

Official Documents  
of the  
Pan American Health Organization  
No. 52

INDEXED

**PROPOSED PROGRAM AND BUDGET ESTIMATES**

PAN AMERICAN HEALTH ORGANIZATION, 1965  
WORLD HEALTH ORGANIZATION, REGION OF THE AMERICAS, 1966  
PAN AMERICAN HEALTH ORGANIZATION, PROVISIONAL DRAFT, 1966



PAN AMERICAN HEALTH ORGANIZATION  
Pan American Sanitary Bureau, Regional Office of the  
WORLD HEALTH ORGANIZATION

July 1964

17691

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Pan American Health Organization  
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No. 52-3

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**PAN AMERICAN HEALTH ORGANIZATION**  
Pan American Sanitary Bureau, Regional Office of the  
**WORLD HEALTH ORGANIZATION**  
1501 New Hampshire Ave., N. W.  
Washington, D. C., 20036, U.S.A.

ABBREVIATIONS

AID	Agency for International Development
AMRO	The Americas Regional Office (Regional Symbol for Intercountry and Interzone Projects)
BGG	Bacillus Calmette-Guerin
BHC	Benzene Hexachloride
DDT	Dichlorodiphenyltrichloroethane
DDVP	Dichlorvos
ECLA	Economic Commission for Latin America
FAO	Food and Agriculture Organization
IA-ECOSOC	Inter-American Economic and Social Council
IADB and IDB	Inter-American Development Bank
ICNND	Interdepartmental Committee on Nutrition for National Defense
ILO	International Labor Organization
INCAP	Institute of Nutrition of Central America and Panama
MCH	Maternal and Child Health
NIH	National Institutes of Health
OAS	Organization of American States
PAHO	Pan American Health Organization
PASB	Pan American Sanitary Bureau
SESP	Serviço Especial de Saude Publica
TPO	Tripartite Plan of Operations
VD	Venereal Disease
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
Ung	Ungraded
UNICEF	United Nations Children's Fund
USPHS	United States Public Health Service
WHO	World Health Organization
WHO/TA	World Health Organization/Technical Assistance

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a/ No budgetary provision - advice of regular staff only.

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3301	Laboratory Services (Caribbean)	48	144	4810	Chronic Diseases	110	209
3303	Laboratory Services (Zone III)	66	167	6100	Schools of Public Health	110	209
3307	Vaccine Production and Testing	105	205	6107	Seminars on Schools of Public Health	110	209
3308	Seminar on Laboratory Services	105	205	6108	Seminar on Integration of Teaching of Public Health and Preventive Medicine	110	209
3401	Health Education (Caribbean)	48	144	6200	Medical Education	110	209
3407	Community Development Training Center	105	205	6202	Medical Education (Zone II)	56	155
3500	Advisory Committee on Statistics	105	206	6203	Medical Education (Zone III)	67	168
3501	Health Statistics (Zone I)	48	144	6204	Medical Education (Zone IV)	76	179
3502	Health Statistics (Zone II)	56	155	6206	Medical Education (Zone VI)	96	195
3503	Health Statistics (Zone III)	66	167	6207	Training of Medical Librarians	111	209
3504	Health Statistics (Zone IV)	76	179	6208	Teaching of Statistics in Medical Schools	111	209
3506	Health Statistics (Zone VI)	95	195	6209	Group Study of Medical School Organization	111	210
3507	Regional Development of Epidemiological Studies	105	206	6210	Teaching Methods and Administrative Organization of Medical Schools	111	210
3508	Demographic Research	106	206	6300	Schools of Nursing	111	210
3509	Chronic Disease Statistics	106	206	6307	Seminar on Advanced Nursing Education (Zone III)	67	168
3600	Administrative Methods and Practices in Public Health	106	206	6308	Advanced Nursing Education	111	210
3603	Administrative Methods and Practices in Public Health (Zone III)	66	167	6309	Seminar on Nursing Education	112	210
3604	Administrative Methods and Practices in Public Health (Zone IV)	76	179	6310	Programmed Instruction for Nursing Auxiliaries	112	210
3606	Administrative Methods and Practices in Public Health (Zone VI)	95	195	6400	Sanitary Engineering Training	112	210
4100	Maternal and Child Health Program Planning and Service Norms	106	206	6403	Teaching in Schools of Engineering (Zone III)	67	168
4107	Diarrheal Diseases in Childhood	106	206	6407	Training of Sanitary Inspectors (Zone III)	67	168
4108	Clinical and Social Pediatric Courses	107	206	6500	Teaching of Public Health in Schools of Veterinary Medicine	112	211
4109	Nursing Midwifery	107	206	6600	Dental Education	112	211
4110	Etiology of Congenital Malformations	107	207	6607	Seminars on Dental Education	113	211
4200	Nutrition Advisory Services	107	207	6608	Training Auxiliary Dental Personnel	113	211
4201	Nutrition Advisory Services (Zone I)	49	144	6700	Program for Biostatistics Education	113	211
4203	Institute of Nutrition of Central America and Panama	66	167	6707	Latin American Center for Classification of Diseases	113	211
4204	Nutrition Advisory Services (Zone IV)	76	179	6708	Training Program in Hospital Statistics	114	211
4206	Nutrition Advisory Services (Zone VI)	96	195				
4207	Nutrition (Caribbean)	49	144				
4209	Endemic Goiter Prevention	107	207				
4210	Evaluation of Applied Nutrition Programs	107	207				
4211	Research in Protein-Calorie Malnutrition	108	207				
4300	Mental Health	108	207				

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 1965.
2. The proposed program and budget estimates of the World Health Organization for the Region of the Americas for the financial year 1966.
3. The provisional draft of the proposed program and budget estimates of the Pan American Health Organization for the financial year 1966.



Abraham Harwitz  
Director

## I N T R O D U C T I O N

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 the Organization. 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.

Costs of the new building are not included in the various budget schedules, but present estimates of requirements and available resources are shown in Annex 6. The land, generously donated by the Government of the United States of America is estimated at \$1,092,150. The building, including preparatory costs, architectural fees, electrical and other fixed installations, will cost an estimated \$5,797,290. A generous contribution was made by the W. K. Kellogg Foundation of \$5,000,000 to the Special Fund for Health Promotion for water supply and nutrition programs and for education and training. Under the arrangement with the Foundation, this advance donation will be used for the new Headquarters building but over the next twenty years a proportion will be included in the budget for the Special Fund for Health Promotion (shown as Part IV of the PAHO Regular Budget) until an equivalent value is achieved. The remaining cost of the building is expected to be met from the existing Building Fund and proceeds from sale of the two buildings owned and occupied by the Organization.

Although not reflected in this document, a significant amount of the time and energy of the Organization 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. Basic to future planning is the recognition of the rural character of the economy of Latin America where fifty per cent of the population is engaged in agriculture. The Organization 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 covering the three years 1964, 1965, and 1966 is presented as a balanced whole, regardless of source of funds. Information for 1964 includes the latest data available at the time of preparation of the document. The 1965 program, presented as advance draft in the previous budget document (Official Document No. 45), has been revised to reflect current priorities and latest known desires and requirements of Governments. The 1966 program represents the advance plans for that year.

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

1. The Regular Budget of the Pan American Health Organization, including the Special Fund for Health Promotion.

2. Other funds expected to be available to PAHO for specified purposes. They include: (a) the Community Water Supply Fund supported by voluntary contributions of Governments; (b) special grants made to PAHO for specific activities; (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; (d) the Program of Technical Cooperation of the Organization of American States; and, (e) the PAHO Special Malaria Fund supported by voluntary contributions of Governments. Grant funds for research, medical education and other health purposes which may be received as the result of preliminary negotiations now under way are not reflected in this document unless commitments are already reasonably clear.

3. The allocation to the Region of the Americas from the Regular Budget of the World Health Organization. The amounts for 1964 and 1965 represent funds already appropriated by the World Health Assembly.

4. Technical Assistance Funds of the United Nations administered by WHO for projects in the Region of the Americas. The amounts for 1965-1966 represent the program levels as anticipated for this biennium. The 1964 figure includes contingency allocations which have been approved as of the date of preparation.

5. Projects to be financed by the United Nations Special Fund and by the WHO Malaria Eradication Special Account are identified.

\* \* \*

The budget is presented in a format revised somewhat from previous budget documents. The format was reviewed by the 50th Meeting of the Executive Committee and the changes approved. The new format is more compact, while giving greater flexibility in showing sources of funds.

The section providing analytical information on proposed projects continues to be included. The program classification plan is one which it is believed will facilitate the study of proposed investments in health projects.

It will be noted that a new four-digit numbering system has been used for projects. The first two digits correspond to the program classification numbers shown in Table 7. The second two digits reflect the number of the individual project within the series of each subject for each country and for intercountry projects. Thus all projects are simultaneously listed by subject classification and in serial number order.

\* \* \*

The PAHO Regular Program and Budget for 1965 was presented as a provisional draft to the XIV Meeting of the Directing Council. Thereafter, it was again reviewed and revised in consultation with each Government. Consequently, the program herein presented reflects the latest known desires of the Member Governments. Projects desired by Governments which could not be fitted within the budget are shown in Annex 8, totalling over two million dollars.

The 50th Executive Committee carefully studied the Proposed Program and Budget of PAHO. Recognizing that the program, revised after consultation with Governments, is well-conceived and much-needed, the Committee recommended to the Directing Council that it establish the budget level of the Pan American Health Organisation for 1965 at \$7,190,000.

In addition to review and final action on the Proposed PAHO Regular Program and Budget for 1965, the

Directing Council should: (a) review all funds in the total proposed program for 1966, and make observations and comments on its over-all content and balance; and (b) examine and comment on the provisional draft of the PAHO Regular Program and Budget for 1966, to guide the Director in the preparation of his proposed program and budget to be resubmitted in 1965 for final action. As Regional Committee of WHO for the Americas, the Directing Council should also examine and make recommendations to the Director-General on the proposed WHO Regional Program and Budget for 1966.

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## PROPOSED APPROPRIATION RESOLUTION

THE DIRECTING COUNCIL,

## RESOLVES:

1. To appropriate for the financial year 1965 an amount of \$7,190,000 as follows:

		<u>Purpose of Appropriation</u>
PART I	PAN AMERICAN HEALTH ORGANIZATION - ORGANIZATIONAL MEETINGS	\$ 204,775
PART II	PAN AMERICAN HEALTH ORGANIZATION - HEADQUARTERS	2,171,084
PART III	PAN AMERICAN HEALTH ORGANIZATION - FIELD AND OTHER PROGRAMS	4,239,141
PART IV	PAN AMERICAN HEALTH ORGANIZATION - SPECIAL FUND FOR HEALTH PROMOTION	250,000
PART V	PAN AMERICAN HEALTH ORGANIZATION - INCREASE TO ASSETS	325,000
Total - All Parts		<u>\$7,190,000</u>

2. That the appropriation shall be financed from:

## a. Assessments in respect to:

i)	Member 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	\$7,090,000
ii)	Jamaica (based on assessment of those Member Governments having comparable size and per capita income)	21,270
iii)	Trinidad and Tobago (based on assessment of those Member Governments having comparable size and per capita income)	21,270
iv)	France (DC V, Resolutions XV and XL)	11,373
v)	Kingdom of the Netherlands (DC V, Resolutions XV and XL)	8,538
vi)	United Kingdom (based on assessment of those Member Governments having comparable size and per capita income)	21,270

## b. Miscellaneous Income

	16,279 ✓
Total	<u>\$7,190,000</u>

3. That in accordance with the Financial Regulations of the Organization, 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 1965, inclusive.

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

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

Member 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)

<u>Country</u>	<u>Percentage</u>	<u>Amount for Financial Year</u>	
		<u>1965</u>	<u>1966</u>
	<u>%</u>	<u>\$</u>	<u>\$</u>
Argentina	7.36	521,824	572,608
Bolivia	0.30	21,270	23,340
Brazil	7.67	543,803	596,726
Chile	1.94	137,546	150,932
Colombia	1.94	137,546	150,932
Costa Rica	0.30	21,270	23,340
Cuba	1.64	116,276	127,592
Dominican Republic	0.37	26,233	28,786
Ecuador	0.44	31,196	34,232
El Salvador	0.30	21,270	23,340
Guatemala	0.37	26,233	28,786
Haiti	0.30	21,270	23,340
Honduras	0.30	21,270	23,340
Mexico	5.51	390,659	428,678
Nicaragua	0.30	21,270	23,340
Panama	0.30	21,270	23,340
Paraguay	0.30	21,270	23,340
Peru	0.74	52,466	57,572
United States of America	66.00	4,679,400	5,134,800
Uruguay	0.82	58,138	63,796
Venezuela	2.80	198,520	217,840
	<u>100.00</u>	<u>7,090,000</u>	<u>7,780,000</u>
<u>Other Member Governments</u>			
Jamaica		21,270	23,340
Trinidad and Tobago		21,270	23,340
		<u>42,540</u>	<u>46,680</u>
<u>Participating Governments</u>			
France	b/	11,373	12,479
Kingdom of the Netherlands	b/	8,538	9,369
United Kingdom	a/	21,270	23,340
		<u>41,181</u>	<u>45,188</u>

In accordance with Article 60 of the Pan American Sanitary Code, the assessment scale adopted by the Council of the Organization of American States is binding upon the Member Governments of the Pan American Health Organization. The scale for 1966, which is presented for informational purposes, is the 1964-1965 scale and is subject to review by the Council of the Organization of American States.

a/ Based on assessment of those Member Governments having comparable size and per capita income.

b/ Amounts calculated in accordance with Resolutions XV and XL of the V Meeting of the Directing Council.

### PROGRAM ANALYSIS

In the recent past a continuum of highly significant events in public policy toward health in the Americas has been occurring. The Act of Bogota recognized the fundamental importance of health to economic and social progress; the Charter of Punta del Este described it in more detail and made recommendations on broad goals for health programs; and in the spring of 1963 the Task Force on Health, established by the Charter, analyzed the problems, resources, priorities and action programs necessary to meet these goals, and, in addition, recommended the development of a special program for rural welfare, which was strongly endorsed by the XIV Directing Council.

Within the context of these recent events and delineation of problems and programs by technicians, and bearing in mind the long-range program previously established, the program and budget for the Organization has been developed. However, it remains one designed to meet the needs and requirements of Member Governments as these Governments now recognize them since the basic objective of the Pan American Health Organization is cooperation with Member Governments in attaining objectives which they have established. For this reason the program and budget should be considered in continuous state of development for, as Governments develop their planning for health services and establish more clearly standards and objectives, there will be a corresponding reflection in the program and budget of the Pan American Health Organization.

\* \* \*

Table 1 presents 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, except as shown in Annex 7.

It will be noted that the total budget of the Organization is expected to increase by 6.6 per cent in 1965 and by 3.0 per cent in 1966. The total figures in dollars would be \$16,227,238 for 1964, \$17,297,006 for 1965, and \$17,820,659 for 1966.

For PAHO Regular Funds the increase of 9.5 per cent in 1965 and 9.6 per cent in 1966 is intended to meet increased costs which average above 4 per cent and permit about 5 per cent expansion in program.

The percentage change varies considerably among PAHO Other Funds. The increase in 1965 for the Community Water Supply Fund reflects the priority status of the activities financed by it. However, achievement of the proposed level will depend on contributions from most if not all Member Governments.

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. Therefore, these grants in the budget document show a sharp decrease with completion of current projects, but they may, in fact, become available in larger amounts as plans develop and new undertakings appear.

The expected increase in INCAP and Related Grants is encouraging in view of the high priority which nutrition holds. The increase shown for the Organization of American States - Technical Cooperation Program reflects a hoped for expansion of the Pan American Foot-and-Mouth Disease Center, especially in its field services to promote and assist national programs, continuation of training courses related to design of water supply systems, and the beginning of a project on programmed instruction for nursing auxiliaries. In the Special Malaria Fund the projected decreases reflect the changing requirements and progress being made in the malaria eradication campaign.

The WHO Regular budget shows a projected increase of 12.3 per cent in 1965 and 10.4 per cent in 1966. In Technical Assistance the budgeted amounts reflect the probable distribution of costs of the 1965-1966 program. The United Nations Special Fund involves three projects whose budgets drop sharply after purchase of supplies and equipment and provision of fellowships in the first two years of operation.

\* \* \*

The program analysis presented in this section has as its core a plan of program classification on two axes as best shown on Table 7. In the vertical axis seven major program classifications have been established with further subdivisions into subgroups and specific programs. The first four of the major program classifications, Protection of Health, Promotion of Health, Education and Training, and Program Services provide direct assistance to programs. They represent 85.8 per cent of the total in 1964; 85.7 per cent in 1965 and 1966 reflecting the influence of the opening of the new Headquarters building in 1965 and the costs of the quadrennial meeting of the Pan American Sanitary Conference in 1966 on the percentage distribution of the budget totals. The remaining three major program classifications, Administrative Direction, Governing Bodies and Increase to Assets could with force of logic and fact be attributed to each program. However, they have been held aside since they are generally a matter of separate analysis and review.

In this classification the attempt has been to classify proposed expenditures according to their major purposes, dividing the costs of some items among several headings where clearly indicated, as for example the costs of engineering services in general sanitation programs versus water supply programs, but otherwise classifying them according to the major purpose they are expected to serve. Additionally, the distribution of costs has been made without regard to the organizational structure of the Bureau, the exception being that the costs common to all programs, such as those related to the Governing Bodies, have been held 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 6 where posts are shown according to program classification. Each post is shown under the subject which reflects the basic assignment of the staff member. As a consequence the distribution of posts, in some cases, does not correspond to the distribution of funds. The greatest variation occurs in Environmental Sanitation and Nursing where many posts are shown under the general category, whereas 50 per cent or more of the funds for them are shown under other headings.

The horizontal axis presents a classification according to the types of activities the Organization expects to carry out. "Planning and Execution" refers to all activities devoted to cooperation with Governments in planning and executing health programs, including advisory services together with 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 "Planning and Execution" since this is the activity being carried out. Thus, the planned use of the funds is for 62.6 per cent, 53.6 per cent, and 62.1 per cent, respectively in the three years 1964-1966 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 Professional Personnel comprises essentially fellowships and seminar-type activities. Although consultants providing advisory services often devote a portion of their effort to in-service training, this time is not shown separately, rather the entire time is shown under Planning and Execution. It will be realized, therefore, that the total training effort is greater than reflected in these tables. Following this definition, the development of professional personnel through fellowships and participation in seminars and other technical meetings will require 12.3 per cent of the budget in 1964, 13.2 per cent in 1965, and 15.2 per cent in 1966.

The third heading on the horizontal axis is Research which includes the research activity carried out by PAHO, as well as the cost of its office for coordinating international research activities. These activities will account for 10.4 per cent in 1964, 8.5 per cent in 1965, and 8.0 per cent in 1966.

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 are 12.9 per cent in 1964, 12.8 per cent in 1965, and 13.0 per cent in 1966. The increases to the Working Capital Fund of the Organization remain fairly steady at 1.8 per cent in 1964, 1.9 per cent in 1965, and 1.7 per cent in 1966.

\*  
\* \* \*

Turning our attention now to the means required to perform these activities, as shown on Table 6, it will be noted that the number of full-time positions show a steady decline from 1,049 in 1964 to 1,004 in 1965 reflecting declining requirements in the malaria eradication campaign and the expected completion of projects financed by grants. These decreases are offset somewhat by increased requirements scattered through other parts of the program. It is interesting to note the increase in months of service expected from short-term consultants from 640 in 1964 to 916 in 1966, reflecting primarily requirements for consultative services in specialized fields. Additionally, the development of professional personnel is expected to increase markedly from 574 fellowships in 1964 to 879 in 1966, the increase being primarily in short fellowships for specialized observation and study. The largest increase in these is for faculty members of professional schools.



TABLE 1

## ALL FUNDS

Fund	1964		1965		Increase of 1965 over 1964	1966		Increase of 1966 over 1965
	Appropriation or Allocation	% of Total	Proposed	% of Total		Proposed	% of Total	
	\$		\$		%	\$		%
<u>PAN AMERICAN HEALTH ORGANIZATION</u>								
Regular*	6,560,000	40.4	7,190,000	41.6	9.6	7,880,000	44.2	9.6
Other								
Community Water Supply	608,574	3.8	647,079	3.8	6.3	652,795	3.7	.9
Grants and Other Contributions to PAHO	695,653	4.3	296,480	1.7	(57.4)	143,405	.8	(51.6)
INCAP and Related Grants	739,850	4.6	831,820	4.8	12.4	918,100	5.1	10.4
Organization of American States - Technical Cooperation Program	690,163	4.2	781,797	4.5	13.3	852,694	4.8	9.1
Special Malaria	2,551,283	15.7	2,439,806	14.1	(4.4)	2,192,091	12.3	(10.2)
Subtotal	11,845,523	73.0	12,186,982	70.5	2.9	12,639,085	70.9	3.7
<u>WORLD HEALTH ORGANIZATION</u>								
Regular	2,766,295	17.0	3,105,457	17.9	12.3	3,427,087	19.2	10.4
Malaria Eradication Special Account	78,000	.5	80,543	.5	3.3	75,913	.4	(5.8)
Technical Assistance	1,150,508	7.1	1,422,145	8.2	23.6	1,350,035	7.6	(5.1)
U. N. Special Fund	386,912	2.4	501,879	2.9	29.7	328,539	1.9	(35.4)
TOTAL	16,227,238	100.0	17,297,006	100.0	6.6	17,820,659	100.0	3.0

\* Includes Special Fund for Health Promotion - \$250,000 each year.

TABLE 2

SUMMARY OF MAJOR PROGRAMS BY FUND  
1964 - 1965 - 1966

Major Program and Fund	1964		1965		1966	
	Amount	Percent	Amount	Percent	Amount	Percent
	\$		\$		\$	
<b>I. Protection of Health - Total</b>	<b>6,414,357</b>	<b>39.6</b>	<b>6,544,480</b>	<b>37.8</b>	<b>6,487,053</b>	<b>36.4</b>
<u>Pan American Health Organization</u>	<u>5,182,256</u>	<u>32.0</u>	<u>5,199,030</u>	<u>30.0</u>	<u>5,207,424</u>	<u>29.3</u>
Regular	1,125,577	6.9	1,287,372	7.4	1,464,052	8.2
Other						
Community Water Supply	608,574	3.8	647,079	3.7	652,795	3.7
Grants and Other Contributions to PAHO	221,531	1.4	94,963	.6	99,725	.6
Organization of American States - Technical Cooperation Program	690,163	4.3	745,197	4.3	814,694	4.6
Special Malaria	2,536,411	15.6	2,424,419	14.0	2,176,158	12.2
<u>World Health Organization</u>	<u>1,232,101</u>	<u>7.6</u>	<u>1,345,450</u>	<u>7.8</u>	<u>1,279,629</u>	<u>7.1</u>
Regular	629,097	3.9	608,364	3.5	610,543	3.4
Technical Assistance	525,004	3.2	656,543	3.8	593,173	3.3
Malaria Eradication Special Account	78,000	.5	80,543	.5	75,913	.4
<b>II. Promotion of Health - Total</b>	<b>5,317,712</b>	<b>32.8</b>	<b>5,544,141</b>	<b>32.6</b>	<b>6,119,565</b>	<b>34.3</b>
<u>Pan American Health Organization</u>	<u>3,774,357</u>	<u>23.3</u>	<u>3,876,756</u>	<u>22.4</u>	<u>4,182,674</u>	<u>23.5</u>
Regular*	2,580,427	15.9	2,855,325	16.5	3,224,044	18.1
Other						
Grants and Other Contributions to PAHO	454,080	2.8	189,611	1.1	40,530	.2
INCAP and Related Grants	739,850	4.6	831,820	4.8	918,100	5.2
<u>World Health Organization</u>	<u>1,543,355</u>	<u>9.5</u>	<u>1,767,385</u>	<u>10.2</u>	<u>1,936,891</u>	<u>10.8</u>
Regular	837,348	5.2	1,037,778	6.0	1,244,496	7.0
Technical Assistance	536,007	3.3	680,207	3.9	668,395	3.7
U. N. Special Fund	170,000	1.0	49,400	.3	24,000	.1
<b>III. Education and Training - Total</b>	<b>1,415,282</b>	<b>8.7</b>	<b>1,847,508</b>	<b>10.7</b>	<b>1,849,407</b>	<b>10.4</b>
<u>Pan American Health Organization</u>	<u>667,947</u>	<u>4.1</u>	<u>779,919</u>	<u>4.5</u>	<u>859,326</u>	<u>4.8</u>
Regular	647,905	4.0	731,413	4.2	818,176	4.6
Other						
Grants and Other Contributions to PAHO	20,042	.1	11,906	.1	3,150	**
Organization of American States - Technical Cooperation Program	-	-	36,600	.2	38,000	.2
<u>World Health Organization</u>	<u>747,335</u>	<u>4.6</u>	<u>1,067,589</u>	<u>6.2</u>	<u>990,081</u>	<u>5.6</u>
Regular	440,926	2.7	529,715	3.1	597,075	3.4
Technical Assistance	89,497	.6	85,395	.5	88,467	.5
U. N. Special Fund	216,912	1.3	452,479	2.6	304,539	1.7

\* Includes Special Fund for Health Promotion - \$250,000 each year.

\*\* Less than .05 per cent.

