7,166,621	992,818	1,026,266	-
A. GENERAL SERVICES	5,383,115	4,519,315	448,500	415,300	-
3100 GENERAL PUBLIC HEALTH	2,628,995	2,038,395	230,500	360,100	-
3200 NURSING	687,700	614,000	73,700	-	-
3300 LABORATORY	259,300	193,100	51,200	15,000	-
3400 HEALTH EDUCATION	80,000	80,000	-	-	-
3500 STATISTICS	679,400	587,100	52,100	40,200	-
3600 ADMINISTRATIVE METHODS	619,400	582,900	36,500	-	-
3700 HEALTH PLANNING	428,320	423,820	4,500	-	-
B. SPECIFIC PROGRAMS	3,802,590	2,647,306	544,318	610,966	-
4200 NUTRITION	1,191,330	550,096	275,618	365,616	-
4300 MENTAL HEALTH	213,700	155,600	58,100	-	-
4400 DENTAL HEALTH	260,020	224,520	35,500	-	-
4500 RADIATION AND ISOTOPES	97,540	96,040	1,500	-	-
4600 OCCUPATIONAL HEALTH	40,900	31,300	9,600	-	-
4700 FOOD AND DRUG	288,000	253,000	35,000	-	-
4800 MEDICAL CARE	775,350	696,450	78,900	-	-
4900 FAMILY HEALTH AND POP. DYNAMICS	720,950	439,300	36,300	245,350	-
5000 REHABILITATION	61,200	53,400	7,800	-	-
5100 CANCER & OTHER CHRONIC DISEASES	153,600	147,600	6,000	-	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	2,362,866	1,876,560	390,306	96,000	-
6100 PUBLIC HEALTH	198,700	163,700	35,000	-	-
6200 MEDICINE	1,230,711	1,055,705	175,006	-	-
6300 NURSING	329,205	207,305	47,500	74,400	-
6400 ENVIRONMENTAL SCIENCES	290,850	223,150	67,700	-	-
6500 VETERINARY MEDICINE	29,600	14,300	15,300	-	-
6600 DENTISTRY	64,300	54,500	9,800	-	-
6700 BIOSTATISTICS	219,500	157,900	40,000	21,600	-
IV. PROGRAM SERVICES	1,830,200	190,500	211,100	-	1,428,600
7100 PROGRAM SERVICES	1,830,200	190,500	211,100	-	1,428,600
V. ADMINISTRATIVE DIRECTION	4,094,578	-	-	-	4,094,578
8100 EXECUTIVE AND TECHNICAL DIRECTION	290,315	-	-	-	290,315
8200 ADMINISTRATIVE SERVICES	2,190,600	-	-	-	2,190,600
8300 GENERAL EXPENSES	1,613,663	-	-	-	1,613,663
VI. GOVERNING BODIES	454,800	-	-	-	454,800
VII. INCREASE TO ASSETS	600,000	-	-	-	600,000
GRAND TOTAL	25,900,056	15,085,040	2,258,351	1,978,687	6,577,978
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PER CENT OF TOTAL	100.0	58.3	8.7	7.6	25.4

ANNEX 5 . . . continued
PROGRAM BUDGET - DETAIL BY FUND
PAHO COMMUNITY WATER SUPPLY

1973-1976

PROGRAM BUDGET - DETAIL 1973	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
I. PROTECTION OF HEALTH	\$ 495,929	\$ 444,289	\$ 51,640	\$ -	\$ -
B. ENVIRONMENTAL HEALTH	495,929	444,289	51,640	-	-
2100 GENERAL	3,035	3,035	-	-	-
2200 WATER SUPPLIES	492,894	441,254	51,640	-	-
GRAND TOTAL	495,929	444,289	51,640	-	-
PER CENT OF TOTAL	100.0	89.6	10.4	-	-

PROGRAM BUDGET - DETAIL 1974	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
I. PROTECTION OF HEALTH	\$ 1,124,739	\$ 1,038,239	\$ 86,500	\$ -	\$ -
B. ENVIRONMENTAL HEALTH	1,124,739	1,038,239	86,500	-	-
2100 GENERAL	24,034	22,534	1,500	-	-
2200 WATER SUPPLIES	1,100,705	1,015,705	85,000	-	-
GRAND TOTAL	1,124,739	1,038,239	86,500	-	-
PER CENT OF TOTAL	100.0	92.3	7.7	-	-

PROGRAM BUDGET - DETAIL 1975	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
I. PROTECTION OF HEALTH	\$ 425,897	\$ 414,897	\$ 11,000	\$ -	\$ -
B. ENVIRONMENTAL HEALTH	425,897	414,897	11,000	-	-
2200 WATER SUPPLIES	425,897	414,897	11,000	-	-
GRAND TOTAL	425,897	414,897	11,000	-	-
PER CENT OF TOTAL	100.0	97.4	2.6	-	-

PROGRAM BUDGET - DETAIL 1976	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
I. PROTECTION OF HEALTH	\$ 395,755	\$ 378,755	\$ 17,000	\$ -	\$ -
B. ENVIRONMENTAL HEALTH	395,755	378,755	17,000	-	-
2200 WATER SUPPLIES	395,755	378,755	17,000	-	-
GRAND TOTAL	395,755	378,755	17,000	-	-
PER CENT OF TOTAL	100.0	95.7	4.3	-	-

ANNEX 5 . . . continued
PROGRAM BUDGET - DETAIL BY FUND
INGAP REGULAR BUDGET
1973-1976

PROGRAM BUDGET - DETAIL 1973	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
II. PROMOTION OF HEALTH	358,258	68,069	132,555	157,634	-
B. SPECIFIC PROGRAMS	358,258	68,069	132,555	157,634	-
4200 NUTRITION	358,258	68,069	132,555	157,634	-
GRAND TOTAL	358,258	68,069	132,555	157,634	-
PER CENT OF TOTAL	100.0	19.0	37.0	44.0	-
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PROGRAM BUDGET - DETAIL 1974	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
II. PROMOTION OF HEALTH	346,990	65,928	128,386	152,676	-
B. SPECIFIC PROGRAMS	346,990	65,928	128,386	152,676	-
4200 NUTRITION	346,990	65,928	128,386	152,676	-
GRAND TOTAL	346,990	65,928	128,386	152,676	-
PER CENT OF TOTAL	100.0	19.0	37.0	44.0	-
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PROGRAM BUDGET - DETAIL 1975	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
II. PROMOTION OF HEALTH	360,000	68,400	133,200	158,400	-
B. SPECIFIC PROGRAMS	360,000	68,400	133,200	158,400	-
4200 NUTRITION	360,000	68,400	133,200	158,400	-
GRAND TOTAL	360,000	68,400	133,200	158,400	-
PER CENT OF TOTAL	100.0	19.0	37.0	44.0	-
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PROGRAM BUDGET - DETAIL 1976	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
II. PROMOTION OF HEALTH	360,000	68,400	133,200	158,400	-
B. SPECIFIC PROGRAMS	360,000	68,400	133,200	158,400	-
4200 NUTRITION	360,000	68,400	133,200	158,400	-
GRAND TOTAL	360,000	68,400	133,200	158,400	-
PER CENT OF TOTAL	100.0	19.0	37.0	44.0	-

ANNEX 5 . . . continued

PROGRAM BUDGET - DETAIL BY FUND
GRANTS AND OTHER CONTRIBUTIONS TO INCAP

1973-1976

PROGRAM BUDGET - DETAIL 1973	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
II. PROMOTION OF HEALTH	1,641,777	311,937	613,517	716,323	-
B. SPECIFIC PROGRAMS	1,641,777	311,937	613,517	716,323	-
4200 NUTRITION	1,641,777	311,937	613,517	716,323	-
GRAND TOTAL	1,641,777	311,937	613,517	716,323	-
PER CENT OF TOTAL	100.0	19.0	37.4	43.6	-