<u>Major Program and Fund</u>	1964		1965		1966	
	<u>Amount</u>	<u>Percent</u>	<u>Amount</u>	<u>Percent</u>	<u>Amount</u>	<u>Percent</u>
	\$		\$		\$	
IV. <u>Program Services - Total</u>	<u>760,607</u>	<u>4.7</u>	<u>795,220</u>	<u>4.6</u>	<u>821,830</u>	<u>4.6</u>
<u>Pan American Health Organization - Regular</u>	<u>523,254</u>	<u>3.2</u>	<u>541,230</u>	<u>3.1</u>	<u>558,341</u>	<u>3.1</u>
<u>World Health Organization - Regular</u>	<u>237,353</u>	<u>1.5</u>	<u>253,990</u>	<u>1.5</u>	<u>263,489</u>	<u>1.5</u>
V. <u>Administrative Direction - Total</u>	<u>1,688,826</u>	<u>10.4</u>	<u>1,860,567</u>	<u>10.8</u>	<u>1,904,235</u>	<u>10.7</u>
<u>Pan American Health Organization</u>	<u>1,158,511</u>	<u>7.1</u>	<u>1,260,272</u>	<u>7.3</u>	<u>1,287,469</u>	<u>7.2</u>
Regular	1,143,639	7.0	1,244,885	7.2	1,271,536	7.1
Special Malaria	14,872	.1	15,387	.1	15,933	.1
<u>World Health Organization - Regular</u>	<u>530,315</u>	<u>3.3</u>	<u>600,295</u>	<u>3.5</u>	<u>616,766</u>	<u>3.5</u>
VI. <u>Governing Bodies - Total</u>	<u>330,454</u>	<u>2.0</u>	<u>280,090</u>	<u>1.6</u>	<u>338,569</u>	<u>1.9</u>
<u>Pan American Health Organization - Regular</u>	<u>239,198</u>	<u>1.5</u>	<u>204,775</u>	<u>1.2</u>	<u>243,851</u>	<u>1.4</u>
<u>World Health Organization - Regular</u>	<u>91,256</u>	<u>.5</u>	<u>75,315</u>	<u>.4</u>	<u>94,718</u>	<u>.5</u>
VII. <u>Increase to Assets - Total</u>	<u>300,000</u>	<u>1.8</u>	<u>325,000</u>	<u>1.9</u>	<u>300,000</u>	<u>1.7</u>
<u>Pan American Health Organization - Regular</u>	<u>300,000</u>	<u>1.8</u>	<u>325,000</u>	<u>1.9</u>	<u>300,000</u>	<u>1.7</u>
GRAND TOTAL	<u>16,227,238</u>	<u>100.0</u>	<u>17,297,006</u>	<u>100.0</u>	<u>17,820,659</u>	<u>100.0</u>

TABLE 3

SUMMARY OF MAJOR PROGRAMS BY ACTIVITIES - ALL FUNDS  
1964 - 1965 - 1966

Major Program and Activity	1964		1965		1966	
	Amount	Percent	Amount	Percent	Amount	Percent
	\$		\$		\$	
<u>Protection of Health - Total</u>	<u>6,414,357</u>	<u>100.0</u>	<u>6,544,480</u>	<u>100.0</u>	<u>6,487,053</u>	<u>100.0</u>
Planning and Execution	5,198,178	81.0	5,494,501	83.9	5,352,297	82.5
Development of Professional Personnel	499,173	7.8	443,620	6.8	511,958	7.9
Research	717,006	11.2	606,359	9.3	622,798	9.6
 <u>Promotion of Health - Total</u>	 <u>5,317,712</u>	 <u>100.0</u>	 <u>5,644,141</u>	 <u>100.0</u>	 <u>6,119,565</u>	 <u>100.0</u>
Planning and Execution	3,324,370	62.5	3,523,184	62.4	3,748,561	61.3
Development of Professional Personnel	1,023,959	19.3	1,253,107	22.2	1,573,396	25.7
Research	969,383	18.2	867,850	15.4	797,608	13.0
 <u>Education and Training - Total</u>	 <u>1,415,282</u>	 <u>100.0</u>	 <u>1,847,508</u>	 <u>100.0</u>	 <u>1,849,407</u>	 <u>100.0</u>
Planning and Execution	941,353	66.5	1,268,088	68.6	1,219,517	65.9
Development of Professional Personnel	473,929	33.5	579,420	31.4	629,890	34.1
 <u>Program Services - Total</u>	 <u>760,607</u>	 <u>100.0</u>	 <u>795,220</u>	 <u>100.0</u>	 <u>821,830</u>	 <u>100.0</u>
Planning and Execution	687,437	90.4	715,662	90.0	742,576	90.4
Indirect Program Costs	73,170	9.6	79,558	10.0	79,254	9.6
 <u>Administrative Direction - Total</u>	 <u>1,688,826</u>	 <u>100.0</u>	 <u>1,860,567</u>	 <u>100.0</u>	 <u>1,904,235</u>	 <u>100.0</u>
Indirect Program Costs	1,688,826	100.0	1,860,567	100.0	1,904,235	100.0
 <u>Governing Bodies - Total</u>	 <u>330,454</u>	 <u>100.0</u>	 <u>280,090</u>	 <u>100.0</u>	 <u>338,569</u>	 <u>100.0</u>
Indirect Program Costs	330,454	100.0	280,090	100.0	338,569	100.0
 <u>Increase to Assets - Total</u>	 <u>300,000</u>	 <u>-</u>	 <u>325,000</u>	 <u>-</u>	 <u>300,000</u>	 <u>-</u>
 <u>GRAND TOTAL</u>	 <u>16,227,238</u>	 <u>-</u>	 <u>17,297,006</u>	 <u>-</u>	 <u>17,820,659</u>	 <u>-</u>

TABLE 4

## DISTRIBUTION OF ACTIVITIES BY FUND AND YEAR

1964 - 1965 - 1966

Activity	1964									
	PAHO Regular		PAHO Other		WHO Regular		WHO/TA		Total - All Funds	
	\$	%	\$	%	\$	%	\$	%	\$	%
Planning and Execution	3,597,435	54.8	3,370,294	63.8	1,796,915	63.2	1,386,694	90.2	10,151,338	62.6
Development of Professional Personnel	1,102,430	16.8	384,237	7.2	385,979	13.6	124,415	8.1	1,997,061	12.3
Research	143,958	2.2	1,516,120	28.7	-	-	26,311	1.7	1,686,389	10.4
Indirect Program Costs	1,416,177	21.6	14,872	.3	661,401	23.2	-	-	2,092,450	12.9
Increase to Assets	300,000	4.6	-	-	-	-	-	-	300,000	1.8
<b>Total - 1964</b>	<b>6,560,000</b>	<b>100.0</b>	<b>5,285,523</b>	<b>100.0</b>	<b>2,844,295</b>	<b>100.0</b>	<b>1,537,420</b>	<b>100.0</b>	<b>16,227,238</b>	<b>100.0</b>

Activity	1965									
	PAHO Regular		PAHO Other		WHO Regular		WHO/TA		Total - All Funds	
	\$	%	\$	%	\$	%	\$	%	\$	%
Planning and Execution	3,990,501	55.5	3,276,759	65.6	1,983,528	62.3	1,750,647	91.0	11,001,435	63.6
Development of Professional Personnel	1,242,677	17.3	405,234	8.1	482,131	15.1	146,105	7.6	2,276,147	13.2
Research	147,335	2.1	1,299,602	26.0	-	-	27,272	1.4	1,474,209	8.5
Indirect Program Costs	1,484,487	20.6	15,387	.3	720,341	22.6	-	-	2,220,215	12.8
Increase to Assets	325,000	4.5	-	-	-	-	-	-	325,000	1.9
<b>Total - 1965</b>	<b>7,190,000</b>	<b>100.0</b>	<b>4,996,982</b>	<b>100.0</b>	<b>3,186,000</b>	<b>100.0</b>	<b>1,924,024</b>	<b>100.0</b>	<b>17,297,006</b>	<b>100.0</b>

Activity	1966									
	PAHO Regular		PAHO Other		WHO Regular		WHO/TA		Total - All Funds	
	\$	%	\$	%	\$	%	\$	%	\$	%
Planning and Execution	4,355,771	55.3	3,131,277	65.8	2,085,552	59.5	1,490,351	88.8	11,062,951	62.1
Development of Professional Personnel	1,517,768	19.2	373,908	7.9	662,863	18.9	160,705	9.6	2,715,244	15.2
Research	154,921	2.0	1,237,967	26.0	-	-	27,518	1.6	1,420,406	8.0
Indirect Program Costs	1,551,540	19.7	15,933	.3	754,585	21.6	-	-	2,322,058	13.0
Increase to Assets	300,000	3.8	-	-	-	-	-	-	300,000	1.7
<b>Total - 1966</b>	<b>7,880,000</b>	<b>100.0</b>	<b>4,759,085</b>	<b>100.0</b>	<b>3,503,000</b>	<b>100.0</b>	<b>1,678,574</b>	<b>100.0</b>	<b>17,820,659</b>	<b>100.0</b>

TABLE 5

SUMMARY OF ESTIMATED EXPENDITURES  
BY FUND AND BY OBJECT OF EXPENDITURE

1964 - 1965 - 1966

Source of Funds	OBJECT OF EXPENDITURE						
	1964						
	Total	Personnel Costs	Duty Travel	Fellow-ships	Seminars	Supplies and Equipment	Grants and Other
	\$	\$	\$	\$	\$	\$	\$
PAHO Regular (PR)	6,560,000	3,934,865	341,060	974,038	92,536	211,845	1,005,656
PAHO Special Malaria (PM)	2,551,283	1,776,740	338,599	34,100	55,825	253,045	92,974
PAHO Community Water Supply (PW)	608,574	463,014	43,260	97,100	4,100	1,100	-
PAHO Grants (PG)	1,285,503	779,488	45,312	20,500	11,700	198,579	229,924
PAHO Organization of American States - Technical Cooperation Program (PA)	690,163	478,161	28,452	29,586	-	131,323	22,641
PAHO Institute of Nutrition of Central America and Panama (PI)	150,000	114,000	7,500	2,500	-	12,000	14,000
WHO Regular (WR)	2,766,295	1,913,648	145,541	313,025	72,954	83,700	237,427
WHO Technical Assistance (WT)	1,150,508	944,531	81,287	98,040	-	11,650	15,000
WHO Malaria Eradication Special Account (WM)	78,000	56,190	7,510	4,300	-	10,000	-
WHO United Nations Special Fund (WS)	386,912	101,192	8,858	28,750	68,600	150,000	29,512
<b>Total - 1964</b>	<b>16,227,238</b>	<b>10,561,829</b>	<b>1,047,379</b>	<b>1,601,939</b>	<b>305,715</b>	<b>1,063,242</b>	<b>1,647,134</b>
Per Cent of Total	100.0	65.1	6.4	9.9	1.9	6.5	10.2
	1965						
PAHO Regular (PR)	7,190,000	4,328,011	355,820	1,080,674	130,585	226,108	1,068,802
PAHO Special Malaria (PM)	2,439,806	1,705,000	319,105	37,400	32,825	277,045	68,431
PAHO Community Water Supply (PW)	647,079	505,259	42,720	90,100	7,900	1,100	-
PAHO Grants (PG)	933,300	702,052	40,300	20,500	7,500	90,945	72,003
PAHO Organization of American States - Technical Cooperation Program (PA)	781,797	500,421	32,072	56,554	-	163,782	28,968
PAHO Institute of Nutrition of Central America and Panama (PI)	195,000	148,200	9,750	6,300	1,500	15,600	13,650
WHO Regular (WR)	3,105,457	2,094,254	166,203	464,826	16,805	86,150	277,219
WHO Technical Assistance (WT)	1,422,145	1,189,466	97,624	104,855	-	15,200	15,000
WHO Malaria Eradication Special Account (WM)	80,543	61,302	4,941	4,300	-	10,000	-
WHO United Nations Special Fund (WS)	501,879	183,998	14,207	41,250	-	222,000	40,424
<b>Total - 1965</b>	<b>17,297,006</b>	<b>11,417,963</b>	<b>1,082,742</b>	<b>1,906,759</b>	<b>197,115</b>	<b>1,107,930</b>	<b>1,584,497</b>
Per Cent of Total	100.0	66.0	6.3	11.0	1.1	6.4	9.2
	1966						
PAHO Regular (PR)	7,880,000	4,716,636	369,950	1,293,285	160,004	274,665	1,065,460
PAHO Special Malaria (PM)	2,192,091	1,579,104	276,009	22,100	-	268,247	46,631
PAHO Community Water Supply (PW)	652,795	509,775	42,720	90,100	9,100	1,100	-
PAHO Grants (PG)	821,505	623,320	36,750	20,500	-	78,985	61,950
PAHO Organization of American States - Technical Cooperation Program (PA)	852,694	549,280	34,000	58,394	-	181,020	30,000
PAHO Institute of Nutrition of Central America and Panama (PI)	240,000	182,400	12,000	8,100	1,500	19,200	16,800
WHO Regular (WR)	3,427,087	2,212,637	160,823	606,422	41,955	109,600	295,650
WHO Technical Assistance (WT)	1,350,035	1,125,151	84,829	109,455	-	15,600	15,000
WHO Malaria Eradication Special Account (WM)	75,513	63,521	5,000	-	-	7,392	-
WHO United Nations Special Fund (WS)	328,539	140,796	23,569	51,250	-	78,400	34,524
<b>Total - 1966</b>	<b>17,820,659</b>	<b>11,702,620</b>	<b>1,045,650</b>	<b>2,259,606</b>	<b>212,559</b>	<b>1,034,209</b>	<b>1,566,015</b>
Per Cent of Total	100.0	65.7	5.8	12.7	1.2	5.8	8.8

TABLE 6  
DISTRIBUTION OF PERSONAL SERVICES, FELLOWSHIPS, AND PARTICIPANTS  
BY PROGRAM AND YEAR - ALL FUNDS

Program	1964						1965						1966					
	Number of Posts		Fellowships		Partici- pants		Number of Posts		Fellowships		Partici- pants		Number of Posts		Fellowships		Partici- pants	
	Prof.	Local	STC Mos.	Long			Short	Prof.	Local	STC Mos.			Long	Short	Prof.	Local		
<u>Protection of Health - Total</u>	<u>281</u>	<u>196</u>	<u>242</u>	<u>43</u>	<u>120</u>	<u>162</u>	<u>276</u>	<u>174</u>	<u>308</u>	<u>20</u>	<u>206</u>	<u>50</u>	<u>257</u>	<u>173</u>	<u>342</u>	<u>32</u>	<u>192</u>	<u>88</u>
<u>A. Communicable Diseases</u>	<u>205</u>	<u>183</u>	<u>52</u>	<u>18</u>	<u>41</u>	<u>110</u>	<u>194</u>	<u>161</u>	<u>75</u>	<u>10</u>	<u>92</u>	<u>30</u>	<u>177</u>	<u>160</u>	<u>80</u>	<u>14</u>	<u>78</u>	<u>41</u>
General	5	3	-	1	-	-	5	3	-	-	-	-	6	3	-	1	-	-
Malaria	154	9	5	3	15	69	143	8	5	1	22	30	127	7	5	1	13	-
Smallpox	4	1	2	-	1	-	2	1	2	-	-	-	2	1	4	-	-	-
Tuberculosis	7	1	16	4	1	30	8	1	19	4	8	-	7	1	18	5	11	-
Leprosy	4	-	5	5	4	-	4	-	10	2	22	-	4	-	10	3	11	-
Treponematoses	4	-	2	-	-	-	4	-	8	-	7	-	4	-	10	-	8	30
Zoonoses	9	37	10	2	1	11	7	37	7	-	2	-	7	37	4	1	1	11
Foot-and-Mouth Disease	17	132	-	3	16	-	17	111	-	3	22	-	17	111	-	3	24	-
Other	1	-	12	-	3	-	4	-	24	-	9	-	3	-	29	-	10	-
<u>B. Environmental Sanitation</u>	<u>76</u>	<u>13</u>	<u>190</u>	<u>25</u>	<u>79</u>	<u>52</u>	<u>82</u>	<u>13</u>	<u>233</u>	<u>10</u>	<u>114</u>	<u>20</u>	<u>80</u>	<u>13</u>	<u>262</u>	<u>18</u>	<u>114</u>	<u>47</u>
General	35	8	21	22	3	-	35	8	19	10	7	-	34	8	25	17	7	-
Water Supply	20	3	160	3	74	52	22	3	211	-	103	20	23	3	222	-	103	21
Aedes aegypti Eradication	18	-	6	-	-	-	22	-	-	-	-	-	21	-	-	-	-	-
Housing	3	2	3	-	2	-	3	2	3	-	4	-	2	2	15	1	4	26
<u>Promotion of Health - Total</u>	<u>192</u>	<u>137</u>	<u>235</u>	<u>162</u>	<u>110</u>	<u>133</u>	<u>200</u>	<u>140</u>	<u>268</u>	<u>185</u>	<u>160</u>	<u>182</u>	<u>191</u>	<u>139</u>	<u>354</u>	<u>230</u>	<u>221</u>	<u>162</u>
<u>A. General Services</u>	<u>116</u>	<u>37</u>	<u>132</u>	<u>122</u>	<u>72</u>	<u>76</u>	<u>116</u>	<u>37</u>	<u>157</u>	<u>128</u>	<u>90</u>	<u>65</u>	<u>110</u>	<u>35</u>	<u>207</u>	<u>148</u>	<u>132</u>	<u>84</u>
General Public Health	48	20	85	103	70	15	48	20	73	105	72	30	47	19	88	118	93	30
Nursing	29	7	6	4	-	47	30	7	6	5	1	-	31	7	22	9	20	-
Laboratory	6	1	25	11	2	-	7	1	51	13	6	-	5	1	74	14	6	34
Health Education	5	1	6	-	-	-	3	1	9	4	1	-	3	1	10	4	1	-
Statistics	23	8	7	4	-	-	22	8	18	2	-	15	18	7	13	3	2	-
Administrative Methods	5	-	3	-	-	14	6	-	-	-	10	20	6	-	-	-	10	20
<u>B. Specific Programs</u>	<u>76</u>	<u>100</u>	<u>103</u>	<u>40</u>	<u>38</u>	<u>57</u>	<u>84</u>	<u>103</u>	<u>111</u>	<u>56</u>	<u>70</u>	<u>117</u>	<u>81</u>	<u>104</u>	<u>147</u>	<u>82</u>	<u>89</u>	<u>78</u>
Maternal and Child Health	5	1	10	2	4	-	5	1	22	4	16	-	5	1	21	5	22	-
Nutrition	50	92	19	29	15	17	52	95	22	31	27	6	51	98	19	42	34	6
Mental Health	3	3	15	2	-	20	5	3	3	6	-	40	3	1	17	12	-	-
Dental Health	1	1	5	-	3	-	1	1	12	4	7	-	1	1	12	4	7	-
Radiological Health	2	1	7	2	1	-	2	1	5	1	6	-	2	1	7	2	6	-
Occupational Health	1	1	15	-	3	20	1	1	17	1	-	-	-	1	25	3	-	-
Food and Drug	-	-	13	-	7	-	-	-	12	1	6	11	1	-	7	2	6	-
Medical Care	14	1	19	5	5	-	18	1	18	8	8	60	18	1	39	12	14	72
<u>Education and Training - Total</u>	<u>35</u>	<u>6</u>	<u>163</u>	<u>67</u>	<u>72</u>	<u>103</u>	<u>36</u>	<u>5</u>	<u>218</u>	<u>79</u>	<u>123</u>	<u>48</u>	<u>37</u>	<u>4</u>	<u>220</u>	<u>89</u>	<u>115</u>	<u>73</u>
Public Health	5	2	29	11	6	-	4	2	39	9	9	40	3	2	50	9	8	20
Medicine	4	2	50	20	27	13	3	1	71	18	32	-	4	1	72	20	29	13
Nursing	21	1	15	22	4	50	20	1	22	33	27	8	21	1	31	40	28	-
Sanitation	3	-	36	6	8	-	7	-	63	10	28	-	6	-	38	10	20	-
Veterinary Medicine	1	-	10	4	1	-	-	-	8	3	1	-	-	-	10	3	1	-
Dentistry	-	1	9	2	6	40	-	1	11	4	6	-	-	-	13	5	8	40
Biostatistics	1	-	4	2	20	-	2	-	4	2	20	-	3	-	6	2	21	-
<u>Program Services - Total</u>	<u>27</u>	<u>35</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>27</u>	<u>35</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>27</u>	<u>35</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>Administrative Direction - Total</u>	<u>33</u>	<u>90</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>32</u>	<u>92</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>32</u>	<u>92</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Executive and Technical Direction	7	6	-	-	-	-	7	6	-	-	-	-	7	6	-	-	-	-
Administrative Services	26	84	-	-	-	-	25	86	-	-	-	-	25	86	-	-	-	-
<u>Governing Bodies - Total</u>	<u>9</u>	<u>8</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>9</u>	<u>8</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>9</u>	<u>8</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b>GRAND TOTAL</b>	<b>577</b>	<b>472</b>	<b>640</b>	<b>272</b>	<b>302</b>	<b>398</b>	<b>580</b>	<b>454</b>	<b>794</b>	<b>284</b>	<b>489</b>	<b>280</b>	<b>553</b>	<b>451</b>	<b>916</b>	<b>351</b>	<b>528</b>	<b>323</b>

## SUMMARY OF MAJOR PROGRAMS

1964 - 19

	Total						Detail - 1964			
	1964		1965		1966		Planning and Execution	Development of Professional Personnel	Research	Indirect Program Costs
	\$	%	\$	%	\$	%	\$	\$	\$	\$
I. <u>Protection of Health - Total</u>	<u>6,414,357</u>	<u>39.6</u>	<u>6,544,480</u>	<u>37.8</u>	<u>6,487,053</u>	<u>36.4</u>	<u>5,198,178</u>	<u>499,173</u>	<u>717,006</u>	-
A. <u>Communicable Diseases</u>	<u>4,504,941</u>	<u>27.8</u>	<u>4,424,963</u>	<u>25.6</u>	<u>4,260,673</u>	<u>23.9</u>	<u>3,585,900</u>	<u>202,035</u>	<u>717,006</u>	-
0100 General	106,216	.7	114,079	.7	136,435	.8	101,916	4,300	-	-
0200 Malaria	2,860,204	17.6	2,759,024	15.9	2,490,557	14.0	2,593,719	99,314	167,171	-
0300 Smallpox	66,200	.4	33,878	.2	33,902	.2	65,200	1,000	-	-
0400 Tuberculosis	174,618	1.1	203,210	1.2	198,557	1.1	139,583	35,035	-	-
0500 Leprosy	114,955	.7	148,760	.9	132,037	.7	86,655	28,300	-	-
0600 Treponematoses	63,304	.4	90,692	.5	123,484	.7	63,304	-	-	-
0700 Zoonoses	326,181	2.0	300,578	1.7	301,139	1.7	196,710	12,600	116,871	-
0800 Foot-and-Mouth Disease	757,209	4.7	668,197	3.9	735,014	4.1	307,859	16,386	432,964	-
0900 Other	36,054	.2	106,545	.6	109,548	.6	30,954	5,100	-	-
B. <u>Environmental Health</u>	<u>1,909,416</u>	<u>11.8</u>	<u>2,119,517</u>	<u>12.2</u>	<u>2,226,380</u>	<u>12.5</u>	<u>1,612,278</u>	<u>297,138</u>	-	-
2100 General	482,030	3.0	460,243	2.6	495,039	2.8	382,030	100,000	-	-
2200 Water Supply	1,054,972	6.5	1,204,647	7.0	1,244,411	7.0	861,234	193,738	-	-
2300 Aedes aegypti Eradication	306,465	1.9	376,823	2.2	378,182	2.1	306,465	-	-	-
2400 Housing	65,949	.4	77,804	.4	108,748	.6	62,549	3,400	-	-
II. <u>Promotion of Health - Total</u>	<u>5,317,712</u>	<u>32.8</u>	<u>5,644,141</u>	<u>32.6</u>	<u>6,119,565</u>	<u>34.3</u>	<u>3,324,370</u>	<u>1,023,959</u>	<u>969,383</u>	-
A. <u>General Services</u>	<u>2,921,496</u>	<u>18.0</u>	<u>2,940,818</u>	<u>17.0</u>	<u>3,175,497</u>	<u>17.8</u>	<u>2,003,309</u>	<u>698,799</u>	<u>219,388</u>	-
3100 General Public Health	1,722,636	10.6	1,754,669	10.2	1,932,907	10.9	1,139,523	583,113	-	-
3200 Nursing	211,518	1.3	178,681	1.0	265,779	1.5	168,652	42,866	-	-
3300 Laboratory	223,309	1.4	317,259	1.8	351,696	2.0	172,609	50,700	-	-
3400 Health Education	78,921	.5	90,013	.5	94,815	.5	78,921	-	-	-
3500 Statistics	595,709	3.7	477,189	2.8	400,887	2.2	359,121	17,200	219,388	-
3600 Administrative Methods	89,403	.5	123,007	.7	129,413	.7	84,483	4,920	-	-
B. <u>Specific Programs</u>	<u>2,396,216</u>	<u>14.8</u>	<u>2,703,323</u>	<u>15.6</u>	<u>2,944,068</u>	<u>16.5</u>	<u>1,321,061</u>	<u>325,160</u>	<u>749,995</u>	-
4100 Maternal and Child Health	256,854	1.6	302,683	1.8	293,200	1.7	191,275	15,400	50,179	-
4200 Nutrition	1,207,680	7.5	1,356,140	7.9	1,478,558	8.3	323,904	224,490	659,286	-
4300 Mental Health	83,164	.5	126,344	.7	143,516	.8	72,864	10,300	-	-
4400 Dental Health	39,610	.2	76,223	.4	77,111	.4	34,510	5,100	-	-
4500 Radiological Health	73,744	.5	75,547	.4	84,711	.5	63,474	10,300	-	-
4600 Occupational Health	239,520	1.5	108,430	.6	109,380	.6	180,650	18,340	40,530	-
4700 Food and Drug	34,500	.2	38,700	.2	44,500	.2	22,600	11,900	-	-
4800 Medical Care	461,114	2.8	619,256	3.6	713,092	4.0	431,784	29,330	-	-
III. <u>Education and Training - Total</u>	<u>1,415,282</u>	<u>8.7</u>	<u>1,847,508</u>	<u>10.7</u>	<u>1,849,407</u>	<u>10.4</u>	<u>941,353</u>	<u>473,929</u>	-	-
6100 Public Health	207,406	1.3	257,023	1.5	247,539	1.4	149,906	57,500	-	-
6200 Medicine	337,294	2.1	335,944	1.9	383,710	2.2	185,114	152,180	-	-
6300 Nursing	407,776	2.5	508,445	2.9	586,834	3.3	280,662	127,114	-	-
6400 Sanitation	267,512	1.6	561,679	3.3	398,139	2.2	223,162	44,350	-	-
6500 Veterinary Medicine	40,350	.2	28,200	.2	31,400	.2	21,450	18,900	-	-
6600 Dentistry	63,302	.4	53,506	.3	79,850	.4	29,942	33,360	-	-
6700 Biostatistics	91,642	.6	102,711	.6	121,935	.7	51,117	40,525	-	-
IV. <u>Program Services - Total</u>	<u>760,607</u>	<u>4.7</u>	<u>795,220</u>	<u>4.6</u>	<u>821,830</u>	<u>4.6</u>	<u>687,437</u>	-	-	<u>73,170</u>
7100 Program Services	760,607	4.7	795,220	4.6	821,830	4.6	687,437	-	-	73,170
V. <u>Administrative Direction - Total</u>	<u>1,688,826</u>	<u>10.4</u>	<u>1,860,567</u>	<u>10.8</u>	<u>1,904,235</u>	<u>10.7</u>	-	-	-	<u>1,688,826</u>
8100 Executive and Technical Direction	232,407	1.4	238,688	1.4	243,306	1.4	-	-	-	232,407
8200 Administrative Services	879,504	5.4	911,836	5.3	943,765	5.3	-	-	-	879,504
8300 General Expenses	576,915	3.6	710,043	4.1	717,164	4.0	-	-	-	576,915
VI. <u>Governing Bodies - Total</u>	<u>330,454</u>	<u>2.0</u>	<u>280,090</u>	<u>1.6</u>	<u>338,569</u>	<u>1.9</u>	-	-	-	<u>330,454</u>
9100 Governing Bodies	330,454	2.0	280,090	1.6	338,569	1.9	-	-	-	330,454
VII. <u>Increase to Assets - Total</u>	<u>300,000</u>	<u>1.8</u>	<u>325,000</u>	<u>1.9</u>	<u>300,000</u>	<u>1.7</u>	-	-	-	<u>300,000</u>
GRAND TOTAL	<u>16,227,238</u>	<u>100.0</u>	<u>17,297,006</u>	<u>100.0</u>	<u>17,820,659</u>	<u>100.0</u>	<u>10,151,338</u>	<u>1,997,061</u>	<u>1,686,389</u>	<u>2,392,450</u>



## PROGRAM AND ACTIVITY - ALL FUNDS

1966

Detail - 1965				Detail - 1966				Line
Planning and Execution	Development of Professional Personnel	Research	Indirect Program Costs	Planning and Execution	Development of Professional Personnel	Research	Indirect Program Costs	
\$	\$	\$	\$	\$	\$	\$	\$	
5,494,501	443,620	606,359	-	5,352,297	511,958	622,798	-	I
<u>3,611,970</u>	<u>206,634</u>	<u>606,359</u>	-	<u>3,421,397</u>	<u>216,478</u>	<u>622,798</u>	-	A
114,079	-	-	-	132,135	4,300	-	-	0100
2,522,317	76,225	160,482	-	2,322,654	27,100	140,803	-	0200
33,878	-	-	-	33,902	-	-	-	0300
164,810	38,400	-	-	124,873	73,684	-	-	0400
104,345	44,415	-	-	100,437	31,600	-	-	0500
78,792	11,900	-	-	86,484	37,000	-	-	0600
177,003	3,400	120,175	-	169,704	8,300	123,135	-	0700
325,701	16,794	325,702	-	358,860	17,294	358,860	-	0800
91,045	15,500	-	-	92,348	17,200	-	-	0900
<u>1,882,531</u>	<u>236,986</u>	-	-	<u>1,930,900</u>	<u>295,480</u>	-	-	B
405,057	55,186	-	-	409,539	85,500	-	-	2100
1,029,647	175,000	-	-	1,065,531	178,880	-	-	2200
376,823	-	-	-	378,182	-	-	-	2300
71,004	6,800	-	-	77,648	31,100	-	-	2400
<u>3,523,184</u>	<u>1,253,107</u>	<u>867,850</u>	-	<u>3,748,561</u>	<u>1,573,396</u>	<u>797,608</u>	-	II
<u>2,111,744</u>	<u>743,915</u>	<u>85,159</u>	-	<u>2,228,132</u>	<u>947,365</u>	-	-	A
1,155,614	599,055	-	-	1,229,862	703,045	-	-	3100
154,581	24,100	-	-	179,779	86,000	-	-	3200
250,659	66,600	-	-	255,236	96,460	-	-	3300
70,613	19,400	-	-	75,415	19,400	-	-	3400
383,430	8,600	85,159	-	384,587	16,300	-	-	3500
96,847	26,160	-	-	103,253	26,160	-	-	3600
<u>1,411,440</u>	<u>509,192</u>	<u>782,691</u>	-	<u>1,520,429</u>	<u>626,031</u>	<u>797,608</u>	-	B
224,885	44,400	33,398	-	234,300	58,900	-	-	4100
391,844	255,533	708,763	-	400,165	321,315	757,078	-	4200
71,419	54,925	-	-	91,916	51,600	-	-	4300
47,123	29,100	-	-	48,011	29,100	-	-	4400
61,047	14,500	-	-	65,911	18,800	-	-	4500
63,600	4,300	40,530	-	55,950	12,900	40,530	-	4600
21,200	17,500	-	-	25,700	18,800	-	-	4700
530,322	88,934	-	-	598,476	114,616	-	-	4800
<u>1,268,088</u>	<u>579,420</u>	-	-	<u>1,219,517</u>	<u>629,890</u>	-	-	III
170,433	86,590	-	-	177,839	69,700	-	-	6100
204,504	131,440	-	-	230,567	153,143	-	-	6200
328,885	179,560	-	-	378,817	208,017	-	-	6300
462,329	99,350	-	-	310,989	87,150	-	-	6400
13,600	14,600	-	-	16,800	14,600	-	-	6500
26,106	27,400	-	-	24,750	55,100	-	-	6600
62,231	40,480	-	-	79,755	42,180	-	-	6700
<u>715,662</u>	-	-	79,558	<u>742,576</u>	-	-	79,254	IV
715,662	-	-	79,558	742,576	-	-	79,254	7100
-	-	-	1,860,567	-	-	-	1,904,235	V
-	-	-	238,688	-	-	-	243,306	8100
-	-	-	911,836	-	-	-	943,765	8200
-	-	-	710,043	-	-	-	717,164	8300
-	-	-	280,090	-	-	-	338,569	VI
-	-	-	280,090	-	-	-	338,569	9100
-	-	-	325,000	-	-	-	300,000	VII
<u>11,001,435</u>	<u>2,276,147</u>	<u>1,474,209</u>	<u>2,545,215</u>	<u>11,062,951</u>	<u>2,715,244</u>	<u>1,420,406</u>	<u>2,622,058</u>	

## I. PROTECTION OF HEALTH

## A. Communicable Diseases

0100 - General

Communicable diseases were the prime force in the establishment of international health agencies. However, despite improving sanitation and some heroic anti-disease campaigns, available statistics show that communicable diseases remain principal causes of death for all ages combined and especially for infancy and childhood.