PROGRAM BUDGET - DETAIL 1974	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
II. PROMOTION OF HEALTH	1,386,533	263,442	513,018	610,073	-
B. SPECIFIC PROGRAMS	1,386,533	263,442	513,018	610,073	-
4200 NUTRITION	1,386,533	263,442	513,018	610,073	-
GRAND TOTAL	1,386,533	263,442	513,018	610,073	-
PER CENT OF TOTAL	100.0	19.0	37.0	44.0	-

PROGRAM BUDGET - DETAIL 1975	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
II. PROMOTION OF HEALTH	1,389,480	264,001	514,108	611,371	-
B. SPECIFIC PROGRAMS	1,389,480	264,001	514,108	611,371	-
4200 NUTRITION	1,389,480	264,001	514,108	611,371	-
GRAND TOTAL	1,389,480	264,001	514,108	611,371	-
PER CENT OF TOTAL	100.0	19.0	37.0	44.0	-

PROGRAM BUDGET - DETAIL 1976	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
II. PROMOTION OF HEALTH	1,446,980	274,926	535,383	636,671	-
B. SPECIFIC PROGRAMS	1,446,980	274,926	535,383	636,671	-
4200 NUTRITION	1,446,980	274,926	535,383	636,671	-
GRAND TOTAL	1,446,980	274,926	535,383	636,671	-
PER CENT OF TOTAL	100.0	19.0	37.0	44.0	-

ANNEX 5 . . . continued

PROGRAM BUDGET - DETAIL BY FUND
GRANTS AND OTHER CONTRIBUTIONS TO PAHO

1973

PROGRAM BUDGET - DETAIL 1973	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
I. PROTECTION OF HEALTH	972,180	562,499	168,627	241,054	-
A. COMMUNICABLE DISEASES	913,862	504,181	168,627	241,054	-
0100 GENERAL	50,252	4,913	-	45,339	-
0400 TUBERCULOSIS	3,950	3,950	-	-	-
0700 ZODNOSES	555,485	345,449	70,958	139,078	-
0800 FOOT-AND-MOUTH DISEASE	269,151	137,834	74,680	56,637	-
0900 OTHER	22,989	-	22,989	-	-
1000 PARASITIC DISEASES	12,035	12,035	-	-	-
B. ENVIRONMENTAL HEALTH	58,318	58,318	-	-	-
2100 GENERAL	49,330	49,330	-	-	-
2200 WATER SUPPLIES	338	338	-	-	-
2300 AEDES AEGYPTI ERAUICATION	8,650	8,650	-	-	-
II. PROMOTION OF HEALTH	2,672,082	2,013,834	330,308	327,940	-
A. GENERAL SERVICES	157,076	64,282	33,496	59,298	-
3100 GENERAL PUBLIC HEALTH	66,117	18,781	33,496	13,840	-
3300 LABORATORY	33,422	13,898	-	19,524	-
3500 STATISTICS	25,934	-	-	25,934	-
3700 HEALTH PLANNING	31,603	31,603	-	-	-
B. SPECIFIC PROGRAMS	2,515,006	1,949,552	296,812	268,642	-
4200 NUTRITION	199,375	105,705	91,750	1,920	-
4300 MENTAL HEALTH	121,485	31,442	12,491	77,552	-
4400 DENTAL HEALTH	3,758	2,400	-	1,358	-
4600 OCCUPATIONAL HEALTH	59,906	-	-	59,906	-
4800 MEDICAL CARE	178,357	165,798	12,559	-	-
4900 FAMILY HEALTH AND POP. DYNAMICS	1,937,906	1,644,207	180,012	113,687	-
5100 CANCER & OTHER CHRONIC DISEASES	14,219	-	-	14,219	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	401,253	277,042	124,211	-	-
6200 MEDICINE	308,621	263,258	45,363	-	-
6300 NURSING	78,848	-	78,848	-	-
6600 DENTISTRY	13,784	13,784	-	-	-
V. ADMINISTRATIVE DIRECTION	105,335	-	-	-	105,335
8300 GENERAL EXPENSES	105,335	-	-	-	105,335
GRAND TOTAL	4,150,850	2,853,375	623,146	568,994	105,335
PER CENT OF TOTAL	100.0	68.8	15.0	13.7	2.5

ANNEX 5 . . . continued

PROGRAM BUDGET - DETAIL BY FUND
GRANTS AND OTHER CONTRIBUTIONS TO PAHO

1974

PROGRAM BUDGET - DETAIL 1974	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
I. PROTECTION OF HEALTH	1,233,709	628,027	173,019	432,663	-
A. COMMUNICABLE DISEASES	1,058,232	452,550	173,019	432,663	-
0100 GENERAL	235,368	4,110	-	231,258	-
0400 TUBERCULOSIS	-	-	-	-	-
0700 ZOONOSES	688,567	389,143	98,019	201,405	-
0800 FOOT-AND-MOUTH DISEASE	125,164	90,164	75,000	-	-
0900 OTHER	-	-	-	-	-
1000 PARASITIC DISEASES	9,133	9,133	-	-	-
B. ENVIRONMENTAL HEALTH	175,477	175,477	-	-	-
2100 GENERAL	174,457	174,457	-	-	-
2200 WATER SUPPLIES	102	102	-	-	-
2300 AEDES AEGYPTI ERADICATION	918	918	-	-	-
II. PROMOTION OF HEALTH	1,640,942	905,396	373,230	362,316	-
A. GENERAL SERVICES	180,040	75,616	71,147	33,277	-
3100 GENERAL PUBLIC HEALTH	114,027	36,405	71,147	6,475	-
3300 LABORATORY	33,013	6,211	-	26,802	-
3500 STATISTICS	-	-	-	-	-
3700 HEALTH PLANNING	33,000	33,000	-	-	-
B. SPECIFIC PROGRAMS	1,460,902	829,780	302,083	329,039	-
4200 NUTRITION	242,409	155,134	79,207	8,068	-
4300 MENTAL HEALTH	246,346	48,724	3,517	194,105	-
4400 DENTAL HEALTH	-	-	-	-	-
4600 OCCUPATIONAL HEALTH	27,164	-	-	27,164	-
4800 MEDICAL CARE	433,538	353,538	80,000	-	-
4900 FAMILY HEALTH AND POP. DYNAMICS	507,358	272,384	139,359	95,615	-
5100 CANCER & OTHER CHRONIC DISEASES	4,087	-	-	4,087	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	523,263	456,448	66,815	-	-
6200 MEDICINE	462,982	441,448	21,534	-	-
6300 NURSING	45,281	-	45,281	-	-
6400 DENTISTRY	15,000	15,000	-	-	-
V. ADMINISTRATIVE DIRECTION	-	-	-	-	-
8300 GENERAL EXPENSES	-	-	-	-	-
GRAND TOTAL	3,397,914	1,989,871	613,064	794,979	-
PER CENT OF TOTAL	100.0	58.6	18.0	23.4	-

ANNEX 5 . . . continued
PROGRAM BUDGET - DETAIL BY FUND
GRANTS AND OTHER CONTRIBUTIONS TO PAHO
1975-1976

PROGRAM BUDGET - DETAIL 1975	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
I. PROTECTION OF HEALTH	942,821	459,733	170,790	312,298	-
A. COMMUNICABLE DISEASES	841,602	358,514	170,790	312,298	-
0100 GENERAL	188,000	-	-	188,000	-
0700 ZOOUSES	580,081	358,514	97,269	124,298	-
0800 FOOT-AND-MOUTH DISEASE	73,521	-	73,521	-	-
B. ENVIRONMENTAL HEALTH	101,219	101,219	-	-	-
2100 GENERAL	101,219	101,219	-	-	-
II. PROMOTION OF HEALTH	834,833	489,433	227,500	117,900	-
A. GENERAL SERVICES	34,000	34,000	-	-	-
3700 HEALTH PLANNING	34,000	34,000	-	-	-
B. SPECIFIC PROGRAMS	800,833	455,433	227,500	117,900	-
4200 NUTRITION	151,333	88,333	63,000	-	-
4300 MENTAL HEALTH	151,500	29,100	4,500	117,900	-
4800 MEDICAL CARE	498,000	338,000	160,000	-	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	306,500	306,500	-	-	-
6200 MEDICINE	291,500	291,500	-	-	-
6600 DENTISTRY	15,000	15,000	-	-	-
GRAND TOTAL	2,084,154	1,255,666	398,290	430,198	-
PER CENT OF TOTAL	100.0	60.3	19.1	20.6	-