The Organization collaborates in carrying out programs against communicable diseases. Priorities in its efforts are given on the basis of: (a) eradication of certain diseases for which there are at present practical and efficient means for their elimination and for which there are mandates from the Governing Bodies of the Organization, such as malaria, smallpox, yaws, and the eradication of the *Aedes aegypti*, vector of urban yellow fever; (b) control of diseases for which technically and economically sound programs are feasible, such as tuberculosis, leprosy, diphtheria, pertussis, tetanus, poliomyelitis, rabies, venereal diseases, measles, plague, etc.; and, (c) control of diseases which represent important problems in some areas of the Americas such as Chagas' disease, filariasis, onchocerciasis, shistosomiasis, hydatidosis, and other parasitic diseases.

While assisting the countries in their programs for the control of particular diseases, as part of the general activities of the public health services, the Organization is stimulating the development or strengthening of epidemiological services designed to give guidance on the general control of communicable diseases.

In addition to the consultants which assist the countries in projects for the control of communicable diseases, the Organization has a Communicable Diseases Branch and epidemiologists for Zones II, III, VI, and for the nine northeast states in Brazil. The epidemiologists: (a) promote the development of eradication and control programs against communicable diseases; (b) advise on methods and techniques of control; (c) coordinate the programs of control or eradication of communicable diseases in the countries of the respective Zone; (d) promote better reporting of those diseases; and, (e) advise on all problems related to the application of the International Sanitary Regulations.

The Chief of the Communicable Diseases Branch and the epidemiologists are budgeted under the "general" category. Other staff members are apportioned to other programs. In 1966 a parasitologist will be added to the staff.

	1964	1965	1966
Funds Budgeted	\$106,216	\$114,079	\$136,435
% of Total Budget	0.7	0.7	0.8
Professional Posts	5	5	6
Fellowships	1	-	1

0200 - Malaria

Since its foundation, the World Health Organization has considered malaria the most important single preventable disease, and its control deserving of first priority in

programs of prevention of disease on a global basis. The change of concept from control to eradication, decided upon by the countries of the Americas in 1954, required participation by all countries. Eradication required intensification of control measures, and their application to all infected environments.

At the end of 1963, all countries of the Americas with malaria had eradication programs. The total of the originally malarious area included 16.3 million square kilometers in which were living 152.0 million people. Of these, 56.5 million are in areas which have been freed of malaria in recent years (46 million in the United States of America); 33.9 million are in consolidation areas, where malaria transmission has been halted and house-spraying suspended; 31.9 million are presently in the attack phase, where spraying of houses or other attack measures are still in effect; and, 29.7 million are in the preparatory phase, or where the program has not yet started. Of these latter, however, about 15 million have been only temporarily reclassified as "preparatory phase" pending accumulation of evidence on which to base their redistribution among maintenance, consolidation, and attack phases. Only one country has no program in operation, because of financial and administrative difficulties.

Administrative and financial troubles have delayed the advance of the program, preventing the addition of supplementary attack measures in some countries with problem areas, and the timely completion of normal spraying in a number of others. High turnover or inadequate supervision of personnel is a fairly common problem where thousands of employees do hand work in the field for very low pay, and these problems are sometimes aggravated by delays in payment of salaries and travel expenses.

Technical problems have arisen in some areas, or become manifest only as the program developed. Physiological resistance of the vector to insecticides is one of the first and most important, but for practical purposes, it is limited in area to the Pacific coast of Guatemala, El Salvador, Honduras, and Nicaragua, and a very small adjacent sector of Mexico. A second technical problem, irritability of certain strains of vectors towards DDT, has lessened the effectiveness of insecticides. Sorption of certain newer insecticides into mud walls often prevents their use as a substitute for DDT in resistant areas, although several are available that kill DDT-resistant mosquitoes. A fairly new problem is resistance of the parasite to drugs. There has now been demonstrated a measure of tolerance or resistance of some *P. falciparum* strains to chloroquine in limited areas of Venezuela, Colombia, Brazil, and British Guiana. Research is showing that this problem can be overcome with other drugs or combinations of drugs.

PAHO provides doctors, engineers, entomologists, and sanitary inspectors outside of Headquarters who assist in supervision and training of national personnel in malaria eradication programs. It also provides drugs and certain other items of supplies and equipment which the countries cannot obtain through other channels. It provides seminars and fellowships for training centers or exchange programs and it provides for practical research and development of solutions for the technical problems encountered. PAHO also assists in regional advisory meetings of national and international malaria eradication staff to improve cooperative efforts between countries and to disseminate the fine points and new developments in malaria eradication.

Methods for attacking problem areas were given further field tests in seven countries, especially mass drug administration by drug distributors and use of chloroquine added to salt. The usefulness of larviciding in

appropriate situations was demonstrated, as was the effectiveness of newer insecticides against resistant mosquitoes. Contributions are being made to the study of chloroquine resistance in a new Screening Center sponsored by PAHO in Brazil.

PAHO personnel have provided important technical aid in almost all countries, and the actual leadership in one with co-directorship in two more. The quality and ability of national leadership personnel is rising in most countries.

In the majority of countries and areas, the program is progressing well, and the amount of malaria is steadily being reduced. In 1963 there was a 31 per cent increase in the population living in consolidation phase areas. Methods for combatting persistence of transmission were developed and expanded in practice, and nuclei of personnel experienced in these methods have been created in the countries that have problem areas. It remains to obtain the funds necessary to apply these methods to the extent the problem requires.

Direct assistance was given to 22 countries and there were 13 other interzone or intercountry projects.

	1964	1965	1966
Funds Budgeted	\$2,860,204	\$2,759,204	\$2,490,557
% of Total Budget	17.6	15.9	14.0
Professional Posts	154	143	127
Consultant Months	5	5	5
Fellowships	18	23	14
Seminar Participants	69	30	-

#### 0300 - Smallpox

The development of national vaccination programs has resulted in the disappearance or progressive reduction of smallpox in areas where it had previously been endemic. The disease persists, however, in those countries where eradication campaigns have not begun, or having once begun, have been interrupted or have retrogressed because of economic or administrative difficulties.

In spite of this progressive reduction in morbidity from smallpox, the disease continues as an important health problem in the Americas. In 1963, there were reports of 292 cases, the greater part of them being concentrated in Brazil (238), Colombia (4), Ecuador (45), and Peru (4).

The persistence of foci of the disease on the American Continent exposes areas free of it to its reintroduction. As a consequence eradication programs are having to be continued indefinitely, with the diversion of resources and personnel into this activity.

The Organization has collaborated with the Governments of the Americas in the organization and development of laboratories and the training of personnel for the preparation, on a large scale, of lyophilized vaccine. Argentina, Bolivia, Brazil, Chile, Colombia, Cuba, Ecuador, Mexico, Peru, Uruguay, and Venezuela now have well equipped laboratories and trained personnel for the production of both dried and glycerinated vaccine in amounts sufficient for their domestic uses as well as for the nonproducing countries and territories that need it. In addition,

arrangements have been made with the Serum Institute of Copenhagen to test the potency and purity of vaccines produced in national laboratories.

Full-time personnel and short-term consultants have cooperated with the various Governments in the study, organization, development, and evaluation of national vaccination campaigns. In addition, the Organization has furnished supplies and equipment both for vaccination programs and for laboratories.

At the request of the XV Pan American Sanitary Conference, the Organization prepared criteria for certification as to the eradication of smallpox. This was approved by the XIII Meeting of the Directing Council.

The Organization proposes to continue collaborating with the Governments requiring technical assistance by providing full-time personnel and short-term consultants and supplies as its resources permit.

	1964	1965	1966
Funds Budgeted	\$66,200	\$33,878	\$33,902
% of Total Budget	0.4	0.2	0.2
Professional Posts	4	2	2
Consultant Months	2	2	4
Fellowships	1	-	-

#### 0400 - Tuberculosis

Lack of detailed information in most of the countries of the Americas hinders the satisfactory determination of the true prevalence and incidence of tuberculosis in the Americas.

Where there is a good program of case finding, about 11 cases of tuberculosis for each annual death are usually found. This observation gives an estimate of about 600,000 active cases in Latin America. Even within the limitations of the statistical data, there is no doubt, as pointed out in the Charter of Punta del Este, that tuberculosis continues to be an important problem in Latin America because of the damage it produces in the population and the drain on national resources necessary to apply known techniques to all cases.

As a result of the rapid advances in scientific knowledge in the last few years, there are presently available specific procedures for the control of tuberculosis which, even within their intrinsic limitations, are sufficiently effective to contribute substantially to the solution of the problem. The difficulty arises when the attempt is made to put them into effect.

The control of tuberculosis consists in the reduction of transmission of the disease in communities and ultimately in all the population. Therefore, it is necessary to persist in the adoption of uniform objectives and expansion of the most economical diagnostic procedures and treatment even though they may not be the best or most elaborate available today.

Anti-tuberculosis campaigns must be programmed as a continuing activity over a long period of time as one of the permanent health services. On the other hand, if tuberculosis is one of the most pressing problems affecting

a community and anti-tuberculosis services are similar to other health services, the tuberculosis program regardless of its stage of development should be integrated into the existing public health services, including those related to medical care.

Following these concepts of control, demonstration areas are being established to: (1) determine the size of the problem in a representative sample of the population; (2) establish quantitative and qualitative objectives of control and measure results obtained in a predetermined period of time, particularly in relation to the administrative efficacy of the methods employed; (3) determine the minimum resources required to attain the objectives of the campaign, bearing in mind that the anti-tuberculosis program ought to be carried out as an integral part of the public health services and not as a costly specialized service; (4) calculate the cost to attain the objectives established; and, (5) train the necessary personnel.

UNICEF cooperates in the anti-tuberculosis campaign and the Organization has a full-time regional adviser in tuberculosis, two Zone advisers, and a country adviser in Mexico and the Dominican Republic in addition to nursing advisers in Zones III and IV. Programs are underway in Argentina, Brazil, Chile, Colombia, Dominican Republic, Guatemala, Mexico, and Peru. Seminars on anti-tuberculosis campaigns are planned for 1964.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$174,618	\$203,210	\$198,557
% of Total Budget	1.1	1.2	1.1
Professional Posts	7	8	7
Consultant Months	16	19	18
Fellowships	5	12	16
Seminar Participants	30	-	-

#### 0500 - Leprosy

Leprosy affects all the countries and territories in the Americas with the single exception of continental Chile, but the total number of cases is not known at the present time.

With the elimination of obligatory isolation of cases, many have come out of hiding to seek medical care; the number of known cases also grows in proportion to the number of physicians trained in the diagnosis of the disease. Thus, the prevalence of leprosy has shown a progressive increase in all countries to the point of transforming itself into a serious health problem even in those areas where it has formerly been thought of as of minor seriousness.

In almost all countries where leprosy exists there are modern programs of control underway even though in differing stages of development. In all of them, the treatment of cases is on an ambulatory, home-care basis. With the abolition of compulsory isolation, or lack of enforcement, leprosarías are slowly being transformed into leprosy hospitals for temporary treatment on a voluntary basis; a requirement of the new methods of control is that cases and contacts be under regular medical supervision; and, finally, attention is now beginning to be given to the physical and social rehabilitation of leprosy cases.

The Organization is giving special attention to leprosy in the Americas. A survey to estimate the magnitude of the problem was made in 1961; a seminar on control and treatment of cases and contacts was held in 1958; seminar to exchange ideas and information on planning, programming, and organizing leprosy control activities was held in 1963; four full-time consultants collaborate with the Governments in studying the problem of leprosy, organization, development and evaluation of programs of control and it gives special attention to the training of personnel.

Through various actions, the Organization collaborates with the Governments in the physical rehabilitation of cases. A course will be held in 1965 on nonsurgical methods of preventing and rehabilitating leprosy cases. A manual for training personnel is being translated into Spanish under authorization given by the International Society for the Rehabilitation of the Disabled.

The Organization will continue its technical cooperation in studies designed to define more clearly the problem of leprosy as well as in planning, programming, and organizing of control activities.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$114,955	\$148,760	\$132,037
% of Total Budget	0.7	0.9	0.7
Professional Posts	4	4	4
Consultant Months	5	10	10
Fellowships	9	24	14

#### 0600 - Treponematoses

Yaws eradication programs in Haiti, the Dominican Republic and other Caribbean countries and territories are in differing stages of development; some are taking the final steps in the campaign or have achieved eradication, others are being developed, and others are in the process of developing campaigns.

The countries of the Americas have increasing interest in the problem of the control of venereal diseases and are requesting the cooperation of the Organization, especially in the organization of control programs and in the training of personnel.

A program of venereal disease control is developing in the Dominican Republic and Chile has begun a similar program. In both, the Organization is collaborating with technical personnel or with fellowships for training of personnel.

A seminar on venereal diseases will be held in 1966.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$63,304	\$90,692	\$123,484
% of Total Budget	0.4	0.5	0.7
Professional Posts	4	4	4
Consultant Months	2	8	10
Fellowships	-	7	8
Seminar Participants	-	-	30

### 0700 - Zoonoses

Many of the zoonoses are present in the Americas, some more extensively than others. Rabies, a disease controllable by presently known techniques, is a problem in all the countries, causing both human deaths and extensive economic losses in a number of areas. Circumstantial evidence indicates that other zoonoses, such as anthrax, brucellosis, bovine tuberculosis, leptospirosis, the viral encephalitides, and others are causing large socio-economic burdens and much human disease in many of the countries. The lack of specific information on the incidence and prevalence of the zoonoses reveals the lack of adequately trained personnel, and of suitable laboratory, epidemiological and control services to permit a factual evaluation or control of these problems.

The Organization cooperates in programs: (1) to create, expand or improve the national services at all levels involved in the assessment, control and prevention of zoonotic problems; and, (2) to help with programs against certain zoonoses, especially rabies. Included in the former are the services in epidemiology and disease reporting, diagnostic services, production and control of biologicals, control and prevention programs, training of personnel, and research. The latter includes actual control procedures.

In the past decade all ministries of health have established a unit or units responsible for zoonoses control, and for the first time disease occurrence data are being exchanged between the ministries of health and agriculture. Many cases of human disease previously attributed to obscure or incorrect causes are now being properly diagnosed as specific zoonoses. Control programs for major zoonoses have been started and for some, especially rabies, the incidence has been reduced although from time to time epidemics occur. An improvement has been recorded in the quantity and quality of biologicals. The greatest gains have been in the field of education, both in professional courses and in specialized training activities.

In an effort to try to meet the needs for assistance, epidemiologists and veterinary public health advisors are provided at project and zone levels. Some specific projects for rabies control, provide consultants, fellowships and some supplies and equipment while, as a general support service, the Pan American Zoonoses Center is continued.

	1964	1965	1966
Funds Budgeted	\$326,181	\$300,578	\$301,139
% of Total Budget	2.0	1.7	1.7
Professional Posts	9	7	7
Consultant Months	10	7	4
Fellowships	3	2	2
Seminar Participants	11	-	11

### 0800 - Foot-and-Mouth Disease

Foot-and-mouth disease causes economic losses in the cattle-raising countries of South America which are seriously affected. Furthermore, the countries of Central and North America and the Caribbean are free of the disease and the only permanent protection is to eliminate possible sources of infection.

To aid in the solution of this problem, the Pan American Foot-and-Mouth Disease Center was set up in 1951, in Brazil, with funds from the program of Technical Cooperation of the Organization of American States and under the administrative responsibility of the Organization. In addition, the Host Government of Brazil, provides land and building, funds for utilities as well as some local labor.

The Center trains field and laboratory personnel working on foot-and-mouth disease, provides diagnostic and virus-typing services; advises on prevention, diagnosis, control and eradication of aftosa and related diseases; provides international coordination and collaboration necessary for successful intercountry and regional activities; and conducts research in development of better vaccines against foot-and-mouth disease, in improvement of methods of diagnosis and virus typing, in basic studies of other vesicular diseases and in making epizootiological studies.

The Center has conducted a number of courses and seminars for periods up to two months, which covered both specific problems and general laboratory work.

Research activities are yielding results of practical value in the selection of virus strains for vaccine preparation. A series of strains are now available and rapid progress is being made in the development of a modified live-virus vaccine with the three types of virus occurring in South America. This investigation is being given the highest priority. Consultation and assistance to country programs are being given to the fullest extent possible. Center staff members are stationed in Peru, Colombia, and Panama, for increased assistance to these and neighboring countries.

Special assistance is being provided to Argentina where an aftosa eradication program has been initiated, and to a special border program for Colombia and Venezuela.

These activities are carried out under project AMRO-0800, which is financed by the Technical Cooperation Program of OAS and a contribution of the Brazilian Government. In addition, under an agreement with the U. S. Agency for International Development and the Government of Argentina, the Organization has been conducting special studies related to the anti-aftosa program in Argentina.

	1964	1965	1966
Funds Budgeted	\$757,289	\$668,197	\$735,014
% of Total Budget	4.7	3.9	4.1
Professional Posts	17	17	17
Fellowships	19	25	27

### 0900 - Communicable Diseases

Certain vector-borne and intermediate-host diseases are of major importance in the Americas. Included in this group are Chagas' disease, plague, and schistosomiasis. It is estimated that there are seven million cases of Chagas' disease in the Americas. Schistosomiasis occurs in various islands of the Caribbean, in Venezuela, and in Brazil where it may be the largest single human disease and is constantly on the increase. Plague exists in seven countries of the Region, and is a constant threat to their seaports.

In an effort to gain more knowledge about these diseases which might lead to their more effective control, the Organization has conducted numerous technical meetings

to evaluate the total problems and to focus interest and attention on specific aspects. Consultants and fellowships have enabled countries to improve national services devoted to these diseases. Stimulation, guidance, and coordination are the means of promoting research studies.

In the last few years a greatly expanded interest has developed in these disease problems and increasing amounts of applied research have been undertaken. A monograph has been prepared on plague in the Americas containing information on the present status of the disease in each affected country and giving guidance for the development of ecological studies in each of the main known plague foci. Plans are well advanced for a large scale research and control program in the plague area in Ecuador and Peru. A Schistosomiasis Snail Identification Center for the Americas has been established in Belo Horizonte, Brazil; this service is provided by the national health services of Brazil with a small annual grant from the Organization.

Consultant services and fellowships are provided in order to improve specialized attention to these diseases. Grants will continue to the Snail Identification Center and to scientific institutions for studies on Chagas' disease.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$36,054	\$106,545	\$109,548
% of Total Budget	0.2	0.6	0.6
Professional Posts	1	4	3
Consultant Months	12	24	29
Fellowships	3	9	10

## B. Environmental Health

### 2100 - General

Environmental sanitation conditions in the Americas represent one of the most pressing and serious problems affecting the health and well-being of a large percentage of the population. Diarrheal diseases are the leading cause of death in eleven countries and among the first five principal causes in five other countries. A significant proportion of these deaths could be prevented by adequate sanitation measures. In order of importance, the most pressing problems affecting the environment in Latin America are: water supply, sewerage and excreta disposal, housing and urbanization, industrialization and occupational health, garbage and other wastes disposal, food and milk sanitation and vector control. Ministries of Health, municipalities and other health and local agencies are very weak with regard to sanitation programs and personnel and often little importance is attached to the sanitary engineering units in such ministries and agencies. Lack of trained personnel is also an important problem; it is estimated that at least 6,000 trained sanitary engineers are needed in the countries as well as a large number of trained auxiliary personnel.

The Pan American Health Organization is assisting Ministries of Health and other federal and local agencies through the provision of consultants in sanitary engineering to advise on the planning and execution of environmental sanitation programs. A number of fellowships are awarded every year to key engineering personnel with the purpose of preparing the leaders and supervisors of these activities. Seminars, symposiums and other types of educational activities are organized periodically for the same purpose.

Short-term experts in specialized fields are provided to assist the countries in the solution of specific problems.

Although progress has been achieved in several countries, with excellent results in a few, it is felt that in the majority of the countries the results are disappointing since environmental sanitation programs and sanitary engineering personnel have not really begun to solve the acute problems in the countries.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$482,030	\$460,243	\$495,039
% of Total Budget	3.0	2.6	2.8
Professional Posts	35	35	34
Consultant Months	21	19	25
Fellowships	25	17	24

### 2200 - Water Supply

It is estimated that approximately 100 million people lack adequate water services in the urban and rural areas of Latin America. Some of the countries have as high as 70 per cent of their population without adequate provision of safe water. A survey of the conditions existing in the different countries shows that financing, administration, and management of these public utilities constitute the main problems that have to be confronted and solved if water is to be provided to the majority of the people in the Americas. Lack of enough and adequately trained professional and auxiliary personnel is another of the stumbling blocks in this program.

An even larger proportion of the Latin American population is without adequate sewerage or excreta disposal systems. Taken together, water supplies and sewage disposal constitute major environmental sanitation problems warranting the highest priorities.

Experience with a sufficient number of well operated and soundly financed and managed water systems in Latin American countries gives the necessary assurance that provision of adequate water supplies can be considered a financially sound investment. Accordingly, the Organization is assisting the countries in the development of national, municipal or local agencies capable of planning, designing, financing, operating, and managing public water supplies and sewerage systems. This assistance is being given through the services of permanent or short-term consultants specialized in some phase of the water program; organization of short courses and seminars on financing, administration, management and design of water systems; preparation and provision of literature and publications; coordination with the international lending agencies, especially with the Inter-American Development Bank; and, in the preparation and training of engineers and auxiliary personnel.

Up to May 1964, the Inter-American Development Bank had approved loans for approximately 176 million dollars to twelve countries who are contributing a similar amount for construction of new water and sewerage systems or expansion of the existing ones. Other international lending agencies have assigned over 78 million dollars for water supplies. It is estimated that all of these systems will provide safe water supply to an additional 18 million people. Seven countries have legally created new central water and sewerage authorities, and several other countries have plans and are preparing the necessary legislation for the

creation of national central water authorities. Over 300 engineers have been involved in some type of training activity related to water and sewerage, and short courses on design of water supplies have been held.

	1964	1965	1966
Funds Budgeted	\$1,054,972	\$1,204,647	\$1,244,411
% of Total Budget	6.5	7.0	7.0
Professional Posts	20	22	23
Consultant Months	160	211	222
Fellowships	77	103	103
Seminar Participants	52	20	21

#### 2300 - Aedes aegypti Eradication

The presence of jungle yellow fever in the Americas poses a constant threat to any country of this Hemisphere infested with Aedes aegypti.

Human cases of the disease occur every year in the enzootic areas of South America, and the yellow fever virus periodically invades larger areas of the Continent. Through these human cases, and due to the facility and speed with which it is possible to travel over large distances nowadays, the virus could easily be introduced into cities infested with Aedes aegypti, and the urban cycle of the disease then could start.

Therefore, since eradication of jungle yellow fever is not feasible, the possibility of urban yellow fever occurring in the Americas will only be eliminated when all countries and territories in this Hemisphere are free from the urban vector of the disease.

For this reason the Directing Council on its first meeting (Buenos Aires, 1947) gave the PASB a mandate to promote and coordinate the eradication of Aedes aegypti from the Continent, and since then the Organization has been cooperating with the countries of this Region in their campaigns against the vector. This cooperation, limited by the budgetary possibilities of the Organization, comprises technical assistance and the provision of some equipment and supplies.

So far, the Governing Bodies of the Organization have declared the mosquito eradicated from Bolivia, Brazil, British Honduras, the Canal Zone, Chile, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, and Uruguay.

The campaign is finished in Argentina, and at its final stage in Colombia; is well advanced in Trinidad and a few other islands in the Caribbean; and progresses satisfactorily in Cuba and Venezuela.

However, it has just started in the United States of America, and has been interrupted in Jamaica, Haiti, Dominican Republic, Guadeloupe, British Virgin Islands and Dominica. In the remainder of the Caribbean the campaign is stationary or progresses very slowly, with poor results. Thus, all efforts should now be concentrated in this area so that the administrative and technical difficulties which have been hindering the progress of the campaign may be overcome.

The Organization cooperates with the countries and territories still dealing with Aedes aegypti eradication

through projects in French Antilles and Guiana, Netherlands Antilles, Surinam, Venezuela, Cuba, Dominican Republic, Colombia, United States of America and two intercountry projects.

A regional consultant has his duty station in Washington, and an intercountry adviser is stationed in Jamaica. Also assigned to the regional project is an entomologist presently stationed in Jamaica studying the resistance of the mosquito to the chlorinated hydrocarbons which is a widespread problem in the Caribbean.

	1964	1965	1966
Funds Budgeted	\$306,465	\$376,823	\$378,182
% of Total Budget	1.9	2.2	2.1
Professional Posts	18	22	21
Consultant Months	6	-	-

#### 2400 - Housing

It is estimated that over 50 per cent of the population in Latin America lives in completely unsatisfactory housing conditions. Lack of adequate sanitary facilities and other health components have a bearing on the high incidence of a number of communicable diseases. An acute and very pressing problem is being created in all the large cities of Latin America with the migration of thousands of farm laborers with their families to such urban areas. Adequate measures to provide safe water and sewerage system to new housing units are sometimes not taken with the consequent creation of serious problems to the environment of the new tenants.

The Organization provides advisory services in the public health aspects of housing and urbanization through two regional consultants. One inter-regional seminar was convened in 1963 and a regional one will be held in 1966. Close collaboration with the OAS, IDB, and AID assures that the proper sanitary measures are included in all new housing projects.

	1964	1965	1966
Funds Budgeted	\$65,949	\$77,804	\$108,748
% of Total Budget	0.4	0.4	0.6
Professional Posts	3	3	2
Consultant Months	3	3	15
Fellowships	2	4	5
Seminar Participants	-	-	26

## II. PROMOTION OF HEALTH

### A. General Services

#### 3100 - General Public Health

The Governing Bodies of PAHO and WHO have put special emphasis on the need for strengthening the general health services of the countries and have assigned a high priority to this type of activity in the programs of their respective Organizations. These decisions were based on the knowledge that in most of the countries of this region,

the present network of local health services leaves wide gaps of uncovered territory and, therefore, large groups of populations unprotected. On the other hand, the campaigns for the solution of certain health problems have produced or are about to produce results. The responsibility for the maintenance of the gains of the special campaigns should be primarily transferred to the general network of health services. The assimilation of these new activities, resulting from special campaigns against tuberculosis, smallpox, yaws and malaria make it necessary to plan the extension and enlargement of these local health service programs to absorb the increased responsibilities.

It has been found that the administrative practices and the existing structures of the health services, both at regional and central level, could benefit from changes aimed at modernization of operational systems and service pattern. It has also been found that the financial and physical resources, as well as the skilled manpower available, could not immediately meet the demand for more comprehensive programs and more extended services in the majority of the countries. In order to make it possible to use the resources on hand in the most economical fashion, demonstration areas were organized and pilot projects developed with international assistance. The main objectives of these endeavors were to introduce modern administrative techniques in public health and to determine the most efficient structural pattern for the existing conditions in the countries, as a first step toward a general reorganization of the national health services.

The needs for expediting the preparation of national health plans, stimulated by the recent emphasis on planning for economic development have led the countries to request the assistance of the Organization in the collection and analysis of basic information and the development of the actual plans for health services.

In spite of the considerable efforts made by the Organization, as well as bilateral programs and private foundations, to provide facilities and fellowships funds for the training of professional and subprofessional health personnel, the results achieved thus far have not been commensurate with the rate of expansion of services and have covered only part of the actual needs of the countries.

Some sanitary codes and general health regulations are considered archaic in view of the rapid expansion of scientific knowledge during recent years. Health authorities in some countries have expressed their desire to make a thorough revision of basic health legislation and to study the possibility of drawing up a modern health code.

In keeping with the terms of reference of the Organizations assistance in the field of general health services has been mainly represented by provisional advisory services, training and limited amounts of supplies and equipment. Up to 1963, 21 demonstration pilot projects were established in 19 different countries. In most of them, sufficient experience has been obtained in order to expand the services to other areas and, in some, regional or even national long-term health plans have been developed.

The proposal for 1965 and 1966 include activities in the above mentioned fields of all countries of the Americas.

	1964	1965	1966
Funds Budgeted	\$1,722,636	\$1,754,669	\$1,932,907
% of Total Budget	10.6	10.2	10.9
Professional Posts	48	48	47
Consultant Months	85	73	88
Fellowships	173	177	211
Seminar Participants	15	30	30

### 3200 - Nursing

Nursing services in Latin America, as in many areas of the world, have for many years been performed by groups of people called "nurses" but who have not been trained for their functions. With the recognition that nursing services should be the responsibility of prepared nursing personnel, and with the increasing number of nursing schools and postgraduate courses which are preparing nurses for key positions, health authorities have been able to create positions in supervision and administration of nursing services to which prepared nurses have been assigned.

A series of three seminars for key national nurses has aimed at focusing attention on the nurses' role in both administration and education and the means of maintaining a desirable balance between these roles.

Over the past ten years the Organization has paid particular attention to assisting Governments in the development of public health nursing services with emphasis on the preventive aspects. Recently it has begun to take into consideration the nurses' role in hospital nursing services, including her teaching role in the out-patient department of hospitals. There are at present nursing advisers assigned to 20 field projects concerned with the development of health services, and an additional six nurses are budgeted for advisory services on an intercountry basis.

The Organization has since its beginning, paid particular attention to maternal and child health services and has had a number of nurse midwives on its staff. There are three assigned to health projects, and two budgeted to serve on an intercountry basis as consultants to all project personnel in the health services in the nursing-midwifery aspects of maternal and child health. Increasing emphasis on this field is directed toward the attainment of one of the objectives set forth in Resolution A.2 of the Punta del Este Charter, i.e., that the death rate of children under five may be reduced by 50 per cent in the next ten years.

One of the tangible evidences of development in the nursing services is the substantial increase in the number of prepared nurses who are in charge of nursing units in all the countries of Latin America, at national, intermediate, and local levels, as well as in hospital nursing services.

	1964	1965	1966
Funds Budgeted	\$211,518	\$178,681	\$265,779
% of Total Budget	1.3	1.0	1.5
Professional Posts	29	30	31
Consultant Months	6	6	22
Fellowships	4	6	29
Seminar Participants	47	-	-

### 3300 - Laboratory

Public health laboratories are one of the basic elements of a general health program. Their work is important in the diagnosis, epidemiology, and control or eradication of communicable diseases. They have basic responsibilities in environmental health, manufacture of



biological products, food and drug control and in support of non-communicable disease programs. For the effective operation of general health services, and of medical care in particular, it is necessary for central and regional laboratories to contribute to the improvement of performance in clinical diagnostic laboratories, through evaluation, technical assistance, and training.

Despite the recent progress made in the development of public health laboratory services in Latin America, there are still many laboratories that have not yet attained the degree of efficiency they require to adequately fulfill their functions in diagnosis, public health research, manufacture of biological products, control of food and drugs, and in evaluation of public health programs.

For this reason, the Organization has continued to give special attention to public health laboratories, recognizing that the efficiency of their services is a prerequisite for the effective operation of general health services.

The Organization has cooperated in the development and improvement of public health laboratories of several countries through the training of personnel, the provision of services of short and long-term consultants and of Zone personnel, who have assisted in the planning and organization of central laboratories, as well as in specific fields, such as serological methods, the production and control of biologicals, the establishment and improvement of animal colonies, and, the establishment, expansion, or reorganization of units for virological diagnosis. Another useful service has been the provision of biological reagents (microbiological or viral strains, typing sera, various antigens, biological standards, etc.) standardized antigens (tuberculin, histoplasmin, etc), as well as the services of reference laboratories for safety and potency tests for vaccines and toxoids produced by the national laboratories. More frequent utilization of such services would undoubtedly result in the use of better control methods by the public health laboratories and, as a consequence, in the improvement of the quality of biological products in every country.

The Organization will continue to give the type of assistance described above. It will also carry out a survey of the public health laboratory situation in the American countries and will hold a seminar in 1966 on the organization and expansion of the laboratories.

As part of its program the Organization is cooperating with the following countries: Argentina, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Trinidad, Venezuela, and the islands in the Caribbean. There are also two regional projects which provide services for all countries which request assistance

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$223,309	\$317,259	\$351,696
% of Total Budget	1.4	1.8	2.0
Professional Posts	6	7	5
Consultant Months	25	51	74
Fellowships	13	19	20
Seminar Participants	-	-	34

### 3400 - Health Education

All public health work, regardless of the field or the level of activity, has a role to play in education since this is an integral part of those programs in which the Organization cooperates. The Member Governments have repeatedly stressed in the meetings of the Governing Bodies the importance of health education, suggesting the expansion of its services within Ministries of Health. Special interest has been shown in the training of public health personnel of all categories in the methods and means employed in modern health education. On the other hand, intensive programs, especially the specialized campaigns, have demonstrated the necessity for the cooperation of communities and the concomitant intensification and increase of health education activities.

The Organization has been cooperating with the Governments through consultant services and fellowships in the strengthening and expansion of their health education activities, as well as in the intensification of training in health education as an integral part of the training received by medical and paramedical personnel. In addition, it has promoted scientific investigations into the sociological and anthropological factors related to health education and has stimulated the interchange of technical information about health education among the countries of the region.

During 1965 and 1966, the budget provides for a regional adviser in health education; for an adviser to be stationed in the Caribbean Area; and, for a consultant to cooperate with the Community Development Training Center in Mexico.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$78,921	\$90,013	\$94,815
% of Total Budget	0.5	0.5	0.5
Professional Posts	5	3	3
Consultant Months	6	9	10
Fellowships	-	5	5

### 3500 - Statistics

The program in the field of health statistics is to improve basic statistical data and utilization of such data for health planning at the local, national, and international level. The quality of vital and health statistics data needs to be improved in many areas and extended to the entire region.

This program is carried out through the following types of projects in addition to an education and training program in biostatistics: (1) central activities include collection, analysis, and publication of data in specific fields including notifiable diseases, health conditions as well as analytical services to the staff of the Bureau and planning for the regional statistics program for the Americas; (2) the Latin American Center for Classification of Diseases carries out regional activities in regard to the 1965 Revision of the Classification, in training on classification, and by preparing publications in both Spanish and Portuguese; (3) field consultant services are provided through statistical consultants assigned in the Zones and in the countries; (4) since hospitals are the source of basic data needed in many fields, a training program in hospital records and statistics has been initiated in Argentina and will be extended; (5) development of

demonstration areas to provide data for health planning is being recommended; (6) basic data is being developed on morbidity and mortality of chronic diseases. The program includes epidemiological and statistical research through collaborative projects.

A Planning Conference was held in February 1963 on Epidemiological Research in Cancer in Latin America. The field work of the Inter-American Investigation of Mortality was initiated in 1962 and is continuing.

Positions have been established for statistical consultants in all six Zones and in some countries. Planning conferences and research program have been supported from NIH grants.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$595,709	\$477,189	\$400,887
% of Total Budget	3.7	2.8	2.2
Professional Posts	23	22	18
Consultant Months	7	18	13
Fellowships	4	2	5
Seminar Participants	-	15	-

#### 3600 - Administrative Methods

From a survey of the administrative methods and practices of national Ministries of Health, it is apparent that a cadre of persons trained in public administration is essential for the most effective use of funds made available for health services. Advisory services in general public administration are the responsibility of other international agencies. Therefore, the Pan American Health Organization limits its assistance to improvement of the operations of health departments within the existing legal framework and customary business practices of each country.

Delineation of broad administrative policies is needed in some countries and in others the need extends to the establishment of adequate processes in the most routine clerical and maintenance operations. The Organization has assisted in the administrative aspects of specific large scale programs, notably the malaria eradication campaign. The water supply program has pointed up a need in assistance in the administrative aspects of water projects comparable to the technical ones. These needs in both these major health areas are not necessarily related to problems of the public administrative milieu within the country, but more directly related to the need for experienced know-how in specific fields so that these programs can be carried out within the existing administrative framework.

In addition, a general appreciation of getting the maximum result from the money invested in health services must be developed. In cooperation with the Department of Economic and Social Affairs of the United Nations seminars on administrative methods and practices for directors general of health are being held.

Taken all together, the objective of the Organization is to assist in the improvement of effective management of health funds. In addition to the services to the malaria and water program, programmed efforts of the Organization are administrative methods consultants in four Zones; short fellowships for administrators needing orientation in health services; and the continuation of the seminars for promotion

of improved administrative methods. In addition, administrative methods consultants have been or will be made available to the Dominican Republic and Panama during 1964-1966.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$89,403	\$123,007	\$129,413
% of Total Budget	0.5	0.7	0.7
Professional Posts	5	6	6
Consultant Months	3	-	-
Fellowships	-	10	10
Seminar Participants	14	20	20

#### B. Specific Programs

##### 4100 - Maternal and Child Health

Countries in middle and southern America when compared to those of northern America have 2-10 times as many maternal deaths, 1½-3 times as many perinatal deaths, 5-12 times as many late infant deaths and 2-40 times as many preschool child deaths. The major age of contrast is at 6 months-2 years, the weaning period, during which some countries exhibit death rates 40-60 times as high. In most Latin American countries over half the total recorded deaths are in childhood. The commonest cause of death is the synergistic combination of diarrheal and nutritional disease, known as "weanling diarrhea".

The reduction of mortality under five years of age by 50 per cent, a goal of Alliance for Progress, requires social, economic, agricultural and educational development. In the health sector major efforts in sanitation and the expansion of health care services are called for. Since other programs of the Organization focus upon these general fields, the maternal and child health program has focused specifically on assisting countries to strengthen the quality and organizational aspects of health care services to mothers and children. This requires close coordination and work with other organizational programs particularly those of medical care, nutrition, nursing, health education, mental health and communicable disease control.

The budgeted figure represents a portion of the efforts of all country integrated health services, a specific project to demonstrate and popularize new methods of organizing the delivery of maternal and child health care services, specific projects of midwifery training and consultation, short courses in clinical and social pediatrics for physicians and research into the nature and relationships of "weanling diarrhea". The budgeted figure does not reflect the many other activities or organizational programs which directly or indirectly affect the health of mothers and children since, in effect, one would have to include some portion of virtually all programs to do so.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$256,854	\$302,683	\$293,200
% of Total Budget	1.6	1.8	1.7
Professional Posts	5	5	5
Consultant Months	10	22	21
Fellowships	6	20	27

#### 4200 - Nutrition

Malnutrition represents one of the most serious public health problems in Latin America today. It contributes significantly to the high infant and preschool mortality rates and produces physical and mental retardation in the growing child and lowered work output and decreased resistance to disease in the adult.

In many areas where the problem of malnutrition is most severe, local health services are undertaking little or no activities for its solution. Some of the principle reasons for this are: (a) a lack of adequate guidance and orientation of health personnel with regard to the establishment of nutrition services within the health agency; (b) a lack of adequately trained personnel to plan, supervise and evaluate such services; (c) a scarcity of basic information with regard to the epidemiology and treatment of various forms of malnutrition; and, (d) an absence of any local pilot demonstration areas.

These circumstances have led the Governing Bodies to place a high priority on the development of the nutrition program in the Region. In order to achieve the over-all goal of improved nutrition as a significant contribution to health and welfare of the population, the primary objective of this program is the total integration of nutrition into health services at all levels and on a national basis. A program has been established with four spheres of action: advisory services, training of personnel; research, elaboration of applied nutrition programs on a pilot basis in collaboration with other United Nations agencies. Nutrition advisers have been budgeted for each of the six Zones and for the Region as a whole as have short-term advisers and fellowships for current and future requirements for the staffing of key posts in nutrition units in or related to national health services.

Applied nutrition programs have quadripartite agreements among the national Government, FAO, UNICEF, and the Organization to realize integrated applied nutrition activities at the local level in selected areas which serve as demonstration units.

The Institute of Nutrition of Central America and Panama is a principal research agency in the nutrition field. It is financed by its Member Governments, numerous research and training grants and by the Organization. Extensive training programs are carried out by the Institute.

	1964	1965	1966
Funds Budgeted	\$1,207,680	\$1,356,140	\$1,478,558
% of Total Budget	7.5	7.9	8.3
Professional Posts	50	52	51
Consultant Months	19	22	19
Fellowships	44	58	76
Seminar Participants	17	6	6

#### 4300 - Mental Health

It is significant that about one-third of the hospital beds in the Americas are devoted to the care of the mentally disturbed. Professionally qualified personnel in this area is scarce. The scarcity calls for a Continent-wide training program. There is also a pressing need to undertake research programs on an international scale to

compare the etiology of mental disorders and reap the advantages of the preventive implications of the knowledge at hand as well as of that which will be forthcoming from research.

To lay the foundation for a program in mental health, the Organization made investigations, during 1960 to 1962, of needs and resources in Latin America. The information gathered showed that the extent and variety of mental disorders among all age groups constitutes a public health problem that well justifies the increased concern of health workers. The data collected was examined by representatives of 20 Member Governments in two seminars where discussions were aimed at considering the measures to be taken in national mental health programs.

A Mental Health Information Center has been established to promote and coordinate pertinent research in Latin America. A third seminar, for the Caribbean, is scheduled for 1965. Projects in Venezuela and Argentina are budgeted as is an increase in training activities.

	1964	1965	1966
Funds Budgeted	\$83,164	\$126,344	\$143,516
% of Total Budget	0.5	0.7	0.8
Professional Posts	3	5	3
Consultant Months	15	3	17
Fellowships	2	6	12
Seminar Participants	20	40	-

#### 4400 - Dental Health

When the Organization started its dental activities back in 1955, a survey revealed a great shortage of public health dentists in Latin America. None of the internationally recognized schools of public health offered any kind of specialized formal training for dentists. Only 34 dentists in the 20 countries could be identified as having received training in schools of the United States of America in past years. This situation seemed to be one of the causes of the lack of true public health orientation in most of the existing dental programs.

The approach chosen was that of assisting one of the schools of public health in developing a strong dental health training program to be utilized by all the Latin American countries, through active support of the Organization's fellowship program. The program was developed at the School of Public Health of the University of Sao Paulo, and was jointly supported by the Organization and the W. K. Kellogg Foundation. At the beginning a special effort was made to provide training for dentists already occupying key positions in the dental services of member countries. As these needs were satisfied the focus of the program was gradually shifted to other areas of dentistry (see Dental Education).

The results obtained so far have been satisfactory, both from the view of the number of dentists trained and from the point of view of their utilization. In a five-year period (1958-1962), 110 dentists from 19 countries received training through this program, 69 at the MPH level and 41 in short orientation courses. Almost half of those trained were under fellowships awarded by the Organization. An evaluation made in 1962 of utilization of these 42 WHO

fellows has shown that 93 per cent of the fellows were being utilized in public health.

A recent development in this field has been the introduction of dental public health training in dental schools in Latin America. These new training programs are staffed by former fellows of the Organization. As a result of national training being established in various countries, fellowships of the Organization will be more and more limited to those countries without schools of public health and in accordance with their needs. In addition, projects are proposed for training dental auxiliary personnel, for epidemiological studies, and research. Dental manpower studies are another area in which the Organization will be engaged.

Inter-country projects permit the provision of training of dental health personnel for member countries as well as special advisory services when the Regional Adviser is not available for this purpose.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$39,610	\$76,223	\$77,111
% of Total Budget	0.2	0.4	0.4
Professional Posts	1	1	1
Consultant Months	5	12	12
Fellowships	3	11	11

#### 4500 - Radiological Health

The Thirteenth and Fourteenth World Health Assemblies passed resolutions noting broadly that WHO's responsibilities include protection from radiation hazards and development of the medical uses of radiation while recognizing the anxiety of Member States concerning increased exposures to ionizing radiation. To appreciate the current concern of health authorities, attention is invited to a report of the United States Public Health Service, which illustrates the growing problem of radiation as an environmental health problem. Between 1925 and 1955 the estimated dose to the reproductive organs of the average individual from X-rays rose from 15 to 133 millirems, an increase of 900 per cent. By 1961, approximately 160 million X-ray exposures were being performed annually for medical diagnostic purposes. In addition, scientists are finding new ways of creating and using radioisotopes. The phenomenal growth in their medical use is illustrated by data for the period 1952-1958. Medical users of radioisotopes in the United States of America increased from 445 to nearly 2,000. Over a half million patients annually are currently being given radioisotope tracers for diagnosis of a broad spectrum of conditions. Similar expansion is occurring in their use in industry, agriculture, and in other fields. In the world today, interest in the development of nuclear activities is by no means restricted to highly developed countries. In fact, the need for answers to radiation health questions is at least as urgent as the acquisition of the physical technology in developing countries where many radiation problems will be posed.

The Organization will continue to cooperate in determining the actual medical radiation problems in the Americas at the country level and in setting up proper health department units to control and regulate them. Posts have been budgeted for immediate service to the countries as have fellowships for the training of radiation protection health officers and funds for teaching supplies such as radioisotopes.

Seminars are held to indoctrinate the medical communities in the proper use of ionizing radiation. In addition, Spanish language motion pictures, projection slides, manuals, and scientific literature are made available for use as teaching aids. In Santiago, Chile, a Latin American Center for the training of physicians in the clinical uses of isotopes has been established. The services and facilities of the El Salvador Hospital of the University of Chile are utilized for this training which includes: physics of radiation, clinical utilization of radioisotopes, establishment of laboratories, and theoretical and practical instruction in the health and safety measures needed to safeguard the staff and patients.

The program for the utilization of radiation in Medical and Public Health Research was endorsed by the PAHO Scientific Group on Medical Research in June 1962. Two research projects in which the Organization has been active are currently in operation: (1) study of human populations residing in geographical areas of high background radiation in Brazil; and, (2) irradiation effects of the biology of *Rhodnius prolixus*, in Venezuela. Additional research projects are under consideration.

Radionuclide content of the environment is being determined at a number of Latin American Surveillance Stations, with equipment and scientific laboratory services being provided by agreement between the countries, PAHO, and the United States Public Health Service.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$73,744	\$75,547	\$84,711
% of Total Budget	0.5	0.4	0.5
Professional Posts	2	2	2
Consultant Months	7	5	7
Fellowships	3	7	8

#### 4600 - Occupational Health

Studies of occupational health problems in thirteen Latin American countries show the high incidence of sickness and the resultant excessive costs which industry pays out in compensation. In some cases these costs amount to approximately 15 per cent of the national income. Occupational health practices for the control of accidents and occupational diseases are unknown or only just beginning to be introduced.

It has been indicated that some of these obstacles encountered in the development of the countries in Latin America are the many diseases which debilitate the worker and restrict his production. In addition to the common communicable and respiratory diseases, work related diseases such as silicosis, poisoning from toxic metals, gases, vapors and fumes are common. Silicosis is highly prevalent especially among certain mining, quarrying and sand blasting laborers.

The Organization, through the services of a regional consultant, is assisting the Governments in the institution of adequate measures and legislation to protect the workers against the risks created by the growing industrialization processes.

In Chile, with the cooperation and financial support of the United Nations Special Fund, the Organization is assisting in the creation of an Institute of Occupational Health and Air Pollution Research which is expected to serve as a training ground for professionals not only from Chile but from the other American countries. A First Seminar on Occupational Health in Latin America was held in 1964 to arouse the interest of the countries in the solution of this important health and social problem.

In Chile and Peru, through the introduction of adequate control measures such as exhaust ventilation, suppression of dust by wet methods, respiratory protection and medical control, the incidence of silicosis has been drastically reduced. In other countries, through the application of other occupational health measures, disease and disability have also been decreased, showing the benefits that are obtained through this type of program.

	1964	1965	1966
Funds Budgeted	\$239,520	\$108,430	\$109,380
% of Total Budget	1.5	0.6	0.6
Professional Posts	1	1	-
Consultant Months	15	17	25
Fellowships	3	1	3
Seminar Participants	20	-	-

#### 4700 - Food and Drug

Public confidence in the safety, purity and potency of foods, drugs, and biologics can be assured only by a governmental program regulating the industries involved and supervising the maintenance of acceptable standards. In most of the countries of the Hemisphere such regulatory services are minimal or practically non-existent. There is an urgent need to initiate services and to enlarge and improve those now in operation.

Initial help to a country in this field involves a complete study of the current situation and services and the preparation of a plan of action to gradually bring the national services up to minimal standards of operation. Early activities involve revision or creation of pertinent legislation and specialized training of national personnel. As a modern service begins to take shape, specialized consultants are provided to improve specific phases of the national services. In addition, Zone and project personnel, especially the veterinary public health advisors, cooperate continuously in both the laboratory and field aspects of foods, drugs, and biologicals control. The Organization also provides, upon request, reference testing and testing standards.

Basic surveys have been conducted in Brazil, Chile, Ecuador, Mexico, Panama, and Venezuela. Brazil has established a modern laboratory for the testing of drugs and recently began the testing of foods also. Chile has revised the legislation pertinent to this field and improved field services, while Ecuador has improved the national laboratory responsible for this work. Panama has increased the laboratory facilities for drug control, has revised its legislation and has begun an expansion and training of personnel for field services. Mexico has made improvements in many aspects of the laboratory work for the testing of foods, drugs and biologicals. All countries are making gradual improvements in the supervision of food supplies.

	1964	1965	1966
Funds Budgeted	\$34,500	\$38,700	\$44,500
% of Total Budget	0.2	0.2	0.2
Professional Posts	-	-	1
Consultant Months	13	12	7
Fellowships	7	7	8
Seminar Participants	-	11	-

#### 4800 - Medical Care

The program of the Organization in the field of medical care received a most valuable contribution from the work of the Advisory Group assembled in March 1962 in Washington, D.C. and the documents and reports of the Technical Discussions of the Pan American Sanitary Conference held in Minneapolis in August of the same year.

The concepts contained in the definition of medical care, accepted at that time, do not substantially differ from those used by the WHO Expert Committee on the subject. It is considered as the totality of direct and specific measures aimed at placing within reach of as many people as possible facilities for early diagnosis, prompt, thorough and restorative treatment, and follow-up.

Services in these fields have been demanded by the people of the countries as one of their most pressing and recognized needs. The scarcity of available resources, the pressure of the demand and the size of unmet needs make medical care "the oldest, the most continuous, unavoidable and costly of all health functions".

The existing resources are clearly not sufficient to meet the minimum needs for protection of the population against the risk of sickness nor have the existing resources been organized to maximum advantage.

It is universally accepted that, if unification of preventive and curative services cannot be achieved, at least adequate coordination should be established between these two services so that duplication of efforts could be avoided and the best possible returns of resources could be obtained.

The lack of sufficient basic information on medical care facilities has been pointed out as a problem requiring urgent solution. Such data are essential for proper planning and programming. However, even with such basic information, it would not be easy to build a picture of the present situation, owing to the peculiarities of the medical care system of each country. The multiplicity of independent organizations with their duplication of services and expenditures of resources are both cause and effect of the various complex possible solutions to the problem.

The assistance of the Organization in this field has been represented by advisory services, provided by long and short-term consultants, and funds for fellowships abroad. The international consultants have been asked to assist the national authorities in the collection of basic information, in the analysis of specific country problems and in the study of the most adequate medical care system, vis-à-vis the local conditions. It should be noted that the medical officers and the nurses assigned to general health services projects also devote part of their time to

medical care activities. Specific requests have been received to cooperate in the organization of rehabilitation centers and the improvement of chronic diseases control services.

The budget includes activities in the field of medical care, rehabilitation and chronic diseases. Fellowships and limited amounts of equipment and supplies are provided for. At the Central Office a Regional Advisor provides advisory services to countries which are not served by field consultants and orients and supplements specialized services given by the Zone and project personnel. In addition, seminars on provision of medical care services are anticipated in 1965 and 1966.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$461,114	\$619,256	\$713,092
% of Total Budget	2.8	3.6	4.0
Professional Posts	14	18	18
Consultant Months	19	18	39
Fellowships	10	16	26
Seminar Participants	-	60	72

### III. EDUCATION AND TRAINING

#### 6100 - Public Health

Technical reorganization and expansion of public health services require properly trained personnel at all levels of services. To fulfill this necessity schools of public health are in existence in Argentina, Brazil, Chile, Colombia, Mexico, and Venezuela. The Organization has as its primary objective collaboration in strengthening, bettering and increasing the teaching programs, adapting them to the needs of each country.

For this purpose it cooperates in projects in each of the countries having schools of public health. During 1965-1966 three consultants in various disciplines are to be assigned; in seven projects, short-term consultants are provided; and in five, teaching supplies and equipment are provided. All eight projects make provision for fellowships. In addition, short-term consultants and fellowships are provided for the Training Center in Peru.

These projects include one project providing for cooperation with schools not covered by a specific project. In addition, there is provision for the continuation of the conferences of Directors of Schools of Public Health, and in 1966 a seminar to discuss the integrated teaching of preventive medicine and public health at the University level.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$207,406	\$257,023	\$247,539
% of Total Budget	1.3	1.5	1.4
Professional Posts	5	4	3
Consultant Months	29	39	50
Fellowships	17	18	17
Seminar Participants	-	40	20

#### 6200 - Medicine

The disparity between the existing programs for training of physicians and the actual functions that they are called to serve in their own communities to solve the existing and foreseeable health problems is an ever increasing concern of health administrators and medical educators of Latin America. Of greatest concern is the inadequate orientation that, in general, the physician receives toward the role of physicians in the development of his community and his nation. Of equal concern is the lack of preparation of the physician to approach problems of health and disease from the preventive medicine viewpoint.

Furthermore there is a great need to establish some points of reference for determining the number of physicians that a country needs and the principles that guide the practice of medicine and hence the direction to be given to medical teaching.

A critical gap in medical education in Latin America is the lack of educational facilities for the training of faculty members particularly in the way of providing training in pedagogical methods and administration of medical schools. Better training in technical subjects is still needed, but it is this aspect in which the most emphasis is now being placed by nearly all agencies interested in medical education.

The Organization is approaching the problem in various ways: (1) through studies in cooperation with interested foundations, oriented to determining the need for physicians both quantitatively and qualitatively; (2) assisting in the development of Latin American centers for training of medical faculty; (3) advisory services by consultants and fellowships for improving the organization and administration of medical schools; (4) advisory services by consultants and fellowships for the strengthening and improvement of the teaching of social and preventive medicine as well as basic sciences and clinical subjects in medical schools at the undergraduate as well as postgraduate levels; (5) limited assistance to medical libraries in the form of training of medical librarians and books; (6) small amounts of laboratory equipment and supplies; and, (7) improving of communication among various international agencies interested in medical education in Latin America, for a more collaborative effort.

Short-term consultant services, fellowships, small amounts of supplies and equipment or advisory services by Central Office or Zone staff are provided to 18 Latin American countries.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$337,294	\$335,944	\$383,710
% of Total Budget	2.1	1.9	2.2
Professional Posts	4	3	4
Consultant Months	60	71	72
Fellowships	47	50	49
Seminar Participants	13	-	13

#### 6300 - Nursing

Severe as are the shortages of health personnel generally, that of nursing personnel is among the most critical. Approximately 50 per cent of the hospitals of Latin America are staffed by untrained auxiliaries, and the

graduate nurses now employed are for the most part not prepared to teach and guide them. In the remaining health services, the shortages are even more accentuated. Furthermore, a survey of schools of nursing in 1959 showed that two-thirds of the instructors preparing future nurses for Latin America had not completed high school education and had little or no preparation for teaching.

With a view to improving this situation, the goals in nursing education are threefold: (1) to prepare, through advanced courses in nursing, as many as possible of the existing graduate nurses so that they may train the auxiliary personnel now in the services and strengthen the teaching in the basic schools of nursing; (2) to broaden and reinforce the curricula of basic schools of nursing so that their graduates may function at the head nurse or supervisory levels in all health services; and, (3) to establish courses for the training of new auxiliary nursing personnel in such numbers that it may not be necessary for the health services ever again to employ untrained personnel.

As a preliminary to a crash program for the training of empirical auxiliary personnel now employed in the health services, a project for the preparation in programmed instruction of four PAHO/WHO nurse advisers and ten national nurses from various countries in Latin America will get underway in 1965. It is planned that at least ten self-instruction units in nursing will be written and published in Spanish for use of persons with primary school education under the guidance of nurse instructors.

The Organization is collaborating with the Governments of the following countries in Latin America in one, two, or even all three of the above programs: Argentina, Bolivia, Brazil, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Peru, Uruguay, Venezuela, and the West Indies. In addition, some assistance to these countries and to Chile, Colombia, El Salvador, Haiti, Panama, and Paraguay in the form of fellowships, travel grants, seminars or consultation in nursing education are available through other projects.

In summary, for the 20 projects in the budget for 1965 and 1966 primarily designed for collaboration in nursing education, provision is made for 19 to 20 advisers as well as for short-term consultants in nursing education, for fellowships in 18 projects, and for a small amount of supplies and equipment in 12 projects.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$407,776	\$508,445	\$586,834
% of Total Budget	2.5	2.9	3.3
Professional Posts	21	20	21
Consultant Months	15	22	31
Fellowships	26	60	68
Seminar Participants	50	8	-

#### 6400 - Sanitation

Trained personnel are basic to the development of programs for the provision of safe and ample water supplies to the population, for sewage disposal systems, for housing and for all the other environmental sanitation aspects that

are essential for improved health and socio-economic development. It is estimated that there are about 2,000 sanitary engineers in Latin America today with an immediate need for at least triple this number. Civil engineers are mostly employed at water and other sanitary works, and accordingly the teaching and preparation of such personnel should include many more subjects on basic sanitary engineering. Research and continuing education are practically non-existent in the Latin American universities. Full-time professors are the exception and not the rule. Tremendous lack of properly trained auxiliary personnel is found in such essential fields as plumbing, well drilling, water plant operators, surveyors and draftsmen, laboratory workers and many other ancillary personnel.

With the collaboration of the Organization, a Seminar on Teaching of Sanitary Engineering was held in 1961 in order to study the ways to strengthen the teaching of these subjects in the Faculties of Civil Engineering. Assistance has been given to universities and public works agencies in Colombia, Brazil, Mexico, Argentina, Venezuela, Costa Rica, and Guatemala, for the presentation of projects to the United Nations Special Fund for assistance in the development of centers or institutes of research, experimentation and preparation of personnel. In the future development of continuing education and applied research at educational institutions of engineering in Latin America will be stimulated.