PROGRAM BUDGET - DETAIL 1976	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
I. PROTECTION OF HEALTH	863,344	436,718	89,476	337,150	-
A. COMMUNICABLE DISEASES	773,413	346,787	89,476	337,150	-
0100 GENERAL	210,000	-	-	210,000	-
0700 ZOOUSES	563,413	346,787	89,476	127,150	-
0800 FOOT-AND-MOUTH DISEASE	-	-	-	-	-
B. ENVIRONMENTAL HEALTH	89,931	89,931	-	-	-
2100 GENERAL	89,931	89,931	-	-	-
II. PROMOTION OF HEALTH	608,150	432,350	108,500	67,300	-
A. GENERAL SERVICES	35,000	35,000	-	-	-
3700 HEALTH PLANNING	35,000	35,000	-	-	-
B. SPECIFIC PROGRAMS	573,150	397,350	108,500	67,300	-
4200 NUTRITION	114,000	90,000	24,000	-	-
4300 MENTAL HEALTH	91,150	19,350	4,500	67,300	-
4800 MEDICAL CARE	368,000	288,000	80,000	-	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	255,000	255,000	-	-	-
6200 MEDICINE	255,000	255,000	-	-	-
6600 DENTISTRY	-	-	-	-	-
GRAND TOTAL	1,726,494	1,124,068	197,976	404,450	-
PER CENT OF TOTAL	100.0	65.1	11.5	23.4	-

ANNEX 5 . . . continued

PROGRAM BUDGET - DETAIL BY FUND
PAN AMERICAN HEALTH AND EDUCATION FOUNDATION

1973-1974

PROGRAM BUDGET - DETAIL 1973	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
I. PROTECTION OF HEALTH	116	116	-	-	-
A. COMMUNICABLE DISEASES	116	116	-	-	-
0500 LEPROSY	-	-	-	-	-
0900 OTHER	116	116	-	-	-
II. PROMOTION OF HEALTH	864,481	280,260	216,069	368,152	-
A. GENERAL SERVICES	10,638	10,638	-	-	-
3100 GENERAL PUBLIC HEALTH	-	-	-	-	-
3200 NURSING	10,638	10,638	-	-	-
B. SPECIFIC PROGRAMS	853,843	269,622	216,069	368,152	-
4200 NUTRITION	611,093	116,798	203,495	240,800	-
4400 DENTAL HEALTH	9,887	9,887	-	-	-
4600 OCCUPATIONAL HEALTH	7,293	-	-	7,293	-
4800 MEDICAL CARE	155,238	142,664	12,574	-	-
4900 FAMILY HEALTH AND POP. DYNAMICS	70,332	273	-	70,059	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	317,448	252,102	65,346	-	-
6100 PUBLIC HEALTH	63,856	63,856	-	-	-
6200 MEDICINE	240,553	176,698	63,855	-	-
6300 NURSING	-	-	-	-	-
6600 DENTISTRY	13,039	11,548	1,491	-	-
6700 BIOSTATISTICS	-	-	-	-	-
V. ADMINISTRATIVE DIRECTION	87,794	-	-	-	87,794
8300 GENERAL EXPENSES	87,794	-	-	-	87,794
GRAND TOTAL	1,269,839	532,478	281,415	368,152	87,794
PER CENT OF TOTAL	100.0	41.9	22.2	29.0	6.9

PROGRAM BUDGET - DETAIL 1974	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
I. PROTECTION OF HEALTH	20,200	-	-	20,200	-
A. COMMUNICABLE DISEASES	20,200	-	-	20,200	-
0500 LEPROSY	20,200	-	-	20,200	-
0900 OTHER	-	-	-	-	-
II. PROMOTION OF HEALTH	1,109,063	439,059	295,129	374,875	-
A. GENERAL SERVICES	32,900	28,900	4,000	-	-
3100 GENERAL PUBLIC HEALTH	32,900	28,900	4,000	-	-
3200 NURSING	-	-	-	-	-
B. SPECIFIC PROGRAMS	1,076,163	410,159	291,129	374,875	-
4200 NUTRITION	917,907	297,441	271,929	348,537	-
4400 DENTAL HEALTH	14,529	8,329	6,200	-	-
4600 OCCUPATIONAL HEALTH	2,707	-	-	2,707	-
4800 MEDICAL CARE	36,089	36,089	-	-	-
4900 FAMILY HEALTH AND POP. DYNAMICS	104,931	68,300	13,000	23,631	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	278,773	140,903	137,670	-	-
6100 PUBLIC HEALTH	-	-	-	-	-
6200 MEDICINE	172,259	57,339	114,920	-	-
6300 NURSING	63,850	40,900	22,950	-	-
6600 DENTISTRY	42,464	42,464	-	-	-
6700 BIOSTATISTICS	200	200	-	-	-
V. ADMINISTRATIVE DIRECTION	-	-	-	-	-
8300 GENERAL EXPENSES	-	-	-	-	-
GRAND TOTAL	1,408,036	579,962	432,999	395,075	-
PER CENT OF TOTAL	100.0	41.2	30.8	28.0	-

ANNEX 5 . . . continued

PROGRAM BUDGET - DETAIL BY FUND
PAN AMERICAN HEALTH AND EDUCATION FOUNDATION

1975-1976

PROGRAM BUDGET - DETAIL 1975	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
II. PROMOTION OF HEALTH	1,148,050	431,728	290,944	425,378	-
A. GENERAL SERVICES	40,400	40,400	-	-	-
3100 GENERAL PUBLIC HEALTH	40,400	40,400	-	-	-
B. SPECIFIC PROGRAMS	1,107,650	391,328	290,944	425,378	-
4200 NUTRITION	934,200	312,028	277,944	344,228	-
4900 FAMILY HEALTH AND POP. DYNAMICS	173,450	79,300	13,000	81,150	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	147,109	131,109	16,000	-	-
6200 MEDICINE	76,109	76,109	-	-	-
6300 NURSING	71,000	55,000	16,000	-	-
GRAND TOTAL	1,295,159	562,837	306,944	425,378	-
PER CENT OF TOTAL	100.0	43.5	23.7	32.8	-

PROGRAM BUDGET - DETAIL 1976	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
II. PROMOTION OF HEALTH	1,028,484	261,446	301,158	465,880	-
A. GENERAL SERVICES	42,800	42,800	-	-	-
3100 GENERAL PUBLIC HEALTH	42,800	42,800	-	-	-
B. SPECIFIC PROGRAMS	985,684	218,646	301,158	465,880	-
4200 NUTRITION	780,134	146,946	286,158	347,030	-
4900 FAMILY HEALTH AND POP. DYNAMICS	205,550	71,700	15,000	118,850	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	147,711	127,711	20,000	-	-
6200 MEDICINE	42,711	42,711	-	-	-
6300 NURSING	105,000	85,000	20,000	-	-
GRAND TOTAL	1,176,195	389,157	321,158	465,880	-
PER CENT OF TOTAL	100.0	33.1	27.3	39.6	-

ANNEX 5 . . . continued

PROGRAM BUDGET - DETAIL BY FUND
PAHO SPECIAL FUND FOR HEALTH PROMOTION

1973-1976

PROGRAM BUDGET - DETAIL 1973	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
I. PROTECTION OF HEALTH	\$ 54,049	\$ 54,049	\$ -	\$ -	\$ -
B. ENVIRONMENTAL HEALTH	54,049	54,049	-	-	-
2200 WATER SUPPLIES	54,049	54,049	-	-	-
II. PROMOTION OF HEALTH	85,316	85,316	-	-	-
B. SPECIFIC PROGRAMS	85,316	85,316	-	-	-
4900 FAMILY HEALTH AND POP. DYNAMICS	85,316	85,316	-	-	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	123,768	123,768	-	-	-
6200 MEDICINE	123,768	123,768	-	-	-
GRAND TOTAL	263,133	263,133	-	-	-
PER CENT OF TOTAL	100.0	100.0	-	-	-

PROGRAM BUDGET - DETAIL 1974	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
I. PROTECTION OF HEALTH	\$ -	\$ -	\$ -	\$ -	\$ -
GRAND TOTAL	-	-	-	-	-
PER CENT OF TOTAL	-	-	-	-	-

PROGRAM BUDGET - DETAIL 1975	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
GRAND TOTAL	-	-	-	-	-
PER CENT OF TOTAL	-	-	-	-	-

PROGRAM BUDGET - DETAIL 1976	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
GRAND TOTAL	-	-	-	-	-
PER CENT OF TOTAL	-	-	-	-	-

ANNEX 5 . . . continued

PROGRAM BUDGET - DETAIL BY FUND
PAHO SPECIAL FUND FOR RESEARCH

1973-1976

PROGRAM BUDGET - DETAIL 1973	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
II. PROMOTION OF HEALTH	9,537	-	2,000	7,537	-
A. GENERAL SERVICES	9,537	-	2,000	7,537	-
3100 GENERAL PUBLIC HEALTH	9,537	-	2,000	7,537	-
B. SPECIFIC PROGRAMS	-	-	-	-	-
4400 DENTAL HEALTH	-	-	-	-	-
GRAND TOTAL	9,537	-	2,000	7,537	-
PER CENT OF TOTAL	100.0	-	21.0	79.0	-

PROGRAM BUDGET - DETAIL 1974	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
II. PROMOTION OF HEALTH	3,926	-	-	3,926	-
A. GENERAL SERVICES	-	-	-	-	-
3100 GENERAL PUBLIC HEALTH	-	-	-	-	-
B. SPECIFIC PROGRAMS	3,926	-	-	3,926	-
4400 DENTAL HEALTH	3,926	-	-	3,926	-
GRAND TOTAL	3,926	-	-	3,926	-
PER CENT OF TOTAL	100.0	-	-	100.0	-

PROGRAM BUDGET - DETAIL 1975	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
GRAND TOTAL	-	-	-	-	-
PER CENT OF TOTAL	-	-	-	-	-

PROGRAM BUDGET - DETAIL 1976	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
GRAND TOTAL	-	-	-	-	-
PER CENT OF TOTAL	-	-	-	-	-

ANNEX 5 . . . continued
PROGRAM BUDGET - DETAIL BY FUND
WHO REGULAR

1973

PROGRAM BUDGET - DETAIL 1973		TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
		\$	\$	\$	\$	\$
1.	PROTECTION OF HEALTH	2,803,593	2,167,532	412,761	283,300	-
A.	COMMUNICABLE DISEASES	1,961,035	1,405,716	272,019	283,300	-
	0100 GENERAL	289,602	200,189	89,413	-	-
	0200 MALARIA	838,571	591,515	3,260	243,796	-
	0300 SMALL POX	191,261	171,261	20,000	-	-
	0400 TUBERCULOSIS	107,023	79,205	27,818	-	-
	0500 LEPROSY	68,712	45,752	9,378	13,582	-
	0600 VENEREAL DISEASES	-	-	-	-	-
	0700 ZOOZOSES	422,340	278,588	117,830	25,922	-
	0900 OTHER	26,900	24,290	2,610	-	-
	1000 PARASITIC DISEASES	16,626	14,916	1,710	-	-
B.	ENVIRONMENTAL HEALTH	902,558	761,816	140,742	-	-
	2100 GENERAL	591,880	501,073	90,807	-	-
	2200 WATER SUPPLIES	109,791	60,807	48,984	-	-
	2300 AEDES AEGYPTI ERADICATION	182,004	181,053	951	-	-
	2500 AIR POLLUTION	18,883	18,883	-	-	-
II.	PROMOTION OF HEALTH	3,572,893	2,498,875	972,676	101,342	-
A.	GENERAL SERVICES	2,575,470	1,735,733	827,455	12,282	-
	3100 GENERAL PUBLIC HEALTH	1,669,512	883,227	777,690	8,595	-
	3200 NURSING	191,585	180,062	11,523	-	-
	3300 LABORATORY	163,335	139,721	19,927	3,687	-
	3400 HEALTH EDUCATION	80,055	72,995	7,060	-	-
	3500 STATISTICS	333,360	322,105	11,255	-	-
	3600 ADMINISTRATIVE METHODS	1,910	1,910	-	-	-
	3700 HEALTH PLANNING	135,713	135,713	-	-	-
B.	SPECIFIC PROGRAMS	997,423	763,142	145,221	89,060	-
	4200 NUTRITION	366,503	294,942	39,287	32,274	-
	4300 MENTAL HEALTH	71,809	50,041	12,180	9,588	-
	4400 DENTAL HEALTH	8,355	8,355	-	-	-
	4500 RADIATION AND ISOTOPES	35,514	25,777	9,737	-	-
	4600 OCCUPATIONAL HEALTH	9,441	9,441	-	-	-
	4700 FOOD AND DRUG	71,730	60,750	10,980	-	-
	4800 MEDICAL CARE	147,097	112,666	34,431	-	-
	4900 FAMILY HEALTH AND POP. DYNAMICS	167,978	115,125	5,655	47,198	-
	5000 REHABILITATION	88,367	70,749	17,618	-	-
	5100 CANCER & OTHER CHRONIC DISEASES	30,629	15,294	15,333	-	-
III.	DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	951,298	504,595	446,703	-	-
	6100 PUBLIC HEALTH	193,911	80,932	112,979	-	-
	6200 MEDICINE	367,117	219,162	147,955	-	-
	6300 NURSING	82,999	55,610	27,389	-	-
	6400 ENVIRONMENTAL SCIENCES	67,211	41,320	25,891	-	-
	6500 VETERINARY MEDICINE	139,072	45,852	93,220	-	-
	6600 DENTISTRY	58,911	22,642	36,269	-	-
	6700 BIOSTATISTICS	42,077	39,077	3,000	-	-
IV.	PROGRAM SERVICES	286,052	-	146,886	-	139,166
	7100 PROGRAM SERVICES	286,052	-	146,886	-	139,166
V.	ADMINISTRATIVE DIRECTION	1,090,788	-	-	-	1,090,788
	8100 EXECUTIVE AND TECHNICAL DIRECTION	64,342	-	-	-	64,342
	8200 ADMINISTRATIVE SERVICES	440,396	-	-	-	440,396
	8300 GENERAL EXPENSES	586,050	-	-	-	586,050
VI.	GOVERNING BODIES	118,711	-	-	-	118,711
	GRAND TOTAL	8,863,335	5,171,002	1,979,026	384,642	1,348,665
	PER CENT OF TOTAL	100.0	58.2	22.3	4.3	15.2