Graduate schools for sanitary engineers are in existence in Argentina, Brazil, Chile, and Mexico. The National University of Colombia in Bogota has received a grant from the United Nations Special Fund for the improvement and expansion of the teaching of sanitary engineering as have four universities in Venezuela. Approval of a grant for a university in Brazil for a research and training center is anticipated in 1964. Applications to the same Fund are expected to be presented shortly by Costa Rica and Argentina. With the cooperation of the OAS, short specialized courses in water supply design are being held in several universities with the aim of maintaining them as part of the regular activities in those universities.

Most of the countries now have a core of graduate sanitary engineers, capable of directing and supervising engineering activities, trained through the regular fellowship program of the Organization and other international agencies.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$267,512	\$561,679	\$398,139
% of Total Budget	1.6	3.3	2.2
Professional Posts	3	7	6
Consultant Months	36	63	38
Fellowships	14	38	30

#### 6500 - Veterinary Medicine

With better definition of the role of public health veterinarians in public health services has come ever-increasing demands for trained personnel. Some six new schools of veterinary medicine have been established since 1952 but more and better use of existing institutions and teaching personnel must be a first step to overcoming the present shortages of graduate veterinarians.

To the fundamental training in veterinary medicine must be added teaching in the specific problems, techniques and philosophy of public health in order for veterinarians to be fully effective in their role in providing health services. It is in this area especially that the Organization directs its efforts. Through consultative services, fellowship training and technical assistance, it provides the various schools help and guidance in the teaching of preventive medicine and public health.

In the recent past deans of all schools of veterinary medicine in the Americas met under the auspices of the Organization and made formal recommendations that preventive medicine and public health be included as major subjects in the veterinary medicine curriculum of the various schools. Individual schools have since taken steps towards this end. The Organization cooperates in bringing about these changes. In addition, schools of veterinary medicine have a major interest in medical research since the search for much new knowledge is conducted in animals. The multi-discipline approach to biomedical research is demanding the participation of more veterinarians than are available.

Besides the fellowships for faculty members, the Organization during the period 1964-1966 will provide consultants for the advancement of education of veterinarians.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$40,350	\$28,200	\$31,400
% of Total Budget	0.2	0.2	0.2
Professional Posts	1	-	-
Consultant Months	10	8	10
Fellowships	5	4	4

#### 6600 - Dentistry

The interest of the Organization in dental education stems from the consideration that the practicing dentist is the key to dental health services. Public health dentists can only be effective in the measure that they have a core of dental clinicians, either in public health or private practice, for the actual rendering of dental services, be they preventive or curative. The desirability of a change in orientation of dental education does not need to be demonstrated. The dentist has usually been considered a strong individualist, with interest confined to the four walls of his office, and certainly the reason for this may be traced back to the inadequacy of a social and community orientation in his professional education. In the strict realm of dental technology dental schools have failed to impart to the student the consciousness of the social importance of the dentist's productivity which has a direct bearing on the cost and coverage of dental services. Other examples might be given that would show the many areas of dental education where there is room for improvement, even in the best dental schools.

In view of the large number of dental schools in Latin America, which now number 91, and the limited resources available, two approaches are used by the Organization, both of an indirect character. To stimulate change in the traditional, private-practice-centered, clinically-oriented dental curriculum, the Organization

decided to bring dental educators together in a series of three Latin American Seminars for a careful analysis of the present situation. This analysis would be made on the basis of factual data collected in special surveys. To stimulate the idea of giving added emphasis to public health, preventive and social subjects in the dental curriculum, it was decided to assist in the development of a pilot department of preventive and social dentistry where the way of teaching these subjects could be demonstrated.

These two approaches and represented by two projects of the Organization: AMRO-6607 and Colombia-6600. The first project, a cooperative one with the W. K. Kellogg Foundation, began in 1962 with a seminar in Bogota. The second project started in 1961 when the Department of Preventive and Social Dentistry was established in the University of Antioquia. It is too early to assess definitively the results of these projects but the response to them from the dental schools throughout Latin America has been excellent, and that although a cause and effect relationship is always difficult to establish, some changes are underway which can be traced back to one or other of these two projects.

The current activities of the Organization in dental education include in addition to those already mentioned, four other projects. One of them (Brazil-6600) is for assistance to the dental schools in Brazil in relation to the teaching of preventive and social dentistry. Another (AMRO-6600) is an intercountry project of a general character, aiming to assist the dental schools in the implementation of the recommendations made at the seminars. BRAZIL-6601 gives support to the dental public health training program discussed under dental health. The last (AMRO-6608) planned to start in 1966 is designed to give impetus to the training of auxiliary dental personnel.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$63,302	\$53,506	\$79,850
% of Total Budget	0.4	0.3	0.4
Consultant Months	9	11	13
Fellowships	8	10	13
Seminar Participants	40	-	40

#### 6700 - Biostatistics

The education and training program embracing health, medical and hospital statistics for personnel working at the professional, technical, and auxiliary levels is fundamental in providing essential data for sound planning and for evaluation of programs. The statistical method is required in this process and is taught not only to impart a working knowledge of techniques and procedures but also to develop a full understanding of the reasoning and logical precepts involved in planning for the needs of a community or country in accordance with its resources. Several educational programs have been carried on with increasing success in schools of public health and medicine in Latin America.



At the Second Conference of Directors of Schools of Public Health special attention was focussed on teaching of biostatistics. The Conference agreed that schools of public health should prepare in their departments of statistics all types of students, some working with strictly statistical functions and others working in various other fields. It was recognized that not all schools of public health would prepare statisticians of the professional level but that preparation of technicians on health statistics would be the responsibility of all schools of public health.

The program includes the development of courses on statistics for preparation of professors of medical statistics in schools of medicine. In the fields of training of personnel working on medical records and hospital statistics courses are recommended.

Since 1953 the School of Public Health in Chile has conducted each year an international training program in vital and health statistics. During the period 1953-1963, 338 students from 20 countries had received training. The School is now giving instruction in biostatistics also for physicians and other university graduates. Other schools of public health, in Buenos Aires, Argentina; Bogota, Colombia; Mexico City, Mexico, and Lima, Peru are also giving courses in vital and health statistics at the intermediate level. The School of Public Health in Sao Paulo provided 5-week courses in medical statistics in 1961 and 1962. Training of personnel on medical records and hospital statistics is being carried out in Argentina and Chile, and will be extended to other countries. Courses on the International Classification of Diseases have been provided for over 600 persons by the Latin American Center in Caracas, Venezuela.

Fellowships are given for students for these courses; in addition, grants are given to the School of Public Health in Chile and the Latin American Center for Classification of Diseases to facilitate these international courses. Also consultants are provided on medical records and on medical and hospital statistics.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$91,642	\$102,711	\$121,935
% of Total Budget	0.6	0.6	0.7
Professional Posts	1	2	3
Consultant Months	4	4	6
Fellowships	22	22	23

#### IV. PROGRAM SERVICES

##### 7100 - Program Services

Certain activities of the Organization support directly programs of the various Member Governments but they do not lend themselves readily to distribution by program. These staff activities have been grouped in one category for review. They are the costs related to placement and follow-up of fellowship awards, production of visual aids, editorial services, public information, reporting and the library.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$760,607	\$795,220	\$821,830
% of Total Budget	4.7	4.6	4.6
Professional Posts	27	27	27
Local Posts	35	35	35

#### V. ADMINISTRATIVE DIRECTION

##### 8100 - Executive and Technical Direction

In a complex international organization whose efforts are based on the technical content of programs of the Member Governments, executive and technical direction is heavily weighted on the side of program content rather than day-to-day administration common to most organizations. To reflect this, a separate category has been established to include the Director's Office and the Office of the Chief of Administration.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$232,407	\$238,688	\$243,306
% of Total Budget	1.4	1.4	1.4
Professional Posts	7	7	7
Local Posts	6	6	6

##### 8200 - Administrative Services

Administrative Services is currently in the process of reorganization in order to streamline the supporting services. The objective is to free field staff for technical services by relieving them of as much administrative detail as possible. Personnel and accounting activities have been recentralized and allotments are being issued to Country Representatives in terms of the elements needed to carry out the program rather than in dollars. These actions have made reductions in Zone Office administrative staffs possible.

This grouping includes the offices for budget, finance, personnel, supply, property services, and records and communications as well as portions of each of the Zone Offices.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$879,504	\$911,836	\$943,765
% of Total Budget	5.4	5.3	5.3
Professional Posts	26	25	25
Local Posts	84	86	86

##### 8300 - General Expenses

General Expenses is the category that shows the routine supply and maintenance services for both direct and indirect program elements of the budget. General supplies, equipment, rentals, utilities, and the like are summarized under this heading.

Expenses under this heading increase markedly in 1965 because of the anticipated opening of the new Headquarters building.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$576,915	\$710,043	\$717,164
% of Total Budget	3.6	4.1	4.0

The category Governing Bodies covers the cost of scheduled meetings and supporting staff. The staff also supports other seminars and conferences as time allows.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$330,454	\$280,090	\$338,569
% of Total Budget	2.0	1.6	1.9
Professional Posts	9	9	9
Local Posts	8	8	8

#### VI. GOVERNING BODIES

##### 9100 - 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, the Pan American Health Organization also serves as the Regional Committee of the World Health Organization.

#### 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 Directing Council. In addition, \$25,000 is budgeted in 1965 for increasing the Emergency Revolving Fund in accordance with Resolution VII of the 48th Meeting of the Executive Committee.

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Funds Budgeted	\$300,000	\$325,000	\$300,000
% of Total Budget	1.8	1.9	1.7

**NARRATIVE EXPLANATIONS**



## PART I

## PAN AMERICAN HEALTH ORGANIZATION - ORGANIZATIONAL MEETINGS

CHAPTER 1 - Conference and Translation Section  
(See page 119)

Included in this chapter are the estimates for the meeting services.

No change in the number of posts is contemplated for the three years displayed.

CHAPTER 2 - Meetings of the Pan American Sanitary Conference, Directing Council and WHO Regional Committee  
(See page 119)

Provision is made for the 1965 meeting of the Directing Council and for the 1966 meeting of the XVII Pan American Sanitary Conference to be held in Washington, as well as for the Executive Committee meetings held at the same time. The amounts shown are the estimated actual requirements for each meeting. The higher cost in 1966 as

compared with 1965 reflects the estimated difference in cost of the Sanitary Conference as compared with the Directing Council.

CHAPTER 3 - Meetings of the Executive Committee  
(See page 120)

This contains the estimated cost of the spring meeting of the Executive Committee, which is usually held in Washington. The estimate for 1966 is the same as that for 1965 on the assumption that both meetings will be held in the Bureau's new conference facility thereby obviating the need for any space rental provision.

CHAPTER 4 - Temporary Personnel (See page 120)

Provision is made for temporary personnel for conferences and related activities. No change in amount is anticipated for the years displayed.

## PART II

## PAN AMERICAN HEALTH ORGANIZATION - HEADQUARTERS

SECTION 1 - Executive Offices (See page 121)

In this section is presented the Office of the Director, to which are attached the Office of National Health Planning, the Office of Public Information, the Office of Evaluation and Reports, and the Office of Research Coordination.

No change is planned in the number of posts in these offices.

A duty travel decrease shows in one office, and other non-staff costs remain virtually unchanged.

SECTION 2 - Technical Services (See page 122)

In this section are shown the seven branches comprising the Technical Services. They are supervised by the Office of the Director.

These technical branches, in addition to developing and recommending policy, standards, procedures, and guides in their respective areas of responsibility, supervise interzone projects and provide advisory services to the field establishments and to Member Governments.

No change in staff strength is indicated for the three years displayed.

SECTION 3 - Administration (See page 124)

This section comprises the Office of the Chief, the Budget and Finance Branch, and the Management and Personnel Branch.

The budget as presented herein reflects the completed reorganization of this section. This has been detailed to the Governing Bodies in various papers on the rationalization of administration within the Organization.

In addition to the branches displayed under this section, the Chief of Administration has responsibility for coordination of the rapidly expanding consultative services in administrative methods and practices in all technical areas. Other of his supervisory responsibility is that the Conference and Translation Section displayed in Part I.

The only change in staff strength in this section occurs in the Management and Personnel Branch, in which a Switchboard Operator and Receptionist, previously included for 1964 were found to be unnecessary until 1965 and are therefore excluded from the 1964 column. In 1965, one post is dropped: Administrative Officer (Trainee), P2.

SECTION 4 - Temporary Personnel (See page 126)

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 work load requirements for which it would be uneconomical to maintain full-time staff.

SECTION 5 - Common Services - Headquarters  
(See page 126)

The estimates for the various Common Services for the Washington Office are shown by major expense items in the schedules. All costs are apportioned on a pro rata basis between funds budgeted under PAHO and WHO, except for the Acquisition of Capital Assets which are charged directly to the appropriate sources of funds.

The increase for 1965 reflects the amount estimated as being required to cover the cost of the move to the new building, also three months operation in the present buildings and nine months operation in the new building.

The increase in 1966 is required to provide for a full year's cost at the new building.

## PART III

PAN AMERICAN HEALTH ORGANIZATION -  
FIELD AND OTHER PROGRAMS

## Zone Offices

The field operations of the PAHO/WHO are under the supervision of six representatives who have jurisdiction over the following zones:

Zone I : Venezuela; Jamaica; Trinidad and Tobago; the departments of France in the Americas; Surinam and the Netherlands Antilles; the West Indies and territories of the United Kingdom in the Americas; Puerto Rico; and U.S. Virgin Islands. The Zone Office is located in Caracas, Venezuela.  
(See page 128)

Zone II : Cuba; Dominican Republic; Haiti; and Mexico. The Zone Office is located in Mexico, D.F., Mexico.  
(See page 128)

Zone III : Costa Rica; El Salvador; Guatemala; Honduras; Nicaragua; Panama; and British Honduras. The Zone Office is located in Guatemala City, Guatemala.  
(See page 128)

Zone IV : Bolivia; Colombia; Ecuador; and Peru. The Zone Office is located in Lima, Peru.  
(See page 129)

Zone V : Brazil. The Zone Office is located in Rio de Janeiro, Brazil.  
(See page 129)

Zone VI : Argentina; Chile; Paraguay; and Uruguay. The Zone Office is located in Buenos Aires, Argentina.  
(See page 129)

Programs related to Canada and the United States of America are under the jurisdiction of the Washington Office. A Field Office in El Paso, (AMRO-3108), is budgeted under Washington Office - Country Programs, and is concerned with the stimulation of cooperative health activities along the border between Mexico and the United States of America.

Through a process of administrative rationalization, described in more detail in other documentation, most of the budget, accounting and personnel functions will be carried out in Washington.

Common services estimates are based on the experience of previous years. The item for Acquisition of Capital Assets is for the purpose of replacing obsolete equipment. Estimates for local expenditures have been based on the rates of exchange prevailing at 1 January 1964 and some fluctuation in costs as compared with those of previous years has been reflected, owing to change in rates.

## PART III

## ZONE I

Zone Office (See page 128)

For text see "Zone Offices," page 37.

FRANCEFRENCH ANTILLES AND GUIANA-0200, Malaria Eradication  
(See page 131)

A malaria eradication program utilizing residual house-spraying with DDT as the main method of attack began in 1949. After a considerable reduction of the number of malaria cases in the first years of the program, a slow rise of the malaria incidence began five years ago. At present the problem area of the territory has a population of 34,000 living along the borders with Brazil and Surinam and in some of the coastal areas west of the capital Cayenne. During the first nine months of 1963, 2,648 blood smears were examined of which 70 (2.6 per cent) were found to be positive for malaria. The Pasteur Institute, in charge of the program in French Guiana, plans to intensify its efforts to eradicate malaria by using the combined methods of residual spraying of houses and mass distribution of anti-malarial drugs.

Advisory services are available through the Zone Advisory Team. Provision is made for supplies and equipment and a sanitarian will be assigned to the program during 1965.

FRENCH ANTILLES AND GUIANA-2300, Aedes aegypti Eradication  
(See page 131)

This project is part of the Hemisphere-wide Aedes aegypti eradication campaign with the technical cooperation of the medical officer assigned to AMRO-2301.

A reinfestation of French Guiana in 1959 was rapidly eliminated, but, again in 1963, widespread positivity was discovered in Cayenne where the vector shows resistance to DDT and dieldrin.

In Guadeloupe and St. Martin progress has been slow with tests showing resistance to DDT in the former island.

Infestation is low in Martinique except in the capital city of Fort-de-France, which seems to be a stronghold of the mosquito.

Provision is made for a sanitarian.

FRENCH ANTILLES AND GUIANA-3101, Fellowships for Health Services  
(See page 132)

Provision is made in 1964 and 1966 for fellowships in order to collaborate with the Government in training personnel for the improvement and expansion of its health services.

FRENCH ANTILLES AND GUIANA-3102, Fellowships for Health Services  
(See page 132)

Provision is made for fellowships to collaborate with the Government in training staff for the expansion and improvement of its health services.

JAMAICAJAMAICA-0200, Malaria Eradication  
(See page 132)

Approximately two-thirds of the population of Jamaica lives in the originally malarious area. The Malaria Eradication Program started in January 1958 and entered its consolidation phase on January 1, 1962. Surveillance operations are well developed, utilizing the staff of the local health units and private doctors and nurses. A total of 246,592 blood smears were examined in 1962 and one case of imported P. vivax malaria and one induced P. malariae infections were found in three different parishes, each one very likely a relapse of an infection of long duration. It is expected that the program will enter its maintenance phase in December 1964.

UNICEF and PAHO participation have been further reduced and since November 1963 only Zone Advisory Team services are being made available.

Provision is made for supplies in 1964.

JAMAICA-2200, Water Supplies (See page 132)

The Government of Jamaica is developing 85 major intermediate water systems under a National Water Authority. Already, one major scheme has been completed. The total capital costs over the scheduled 10-year period is estimated at 20.0 million pounds.

For financial reasons and because there is not enough technical trained staff, the rural water supply schemes have been given a comparatively low priority rating.

The Ministry of Local Government and the Ministry of Health, with the technical cooperation of the Organization, and probably UNICEF, will be responsible for a rural water program to cover the smaller water schemes. During the first three years 42 new systems will be constructed and 34 existing systems will be improved in 13 of the 14 island parishes, at a total cost of \$500,000.

Provision is made for one sanitary engineer and in 1965 and 1966 for short-term consultants and fellowships.

JAMAICA-3100, Public Health Services  
(See page 132)

Jamaica has an estimated population of 1,613,148. In 1961 the birth rate was 40.99 per 1,000 population, death rate 9.1 per 1,000 population, and infant mortality 47.15 per 1,000 live births. Diarrheas, typhoid fever, tuberculosis, and venereal diseases are prevalent as well as



malnutrition. There are problems in environmental sanitation, especially lack of water supplies in rural areas.

Regionalization, integration of curative and preventive attention, improvement of health services, control of communicable diseases including laboratory services, and extension of environmental sanitation activities are the major fields of priority.

Provision is made for a medical officer to help in the planning stage and in the general development of the program and for fellowships including one in leprosy. In 1966 there is also provision for a limited amount of supplies.

JAMAICA-3101, Health Legislation  
(See page 133)

Legislation on health matters has been obsolescent in Jamaica for many years.

In 1963 and 1964 a short-term consultant cooperated in the revision of laws and ordinances affecting public health, food and drugs, mental health, nursing, midwifery, and dentistry.

This project is expected to be completed in 1965 with the provision of one month of consultant services.

JAMAICA-4300, Mental Health  
(See page 133)

The Government Mental Hospital Service in Jamaica is able to treat only the most urgent cases of mental illness, and to give these only a limited amount of care. The mental hospital has a capacity of 3,000 beds. There is no hospital service outside of Kingston, the capital. During the past five years, the number of admissions has doubled. At the present time, there are 1,700 admissions a year, and 500 discharges. This unfavorable balance has imposed a severe strain upon all resources of the hospital. There is no rehabilitation service and little or no preventive or educational work. There is limited or no training in mental health for nurses or public health staff.

The Ministry of Health, with the technical cooperation of the Organization, plans to prepare a long-range plan for improving mental health services.

Provision is made in 1966 for short-term consultants and fellowships.

JAMAICA-6201, Department of Preventive Medicine (UWI)  
(See page 133)

The University of the West Indies has taken the responsibility to train physicians for a large portion of the Caribbean Area.

The Faculty of Medicine and the directing bodies of the University are planning to establish and develop a full-fledged Department of Preventive Medicine. The main objective is to integrate social and public health aspects within the general curriculum beginning in the first year of study.

To reach this aim, it is necessary to reorganize and expand the present department both in functions and physical facilities. Functions will cover the fields of statistics, epidemiology, preventive medicine, teaching of social aspects, and research.

Based on the conclusions and recommendations of a study on organization of the teaching methods, a long-range program will be carried out with the assistance of the Organization in the following years. Assistance was also provided in the organization of the new Barbados hospital as a first step for teaching facilities expansion.

Provisions have been made for consultant services and fellowships.

JAMAICA-6300, Nursing Education  
(See page 133)

A 1956 study of the hospital nursing services in Jamaica revealed that the administrative nursing personnel on the whole lacked post basic preparation and had been promoted mainly on a basis of seniority. There are twenty rural hospitals with 2,316 beds. These hospitals are staffed by approximately 500 nurses, many of whom needed additional preparation in order to improve nursing services. In addition there are six hospitals in the capital. The Ministry of Health employs approximately 1,200 nurses and has appointed a Nursing Training Officer.

The purpose is to improve nursing care to the community by: (1) better preparation of personnel through in-service education programs and advanced nursing education courses for administrative and supervisory personnel, hopefully in collaboration with the University of the West Indies; (2) better utilization of professional nurses' time through addition of trained auxiliary personnel to work under the supervision of the professional nurses.

The training course for hospital aides was established after preparation of both teaching staff and personnel in the hospital used for the training. In cooperation with the nursing staff in the Ministry, workshops were held for matrons and ward sisters from the rural hospitals. In-service education programs were begun in two of the main hospitals in the capital.

Provision is made for a nurse educator and fellowships. A second nurse educator will be assigned to Jamaica in 1965.

NETHERLANDS ANTILLES

NETHERLANDS ANTILLES-2100, Environmental Sanitation  
(See page 134)

Provision is made in 1964 for fellowships in environmental sanitation.

NETHERLANDS ANTILLES-3101, Fellowships for Health Services (See page 134)

Provision is made for fellowships to collaborate with the Government in training staff for the expansion and improvement of its health services.

NETHERLANDS ANTILLES-3102, Fellowships for Health Services (See page 134)

Provision is made in 1966 for fellowships in order to collaborate with the Government in training staff for expansion and improvement of its health services.

SURINAM

SURINAM-0200, Malaria Eradication (See page 134)

The Surinam Malaria Eradication Program started in May 1958, with the entire country, urban Paramaribo excluded, being placed under house-spraying with residual insecticides. By 1961 transmission had been stopped in the coastal zone, which comprises 80 per cent of the 315,000 total population of the country and spraying operations were interrupted in this zone. Intensive surveillance has shown no further transmission to date.

Transmission continues to be quite high in the interior regions of the country inhabited by the remaining 20 per cent of the people, who are mostly bush-negroes and Indians. Spraying operations are continuing, but adequate coverage has not been obtained due to refusals by the people. A change of insecticide to dieldrin in January 1963 has helped reduce these refusals from more than 50 per cent to about 25 per cent.

Vigorous health education activities are being conducted with movies, personal contacts, and other devices to try to further minimize refusals. Entomological and epidemiological work is also being pursued to discover any technical obstacles to the program other than inadequate spraying.

During 1963, a total of 67,696 blood smears were taken and 1,882 shown to be positive (2.8 per cent). UNICEF provides insecticides, transportation, and other supplies.

FAO assists the Government by providing the services of one medical officer, one health educator, one entomologist, two malaria eradication specialists, and one sanitarian. Drugs and some equipment are provided, as are fellowships and contractual services in 1965 and 1966.

SURINAM-2200, Water Supplies (See page 134)

The Government of Surinam is developing major water systems, but for financial reasons and because there is not enough technically trained staff, the rural water supply schemes have been given a comparatively low priority rating.

Provision is made for short-term consultants and in 1965 and 1966 for fellowships.

SURINAM-2300, Aedes aegypti Eradication (See page 135)

This project is part of the Hemisphere-wide *Aedes aegypti* eradication program. The perifocal method of treatment is being used. The *Aedes aegypti* index has dropped from 70 per cent as reflected in a 1960 survey to 14.5 per cent after completion of the third cycle of spraying with

dieldrin in Paramaribo. Susceptibility tests show definite resistance to DDT and BHC and rising tolerance to dieldrin in the *Aedes aegypti* population of Paramaribo.

During 1964-1965 the treatment of Paramaribo and its suburbs will continue, and will be extended to other areas of Surinam where necessary.

Provision is made for the services of a sanitarian; in 1964 some supplies are included.

SURINAM-3100, Health Services (See page 135)

Provision is made in 1964 for a consultant to collaborate with the Government in the development of its nursing services.

In 1966 provision is made for short-term consultants, fellowships, and a limited amount of supplies as further cooperation in the development of health services in the country.

SURINAM-3101, Fellowships for Health Services (See page 135)

Provision is made for fellowships to collaborate with the Government in training staff for the expansion and improvement of its health services.

TRINIDAD AND TOBAGO

TRINIDAD AND TOBAGO-0600, Venereal Diseases (See page 135)

Provision is made for short-term consultants in 1966 to cooperate in the development of the venereal disease control program.

TRINIDAD AND TOBAGO-2200, Water Supplies (See page 135)

There are twelve Government agencies dealing with water supply services in Trinidad and Tobago. The Government has decided to combine all these agencies into one Central Authority to be organized in 1964. The Government is also preparing an island-wide water program for Tobago, and will increase its activities in Trinidad.

Provision is made for short-term consultants and fellowships, and in 1965 and 1966 for a sanitary engineer to continue cooperation in development of water services.

TRINIDAD AND TOBAGO-3101, Public Health Legislation (See page 136)

Provision is made in 1964 for short-term consultants to cooperate with the Government in the development of its quarantine regulations.

TRINIDAD AND TOBAGO-3102, Fellowships for Health Services (See page 136)

Provision is made in 1964 and 1966 for fellowships in order to collaborate with the Government in training staff for the improvement and expansion of its health services.

TRINIDAD AND TOBAGO-3103, Fellowships for Health Services (See page 136)

Provision is made in 1965 and 1966 for fellowships in various health specialties including leprosy and mental health in order to collaborate with the Government in training staff for the improvement and expansion of health services.

TRINIDAD AND TOBAGO-3200, Nursing Services (See page 136)

The aim of this project is to assist in the improvement of health services by strengthening and broadening the scope of nursing services.

A principal nursing officer position and posts for public health tutors have been created. A time study of public health nursing functions has been made to serve as a basis for extension and improvement of the services. Following this study, 43 new posts for public health and district nurses were created.

Provision is made in 1964 for a public health nurse and in 1966 for short-term consultants and supplies.

TRINIDAD AND TOBAGO-3300, Laboratory Services (See page 136)

Provision is made in 1965 for fellowships in order to collaborate with the Government in the development of its laboratory services.

TRINIDAD AND TOBAGO-4200, Nutrition (See page 136)

A nutrition survey in 1961, which included clinical and bio-chemical examinations and evaluation of dietary intake, revealed the existence of various deficiencies: animal protein and B-complex vitamins. Anemia, due to low iron intake and hookworm disease, was a common finding. The Government is planning a program of applied nutrition. In 1962 a National Nutrition Committee was appointed to coordinate efforts of the Ministries of Health, Agriculture, and Education. Plans for a pilot project in Arima were prepared; three training courses for community leaders and one for teachers were carried out; a nutrition center was organized for clinical studies, research, training, and education.

FAO and UNICEF are also cooperating in this project.

Fellowships will be provided in 1965 and 1966.

TRINIDAD AND TOBAGO-4201, Pathogenesis and Prevention of Anemia (See page 136)

Data collected during a nutrition survey of Trinidad and Tobago revealed that anemia is one of the most widespread and significant health problems related to nutrition.

The National Institutes of Health of the United States of America has awarded a grant for the study of the pathogenesis and prevention of anemia in order to identify the major environmental (including nutritional) and hereditary factors and to quantify their relative importance, seeking practical measures for a reduction in the prevalence of anemia.

Provision is made in 1964 and 1965 for personal services, supplies, and equipment.

TRINIDAD AND TOBAGO-4800, Hospital Administration and Medical Records (See page 136)

The Government hospitals for Port of Spain and San Fernando have been designated for the clinical training of medical students of the University of West Indies. It is especially important that they have an efficient administration and good record system in line with modern methods and teaching requirements.

Provision is made for the services of a medical librarian in 1965 to cooperate in the planning, organization, and establishment of a scientific system of medical records and statistics and to instruct the staff in the techniques and procedures to be used. A hospital statistician is to be provided in 1966 to cooperate in the improvement of the operation of the hospitals.

UNITED KINGDOM

BRITISH GUIANA-0200, Malaria Eradication (See page 137)

The chloroquinized salt program started in January 1961 has been very successful in two of the three districts of the interior of British Guiana. Only three malaria cases occurred in these districts in 1963. In the third (Rupunni) district of the interior, 473 cases of malaria were found in 1963 among a population of approximately 8,000 persons. A majority of cases were due to *P. falciparum*, and some of these were due to a chloroquine - tolerant strain imported from Brazil in 1962. Nevertheless, many cases of *P. vivax* and susceptible *P. falciparum* also occurred. A combination of factors such as delayed house-spraying, inadequate distribution of medicated salt as a result of a general strike of three months duration, and importation of plain salt, is responsible for the setbacks which became manifest in the second half of 1963. A greatly intensified case finding activity also increased the number of cases found in the second half of 1963. Spraying operations with DDT twice a year, started in October 1962 in the Lethem area, are now being carried out in the entire Rupunni district in combination with the medicated salt program. Quinine or pyrimethamine are used for cases with chloroquine-resistant strains. Malaria eradication activities on the Brazilian side of the border were intensified during 1963.

During 1963, 32,555 blood smears were examined, of which 476 were positive. Three were found in the maintenance area. Two were relapses and one imported from Brazil, and the situation is well under control. The entire coastal

area is in the maintenance phase and every effort is made to prevent re-infection from the interior of the country or from Brazil.

UNICEF is providing insecticides, vehicles, and other equipment and supplies as far as necessary.

In addition to the services provided by the Zone Malaria Advisory Team, provision is made for two sanitarians in 1964 and one in 1965 and 1966. Short-term consultants, drugs, and equipment will also be provided as well as a fellowship (1965).

#### BRITISH GUIANA-3100, National Health Services

(See page 137)

British Guiana has an estimated population of 565,000, 90 per cent living in the narrow coastal strip which extends from Corentyne to the Pomeroon River. The birth rate is around 43 per 1,000 and infant mortality 70.3 per 1,000 live births. The five principal causes of death are: diseases of early infancy, gastroenteritis and colitis, diseases of the heart, pneumonia, and bronchitis. Curative medicine has been, and continues to be, the major health activity.

The Government has plans to expand the network of health centers and services through the reorganization and integration of the country's curative and preventive services. Thirty-three rural health centers and a modern health center in Georgetown will be added, making a total of 44 in the country. It is also planned to improve and expand water supply services, to establish a public health laboratory and to extend health education activities. In environmental sanitation 50 wells with hand pumps were installed in rural areas. The casting shed for the latrine program was also started. The building for health centers are under construction. All the schools of the country are to be provided with sanitary installations.

Services at the departmental level will be established in each of the three departments of the country and staffed with at least a medical officer, a public health nurse, and a sanitary inspector. There will also be 16 district medical officers, and each health center will have at least one nurse midwife.

UNICEF is providing equipment and supplies for this project.

Provision is made for a chief adviser in public health who also serves as PAHO/WHO Representative in the country and a sanitary engineer to advise on this program. Advisory services in nursing will be provided by the Zone nurse and the nurse adviser to West Indies-3200 on part-time bases. Provision is also made for fellowships and in 1966 for short-term consultants.

#### BRITISH GUIANA-3200, Nursing Services

(See page 137)

Provision is made in 1965 and 1966 for short-term consultants to cooperate in the development of nursing services in the country.

#### WEST INDIES-0200, Malaria Eradication

(See page 137)

Of the three islands of this program, Grenada and St. Lucia area in the maintenance phase and registered in the list of countries in which malaria has been eradicated. No cases of malaria have been reported in Grenada since 1959. Seven *P. malariae* infections were found in St. Lucia during 1963, five of which in a small outbreak in the village of Ti-Colon. Because of the limited nature of the outbreak and the very adequate measures taken to interrupt the transmission and to find additional cases, registration of the country was postponed only a few months.

The last case of malaria occurred in Dominica in 1961. The program has been in the consolidation phase since October 1962. It is planned to continue malaria surveillance operations through 1964.

UNICEF provides laboratory supplies and spare parts for vehicles, if required.

The Organization will provide one sanitarian through 1964 as well as anti-malarial drugs and some supplies through 1965. The Zone Advisory Team is available for advisory services.

#### WEST INDIES-2200, Water Supplies

(See page 138)

Extensive problems exist in the West Indies and British Guiana on the technical, legal, and economic aspects of water supplies. Consultant services are being provided for studies which should lead to sound financing, planning, operation, and administration of existing services and development of new ones, and to financing by international agencies.

Assistance has been provided to Montserrat and St. Lucia and is presently being provided to Dominica and Tobago in the preparation of detailed designs for island-wide water improvement schemes. Similar assistance will be provided to Grenada, St. Vincent, Barbados, Antigua and probably St. Kitts, Nevis and Anguilla during 1964, 1965 and 1966

Provision is made for two sanitary engineers, fellowships, and short-term consultants.

In 1965 a third engineer will be added to the team.

#### WEST INDIES-3100, Public Health Services

(No budgetary provision - advice of regular staff only)

The Governments of Montserrat, Dominica, St. Lucia, and Grenada plan to reorganize and improve their health programs which have as their main objectives: reorganization, integration, and expansion of present services; training of personnel; and coordination of health activities with other plans for social and economic development.

UNICEF is cooperating in projects in Montserrat, Dominica, and St. Lucia. The Organization is providing assistance through the services of its regular staff.

WEST INDIES-3101, Fellowships for Health Services

(See page 138)

Provision is made for fellowships in order to collaborate with the Governments in training staff for the expansion and improvement of their health services.

WEST INDIES-3102, Fellowships for Health Services

(See page 138)

Provision is made for fellowships in order to collaborate with the Governments in training staff for the expansion and improvement of their health services.

WEST INDIES-3200, Nursing Services

(See page 138)

Within Barbados, St. Lucia, Dominica, Montserrat, St. Vincent, Antigua, and St. Kitts, the mortality in early childhood is high, with gastro-enteritis and malnutrition as the chief causes of death. There are some public health nursing services in operation, but they are limited in scope and quality. Emphasis has been on curative services and on domiciliary midwifery. There has been little coordination between hospital and community services.

The health departments are in the process of developing health plans. Increased emphasis will be placed on preventive work and on improved coordination. Within these plans it is necessary to expand and improve the nursing services.

The islands are being divided into health areas and a trained public health nurse will develop the nursing program in each, including supervision of the district nurse-midwives. Training will be necessary to provide qualified public health nurses, and to prepare the district nurse-midwives to broaden the scope of their duties to include more health teaching and preventive work, such as immunization and child health supervision.

UNICEF cooperates in this program. Provision is made for a nursing consultant and for fellowships.

WEST INDIES-4200, Nutrition

(See page 138)

Provision is made in 1965 and 1966 for fellowships in order to collaborate in the training of personnel for nutrition programs in the West Indies.

WEST INDIES-4800, Medical Care Services

(See page 138)

Provision is made for short-term consultants in 1964 and 1966 in order to collaborate in the development of medical care services in the West Indies.

WEST INDIES-4801, Hospital Administration

in Barbados (See page 138)

Provision is made in 1965 and 1966 for a hospital administrator to cooperate in the improvement of the system of administration of the Barbados General Hospital.

Plans exist at present for its involvement as a field training area in connection with medical education provided by the University of the West Indies. The implementation of these plans calls for a full-time director, preferably with a medical background, adequately trained for the job.

Provision is made in 1965 for a hospital administrator and in 1966 for fellowships.

WEST INDIES-4802, Training in Hospital Administration

(Eastern Caribbean) (See page 138)

On ten islands of the Eastern Caribbean are hospitals with a total of 3,610 beds, serving a population of 690,500. These hospitals have for many years been administered by surgeons assisted by stewards who have had no training in administration. The hospitals are nearly all understaffed, underequipped, and overburdened with work. Economy, as well as efficiency, requires that the administration be strengthened. The best way to do this is to provide a group of trained hospital administrators. Barbados, with its new teaching hospital, would be a suitable center for setting up a training program with the course to be administered by the University of the West Indies.

Among the subjects of instruction will be hospital organization, catering arrangements, personnel management, budget and accounts, drugs and other supplies, maintenance of buildings and plant, hospital statistics, out-patient services, the psycho-social needs of patients, and their follow-up after discharge. The integration of the hospital with the other branches of the health service will be emphasized.

Provision is made in 1965 and 1966 for a medical officer, fellowships, and supplies and equipment.

WEST INDIES-6300, Nursing Education

(See page 139)

In 1961 in the ten Unit Territories of the former West Indies Federation, British Guiana, and Bahamas, there were approximately 3,400 trained nurses serving a population of about 3,810,000 or only nine nurses per 11,000 population. In the same area there were approximately 1,880 students in training under 25 Sister Tutors. Many who wish to study nursing leave the area to study elsewhere and do not return home to practice and a considerable number of those who train in their home territory leave soon afterwards. One of the frequently stated reasons is that they seek training which is recognized. Only two countries (Jamaica and Trinidad) have full recognition of the training by the General Nursing Council of England and Wales.

The objective of this project is to assess the present nursing training and nursing resources in the British Caribbean as a basis for improvement of nursing care in the countries; to develop a long-range plan for the betterment of nursing services by improving education of student nurses; and, to consider the possible establishment of a regional body or council with authority to assess and recognize training within the area so that reciprocity could be established from one island to another.

Provision is made for a nurse educator and short-term consultants in 1964 and 1965, and for fellowships in 1965. In addition, provision is also made for a seminar in 1965.

VENEZUELAVENEZUELA-0900, Plague Investigation  
(See page 139)

Plague in Venezuela is confined to a small area situated on the border between the states of Aragua and Miranda. There plague appears sporadically in man and more regularly in sylvatic rodents, several species of which are infected.

As part of the Organization's studies on plague in South America, consultant services were provided to Venezuela in 1959-60 and 1963-64 to study some important epizootical problems.

In order to complete these studies, provision is made for the services of short-term consultants in 1964 and 1965 as well as for a fellowship in 1964.

VENEZUELA-0901, Helminthiasis  
(See page 139)

According to the Ministry of Health of Venezuela, 82 per cent of the nation's population is at risk of contamination by intestinal parasites, and helminths are the second most common complaint at the rural health centers. The Government has studied several approaches to the solution of the problem.

Provision is made for short-term consultants and fellowships in 1966 to cooperate further in the preparation of plans to cope with this problem.

VENEZUELA-2200, Community Water Supplies  
(See page 139)

The statistical data provided by the National Institute of Sanitary Works of Venezuela (INOS) reveals the dramatic impact of the water program in the urban areas (cities with over 5,000 inhabitants) in this country. The population served with water will jump 85 per cent in twelve months, from 1,968,000 (April 1963) to 3,648,000 (April 1964). The capacity of impounding water reservoirs is increased by 136 per cent, the number of water treatment plants by 100 per cent. The length of pipes laid during the year (April 1963-April 1964) will be 2.2 million meters. The water system so constructed will provide water to 73.2 per cent of the urban population, which is well above the target of the Charter of Punta del Este. Up to April 1963, only 41.8 per cent of the urban population were being served.

This intensive water program will continue in the near future, and INOS is already negotiating with the World Bank for a loan to finance the expansion of the waterworks for Caracas. The total amount involved is Bs297 million (US\$66 millions).

In preparation now, is a report on an administrative organization, structure, and program for the management, operation, maintenance, engineering, and financing of a complete water system for Caracas.

INOS is proceeding as scheduled in the implementation of the several water programs which they have. They received a loan from the Inter-American Development Bank for the construction of water systems for 51 cities with 5,000 - 10,000 inhabitants. The construction of all 51 systems has been bid for, the design of all 51 has been completed, and the construction work has been started in 26 cities, and two have been completed as of October 1963.

The other important program financed partially with a loan from the IDB is the expansion of the waterworks of the city of Maracaibo. Most of the distribution system has been constructed and the expansion of the existing treatment plant is 95 per cent completed. The new treatment plant is still in the design stage. A new water well field was completed to be used as a source of water.

Provision is made for short-term consultants and fellowships.

VENEZUELA-2201, Rural Water Supplies  
(See page 139)

Since 1943, the National Institute of Sanitary Works (INOS) has been in charge of providing water to cities with more than 5,000 inhabitants and since 1959, the Ministry of Health has been in charge of those with less than 5,000 inhabitants. The Ministry of Health has been devoting most of its efforts and funds to those localities with more population, with preference to the localities from 500 to 5,000 inhabitants including in addition, those localities with less than 500 people which could be embraced in integral water schemes for a larger area. In the period 1959-1962, 99 water systems were constructed, benefiting 128 localities with a total population of 147,566 inhabitants. During 1963, 70 new rural water systems were constructed providing service to 66,872 people.

To fill the gap in the bracket of localities with less than 500 inhabitants (2,126,700 inhabitants out of a total rural population of 3,480,300 by 1962, or 62.2 per cent of the rural population), the Ministry of Health, is implementing a program for 150 localities of less than 500 inhabitants. One hundred and five field studies and 63 designs have been completed; 32 systems were under construction and eight were finished as of December 1963. Steps are being taken to assure the proper operation and maintenance of the systems, after they are constructed. It is estimated that by the end of 1964, five hundred new systems will be under operation.

UNICEF is cooperating in this program.

Provision is made for a sanitary engineer and fellowships.

VENEZUELA-2300, Aedes-aegypti Eradication  
(See page 140)

The campaign was reorganized in 1962. During 1963 reinfestation and resistance problems appeared in several areas. For this reason, the campaign suffered a one year delay. It is expected that in 1966 the eradication will be completed.

Since the start of the campaign in 1948 to December 1962, an area of 166,206 square kilometers (3,794,000 population) has been freed of *Aedes aegypti* leaving 706,065 square kilometers to be surveyed of which 390,835 (population 2,500,000) are presumed to be positive.

After 1966, work will be limited to verifications leading to the official declaration of eradication.

Provision is made for one medical officer and two sanitarians.

VENEZUELA-2400, Rural Housing  
(See page 140)

The Government is carrying out a rural housing program with the construction of about 12,000 units per year. The layout of communities has already been initiated in some areas of Venezuela through the Division of Rural Housing of the Ministry of Health, but a broadened program is needed to include all facets of sanitary services including water supplies and sewerage systems.

Provision is made for a planning expert in 1964 and 1965, for short-term consultants in 1966, and for fellowships.

VENEZUELA-3100, Consultant Services in Health  
(See page 140)

With the assistance of consultants from the Organization, the Ministry of Health of Venezuela conducted in 1962, a survey and evaluation of sub-urban and rural services in three representative areas of the country. The conclusions of these visits are being used by the Government in their health plans.

For the very rural zones the Ministry of Health has started a scheme of "simplified medicine" in collaboration with local Government agencies using sub-professional personnel in order to reach the needy, widely scattered population.

Provision is made for short-term consultants to cooperate in the development of local health services.

VENEZUELA-3101, Fellowships for Health Services  
(See page 140)

Provision is made for fellowships in order to collaborate with the Government in training staff for the expansion and improvement of its health services.

VENEZUELA-3102, Fellowships for Health Services  
(See page 140)

Provision is made for fellowships in various health specialties in order to collaborate with the Government in the training of staff for the improvement and expansion of its health services.

VENEZUELA-3301, National Institute of Hygiene  
(See page 140)

Together with the Division of Laboratories and the National Pathological Anatomy Service, the National Institute of Hygiene forms a department of the Ministry of Health and Social Welfare and its functions are integrated with those of the other branches of the Ministry.

The Institute conducts research, and is responsible for the production, inspection, and control of biological products. It also has a Food, Drugs, and Cosmetics Section. Its animal colony supplies the various sections of the Institute as well as numerous other agencies throughout the country.

At the present time the greatest support is being given to the Virus Section, whose principal activities are the production of vaccines (rabies, smallpox) and to carry

out diagnostic work in virology. Research programs of this section include the isolation and typification of respiratory agents in "influenza" outbreaks and the study of the role played by different types of enterovirus in gastrointestinal infections.

A lyophilization service was recently established for the conservation of microorganisms, strains, antisera, antigens, etc., and for the preparation of lyophilized vaccines.

Provision is made for consultants and fellowships to cooperate in improvements of other aspects of the Institute's work.

VENEZUELA-4200, Nutrition  
(See page 140)

Provision is made in 1965 and 1966 for fellowships in order to collaborate with the Government in training personnel for the improvement and expansion of its nutrition programs.

VENEZUELA-4300, Mental Health  
(See page 140)

The outstanding problems in mental health include psychosis, neuro-psychosis, alcoholism, suicide, different forms of anti-social behavior, and mental deficiencies. The extension and depth of these problems are not well known at present, but the latest studies point out that in 1962, 5,000 mental patients received medical care at six specialized hospitals in the country.

The Government is planning an evaluation of present problems, services, and resources in mental health in the country. The reports of this study will be used as a basis for the preparation of a long-term national program in mental health in which medical care and rehabilitation, training, research, and prevention will be within the general objectives.

Provision is made for short-term consultants in 1964, and in 1965 and 1966 for a medical officer, a psychiatric nurse, and for fellowships.

VENEZUELA-4600, Industrial Hygiene (See page 141)

The Ministry of Health has already created a Department of Occupational Health with regional branches covering most of the country, to work with industrial establishments in Venezuela.

An evaluation of the work done by this Department was made by the Regional Adviser on Industrial Hygiene, showing the need for more and adequately trained personnel.

The indiscriminate use of highly toxic insecticides is also another concern of the Ministry of Health, which wants to protect the population against this danger, which is producing several deaths per year.

Provision is made for short-term consultants and fellowships.

VENEZUELA-4800, Medical Care Services  
(See page 141)

There are 315 hospitals in the country with a total of 27,463 beds; 170 of them are official hospitals with a capacity of 23,589 beds. They are run by the Ministry of Health, Social Security, the states and the municipalities. Medical care services are also provided in 52 health units, 15 health centers, and 436 rural posts.

This project has the following objectives: (a) to continue the study of problems, organization, resources, and expenditures for medical care services in the country; (b) to carry out one or two pilot projects in regional hospitals in which hospital organization, integration of medical care with public health activities, and training will be included; (c) to improve and enlarge the training courses in hospital organization and administration at the School of Public Health, and to coordinate these activities with the development of the pilot projects.

Provision is made for a medical officer in 1964 and 1965 to assist in the training courses and advise on the establishment of the pilot projects. Fellowships for specialization in this field are also provided. Short-term consultants will be available in 1966.

VENEZUELA-4801, Rehabilitation (See page 141)

The prevention of deformities and invalidism of any etiology and the rehabilitation of such patients has been a matter of great concern to the health authorities of Venezuela. Initially, activities in this field were confined to locomotor problems especially those of the leprosy patients. On the basis that rehabilitation should be part of the total public health plan attention is now given to the rehabilitation of cases of a variety of diseases, i.e. leprosy, tuberculosis, cardiovascular disorders, sensorial and speech defects, and mental illness.

Provision is made for a physiotherapist and an occupational therapist in 1965 and 1966.

VENEZUELA-6100, School of Public Health (See page 141)

At the Central University of Venezuela, the School of Public Health serves as the post-graduate school of the Faculty of Medicine. Demand for more trained professional staff at all levels of service emphasizes the urgent need for improving the curricula and expanding the teaching of this School.

The Organization is giving technical assistance in a long-term program which will be developed in stages, a special aspect being covered in each stage. In accordance with the first of the priorities established by the School of Public Health, a specialist in health education has been assigned to the School to assist in the selection and training of national staff, to assume teaching responsibilities in this field, to participate in the planning and development of several courses in health education, including field practice for all categories of students in the School.

It has been planned, for the next year, to extend the teaching activities of the new Department of Health Education at the School in order to include the training of the

faculty members of the six schools of medicine and to give more technical assistance to the National Program of Rural Aqueducts.

Provision is made for one health educator and for fellowships and in 1965 for supplies.

VENEZUELA-6200, Medical Education  
(See page 141)

At present there are six medical schools in five universities in Venezuela. The National Council of Universities establishes and coordinates the curricula and teaching methods, as well as all aspects related to development of new plans.

For the purpose of analyzing the problems still prevalent and finding solutions in 1963 a survey of medical education in the country was developed. The results will be discussed in a second seminar in 1964 as a basis for the preparation of a long-term program.

Provision is made for short-term consultants in 1964 and 1965, and for a medical educator in 1966 to cooperate in the application of the recommendations and decisions resulting from the survey and the seminar. Provision is also made for fellowships.

VENEZUELA-6300, Nursing Education (See page 141)

The purpose of this project is to establish post-basic courses in administration and teaching within the School of Public Health as well as in-service training programs for both professional and auxiliary nursing staff.

In 1961 the Department of Nursing in the School of Public Health was established and a head of this Department has now been appointed. To date, two programs have been completed, one in the area of nursing education of sixteen weeks duration, and the other in the area of supervision of eight weeks duration. A program of one academic year (October-July) is now in progress and will continue. In this program courses are offered in administration and supervision, depending upon the students' field of interest.

Provision is made for a nurse educator and fellowships.

VENEZUELA-6400, Sanitary Engineering Education  
(See page 142)

Under the United Nations Special Fund, a project for the development of sanitary engineering education in the regular civil engineering curricula to provide personnel to carry out the national plan for the expansion of water and sewerage systems is being conducted in four universities: Central, Zulia, Los Andes, and Catholic. This training of both undergraduate and graduate students is to be complemented by the establishment of a sanitary engineering research center at the Central University and provision of laboratory facilities in the others.

Provision is made for a chief technical adviser in addition to two consultants in 1964, six in 1965, and five in 1966. Other consultants for short periods, fellowships, supplies, equipment, and other services will also be provided.



INTERCOUNTRY PROJECTS

AMRO-0701, Malaria Technical Advisory Services  
(Zone I) (See page 142)

The purpose of this project is to provide advisory services to the widely scattered countries and territories of Zone I, some too small to require full-time international personnel, and to assess and review the progress of work of all the malaria projects in the Caribbean.

The countries of Zone I have a total population of 11,903,500, of which 9,136,400 live in areas which were malarious at the beginning of the eradication campaign. In the attack phase of the campaign, as of December 1963, are 440,900 persons, 2,608,400 are in areas of consolidation and 6,087,100 are in maintenance areas.

Provision is made for one chief zone malaria adviser, one laboratory adviser, one administrative assistant, and for supplies and equipment through 1965. In 1964, provision is also included for common services.

AMRO-0207, Training Center for Malaria Eradication  
(Kingston) (See page 143)

Provision is made for part of 1964 for a director, a secretary, and common services for the closing of this Center.

During its operation, 1958-1963, twenty-four courses were held with a total of 405 students. The students came from 69 different countries, including 17 in the Americas.

AMRO-0701, Rabies Control (Zone I)  
(See page 143)

Rabies is present in several of the territorial units of Zone I, the most serious situation being that of Venezuela where more than 20 human cases were recorded in 1963 and paralytic rabies affects cattle.

In Grenada, advice was provided in 1963 by the Director of the Pan American Zoonoses Center and a plan of operations was prepared.

Provision is made for short-term consultants and fellowships in 1964 and 1965.

AMRO-2101, Sanitary Engineering (Zone I)  
(See page 143)

In the Charter of Punta del Este there is specific mention of pressing sanitation problems: rural and urban water supply, sewage disposal, housing, urbanization and industrial hygiene. Other sanitation activities are also encouraged, according to the state of development of the respective country.

Promotional work is being done in each of these fields by cooperating with the Governments in preparing proper plans. Full utilization is made on the use of outside financing agencies such as the Inter-American Bank, World Bank, United Nations Special Fund, UNICEF, etc. The highest priority is given to urban and rural water supplies; priorities are assigned to other projects according to local situation.

In addition to consultation services available in the various country projects, provision is made for a zone engineer, a secretary, and for fellowships.

AMRO-2107, Environmental Sanitation (Caribbean)  
(See page 143)

Major public health problems in the Caribbean Area are related to diseases that can be prevented largely by better environmental conditions. Under this project, expanded programs in the islands are giving special attention to the survey and evaluation of environmental sanitation conditions and to their improvement. Emphasis is placed on the development of strong environmental sanitation services responsible for the promotion and provision of water supplies and proper disposal of sewage and wastes. This project also covers other sanitation activities such as food and milk control. With UNICEF support, projects have been implemented in Trinidad, Tobago, Barbados, St. Lucia, St. Vincent, Grenada, St. Kitts, and British Guiana. Projects are pending in four other areas in which surveys have been completed.

During 1963 a second course of 11 weeks covering sanitary science, administration, and health education subjects was conducted in Barbados for 31 senior public health inspectors from 12 territories. Such training is to continue in 1964 and 1965.

Provision is made for the services of one sanitary engineer and two sanitarians in 1964, and three sanitary engineers in 1965 and 1966. Fellowships are also provided.

AMRO-2301, Aedes aegypti Eradication  
(Caribbean) (See page 143)

So far, sixteen countries and territories in the Americas have eradicated *Aedes aegypti*, vector of urban yellow fever. The principal remaining foci are in the southern part of the United States of America (see United States of America-2300) and in the Caribbean. The persistence of the infestation in any country of this Hemisphere poses two hazards: the country itself runs the risk of yellow fever epidemics should the virus be introduced into its territory, and any infested country may be a source of reinfestation to its neighbors.

The resistance of *Aedes aegypti* to the chlorinated insecticides has created complex problems and studies are currently underway to solve them.

Provision is made for a medical officer and four sanitarians to collaborate in the eradication campaign in Jamaica, Trinidad, and the British, French, and Dutch areas in the Caribbean. A second medical officer will be assigned in 1965. In addition, provision is made for supplies and equipment.

AMRO-3101, Planning (Zone I) (See page 143)

The second meeting of the Inter-American Economic and Social Council (1963) recommended to Member Governments that those who have not yet done so establish health planning units at the ministerial level and, if necessary, request international assistance in order to carry out training programs for various officials.

Provision is made in 1965 and 1966 for a seminar to review progress in planning and to chart new guidelines.

AMRO-3107, Public Health Administration  
(Caribbean) (See page 143)

Among the most striking health problems in the Caribbean is the high death rate in early childhood. Nearly half the total deaths occur in children under two years of age, the age-specific death rate between six months and two years of age is about twenty times as high as it is in the United States of America, and the death rate from gastroenteritis is 150 per 100,000 population compared with four per 100,000 in the United States of America. Diarrheal disease dominates the list of causes of death in early childhood and indeed in the population as a whole. This points to the need for programs in child health, nutrition, environmental sanitation and health education and for the integration of these programs. There is also an urgent need to strengthen the organization and operation of health services as well as to standardize and simplify administrative methods.

In order to cooperate with the authorities in planning and execution of health programs to meet these problems within over-all socio-economic development plans of the Governments, provision is made for a public health administrator and for fellowships. In addition, an administrative methods consultant is provided to cooperate in this aspect of the development of health agencies. In 1966 there is also provision for a limited amount of supplies and equipment and for a short-term consultant in venereal diseases.

UNICEF also participates in this project.

AMRO-3201 Nursing (Zone I)  
(See page 144)

The objective of this project is to cooperate with national departments of health of Zone I in determining nursing and midwifery needs and resources; in planning programs for public health and hospital nursing, midwifery services, and nursing education; in developing these professions in order that they may provide optimum services adapted to changing health needs; in evaluating nursing and midwifery programs; and in facilitating the interchange of technical data between countries.

Provision is made for one nurse, one secretary, and common services; fellowships are also provided for 1964.

AMRO-3207, Course on Nursing Administration and Supervision (Zone I) (See page 144)

In all the countries within the Zone there is a need for more nurses with training in administration and supervision in both the hospital and public health services. In some hospitals there is only one supervisor staff to 22 staff nurses, and in the public health nursing services the range is variable, but is as low as one supervisor to 65 staff. Many of these nurses have had no training to prepare them to carry out their responsibilities of administration and supervision, but have been put in these posts because of seniority. In many cases the nurses in the senior positions do not have the necessary basic education to permit entry into already established university courses.

In order to cooperate with the Member Governments in coping with these problems, provision is made in 1966 for short-term consultant services and for twenty fellowships, also some supplies and equipment.

AMRO-3301, Laboratory Services (Caribbean)  
(See page 144)

Laboratory services in the British Caribbean - both clinical and public health - have been inadequate, with the exception of those in some of the larger cities.

During 1962 a plan to improve the situation was worked out with the Faculty of Medicine of the University of the West Indies, whereby the organization of a training center for laboratory technicians would be set up at the University; referral services for standardization of techniques and reagents would be established; a manual adapted to regional conditions would be prepared; and consultant services and fellowships would be provided. Ten fellows have been trained under this plan in 1963-64. The Caribbean Medical Center of Port of Spain continues to function as the standard reference laboratory for syphilis serology serving the whole area and including the University of the West Indies laboratories.

Provision is made for fellowships and for short-term services of consultants from the University of West Indies to visit and supervise the laboratories.

AMRO-3401, Health Education (Caribbean)  
(See page 144)

The objectives of the project are to stimulate and cooperate with health authorities in preparing health education programs, to train staff in health education, giving priority to the problems of gastroenteritis and malnutrition in the age group six months to two years, since these are major health problems, and to obtain community action in health education.

The majority of Governments in the eastern Caribbean are preparing programs for the integration of health services with emphasis on maternal and child health, nutrition, and environmental sanitation. There is urgent need to help people, both individually and as communities, to determine the health problems of the islands and to procure the changed attitudes and habits needed for the solution of those problems. This project will be an integral part of efforts of integrated health programs in operation in the area through support of a qualified health educator.

Provision is made for a health educator, and in 1965 and 1966 for fellowships.

AMRO-3501, Health Statistics (Zone I)  
(See page 144)

The purpose of this project is to cooperate with the countries and territories of the Zone: (a) in improving vital and health statistics (particularly statistics of notifiable diseases) and in using statistical data in program planning; (b) in organizing seminars; (c) in teaching courses in statistics and selection and follow-up of fellowship students; and, (d) in statistical aspects of other projects.