ANNEX 5 . . . continued

PROGRAM BUDGET - DETAIL BY FUND
WHO REGULAR

1974

PROGRAM BUDGET - DETAIL 1974	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
I. PROTECTION OF HEALTH	3,114,567	2,356,357	473,086	285,124	-
A. COMMUNICABLE DISEASES	2,112,311	1,514,601	312,586	285,124	-
0100 GENERAL	351,888	238,950	112,938	-	-
0200 MALARIA	823,819	590,179	3,000	230,640	-
0300 SMALLPOX	181,420	171,420	10,000	-	-
0400 TUBERCULOSIS	146,050	80,750	65,300	-	-
0500 LEPROSY	72,120	40,120	12,000	20,000	-
0600 VENEREAL DISEASES	10,000	-	10,000	-	-
0700 ZOONOSES	420,514	317,682	73,348	29,484	-
0900 OTHER	55,500	38,500	17,000	-	-
1000 PARASITIC DISEASES	51,000	37,000	9,000	5,000	-
B. ENVIRONMENTAL HEALTH	1,002,256	841,756	160,500	-	-
2100 GENERAL	618,206	530,806	87,400	-	-
2200 WATER SUPPLIES	117,800	69,200	48,600	-	-
2300 AEDES AEGYPTI ERADICATION	228,000	205,000	23,000	-	-
2500 AIR POLLUTION	38,250	36,750	1,500	-	-
II. PROMOTION OF HEALTH	3,864,806	2,762,912	957,195	144,699	-
A. GENERAL SERVICES	2,543,654	1,810,078	679,275	46,301	-
3100 GENERAL PUBLIC HEALTH	1,492,659	939,458	529,500	23,701	-
3200 NURSING	307,134	275,134	32,000	-	-
3300 LABORATORY	146,166	116,066	9,500	20,600	-
3400 HEALTH EDUCATION	122,740	91,740	31,000	-	-
3500 STATISTICS	331,590	275,290	54,300	2,000	-
3600 ADMINISTRATIVE METHODS	26,975	4,000	22,975	-	-
3700 HEALTH PLANNING	116,390	116,390	-	-	-
B. SPECIFIC PROGRAMS	1,321,152	944,834	277,920	98,398	-
4200 NUTRITION	442,154	347,688	64,240	30,226	-
4300 MENTAL HEALTH	107,600	77,950	10,000	19,650	-
4400 DENTAL HEALTH	15,690	8,000	5,690	-	-
4500 RADIATION AND ISOTOPES	40,150	34,150	6,000	-	-
4600 OCCUPATIONAL HEALTH	23,600	22,100	1,500	-	-
4700 FOOD AND DRUG	69,440	55,440	14,000	-	-
4800 MEDICAL CARE	182,530	128,730	53,800	-	-
4900 FAMILY HEALTH AND POP. DYNAMICS	278,900	148,096	82,290	48,522	-
5000 REHABILITATION	113,980	98,680	15,300	-	-
5100 CANCER & OTHER CHRONIC DISEASES	49,100	24,000	25,100	-	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	1,075,275	676,755	398,520	-	-
6100 PUBLIC HEALTH	169,920	82,820	87,100	-	-
6200 MEDICINE	443,070	317,080	125,990	-	-
6300 NURSING	164,200	62,000	102,200	-	-
6400 ENVIRONMENTAL SCIENCES	82,832	41,002	41,830	-	-
6500 VETERINARY MEDICINE	42,670	71,070	21,600	-	-
6600 DENTISTRY	54,260	37,460	16,800	-	-
6700 BIOSTATISTICS	68,323	65,323	3,000	-	-
IV. PROGRAM SERVICES	411,550	39,000	152,160	-	220,390
7100 PROGRAM SERVICES	411,550	39,000	152,160	-	220,390
V. ADMINISTRATIVE DIRECTION	1,158,662	-	-	-	1,158,662
8100 EXECUTIVE AND TECHNICAL DIRECTION	71,241	-	-	-	71,241
8200 ADMINISTRATIVE SERVICES	566,861	-	-	-	566,861
8300 GENERAL EXPENSES	520,560	-	-	-	520,560
VI. GOVERNING BODIES	140,640	-	-	-	140,640
GRAND TOTAL	9,765,500	5,835,024	1,980,961	429,823	1,519,692
PER CENT OF TOTAL	100.0	59.7	20.3	4.4	15.6

ANNEX 5 . . . continued

PROGRAM BUDGET - DETAIL BY FUND
WHO REGULAR

1975

PROGRAM BUDGET - DETAIL 1975	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
I. PROTECTION OF HEALTH	3,269,904	2,576,793	370,109	323,002	-
A. COMMUNICABLE DISEASES	2,168,148	1,582,637	262,509	323,002	-
0100 GENERAL	417,671	256,665	136,006	25,000	-
0200 MALARIA	863,580	613,580	-	250,000	-
0300 SMALLPOX	131,968	131,468	-	-	-
0400 TUBERCULOSIS	103,870	83,670	20,200	-	-
0500 LEPROSY	65,700	42,000	13,100	10,600	-
0600 VENEREAL DISEASES	-	-	-	-	-
0700 ZOOUSES	476,559	370,454	73,703	32,402	-
0900 OTHER	63,900	51,900	12,000	-	-
1000 PARASITIC DISEASES	44,900	32,400	7,500	5,000	-
B. ENVIRONMENTAL HEALTH	1,101,756	994,156	107,600	-	-
2100 GENERAL	728,031	694,131	33,900	-	-
2200 WATER SUPPLIES	160,150	93,950	66,200	-	-
2300 AEDES AEGYPTI ERADICATION	173,225	167,225	6,000	-	-
2500 AIR POLLUTION	40,350	38,850	1,500	-	-
II. PROMOTION OF HEALTH	4,208,817	3,180,404	872,456	155,957	-
A. GENERAL SERVICES	2,663,029	2,051,679	570,750	40,600	-
3100 GENERAL PUBLIC HEALTH	1,474,399	992,249	480,150	2,000	-
3200 NURSING	372,999	372,999	-	-	-
3300 LABORATORY	180,760	136,860	7,500	36,400	-
3400 HEALTH EDUCATION	124,165	93,665	30,500	-	-
3500 STATISTICS	363,586	334,986	26,400	2,200	-
3600 ADMINISTRATIVE METHODS	30,600	4,400	26,200	-	-
3700 HEALTH PLANNING	116,520	116,520	-	-	-
B. SPECIFIC PROGRAMS	1,545,788	1,128,725	301,706	115,357	-
4200 NUTRITION	521,112	433,709	58,306	29,097	-
4300 MENTAL HEALTH	110,920	81,220	3,000	26,700	-
4400 DENTAL HEALTH	9,100	7,600	1,500	-	-
4500 RADIATION AND ISOTOPES	46,100	40,100	6,000	-	-
4600 OCCUPATIONAL HEALTH	19,750	19,750	-	-	-
4700 FOOD AND DRUG	91,106	64,106	27,000	-	-
4800 MEDICAL CARE	201,490	156,490	45,000	-	-
4900 FAMILY HEALTH AND POP. DYNAMICS	389,280	223,720	106,000	59,560	-
5000 REHABILITATION	100,330	76,030	24,300	-	-
5100 CANCER & OTHER CHRONIC DISEASES	56,600	26,000	30,600	-	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	1,367,109	835,159	511,150	20,800	-
6100 PUBLIC HEALTH	178,400	46,300	82,100	-	-
6200 MEDICINE	549,000	362,500	186,500	-	-
6300 NURSING	208,977	100,877	108,100	-	-
6400 ENVIRONMENTAL SCIENCES	118,242	52,992	65,250	-	-
6500 VETERINARY MEDICINE	125,650	80,350	35,300	-	-
6600 DENTISTRY	94,420	63,520	30,900	-	-
6700 BIOSTATISTICS	102,420	78,620	3,000	20,800	-
IV. PROGRAM SERVICES	464,360	40,000	173,260	-	251,100
7100 PROGRAM SERVICES	464,360	40,000	173,260	-	251,100
V. ADMINISTRATIVE DIRECTION	1,272,250	-	-	-	1,272,250
8100 EXECUTIVE AND TECHNICAL DIRECTION	73,100	-	-	-	73,100
8200 ADMINISTRATIVE SERVICES	636,350	-	-	-	636,350
8300 GENERAL EXPENSES	562,800	-	-	-	562,800
VI. GOVERNING BODIES	184,560	-	-	-	184,560
GRAND TOTAL	10,772,000	6,632,356	1,926,975	499,759	1,712,910
*****	*****	*****	*****	*****	*****
PER CENT OF TOTAL	100.0	61.6	17.9	4.6	15.9

ANNEX 5 . . . continued

PROGRAM BUDGET - DETAIL BY FUND
WHO REGULAR

1976

PROGRAM BUDGET - DETAIL 1976		TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
		\$	\$	\$	\$	\$
I.	PROTECTION OF HEALTH	3,690,394	2,847,008	488,842	354,544	-
A.	COMMUNICABLE DISEASES	2,454,917	1,730,531	369,842	354,544	-
	0100 GENERAL	466,569	300,869	140,700	25,000	-
	0200 MALARIA	882,020	614,800	-	267,220	-
	0300 SMALLPOX	134,314	134,314	-	-	-
	0400 TUBERCULOSIS	188,900	112,100	76,800	-	-
	0500 LEPROSY	79,250	44,050	13,400	21,300	-
	0600 VENEREAL DISEASES	10,800	-	10,800	-	-
	0700 ZOOUSES	531,064	411,898	85,142	34,024	-
	0900 OTHER	112,700	77,700	35,000	-	-
	1000 PARASITIC DISEASES	49,300	34,800	7,500	7,000	-
B.	ENVIRONMENTAL HEALTH	1,235,477	1,116,477	119,000	-	-
	2100 GENERAL	872,629	816,529	56,100	-	-
	2200 WATER SUPPLIES	127,068	78,168	48,900	-	-
	2300 AEDS AEGYPTI ERADICATION	193,440	180,940	12,500	-	-
	2500 AIR POLLUTION	42,340	40,840	1,500	-	-
II.	PROMOTION OF HEALTH	4,404,771	3,339,800	938,722	126,249	-
A.	GENERAL SERVICES	2,801,503	2,142,853	616,550	42,100	-
	3100 GENERAL PUBLIC HEALTH	1,558,327	1,016,877	538,950	2,500	-
	3200 NURSING	374,250	372,750	1,500	-	-
	3300 LABORATORY	196,135	148,435	10,500	37,200	-
	3400 HEALTH EDUCATION	131,300	100,300	31,000	-	-
	3500 STATISTICS	416,711	383,211	33,100	2,400	-
	3600 ADMINISTRATIVE METHODS	10,700	4,200	1,500	-	-
	3700 HEALTH PLANNING	112,080	112,080	-	-	-
B.	SPECIFIC PROGRAMS	1,603,268	1,196,947	322,172	84,149	-
	4200 NUTRITION	503,558	417,597	48,472	37,489	-
	4300 MENTAL HEALTH	132,320	103,320	12,600	16,400	-
	4400 DENTAL HEALTH	24,100	8,200	15,900	-	-
	4500 RADIATION AND ISOTOPES	37,000	31,000	6,000	-	-
	4600 OCCUPATIONAL HEALTH	37,150	24,550	12,600	-	-
	4700 FOOD AND DRUG	114,140	83,840	30,300	-	-
	4800 MEDICAL CARE	195,490	125,090	70,400	-	-
	4900 FAMILY HEALTH AND POP. DYNAMICS	374,030	275,770	68,000	30,260	-
	5000 REHABILITATION	109,780	94,780	15,000	-	-
	5100 CANCER & OTHER CHRONIC DISEASES	75,700	32,800	42,900	-	-
III.	DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	1,280,074	808,974	471,100	-	-
	6100 PUBLIC HEALTH	172,850	90,750	82,100	-	-
	6200 MEDICINE	402,178	269,578	132,600	-	-
	6300 NURSING	240,569	153,869	86,760	-	-
	6400 ENVIRONMENTAL SCIENCES	120,404	44,604	75,800	-	-
	6500 VETERINARY MEDICINE	127,850	84,450	43,500	-	-
	6600 DENTISTRY	134,040	86,640	47,400	-	-
	6700 BIOSTATISTICS	82,183	79,183	3,000	-	-
IV.	PROGRAM SERVICES	497,350	41,000	186,950	-	269,400
	7100 PROGRAM SERVICES	497,350	41,000	186,950	-	269,400
V.	ADMINISTRATIVE DIRECTION	1,368,811	-	-	-	1,368,811
	8100 EXECUTIVE AND TECHNICAL DIRECTION	75,961	-	-	-	75,961
	8200 ADMINISTRATIVE SERVICES	684,450	-	-	-	684,450
	8300 GENERAL EXPENSES	608,400	-	-	-	608,400
VI.	GOVERNING BODIES	208,600	-	-	-	208,600
	GRAND TOTAL	11,450,000	7,036,782	2,085,614	480,793	1,846,811
	PER CENT OF TOTAL	100.0	61.5	18.2	4.2	16.1

ANNEX 5 . . . continued

PROGRAM BUDGET - DETAIL BY FUND
UNITED NATIONS DEVELOPMENT PROGRAMME

1973

PROGRAM BUDGET - DETAIL 1973	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
I. PROTECTION OF HEALTH	1,210,485	1,018,918	124,475	67,092	-
A. COMMUNICABLE DISEASES	499,838	383,348	49,398	67,092	-
0100 GENERAL	72,150	72,150	-	-	-
0200 MALARIA	60,261	60,261	-	-	-
0400 TUBERCULOSIS	19,250	19,250	-	-	-
0700 ZOONOSES	348,177	231,687	49,398	67,092	-
B. ENVIRONMENTAL HEALTH	710,647	635,570	75,077	-	-
2100 GENERAL	325,752	291,643	34,109	-	-
2200 WATER SUPPLIES	316,909	275,941	40,968	-	-
2300 AEDES AEGYPTI ERADICATION	67,986	67,986	-	-	-
II. PROMOTION OF HEALTH	1,794,341	1,447,810	306,281	40,250	-
A. GENERAL SERVICES	1,371,820	1,114,492	217,078	40,250	-
3100 GENERAL PUBLIC HEALTH	149,334	138,112	11,222	-	-
3200 NURSING	136,777	130,250	6,527	-	-
3300 LABORATORY	381,023	363,999	17,024	-	-
3400 HEALTH EDUCATION	43,412	31,050	12,362	-	-
3500 STATISTICS	129,310	129,310	-	-	-
3600 ADMINISTRATIVE METHODS	111,989	110,132	1,857	-	-
3700 HEALTH PLANNING	419,975	211,639	168,086	40,250	-
B. SPECIFIC PROGRAMS	422,521	333,318	89,203	-	-
4200 NUTRITION	25,321	5,555	19,766	-	-
4300 MENTAL HEALTH	5,000	5,000	-	-	-
4400 DENTAL HEALTH	-	-	-	-	-
4600 OCCUPATIONAL HEALTH	5,004	5,004	-	-	-
4700 FOOD AND DRUG	2,669	2,669	-	-	-
4800 MEDICAL CARE	361,211	291,874	69,337	-	-
5000 REHABILITATION	23,316	23,216	100	-	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	123,957	106,907	17,050	-	-
6100 PUBLIC HEALTH	23,364	23,364	-	-	-
6200 MEDICINE	43,004	37,447	5,557	-	-
6300 NURSING	10,135	2,717	7,418	-	-
6400 ENVIRONMENTAL SCIENCES	39,811	37,926	1,885	-	-
6500 VETERINARY MEDICINE	-	-	-	-	-
6700 BIostatistics	7,643	5,453	2,190	-	-
GRAND TOTAL	3,128,783	2,573,635	447,806	107,342	-
=====	=====	=====	=====	=====	=====
PER CENT OF TOTAL	100.0	82.3	14.3	3.4	-