Training through short courses on vital and health statistics will be given and a training center on medical records and hospital statistics will be established as soon as possible.

Provision is made for the services of a statistician and fellowships.

AMRO-4201, Nutrition Advisory Services (Zone I)  
(See page 144)

Malnutrition is one of the major health problems in this Zone, and is an important factor in mortality and morbidity. The nature of the nutrition problems are very similar, but the extent and severity vary from area to area. Some activity in the field of nutrition exists in the larger islands of Trinidad and Tobago and Jamaica, but in none of the islands is there an organized integrated program in nutrition. The results of the nutrition survey conducted in August of 1961 revealed the following data - infant mortality for Trinidad 66.04 per 1,000, St. Lucia 101.6 per 1,000 and St. Kitts 69.3 per 1,000. The main nutrition deficiencies found in the area were inadequate intake of proteins in quality and quantity, vitamin B complex, and iron and vitamin A. Special groups such as preschool children, pregnant and lactating women had higher percentages of individuals with inadequate nutrient intakes.

A Nutrition Center has been established in Trinidad for training and education in nutrition, research in applied nutrition, and applied public health nutrition. A nutrition unit has also been established in St. Lucia and St. Kitts for conducting nutrition activities through health centers and schools.

Nutrition activities integrated with MCH programs are now being planned by St. Lucia, Dominica, Grenada, St. Vincent, and Trinidad and Tobago.

Cooperation is being received from FAO, UNICEF, ICNND, and USPHS/NIH.

Provision is made for continuation of the nutrition adviser, as well as for short-term consultants in 1965 and 1966 and for fellowships in 1964 and 1966.

AMRO-4207, Nutrition (Caribbean)  
(See page 144)

The nutrition surveys and studies performed in the Caribbean Area have shown serious nutrition problems (see AMRO-4201). Some have clearcut answers, others need to be investigated in detail to find solutions to them. These findings, as well as on the need for trained personnel to establish permanent technical guidance and assistance in

the area, show the need for coordination of all resources of medicine, nutrition, agriculture, food technology, and social sciences into a single unit for training and research in applied nutrition.

In 1962, a proposal was made for the establishment of a Nutrition Institute to investigate the nutritional status of the people of the Caribbean region through studies of dietary intake and food habits, clinical, biochemical and agricultural surveys, to conduct research in food technology, and to train professional and auxiliary personnel in nutrition.

In a first stage, coordination and strengthening of existing facilities and programs of institutions and agencies in the area working in the field of nutrition will be given special attention.

The services of short-term consultants are provided in 1964 and those of a medical nutritionist in 1965 and 1966.

AMRO-4301, Mental Health (Zone I)  
(See page 145)

Under a grant from the Foundation for International Medical Services, Inc., provision is made in 1964 for ten doctors and ten nurses to attend the Intensive Training Course of the Caribbean Federation for Mental Health.

AMRO-4307, Seminar on Mental Health (Zone I)  
(See page 145)

There is an urgent need to make an appraisal of mental health problems, needs, and resources existing in the Caribbean Area.

With the purpose of analyzing these points and formulating active mental health programs, well coordinated and integrated with general health activities, a seminar on the subject is being planned for 1965 in Jamaica. English, Dutch, and French-speaking countries and territories in the Caribbean Area will be included.

Provision is made for participants and seminar costs.

## PART III

## ZONES II

Zone Office (See page 128)

For text see "Zone Offices," page 37.

CUBACUBA-0200, Malaria Eradication  
(See page 147)

With the assistance of the Organization the Government conducted an epidemiological survey which made it possible to determine that the malarious area of the country extends over 37,376 square kilometers and has a population of 1.9 million. They subsequently organized a system for the notification of fever cases and the execution of entomological work.

The first and second spraying cycles were performed in 1962 and 1963, although not according to the six-month intervals planned, except in the areas of greatest transmission, mainly because of difficulties with equipment. By the end of 1963 this problem had been overcome.

A total of 126,336 blood films were examined during 1963, among which 833 positive cases were found.

Provision is made for one malarialogist, one sanitary engineer, two sanitarians, and one entomologist, as well as fellowships, supplies and equipment.

CUBA-0600, Venereal Diseases  
(See page 147)

Provision is made for a short-term consultant on venereal diseases control in 1966.

CUBA-2200, Water Supplies  
(See page 147)

In 1962 it was estimated that of the 3,855,000 urban population, some 1,673,000 were without adequate water services. No report was received on the status of the 3,121,000 rural population, but it is believed that very few of these have adequate services. In order to meet the needs of the actual population, taking into account population increases, an average of 311,400 persons will have to be supplied with services annually.

In order to cooperate in the development of the water supply program, provision is made for short-term consultants in 1966.

CUBA-2300, Aedes aegypti Eradication  
(See page 147)

In accordance with the plan of operations, the eradication campaign is progressing satisfactorily in the provinces of Havana, Pinar del Rio, and Mantanzas and it will be extended later to the other three provinces of the country.

The Government is interested in increasing its contribution in order to intensify the campaign and to complete it as soon as possible. To this end a change in the plan of operations is being studied.

Provision is made for one medical officer, four sanitarians, supplies, equipment, and common services.

CUBA-3100, Public Health Services  
(See page 147)

Since the beginning of 1963, the services of this program have been concentrated in a demonstration and training area in the vicinity of Havana and in the training of public health nurses.

UNICEF has provided materials and equipment.

Provision is made for one chief country adviser, one sanitary engineer, two public health nurses, and supplies and equipment. Provision is also made in 1965 and 1966 for fellowships for the training of national health personnel.

CUBA-3101, Fellowships for Health Services  
(See page 147)

Provision is made for fellowships in various health specialties including tuberculosis and leprosy in order to collaborate with the Government in training staff for the improvement and expansion of its health services.

CUBA-4200, Nutrition  
(See page 147)

The objective of this project is the improvement of the nutritional status of the population through a training program for nutritionists and dieticians. A medical nutritionist will cooperate with the Carlos Finlay Institute in the preparation of teaching staff and in the organization of courses for nutritionists and dieticians at the central and local levels.

Tests for the acceptability of "Incaparina" in pre-school age and school age children were begun in order to determine the advisability of preparing a similar product in the island.

Provision is made for a medical officer and in 1965 and 1966 for a limited amount of supplies.

CUBA-6300, Nursing Education (See page 147)

The Government is developing a modern school of nursing, and the School of Public Health of the Teaching and Advanced Training Administration is planning to set up an advisory section on nursing education. This section will interpret and put into effect in the nursing schools and in the training courses for nursing auxiliaries the directives of the School of Public Health. It will also conduct post-basic education courses and supplementary training courses in nursing.

Provision is made for one nurse educator.

DOMINICAN REPUBLICDOMINICAN REPUBLIC-0200, Malaria Eradication  
(See page 148)

After several years of administrative, operational, and financial difficulties preventing the successful development of the malaria eradication campaign, activities were resumed in November 1962. A malarious area of 39,000 square kilometers with a population of 2.7 million is being covered. An evaluation service is being organized so that precise information on the development of the campaign can be had regularly every year.

Of 73,202 blood films examined in 1963, 386 positive cases (0.53 per cent) were found.

The Government signed a new plan of operations which calls for two co-directors for the campaign, one of whom is to be a staff member of the Organization. The post of adviser in administration was created to cooperate in improvements in administrative methods.

UNICEF is providing supplies and equipment.

Provision is made for one chief malariologist (co-director), one epidemiologist, one engineer, one administrative methods officer, three sanitarians, and supplies as well as provision in 1965 and 1966 for fellowships and contractual services.

DOMINICAN REPUBLIC-0400, Tuberculosis Control  
(See page 148)

Following a mass BCG vaccination campaign undertaken with the cooperation of the Organization and UNICEF from 1958 to 1961, it is planned to start a pilot area tuberculosis control project in the San Cristobal health district.

The plan of operations was signed in 1963 and the aim is to investigate the prevalence of tuberculosis and to develop simple and inexpensive control methods that can be applied under local circumstances. The long-term objective will be to extend tuberculosis control activities to other areas of the country as part of the general public health program.

UNICEF provides the necessary supplies and equipment.

Provision is made for one medical officer to cooperate in this program.

DOMINICAN REPUBLIC-0600, Yaws Eradication  
(See page 148)

The yaws eradication program was considered completed in 1963. A plan combining yaws case-findings and smallpox vaccination in rural areas has been prepared; the same personnel will be used for both activities.

In 1964 the general health services will undertake the supervision of the yaws eradication program and the smallpox vaccination program.

Provision is made for a medical officer who at the same time will be the epidemiologist of project Dominican Republic-3100.

DOMINICAN REPUBLIC-0900, Schistosomiasis  
(See page 148)

In the Dominican Republic there is a relatively small focus of schistosomiasis which, from the technical viewpoint, it is believed can be eradicated.

Provision is made for fellowships for specialized training of the technical staff in charge of the program.

DOMINICAN REPUBLIC-2200, Water Supplies  
(See page 148)

In 1962 it was estimated that of the 867,000 urban population some 375,000 were without adequate water service and of 2,095,000 rural population, 1,719,000 were without such services. In order to meet the objectives of the Charter of Punta del Este by 1971, it will be necessary to supply services to an annual average of 151,600 when population increases are taken into account.

The Government has created a National Institute for Water Supplies and Sewage Disposal, and plans are underway for the expansion and supervision of the water services of the country.

Provision is made for a sanitary engineer and fellowships. Short-term consultants will also be available in 1965 and 1966.

DOMINICAN REPUBLIC-2300, Aedes aegypti Eradication  
(See page 149)

The vector of urban yellow fever has been eliminated from many cities in the Dominican Republic; however, susceptibility tests made in 1962 on *Aedes aegypti* larvae from various localities confirmed the existence of mosquito strains resistant to chlorinated insecticides to be present throughout the territory.

Studies being made in Jamaica, where a similar situation exists, are expected to indicate which insecticides can be used to replace the chlorinated ones in the eradication campaign.

Provision is made for a medical officer and a sanitarian in 1965 and 1966.

DOMINICAN REPUBLIC-3100, Public Health Services  
(See page 149)

The aim of this project is to cooperate in the reorganization of public health services at the national and at the local level.

A national public health plan covering the ten years, 1963-1972, has been prepared. It provides for the establishment of six regional centers, 96 district centers, and 62 health posts. At the same time all the 33 existing hospitals will be reorganized. In 1964 revision of the plan is projected in order for it to be more in keeping with the resources of the country.

New training courses have been planned for professional, auxiliary, and technical personnel in various specialties.

UNICEF and AID cooperate in this project.

A chief adviser in public health who also serves as PAHO/WHO Representative in the country, a health educator (1964), a public health engineer, a public health nurse, and a consultant in administrative methods are provided. A second nurse will be added to the team in 1965. In addition, some supplies will be provided as well as, in 1964, short-term consultants.

DOMINICAN REPUBLIC-3101, Fellowships for Health Services  
(See page 149)

Provision is made in 1965 and 1966 for fellowships in order to collaborate with the Government in training staff for the improvement and expansion of its health services.

DOMINICAN REPUBLIC-3102, Fellowships for Health Services  
(See page 149)

Provision is made in 1965 and 1966 for fellowships in various health specialties including mental health and leprosy in order to collaborate with the Government in training staff for the improvement and expansion of its health services.

DOMINICAN REPUBLIC-4200, Nutrition  
(See page 149)

In order to cooperate in stimulating the production, distribution and use of foods and in the development of applied nutrition programs, provision is made in 1965 for a dietician and fellowships and in 1966 for fellowships.

DOMINICAN REPUBLIC-6200, Medical Education  
(See page 149)

The Government plans to carry out a complete reorganization of the program of studies in medical education. In particular, it is interested in organizing an active Department of Preventive Medicine, which will incorporate concepts underlying preventive medicine and public health into the teaching programs.

To cooperate in this matter, provision is made for a professor in physiology and for fellowships and in 1965 and 1966 for teaching supplies.

DOMINICAN REPUBLIC-6300, Nursing Education  
(See page 150)

The only School of Nursing in the Dominican Republic conducts an educational program in accordance with modern principles and methods through a faculty which has received special training. Since 1963 only students with complete high school education have been admitted. To date 24 students have graduated from the School and most of them are working in responsible positions.

The School also conducts short courses for hospital nurses in key positions and training programs for auxiliary nurses.

Provision is made for a nurse educator, fellowships, and teaching materials.

DOMINICAN REPUBLIC-6500, Veterinary Medical Education  
(See page 150)

The School of Veterinary Medicine is being reorganized and its curriculum is being extended from four to five years. The Dean of the School has asked for technical advisory services for this reorganization.

In 1963 a short-term consultant made a detailed study of the situation at the Department of Veterinary Medicine.

Provision is made in 1964 for a public health veterinarian who will advise the Veterinary Medicine School on the teaching of public health with special emphasis on the prevention of zoonoses and on food control.

HAITI

HAITI-0200, Malaria Eradication  
(See page 150)

The malarious area of Haiti covers approximately 68.5 per cent of the country and has a population of 3.4 million. The first spraying cycle was begun in 1958 and, after a period of suspension of operations, the campaign was started again in 1961 with the cooperation of AID, UNICEF, and the Organization, after completion of a geographical reconnaissance that year. Only at the beginning of 1962 was it possible to formally initiate complete coverage, which it is estimated will last until 1966. During 1963 a total of 386,657 blood films were examined, among which 6,662 (1.7 per cent) positive cases were found. The absolute number of cases has decreased, and the parasitic rate shows a sharp decline of 3.6 per cent over the previous year.

Research on the usefulness of DDVP as an insecticide for malaria eradication campaigns is being conducted in cooperation between the Government of Haiti, the Communicable Disease Center of the United States Public Health Service, AID, and the Organization.

Provision is made for a chief malaria adviser, an epidemiologist in 1964, one sanitary engineer, three sanitarians, antimalarial drugs and in 1965 and 1966, fellowships. Provision is also made in 1964 for continuation of special studies on new insecticides.

HAITI-0600, Yaws Eradication  
(See page 151)

This program has been incorporated into the general public health services under the direct responsibility of the chief of project Haiti-3100. One brigade is being kept to control the last cases of yaws.

The combined smallpox vaccination program which was begun in the middle of 1962 was continued. From July 1962 to July 1963, 510,957 persons were vaccinated, the majority for the first time.

UNICEF is cooperating by providing penicillin.

Provision is made for a sanitarian.

HAITI-2200, Water Supplies  
(See page 151)

In 1962 it was estimated that of the 402,000 urban population, some 300,000 were without adequate water services and that essentially all of the 3,700,000 rural population was without such services. In order to meet the objectives of the Charter of Punta del Este by 1971, an average of 264,700 persons annually would need such services if projected population increases are taken into account.

At the end of 1963, a plan for the expansion and improvement of the water supply system of Port-au-Prince had been submitted for consideration for an international loan.

Provision is made for short-term consultants and fellowships.

HAITI-3100, National Health Services  
(See page 151)

The Government is formulating a long-term national plan for public health services, the strengthening of the organization at the central level, and the expansion of basic health services throughout the country. The plan also includes a demonstration in local health services with emphasis on rural sanitation and personnel training. The Government began in 1962 by developing the project at the local level with health services in Plaine de l'Archaie. This project at the local level when successful will in future benefit 1 per cent of the total population, but its extension to the remainder of the country will depend on a change in the financial situation in future years.

UNICEF participates in this project.

Provision is made for one medical officer, one sanitary engineer, one public health nurse, one secretary, and in 1964 for an additional medical officer and fellowships.

HAITI-3101, Fellowships for Health Services  
(See page 151)

Provision is made for fellowships in order to collaborate with the Government in training staff for the improvement and expansion of its health services.

HAITI-3102, Fellowships for Health Services  
(See page 151)

Provision is made in 1965 and 1966 for fellowships in order to collaborate with the Government in training staff for the improvement and expansion of its health services.

HAITI-3300, Public Health Laboratory  
(See page 151)

The Public Health Laboratory has been carrying out research programs in the fields of tuberculosis, brucellosis, leptospirosis, and tropical ulcer. The Laboratory has collaborated in the yaws and malaria eradication campaigns as well as in the environmental sanitation program. It has continued training laboratory personnel for surrounding laboratories and has expanded its supervisory activities to the laboratory of the health area of Archaie.

Provision is made for a consultant in laboratory services, supplies, and equipment, and in 1965 and 1966 for fellowships.

HAITI-4200, Nutrition  
(See page 151)

After the nutrition survey made in 1960, a nutrition department was established with fully-trained personnel. In 1963, pilot projects were developed, and a plan for an integrated nutrition program was prepared.

UNICEF is cooperating with the project as well as the Williams Waterman Fund through a grant.

Provision is made for one nutrition consultant, supplies, and fellowships.

MEXICO

MEXICO-0200, Malaria Eradication  
(See page 152)

Spraying was begun in 1957. Since then the campaign has been vigorously pursued. Large areas of the country have been placed in the consolidation phase in advance of schedule.

Interruption of transmission has been achieved in areas inhabited by 64 per cent of the originally malarious area, in view of which they were shifted into the consolidation phase. In the remainder of the originally malarious area transmission still persists, and the attack phase is continuing.

It was decided to conduct an experimental spraying program in which different doses and cycles will be used in similar areas. This experiment will cover about 300,000 houses in all. A pilot project began in 1962 for the mass treatment of the population with anti-malarial drugs.

The contracting parties agreed to an extension of the plan of operations with an appreciable increase in the contribution of the Government.

UNICEF cooperates in this project.

Provision is made for a chief malaria adviser, two malariologists, one sanitary engineer, and two sanitarians. Provision is also made for supplies, drugs, and common services.

MEXICO-0400, Tuberculosis Control  
(See page 152)

A tuberculosis control pilot project will be developed in Queretaro, where the National Tuberculosis Control Campaign has carried out studies of the prevalence of this disease. In this pilot zone, which includes a rural and urban population of approximately 212,000 inhabitants, studies of the prevalence of the disease will continue, personnel will be trained and control methods will be established which are simple, economical and easily applied under local conditions. The personnel of the health centers in

the Zone will be trained in control methods and will cooperate in the project. All cases diagnosed will be given ambulatory treatment, and preventive treatment will be administered to contacts. The pilot project will provide experience for the planning of tuberculosis control in other areas. The National Tuberculosis Control Campaign is also developing a BCG vaccination program for preschool and school age children, the goal of which is 1,800,000 vaccinations this year. Liquid vaccine produced in a Mexican laboratory will be used.

UNICEF will provide drugs, vaccine, film, and other supplies and equipment.

Provision is made for a medical officer, for fellowships, and for a limited amount of supplies.

MEXICO-0500, Leprosy Control  
(See page 152)

In 1960 a reorganization of the leprosy control project was recommended in order to introduce changes in accordance with the latest scientific advances. The activities, aimed at integrating the prevention and control of leprosy into the regular health services, are being continued.

UNICEF participates in this project by furnishing supplies and equipment.

Provision is made for one medical officer and a small amount of supplies.

MEXICO-2200, Water Supplies  
(See page 152)

In 1962 it was estimated that of the 18,398,000 urban population, 8,316,000 were without adequate water services. No estimate was received on the status of the 17,490,000 rural population, but it is believed that very few of these have adequate services. In order to meet the objectives of the Charter of Punta del Este by 1971, an average of 1,980,400 persons annually would need to have services when population increases are taken into account.

The Government has received international loans for water supply services in twelve towns in Yucatan, benefiting a population of 277,414. Monterrey is planning improvements to its water system.

Provision is made for a sanitary engineer, short-term consultants, and in 1965 and 1966 for fellowships.

MEXICO-3101, State Health Services  
(See page 153)

This program originally intended to improve the maternal and child health services in seven states of Mexico, has been progressively expanded and now covers nine states.

In 1962 priority was given to the preparation and training of personnel in service, for which purpose assistance was given by UNICEF. Because of the rapidity with which health centers, especially rural health centers, are being built it has been necessary to accelerate personnel training.

The basic information for short-term planning is now available. A planning section was established in the public health administration.

Provision is made for a medical officer, two sanitary engineers, two public health nurses, one sanitarian, and one health educator, as well as for a limited quantity of supplies and equipment and for fellowships.

UNICEF is providing supplies and equipment.

MEXICO-3102, Fellowships for Health Services  
(See page 153)

Provision is made for fellowships in order to collaborate with the Government in training staff for the improvement and expansion of its health services.

MEXICO-3103, Fellowships for Health Services  
(See page 153)

Provision is made for fellowships in various health specialties including mental hygiene, in order to collaborate with the Government in training personnel for its health services.

MEXICO-3104, Fellowships for Health Services  
(See page 153)

Provision is made in 1964 for fellowships in order to collaborate with the Government in the improvement and expansion of its health services.

MEXICO-3300, Public Health Laboratory  
(See page 153)

The need to increase the production of high quality biological products for the development of national immunization programs has required the cooperation of the Organization in planning new laboratories, development of production, and training of new personnel.

The Organization also collaborates, as in previous years, in the program of expanding the food control services of the National Health Laboratory as well as the epidemiological studies that are being carried out at the National Institute of Virology.

Provision is made for short-term consultants, fellowships for the training of personnel, and a small amount of supplies and equipment.

MEXICO-3500, Statistics (See page 154)

The purpose of this project is to determine the morbidity and mortality indexes as well as the number of medical services and facilities rendered in relation to the population involved. This will contribute to the improvement of the standards of medical services as well as the technical training of the medical professionals through statistics and the more efficient technical planning of medical services.

It is expected that in 1965 the programs for data collection and classification will be completed so that the examination and analysis of the first results may be conducted in 1966.

Provision is made in 1965 and 1966 for short-term consultants.



MEXICO-4200, Nutrition  
(See page 154)

The aim of this project is to improve the nutritional status of the population. Nutrition and dietary surveys have been made in several areas of the country. In addition, pilot projects were established in some rural areas, and national nutrition services were strengthened through a training program.

A "food for work" program is being carried out by the General Department of Applied Nutrition, which was recently established.

Provision is made for fellowships for the training of nutrition personnel at various Governmental levels.

MEXICO-4600, Industrial Hygiene  
(See page 154)

Provision is made in 1965 and 1966 for short-term consultants to cooperate with the Government in the development of industrial hygiene and occupational health programs.

MEXICO-6100, School of Public Health  
(See page 154)

The aim of this project is to strengthen and expand the teaching program of the School of Public Health.

Provision is made for the continuation of the collaboration through short-term consultants and fellowships.

MEXICO-6200, Medical Education  
(See page 154)

In Mexico, medical education is developing rapidly, due to appointment of full-time professors, reorganization of curricula, modernization of teaching methods, and progressive strengthening of the teaching staff of various medical schools, both in the capital and in the states. Special attention has been given to improving the teaching of preventive medicine.

Provision is made for fellowships and for short-term consultants in order to collaborate with the schools.

MEXICO-6300, Nursing Education  
(See page 154)

The aims of this project are to promote the development of basic nursing education in Mexico through consultation services to a selected number of schools of nursing and through the advanced preparation of graduate nurses to serve as instructors; and to strengthen the preparation of auxiliary nursing personnel.

The multiple activities under this project included nursing education programs at three levels: consultation to 16 of the existing 80 schools of nursing; assistance in carrying out two six month courses in which 23 instructors and 13 nursing service administrators were prepared; and collaboration in the training of nursing auxiliaries. The latter was standardized through the preparation of a detailed program of studies which will serve as a guide for the

instructors. One hundred seventy four auxiliaries were trained in eleven courses of six months and one of three months. Three more courses of six months are in progress with a total of 69 students.

Plans are being drawn up for carrying out a survey of nursing resources and needs in the country.

Provision is made for two nurse educators, fellowships and supplies. UNICEF also collaborates in this project.

MEXICO-6400, Environmental Sanitation Training  
(See page 154)

Since 1955 the Organization has been collaborating with the School of Sanitary Engineering of the National Autonomous University of Mexico in organizing postgraduate courses for engineers who wish to specialize in this field.

In 1961 and 1962 international intensive postgraduate courses in the design and operation of water supply systems were given for 60 engineers in cooperation with the Department of Hydraulic Resources of Mexico. In 1963, an intensive short course was given on selecting pumping equipment for water supply systems.

Also in 1963, an agreement was concluded with the Secretariat of Health and Welfare and the School of Engineering at the University of Nuevo Leon in Monterrey, for assistance in developing courses for public health engineers.

Provision is made for short-term consultants for the two schools, for supplies, laboratory equipment, reference and research books, and fellowships.

MEXICO-6500, Teaching of Public Health in Schools of Veterinary Medicine (See page 154)

Veterinary public health services at all levels in the health administration of Mexico cannot be attended to owing to a shortage of veterinarians. The same problem exists in the Departments of Agriculture and Livestock.

The Organization is cooperating with the School of Veterinary Medicine of the National Autonomous University of Mexico in expanding and strengthening the teaching and research departments as well as the training of specialized teaching staff. FAO also cooperates in the project.

Provision is made for short-term consultants and fellowships for the training of teaching staff.

INTERCOUNTRY PROJECTS

AMRO-0102, Epidemiology (Zone II)  
(See page 155)

The functions of the consultant in epidemiology in relation to countries of the Zone are: (a) to promote the development of eradication and control programs against communicable diseases; (b) to advise on methods and techniques of control; (c) to coordinate the programs of eradication or control of quarantinable diseases; (d) to promote

better reporting of communicable diseases; and, (e) to advise on all problems related to the application of the International Sanitary Regulations.

Provision is made for an epidemiologist and for supplies.

AMRO-D702, Veterinary Public Health (Zone II)

(See page 155)

The purpose of this project is to advise and assist the countries of the Zone in: (a) developing and reorganizing veterinary public health activities and services, especially as they relate to the zoonoses and the protection and control of food; (b) promoting public health education in veterinary medicine.

Provision is made for duty travel for veterinarians from the Organization's staff.

AMRO-2102, Sanitary Engineering (Zone II)

(See page 155)

The Organization cooperates with the countries of the Zone in programs of rural and urban water supply, sewage disposal, housing, urbanization, industrial hygiene, food and milk sanitation, water and atmospheric pollution control, vector control, and garbage and refuse disposal.

The highest priority is given to urban and rural water supplies and priorities are assigned among other activities according to local needs.

In addition to consultative services available in the various country projects, provision is made for an engineer, a clerk stenographer, supplies, and fellowships.

AMRO-3102, Planning (Zone II)

(See page 155)

The Second Meeting of the Inter-American Economic and Social Council (1963) recommended to Member Governments that those who have not yet done so establish health planning units at the ministerial level and, if necessary, request international assistance in order to carry out training programs for various officials.

Active collaboration is being undertaken in Mexico in particular in the development of a pilot programming region in the State of Hidalgo.

Provision is made for short-term consultants and for fellowships.

AMRO-3202, Nursing (Zone II)

(See page 155)

Cooperation is provided in planning nursing programs within the Zone through assistance in the identification of needs, assessment of resources, and formulation of activities related to the implementation and evaluation of standards, techniques, and procedures in the nursing and midwifery fields, both in public health and in hospitals.

Provision is made for a nurse, a clerk stenographer, and for supplies.

AMRO-3502, Health Statistics (Zone II)

(See page 155)

The purpose of this project is to cooperate with the countries of the Zone: (a) in improving vital and health statistics (particularly statistics of notifiable diseases) and in using statistical data in program planning; (b) in organizing seminars; (c) in teaching courses in statistics and selection and follow-up of fellowship students; and, (d) in statistical aspects of other projects.

Provision is made for one statistician and limited amounts of supplies and equipment.

AMRO-6202, Medical Education (Zone II)

(See page 155)

The purpose of this project is to study the status of medical education in the schools of the Zone, to give advice and consultation to individual schools as requested, to prepare a plan for the promotion of medical education in the Zone, and to assist in strengthening collaboration with other interested agencies, governmental and private.

Provision is made for short-term consultants in 1965 and 1966.

## PART III

## ZONE III

Zone Office (See page 128)

For text see "Zone Offices," page 37.

BRITISH HONDURASBRITISH HONDURAS-0200, Malaria Eradication  
(See page 156)

All of the country's 22,696 square kilometers with approximately 100,000 population was considered to be a malarious area. Sprayings were suspended in August 1962, after eleven continuous months of negativity, and the program therefore shifted into the consolidation phase.

An outbreak of 12 cases occurred that same month in a northern locality, and in the ensuing months there were six more cases in neighboring localities, all linked epidemiologically to the original outbreak. For this reason 1,193 houses in the area bordering on Mexico will be sprayed twice a year.

In 1963, 12,522 blood films (12.5 per cent of the population) were taken, with two autochthonous cases found in January and two relapses in April, again linked to the August 1962 outbreak. Four additional cases were detected in November, and nine more in December.

It is intended to maintain the interruption of transmission achieved through house sprayings with insecticide and radical treatment of cases for the three years of consolidation, during which no autochthonous case of malaria appears or any extensive attack measure is taken, so as to declare malaria eradicated in the country and to entrust to the medical services the final surveillance to prevent re-establishment of the disease.

UNICEF cooperates in this project.

Provision is made for one medical officer and for supplies in 1964 and 1965.

BRITISH HONDURAS-2200, Water Supplies  
(See page 156)

Lack of safe potable water and adequate means of disposing of waste waters and human wastes is one of the major problems in the country. Provision of safe water supplies for the urban communities of the country would ultimately benefit about half the population of the country.