ANNEX 5 . . . continued

PROGRAM BUDGET - DETAIL BY FUND
UNITED NATIONS DEVELOPMENT PROGRAMME

1974

PROGRAM BUDGET - DETAIL 1974	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
I. PROTECTION OF HEALTH	3,319,225	2,836,190	395,079	87,956	-
A. COMMUNICABLE DISEASES	775,405	598,841	88,608	87,956	-
0100 GENERAL	31,550	31,550	-	-	-
0200 MALARIA	-	-	-	-	-
0400 TUBERCULOSIS	30,600	30,600	-	-	-
0700 ZOOSES	713,255	536,691	88,608	87,956	-
B. ENVIRONMENTAL HEALTH	2,543,820	2,237,349	306,471	-	-
2100 GENERAL	1,636,426	1,429,514	206,912	-	-
2200 WATER SUPPLIES	907,394	807,835	99,559	-	-
2300 AEDES AEGYPTI ERADICATION	-	-	-	-	-
II. PROMOTION OF HEALTH	4,482,348	3,201,667	1,133,556	147,125	-
A. GENERAL SERVICES	3,084,316	2,372,743	564,448	147,125	-
3100 GENERAL PUBLIC HEALTH	303,190	259,419	43,771	-	-
3200 NURSING	176,460	155,000	21,460	-	-
3300 LABORATORY	1,340,203	1,203,729	136,474	-	-
3400 HEALTH EDUCATION	13,189	1,950	11,239	-	-
3500 STATISTICS	329,059	284,609	44,450	-	-
3600 ADMINISTRATIVE METHODS	261,781	186,581	75,200	-	-
3700 HEALTH PLANNING	660,434	281,455	231,854	147,125	-
B. SPECIFIC PROGRAMS	1,398,032	828,924	569,108	-	-
4200 NUTRITION	29,569	8,000	21,569	-	-
4300 MENTAL HEALTH	-	-	-	-	-
4400 DENTAL HEALTH	30,000	30,000	-	-	-
4600 OCCUPATIONAL HEALTH	77,535	70,035	7,500	-	-
4700 FOOD AND DRUG	168,133	164,433	3,700	-	-
4800 MEDICAL CARE	1,011,195	911,256	99,939	-	-
5000 REHABILITATION	81,600	45,200	36,400	-	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	441,001	367,766	73,235	-	-
6100 PUBLIC HEALTH	62,446	37,336	25,100	-	-
6200 MEDICINE	137,250	131,850	5,400	-	-
6300 NURSING	27,323	18,783	8,540	-	-
6400 ENVIRONMENTAL SCIENCES	193,033	173,083	19,950	-	-
6500 VETERINARY MEDICINE	12,000	2,000	10,000	-	-
6700 BIOSTATISTICS	8,959	4,714	4,245	-	-
GRAND TOTAL	8,242,574	6,405,623	1,601,870	235,081	-
=====	=====	=====	=====	=====	=====
PER CENT OF TOTAL	100.0	77.7	19.4	2.9	-

ANNEX 5 . . . continued
PROGRAM BUDGET - DETAIL BY FUND
UNITED NATIONS DEVELOPMENT PROGRAMME

1975

PROGRAM BUDGET - DETAIL 1975	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
I. PROTECTION OF HEALTH	2,762,037	2,199,849	488,866	73,322	-
A. COMMUNICABLE DISEASES	668,210	509,292	85,596	73,322	-
0400 TUBERCULOSIS	10,750	10,750	-	-	-
0700 ZOOSES	657,460	498,542	85,596	73,322	-
B. ENVIRONMENTAL HEALTH	2,093,827	1,690,557	403,270	-	-
2100 GENERAL	1,519,477	1,195,357	324,120	-	-
2200 WATER SUPPLIES	574,350	495,200	79,150	-	-
II. PROMOTION OF HEALTH	3,318,257	2,546,113	669,644	102,500	-
A. GENERAL SERVICES	2,035,422	1,407,778	525,144	102,500	-
3100 GENERAL PUBLIC HEALTH	124,850	98,450	26,400	-	-
3200 NURSING	15,000	15,000	-	-	-
3300 LABORATORY	821,665	688,571	133,094	-	-
3500 STATISTICS	456,307	354,757	101,550	-	-
3600 ADMINISTRATIVE METHODS	122,800	78,000	44,800	-	-
3700 HEALTH PLANNING	494,800	173,000	219,300	102,500	-
B. SPECIFIC PROGRAMS	1,282,835	1,138,335	144,500	-	-
4200 NUTRITION	6,250	-	6,250	-	-
4400 DENTAL HEALTH	135,100	131,400	3,700	-	-
4600 OCCUPATIONAL HEALTH	157,400	133,400	24,000	-	-
4700 FOOD AND DRUG	621,310	600,510	20,800	-	-
4800 MEDICAL CARE	338,875	249,125	89,750	-	-
5000 REHABILITATION	23,900	23,900	-	-	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	1,704,621	1,068,221	636,400	-	-
6100 PUBLIC HEALTH	1,511,300	890,000	621,300	-	-
6200 MEDICINE	88,750	88,750	-	-	-
6300 NURSING	16,400	15,000	1,400	-	-
6400 ENVIRONMENTAL SCIENCES	88,171	74,471	13,700	-	-
GRAND TOTAL	7,784,915	5,814,183	1,794,910	175,822	-
PER CENT OF TOTAL	100.0	74.7	23.1	2.2	-

ANNEX 5 . . . continued
PROGRAM BUDGET - DETAIL BY FUND
UNITED NATIONS DEVELOPMENT PROGRAMME

1976

PROGRAM BUDGET - DETAIL 1976	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
I. PROTECTION OF HEALTH	1,521,211	1,157,801	286,613	76,797	-
A. COMMUNICABLE DISEASES	558,534	408,494	73,243	76,797	-
0400 TUBERCULOSIS	-	-	-	-	-
0700 ZOOZOSES	558,534	408,494	73,243	76,797	-
B. ENVIRONMENTAL HEALTH	962,677	749,307	213,370	-	-
2100 GENERAL	787,277	590,407	196,870	-	-
2200 WATER SUPPLIES	175,400	158,900	16,500	-	-
II. PROMOTION OF HEALTH	1,819,594	1,383,744	335,850	100,000	-
A. GENERAL SERVICES	1,187,034	808,784	278,250	100,000	-
3100 GENERAL PUBLIC HEALTH	30,000	30,000	-	-	-
3200 NURSING	-	-	-	-	-
3300 LABORATORY	412,789	345,889	66,900	-	-
3500 STATISTICS	358,242	286,442	71,800	-	-
3600 ADMINISTRATIVE METHODS	71,953	71,953	-	-	-
3700 HEALTH PLANNING	314,000	74,000	140,000	100,000	-
B. SPECIFIC PROGRAMS	632,560	574,960	57,600	-	-
4200 NUTRITION	-	-	-	-	-
4400 DENTAL HEALTH	151,100	143,700	7,400	-	-
4600 OCCUPATIONAL HEALTH	94,400	76,700	17,700	-	-
4700 FOOD AND DRUG	346,860	332,060	14,800	-	-
4800 MEDICAL CARE	40,200	22,500	17,700	-	-
5000 REHABILITATION	-	-	-	-	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	1,146,800	500,200	646,600	-	-
6100 PUBLIC HEALTH	1,108,850	466,650	642,200	-	-
6200 MEDICINE	33,550	33,550	-	-	-
6300 NURSING	4,400	-	4,400	-	-
6400 ENVIRONMENTAL SCIENCES	-	-	-	-	-
GRAND TOTAL	4,487,605	3,041,745	1,269,063	176,797	-
=====		=====	=====	=====	=====
PER CENT OF TOTAL	100.0	67.8	28.3	3.9	-

ANNEX 5 . . . continued

PROGRAM BUDGET - DETAIL BY FUND
UNITED NATIONS FUND FOR POPULATION ACTIVITIES

1973-1976

PROGRAM BUDGET - DETAIL 1973	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
II. PROMOTION OF HEALTH	302,510	268,175	34,335	-	-
A. GENERAL SERVICES	8,248	8,248	-	-	-
3400 HEALTH EDUCATION	8,248	8,248	-	-	-
B. SPECIFIC PROGRAMS	294,262	259,927	34,335	-	-
4900 FAMILY HEALTH AND POP. DYNAMICS	294,262	259,927	34,335	-	-
GRAND TOTAL	302,510	268,175	34,335	-	-
PER CENT OF TOTAL	100.0	88.6	11.4	-	-

PROGRAM BUDGET - DETAIL 1974	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
II. PROMOTION OF HEALTH	4,944,426	3,980,447	963,979	-	-
A. GENERAL SERVICES	-	-	-	-	-
3400 HEALTH EDUCATION	-	-	-	-	-
B. SPECIFIC PROGRAMS	4,944,426	3,980,447	963,979	-	-
4900 FAMILY HEALTH AND POP. DYNAMICS	4,944,426	3,980,447	963,979	-	-
GRAND TOTAL	4,944,426	3,980,447	963,979	-	-
PER CENT OF TOTAL	100.0	80.5	19.5	-	-

PROGRAM BUDGET - DETAIL 1975	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
II. PROMOTION OF HEALTH	7,631,950	6,369,865	1,262,085	-	-
B. SPECIFIC PROGRAMS	7,631,950	6,369,865	1,262,085	-	-
4900 FAMILY HEALTH AND POP. DYNAMICS	7,631,950	6,369,865	1,262,085	-	-
GRAND TOTAL	7,631,950	6,369,865	1,262,085	-	-
PER CENT OF TOTAL	100.0	83.5	16.5	-	-

PROGRAM BUDGET - DETAIL 1976	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
II. PROMOTION OF HEALTH	7,759,060	6,711,890	1,047,170	-	-
B. SPECIFIC PROGRAMS	7,759,060	6,711,890	1,047,170	-	-
4900 FAMILY HEALTH AND POP. DYNAMICS	7,759,060	6,711,890	1,047,170	-	-
GRAND TOTAL	7,759,060	6,711,890	1,047,170	-	-
PER CENT OF TOTAL	100.0	86.5	13.5	-	-

ANNEX 5 . . . continued

PROGRAM BUDGET - DETAIL BY FUND
WHO GRANTS AND OTHER CONTRIBUTIONS

1973-1974

PROGRAM BUDGET - DETAIL 1973	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
I. PROTECTION OF HEALTH	\$ 3,850	\$ 1,695	\$ -	\$ 2,155	\$ -
A. COMMUNICABLE DISEASES	2,155	-	-	2,155	-
0900 OTHER	2,155	-	-	2,155	-
B. ENVIRONMENTAL HEALTH	1,695	1,695	-	-	-
2200 WATER SUPPLIES	1,695	1,695	-	-	-
II. PROMOTION OF HEALTH	2,825	2,825	-	-	-
A. GENERAL SERVICES	2,825	2,825	-	-	-
3100 GENERAL PUBLIC HEALTH	2,825	2,825	-	-	-
B. SPECIFIC PROGRAMS	-	-	-	-	-
4600 OCCUPATIONAL HEALTH	-	-	-	-	-
4800 MEDICAL CARE	-	-	-	-	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	45,651	45,651	-	-	-
6400 ENVIRONMENTAL SCIENCES	45,651	45,651	-	-	-
V. ADMINISTRATIVE DIRECTION	93,662	-	-	-	93,662
8300 GENERAL EXPENSES	93,662	-	-	-	93,662
GRAND TOTAL	145,988	50,171	-	2,155	93,662
PER CENT OF TOTAL	100.0	34.4	-	1.5	64.1

PROGRAM BUDGET - DETAIL 1974	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
I. PROTECTION OF HEALTH	\$ 4,750	\$ 4,750	\$ -	\$ -	\$ -
A. COMMUNICABLE DISEASES	-	-	-	-	-
0900 OTHER	-	-	-	-	-
B. ENVIRONMENTAL HEALTH	4,750	4,750	-	-	-
2200 WATER SUPPLIES	4,750	4,750	-	-	-
II. PROMOTION OF HEALTH	33,342	33,342	-	-	-
A. GENERAL SERVICES	-	-	-	-	-
3100 GENERAL PUBLIC HEALTH	-	-	-	-	-
B. SPECIFIC PROGRAMS	33,342	33,342	-	-	-
4600 OCCUPATIONAL HEALTH	16,392	16,392	-	-	-
4800 MEDICAL CARE	16,950	16,950	-	-	-
III. DEVELOPMENT OF EDUCATIONAL INSTITUTIONS	59,801	49,801	10,000	-	-
6400 ENVIRONMENTAL SCIENCES	59,801	49,801	10,000	-	-
V. ADMINISTRATIVE DIRECTION	-	-	-	-	-
8300 GENERAL EXPENSES	-	-	-	-	-
GRAND TOTAL	97,893	87,893	10,000	-	-
PER CENT OF TOTAL	100.0	89.8	10.2	-	-

ANNEX 5 . . . continued

PROGRAM BUDGET - DETAIL BY FUND
WHO GRANTS AND OTHER CONTRIBUTIONS

1975-1976

PROGRAM BUDGET - DETAIL 1975	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
II. PROMOTION OF HEALTH	16,950	16,950	-	-	-
B. SPECIFIC PROGRAMS	16,950	16,950	-	-	-
4800 MEDICAL CARE	16,950	16,950	-	-	-
GRAND TOTAL	16,950	16,950	-	-	-
PER CENT OF TOTAL	100.0	100.0	-	-	-

PROGRAM BUDGET - DETAIL 1976	TOTAL	ADVISORY SERVICES	DEVELOPMENT OF HUMAN RESOURCES	RESEARCH	INDIRECT PROGRAM COSTS
	\$	\$	\$	\$	\$
GRAND TOTAL	-	-	-	-	-
PER CENT OF TOTAL	-	-	-	-	-

ANNEX 6

BUILDING FUND

	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>
Headquarters (Roof)	-	75,000	-	-
Zone V Office	93,662	556,000	8,000	-

ANNEX 7

INFORMATIONAL SCHEDULE SHOWING ACTUAL PERCENTAGE IN RESPECT TO
CONTRIBUTIONS FOR 1975 UNDER THE PAHO REGULAR BUDGET PROPOSAL

Country	OAS	Gross	Actual
	Scale	Assessment ^{a/}	Percentages
	%	US\$	%
Argentina	7.40	1,860,158	6.879
Barbados	0.08	20,110	0.074
Bolivia	0.19	47,761	0.177
Brazil	7.40	1,860,158	6.879
Chile	1.35	339,353	1.254
Colombia	1.54	387,114	1.431
Costa Rica	0.19	47,761	0.177
Cuba	1.06	266,455	0.985
Dominican Republic	0.19	47,761	0.177
Ecuador	0.19	47,761	0.177
El Salvador	0.19	47,761	0.177
Guatemala	0.29	72,898	0.269
Haiti	0.19	47,761	0.177
Honduras	0.19	47,761	0.177
Jamaica	0.19	47,761	0.177
Mexico	8.27	2,078,851	7.688
Nicaragua	0.19	47,761	0.177
Panama	0.19	47,761	0.177
Paraguay	0.19	47,761	0.177
Peru	0.67	168,420	0.623
Trinidad and Tobago	0.19	47,761	0.177
United States of America	66.00	16,590,596	61.355
Uruguay	0.58	145,796	0.539
Venezuela	3.08	774,228	2.863
Subtotal	100.00	25,137,269	92.963
	Equivalent		
	Percentages		
<u>Other Member Governments</u>			
Canada	6.81	1,711,847	6.329
Guyana	0.19	47,761	0.177
<u>Participating Governments</u>			
France	0.19	47,761	0.177
Kingdom of the Netherlands	0.19	47,761	0.177
United Kingdom	0.19	47,761	0.177
Subtotal	7.57	1,902,891	7.037
Total Assessments -			
All Countries	107.57	27,040,160	100.000
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a/ The net assessment for each Government is obtained by deducting the credit from the Tax Equalization Fund and adding any adjustment for taxes imposed on the emoluments of PAHO staff.