A water supply system serving Belize City, the capital, is presently supplying only about 10 gallons per capita to the 35,000 inhabitants of the city who are served for the most part from public faucets. In addition to being chemically inadequate, little is known of the reliability of the present ground water source.

The immediate objective is to improve existing public supplies and the long-range objective is for safe and ample supplies for at least 35 per cent of the urban population in five years.

Provision is made for short-term consultants and fellowships.

BRITISH HONDURAS-3100, Health Services (See page 157)

This project to improve health services is now giving priority to environmental sanitation and training.

The immediate objectives of the sanitation program are: (1) to provide safe water and adequate excreta disposal for 5,560 persons living in 18 rural villages in one of the territory's six districts in 1964; and (2) to improve the water supply system for the city of Belize.

Long-range objectives contemplate expansion of the rural sanitation program to the country's remaining rural areas and engineering studies to provide safe water and adequate sewage disposal facilities for inhabitants of the urban areas by 1967.

To meet the objectives, a sanitary engineering office was installed with almost all its required personnel. The construction of a latrine workshop in the pilot project area has already started to produce latrine slabs. Construction of wells and latrines in the pilot project area is expected to be completed towards the end of 1964.

UNICEF is cooperating in this project.

Provision is made for one sanitary engineer, supplies and equipment, and fellowships.

BRITISH HONDURAS-3101, Fellowships for Health Services  
(See page 157)

Provision is made for fellowships in order to collaborate with the Government in the training of personnel for the improvement and expansion of the health services.

BRITISH HONDURAS-6300, Nursing Education (See page 157)

A reorganization of the School of Nursing of the Hospital of Belize is planned, in which the Organization will cooperate, in order that administration and supervision will be included in the teaching. Special attention will be paid to the development of service areas where student nurses can take their practical work. The School has 34 student nurses.

Provision is made for a nurse educator, limited amount of supplies and equipment, and in 1965 and 1966 for fellowships to prepare teaching personnel to work in the school and to supervise the students' practices.

COSTA RICACOSTA RICA-0200, Malaria Eradication  
(See page 157)

The purpose of this project is to provide advisory services to the malaria eradication program in Costa Rica, which has a malarious area of 31,526 square kilometers

(61.7 per cent of the country) with a population of 426,000, and a contour line ranging from 0-500 meters above sea level. At the present time, the area in the consolidation phase measures 23,523 square kilometers and has a population of 262,000.

The technique used in the campaign consists of intra- and peridomestic sprayings with residual insecticides and radical treatment of positive cases. Mass treatment with antimalarial drugs is used as a supplementary measure among the population living in areas where the application of insecticide alone does not suffice to interrupt malaria transmission. An acute economic crisis made it impossible to protect more than 9,023 of the 15,728 persons who were to be treated in 1963.

In 1963, 257,850 blood films were examined, of which 1,228 were positive.

UNICEF is cooperating in this program.

Provision is made for one medical officer, three sanitarians, and supplies. In 1966 the number of sanitarians will be reduced to one. Provision is also made for fellowships and a grant in 1964.

COSTA RICA-2200, Water Supplies  
(See page 158)

Costa Rica, in an area of 50,000 square kilometers, has a population of approximately 1,400,000 at present, nearly 35 per cent of which lives in urban areas. Almost all these areas have public water supplies, but in some cases their condition is very poor, either in quality or in quantity. Available data indicate that only 36 per cent of the rural population has drinking water service and that the situation is even worse with regard to sewage disposal service which exists only in the principal communities.

The city of San Jose is in urgent need of expanding its water supply and sewerage systems. A plan for the new water supply system is now available, and preliminary studies for a sewerage system are under way. The preliminary studies for twelve of the main cities in the interior have been completed, and a program of new water supply and sewerage systems for these is being drawn up. There are also plans to provide water supplies to all rural communities in the country. The international loans obtained by Costa Rica total \$8.5 million.

Provision is made for one sanitary engineer and for fellowships. Provision is also made for short-term consultants in 1965 and 1966.

COSTA RICA-3100, National Health Services  
(See page 158)

A national health planning unit has begun to operate and steps are being taken to formulate a ten-year public health plan.

Four units of the Alliance for Progress have begun to serve a rural population of 150,000. Work continued on the manual of procedure for health units. Hospital care services were improved, particularly out-patient departments, personnel training, and technical and administrative supervision.

In the matter of rural sanitation, a study to plan the building of water supply and sewage disposal systems in 30 communities was completed.

Provision is made for one chief public health adviser who will also serve as the PAHO/WHO Country Representative and for fellowships. In 1965 and 1966 provision is also made for one nurse and short-term consultants. A limited amount of supplies and equipment will be available in 1966.

COSTA RICA-3101, Fellowships for Health Services  
(See page 158)

Provision is made in 1965 and 1966 for fellowships in leprosy, venereal diseases, and mental health, in order to collaborate with the Government in the training of personnel for the improvement and expansion of the health services.

COSTA RICA-3301, Laboratory for Diagnosis of Viral Diseases (See page 158)

The increasing importance given to viral diseases has underlined the need for public health laboratories to expand their activities in the field of virology, especially with reference to diagnostic media and services.

Under this program assistance is being given in the establishment and organization of a Section for the Diagnosis of Viral Diseases, which is part of the Laboratory Department of the Ministry of Health. Activities have been carried out since September 1962.

Provision is made for short-term consultants and in 1965, for a virologist. Provision is also made for fellowships and in 1965-1966 a limited amount of supplies and equipment.

COSTA RICA-3400, Health Education  
(See page 158)

In 1964 short-term consultants were provided in order to collaborate and advise on health education programs related to specific health projects such as water supplies, nutrition, integrated health services, malaria eradication; to cooperate in the organization of community programs which the Ministry of Health is developing through the "Mobile Units" of the Alliance for Progress; and, to advise voluntary groups carrying out welfare programs in rural communities.

These experts will also collaborate with the Ministry of Health in coordinating health education activities amongst the various ministries and in strengthening the program of community development under the National Planning for Economic and Social Development.

COSTA RICA-6300, Advanced Nursing Education  
(See page 158)

Under this project, collaboration in the advanced nursing education program at the School of Nursing of Costa Rica has continued. This has included the reorganization of the School which began in 1951; adjustments in the nurse-midwifery educational programs so as to meet academic levels; and, assistance to the School in its attempts to ascertain requirements and to make necessary adjustments in the basic nursing program for acceptance in the University. Collaboration will also be provided in strengthening its teaching staff to meet new responsibilities; in making the necessary administrative adjustments for incorporation of the School into the University of Costa Rica, and in developing teacher-training courses for graduate nurses in some clinical areas of nursing. In 1963 the School had a total of 111 students and a graduating class of 35.

Provision is made for one nurse educator, fellowships, and supplies and equipment.

EL SALVADOR

EL SALVADOR-0200, Malaria Eradication  
(See page 159)

In El Salvador, out of the population of 2,510,984, there are 1,641,192 persons living in the initially malarious area, which comprises 19,940 square kilometers of the country's total surface of 21,149 square kilometers.

The number of blood films examined has increased considerably, and the positivity percentage has decreased from 19.8 per cent (23,062 specimens examined) in 1956, to 7.5 per cent (238,791 specimens examined) in 1963.

A 1961 evaluation of the program led to the following conclusions: that sprayings could be discontinued in the five northern departments (Santa Ana, Chalatenango, Cuscatlan, Cabañas, and Morazan), since there was marked evidence that transmission had been interrupted; that these areas should be shifted into the consolidation phase under epidemiological surveillance (study and radical treatment of each case); and that the remainder of the country should continue to be sprayed and supplementary measures (drugs or larvicides) continue to be applied in areas where transmission persists.

A new evaluation made in 1963 indicated that the 0-200 meters area, and the localities with evident transmission situated above 200 meters, should be sprayed, and that mass drug treatment (chloroquine-primaquine) should be applied in all localities situated at 0-100 meters. The results in this population of 250,000 will differ depending on the topography of the terrain. The 0-200 meters area is considered the area of persistent transmission. The previously mentioned five northern departments and their neighboring areas (similar geographically) show strong evidence of interrupted transmission.

UNICEF and AID cooperate in the program.

Provision is made for two medical officers, one sanitary engineer, one health educator, one entomologist, one entomological aide, three sanitarians, and for fellowships and supplies.

EL SALVADOR-2200, Water Supplies  
(See page 159)

In 1961 it was estimated that of the 799,000 urban population 332,000 were without water services. No report was received on the status of water services for the rural population of 1,675,000 but it is believed that very few of this group have adequate service. In order for 70 per cent of the urban population and 50 per cent of the rural population to have adequate water services by 1971, it is estimated that an average of 144,200 persons annually will need to be served.

International loans of 4.8 million dollars benefiting a population of 508,000 in 39 of the smaller cities have been obtained. Studies have been completed for another ten projects and a ten year plan for the rural communities has been drawn up.

Provision is made for a sanitary engineer, fellowships, and in 1965 and 1966 for short-term consultants.

EL SALVADOR-3100, National Health Services  
(See page 159)

In 1960, the Government began to expand the system of local public health services in rural areas on the basis of demonstration projects started in 1951.

A ten-year health plan for preventive measures as well as for promotion and restoration of health is expected to be implemented during 1964. It will include plans for training of health workers.

Provision is made for a chief adviser in public health who also serves as PAHO/WHO Representative in the country, a planning officer (1964-1965), a sanitary engineer, two public health nurses (one in 1964), short-term consultants in venereal diseases in 1966, fellowships in 1965 and 1966, and supplies and equipment in 1964 and 1966.

EL SALVADOR-3101, Fellowships for Health Services  
(See page 160)

Provision is made for fellowships in 1965 and 1966 in various health specialties in order to collaborate with the Government in the improvement and expansion of the health services.

EL SALVADOR-3102, Fellowships for Health Services  
(See page 160)

Provision is made for fellowships in various health specialties including tuberculosis and mental health in order to collaborate with the Government in the improvement and expansion of the health services.

EL SALVADOR-3300, Public Health Laboratory  
(See page 160)

The objective of this project is the development of public health laboratories both at the central level and in the health districts into which the country is divided.

It is planned to conduct research on the epidemiology of communicable diseases, to intensify the control of food-stuffs, beverages, drugs, and pharmaceutical products, and to give specialized training to the personnel required for the laboratories of the country.

Provisions are made for one medical officer and fellowships in 1964 and 1965, and for short-term consultants in 1966. Provision is also made for a limited amount of supplies and equipment.

#### GUATEMALA

##### GUATEMALA-0200, Malaria Eradication (See page 160)

The malarious area of Guatemala extends over 80,350 square kilometers, which is about 73 per cent of the total area (108,889 square kilometers) of the country, and is inhabited by 1,911,826 out of the total population of 4,119,841.

The program has developed to the point that it has been possible to shift a part of the malarious area (49,345 square kilometers) with a population of 1,233,789 into the consolidation phase.

The National Malaria Eradication Service is paying close attention to the areas of continued high transmission where it is applying intradomiciliary sprayings, which are in some areas supplemented with mass treatment with drugs (50,000 persons receiving chloroquine-primaquine), the radical treatment of cases, and periodic fortnightly sprayings to cover the surfaces of new houses and other unprotected surfaces.

Epidemiological evaluation operations continued to increase, and the monthly average of blood films rose to 29,072 in 1963. In the malarious area, specimens were obtained from 18 per cent of the population. Of the 348,866 specimens examined, 15,116 were found positive; of these, 2,846 came from areas in the consolidation phase.

UNICEF cooperates in the program.

Provision is made for two medical officers, one sanitary engineer, three sanitarians, and for supplies. One entomologist will be added in 1965. Provision is also made for fellowships in 1964.

##### GUATEMALA-2101, Rural Sanitation (See page 160)

In the rural areas of Guatemala (with 75 per cent of the country's population) rural water supply, suitable excreta disposal for 50 per cent of the population and improvement of construction of rural housing are among the most pressing problems.

The objectives of this program are both social and economic; included among the social objectives are the following: (a) reduction in the high infant mortality and morbidity due to diarrheal and parasitic diseases, and in the general morbidity and mortality due to other causes, (b) development of such health programs as mother and child care, nutrition, etc., and (c) increase in life expectancy

at birth of 5 years. The following are included among the economic objectives: (a) increased agricultural production to achieve a higher standard of living; and (b) return to the rural area of a large part of the population which has migrated to the cities.

Assistance will be given in establishing a Department of Rural Works within the Division of Environmental Sanitation, as part of a plan to improve rural sanitation services.

Provision is made for one sanitary engineer, for fellowships, and in 1964 for supplies and equipment.

##### GUATEMALA-2200, Water Supplies (See page 161)

The Republic of Guatemala, which extends over a surface of 108,889 square kilometers, has a population of 3,628,257 according to a 1960 estimate, of which 907,064 (25 per cent) live in urban areas.

Of this 907,064 urban population, 400,000 (44 per cent) live in the capital, and the remaining 507,064 (56 per cent) in more or less small communities. The country has some 324 municipal seats, of which 194 (59 per cent) are rural communities.

It is estimated that 75 per cent of the population in the capital has water service in the home, but in the remaining urban center this service exists for less than 50 per cent. Only 47 per cent of the population of Guatemala City has home connections to the public sewerage system, and in the remaining urban centers only 29 per cent.

Guatemala has obtained international loans in the sum of 4.8 million dollars to benefit Puerto Barrios (population 120,000). A plan to expand the water supply system in the capital was submitted to IADB for consideration.

Provision is made for short-term consultants and for fellowships.

##### GUATEMALA-3100, National Health Services (See page 161)

With the experience gained in the health demonstration area, it is proposed to organize the public health services at both the central and local levels, and to extend the sphere of action of the area to the entire country.

In addition to the reorganization of health services, special attention was given to the training of the personnel which is to work in these services, a training which produced satisfactory results.

The immediate objective of the program is to achieve well operated health services within the budgetary resources. The reduction of morbidity and mortality indexes is now being achieved.

To attain such objectives, a national health plan is being prepared which, in coordination with the plan for general development, will make it possible to make logical use of the available resources.

Advisory services continued to be given for increasing the water supplies and improving the sewage disposal systems.

UNICEF is collaborating by providing equipment and supplies.

Provision is made for one chief public health adviser, who also serves as the PAHO/WHO Country Representative, for one sanitary engineer, one public health nurse beginning in 1965, and one sanitarian in 1964. Provision is also made for short-term consultants in refuse and garbage disposal in 1966 and for fellowships and supplies and equipment.

GUATEMALA-3101, Fellowships for Health Services  
(See page 161)

Provision is made for fellowships in various health specialties including planning, leprosy, venereal diseases and tuberculosis in order to collaborate with the Government in the improvement and expansion of the health services.

GUATEMALA-3102, Fellowships for Health Services  
(See page 161)

Provision is made in 1964 for fellowships in order to collaborate with the Government in the improvement and expansion of the health services.

GUATEMALA-3300, Public Health Laboratory  
(See page 161)

In line with reorganization of the General Department of Public Health, it is intended to expand the activities of the central public health laboratories in order that they may play a more effective part in present health programs, including epidemiological studies on communicable diseases among their activities.

The Institute of Biology will begin large-scale production of whooping cough vaccine and preparation of antigens and sera in 1964.

Provision is made for a laboratory adviser, fellowships, and in 1964 for special equipment.

GUATEMALA-6300, Nursing Education  
(See page 161)

Assistance in nursing education at three levels was given through this program. The curriculum of the National School of Nursing was reviewed, and training was given to the faculty, which consists of a nurse director and nurse instructors. An evaluation of this project is planned for 1964.

From 1961 to date, under the program of advanced nursing education, three courses in the administration and supervision of nursing services have been held. A program of psychiatric nursing is being planned, and an area of practice for its students is being organized.

Assistance was given to the national office in charge of training nursing auxiliaries, and guidance and training was given to the nurses assigned to organize and direct such training courses at the national hospitals in the country.

This project will be concluded with the evaluation of the basic program to be made in 1964, since national staff at all three levels of nursing education is now available to direct and execute all programs.

Provision is made in 1964 for two nurse educators.

GUATEMALA-6500, Teaching of Public Health in Schools of Veterinary Medicine (See page 161)

One of the most severe problems in the countries of Central America and in Panama is the great shortage of veterinarians and the inadequacy of teaching centers of veterinary medicine. There is only one such school, the School of Veterinary Medicine and Zootechnics at the University of San Carlos in Guatemala.

The principal objective of this project is to assist that School in incorporating basic public health instruction in the curriculum and in strengthening the other departments directly associated with preventive medicine and food hygiene. The long-term objective is to give specialized training to a larger number of the instructors at the School and to strengthen its teaching program and practices through short-term consultants.

Provision is made for short-term consultants, fellowships for the teaching staff, and for a limited amount of teaching materials.

HONDURAS

HONDURAS-0200, Malaria Eradication  
(See page 162)

The malarious area of Honduras covers some 107,035 square kilometers, or nearly 93 per cent of the total area of the country, and the population at risk, estimated on 1 July 1963 at 1,892,305, represents 94 per cent of the country's total population.

The preparatory phase was followed by full coverage, and during the ninth cycle, 106,107 houses were sprayed with DDT and 20,000 with malathion in the departments of Valle and Choluteca, where the vector has shown high resistance to chlorinated insecticides. In July 1963 a mass treatment program was begun in eight localities in the central part of the country, which has about 6,600 inhabitants, because in that area also *A. albimanus* is highly resistant to chlorinated insecticide.

An area of 78,703 square kilometers, with 941,030 inhabitants, is in the consolidation phase. The attack phase continues in an area of 28,332 square kilometers, with a population of 951,275.

The number of blood films examined in 1963 was 264,131, of which 7,077 were positive; 356 of these were identified as coming from areas in the consolidation phase, and 177 were classified as autochthonous cases.

It is expected that about 80 per cent of the houses in the malarious area will be in the consolidation phase by the end of 1964, and 90 per cent by 1965.

UNICEF and AID are cooperating in this program.

Provision is made for one medical officer, two sanitarians, and supplies. In 1964, there is provision for one sanitary engineer, one entomologist, and for fellowships.

HONDURAS-2200, Water Supplies  
(See page 162)

In 1962 it was estimated that of the 618,000 urban population, some 406,000 were without adequate water services and that of the 1,373,000 rural population, 1,270,000 were in the same situation. By 1971, it is estimated some 2,267,000 would be without adequate services unless an average of 115,300 are covered annually.

The Government has obtained international loans amounting to 3.0 million dollars for expansion of the water system of Tegucigalpa, benefiting a population of 165,000, as well as for rural water systems aided by UNICEF for 80 communities as a first step in the rural water supply program.

Provision is made for short-term consultants and fellowships as further collaboration in the development of this program.

HONDURAS-3100, National Health Services  
(See page 162)

Since 1955 the Organization has collaborated in the reorganization, improvement, and expansion of health services. The project began with the establishment of a health center in a suburb of Tegucigalpa. Later, similar services were established in other parts of the country, and a five-year national public health plan was drawn up.

The first stage of this plan called for the reorganization of the health services at the central level, beginning with the establishment and operation of policy-making and executive divisions and departments. In 1962 the national health authorities evaluated the first phase of the national plan and decided to extend it and to maintain the original objectives. The second phase of this plan will be organized in 1964 and will probably cover the next five-year period.

The program of rural water supply construction was continued, and the review of the manual of procedures for rural services was completed.

The first public health course for graduate nurses, and the sixth course for nursing auxiliaries and sanitarians were held.

Provision is made for one chief adviser in public health, who also serves as the PAHO/WHO Country Representative, one sanitary engineer, one public health nurse, and in 1964 and 1966 for supplies and equipment.

HONDURAS-3101, Fellowships for Health Services  
(See page 163)

Provision is made for fellowships in various health specialties including leprosy, mental health and planning in order to collaborate with the Government in the improvement and expansion of the health services.

HONDURAS-3102, Fellowships for Health Services  
(See page 163)

Provision is made for fellowships in order to collaborate with the Government in the improvement and expansion of the health services.

HONDURAS-3103, Health Legislation  
(See page 163)

Provision is made in 1964 for a short-term consultant to continue cooperating with the Government in bringing the health codes up to date.

HONDURAS-3300, Public Health Laboratory  
(See page 163)

The objective of this project is to intensify the operations of the central public health laboratory and to develop the local laboratories in accordance with the needs and resources of the country under the national health plan.

To fulfill these objectives, it is proposed to establish a minimum network of laboratories to provide the country with the basic services required.

Basic equipment was obtained for these laboratories and some of their activities were reorganized. A section for training laboratory technicians was established, which will at the same time serve to provide services in bacteriology and mycology. The laboratories of the Division of Tuberculosis and of Bromatology were incorporated into the Division of Laboratories, and their operations were extended to include other public health activities, such as epidemiological studies on communicable diseases.

Provision is made in 1965 and 1966 for short-term consultants, fellowships, and a limited amount of supplies and equipment.

HONDURAS-6300, Nursing Education  
(See page 163)

The Organization has considered with the Government the organization of a national school of nursing in order that its teaching program might encompass, in addition to basic nursing, orientation and practice in administration, supervision and teaching. When opportune, such a school would be incorporated in the Universidad Nacional Autonoma.

Provision is made for fellowships and in 1964 for a nurse educator and supplies.

NICARAGUA

NICARAGUA-0200, Malaria Eradication  
(See page 164)

The originally malarious area in Nicaragua extends over 132,385 square kilometers, or 95.2 per cent of the country, and at the present time has a population of about 1.8 million, or 96 per cent of the country's total.



Two epidemiologically different areas have been established, as follows: (a) consolidation area, where attack operations have already been suspended (population 668,327, or 39.4 per cent of the total population) in the malarious area; 82 per cent of the country's surface; and, (b) area in the attack phase, which measures 23,858 square kilometers and has a population of 1,029,000.

In certain parts of the problem area, which is the most densely populated and productive of the country, mass treatment with chloroquine-primaquine is being applied to 60,393 persons. In the city of Managua, population 240,237, anti-larval measures are being used (Paris green), and in addition there are sprayings with malathion being performed in four areas (population approximately 35,000) in cycles at intervals of four months. DDT sprayings were temporarily suspended in one part of the problem area (11,880 square kilometers, population 384,264) as the insecticide was ineffective because the vector was resistant to it. The only hope for a solution for this problem area is that one of the other measures being applied will be successful.

In 1963, there were 214,850 blood films examined, and 11,559 were found positive; 966 of these came from areas in the consolidation phase; of these, 491 were classified as autochthonous and 229 as imported from other areas in the country. This clearly indicates the pressure which endemic malaria in the remainder of the country is exerting on the area in the consolidation phase.

UNICEF and AID cooperate in this program.

Provision is made for two medical officers, one sanitary engineer, one entomologist, three sanitarians, and supplies. In 1964 there is also an entomological aide and in 1965 and 1966 fellowships.

#### NICARAGUA-2200, Water Supplies (See page 164)

In 1962 it was estimated that of the 568,000 urban population, some 353,000 were without adequate water services and that by 1971 this total would rise to 675,000. Of the 950,000 rural population, essentially all were without adequate service and that by 1971 this figure would rise to 1,164,000. Thus, an average of 98,700 persons would need to be provided with water services annually if the goals of the Charter of Punta del Este are to be reached by 1971.

The Government has received an international loan for the expansion of the water supply system of Managua, and also for technical assistance in the study of the sewage treatment system for the same city.

Provision is made for a sanitary engineer, fellowships and in 1965 and 1966 for short-term consultants to collaborate in the development of the water services.

#### NICARAGUA-3100, Public Health Services (See page 164)

In 1962 the Organization cooperated in an evaluation of the health services provided during the past ten years. The survey included both those services provided by the Government as well as by non-governmental institutions. In addition recommendations were made on revisions needed to obtain maximum utilization of health resources.

The activities of the Planning Unit included the preparation of the National Health Plan in 1963.

Provision is made for the Chief Adviser in public health who also serves as the PAHO/WHO Representative in the country to collaborate in following up on the recommendations, for a public health nurse, and in 1965 for a sanitary engineer to cooperate in the rural water supply program. In addition, provision is made for fellowships in various health specialties including tuberculosis control and planning, and in 1966 for a limited amount of supplies.

#### NICARAGUA-3101, Fellowships for Health Services (See page 164)

Provision is made for fellowships in order to collaborate with the Government in the improvement and expansion of its health services.

#### NICARAGUA-6300, Nursing Education (See page 164)

After eight years of technical assistance (1955-1963), the PAHO/WHO advisory services provided direct to the School of Nursing in Nicaragua were concluded on 30 June 1963. The School now has a teaching body composed of one director, one assistant director, and twelve nurse instructors. An official study plan was established at the university level to teach nurses who will work in the various health programs, and negotiations were under way to incorporate the School into the University. The School has 69 student nurses.

Provision is made for fellowships to continue the training of teaching and supervisory staff for the School and for short-term consultants.

### PANAMA

#### PANAMA-0200, Malaria Eradication (See page 165)

Panama has a population of 1,164,000, of which 1,121,000 live in the malarious area which extends over 68,497 square kilometers.

Despite the fact that not all the personnel necessary was available, epidemiological evaluation operations showed that the program had developed significantly. Among 3,249 blood films examined in 1962, 2.2 per cent was found positive, whereas in 1963, of the 152,898 specimens examined, 1.7 per cent was found positive. Active case detection produced 89,182 specimens (1,088 positive), and passive case detection produced 63,715 specimens, with 1,582 positive. The radical treatment of positive cases with anti-malarial drugs continued to be intensified.

In 1963, strong persistence of transmission was observed in two areas, and special studies were begun to detect the cause of the insecticide's failure.

In those areas where there was considerable increase in house construction, whether temporary or permanent, which would detract from the efficacy of the measures being applied, work by a sprayer-evaluator was instituted to

maintain permanent coverage and to give radical treatment to all positive cases found through intense case detection, in order to ensure the interruption of transmission.

UNICEF cooperates in the project.

Provision is made for one medical officer, one sanitary engineer, one entomologist, three sanitarians, and for fellowships and supplies.

PANAMA-2200, Water Supplies  
(See page 165)

In 1962 it was estimated that of the urban population of 514,000 some 81,000 were without adequate water services. No report was received on the status of the 574,000 persons living in rural areas but it is believed that very few have adequate services. To reach the goals of the Charter of Punta del Este by 1971 it is estimated that an average of 54,300 persons annually will need water services.

The Government has received international loans for water supplies for communities with a total population of 78,600.

Provision is made for short-term consultants and fellowships.

PANAMA-3100, Public Health Services  
(See page 165)

All countries in Central America and Panama are at present engaged in preparing or developing specific health programs for their rural populations, which will add to the experience being gained in integrating health services. The basic purpose of these programs is to offer complete health care to the individual and the community by coordinating the services in a logical manner and by organizing them from the viewpoint of the economy. These programs also take into account the principle that the incorporation of medical care into general programs is essential for the nationalization of services, and will ensure a better return from the material and personnel resources available.

The following objectives continued to be pursued: study, presentation, and execution of regional health plans for the integration of services; reorganization of the structure of the Department of Public Health at the national, intermediate, and local levels; and intensification of personnel training.

The national health plan for the period 1963-1970 was prepared by the national authorities and is to be coordinated with the national plan for economic and social development. Assistance continued to be given to activities in the rural and regional services of the Central Region, and to personnel training.

Provision is made for one chief public health adviser, who also serves as the PAHO/WHO Representative in the country, for one public health veterinarian in 1964, one sanitary engineer, one hospital administrator in 1964, and one consultant in administrative methods. Provision is also made for supplies and equipment and for fellowships in various health specialties including planning and mental health.

PANAMA-3101, Fellowships for Health Services  
(See page 165)

Provision is made for fellowships in various health specialties including nursing education and venereal diseases in order to collaborate with the Government in the improvement and expansion of its health services.

INTERCOUNTRY PROGRAMS

AMRO-0103, Epidemiology (Zone III)  
(See page 166)

The functions of the consultant in epidemiology are: (a) to promote the development of eradication and control programs against communicable diseases; (b) to advise on methods and techniques of control; (c) to coordinate the programs of eradication or control of quarantinable diseases in the countries of the Zone; (d) to promote better reporting of communicable diseases; and (e) to advise on all problems related to the application of the International Sanitary Regulations.

Provision is made for an epidemiologist and for a limited amount of supplies and equipment.

AMRO-0203, Malaria Technical Advisory Services  
(Zone III) (See page 166)

The purpose of this project is to supplement the technical advisory services in malaria eradication being given to the countries of Zone III since some of the most serious technical problems in malaria in the hemisphere occur in these countries. Experiments and pilot projects, some on a considerable scale, have been carried out in the application of mass drug programs, house-spraying with malathion (an organo-phosphorous insecticide), larviciding, and combinations of these, as supplementary or substitute methods to DDT spraying. The use and limitations of these measures are now well understood and their selective application over much wider areas has been recommended in detailed schemata after appraisals made in the various countries of the Zone by international and bilateral evaluation teams. Implementation of these recommendations, however, is postponed for lack of funds, and large areas and populations are at present not adequately protected. This situation makes the eradication of malaria more difficult in contiguous areas of the countries concerned and of their neighbors.

The originally malarious areas of the Zone encompassed 462,429 square kilometers with a population of 8,689,000. At the end of 1963, 282,794 square kilometers with a population of 3,205,000 were in the consolidation phase of the campaign. During that year 1,489,908 blood smears were examined and 55,515 were found to be positive for malaria parasites. Of the positive slides, 4,441 were from areas in the consolidation phase.

Provision is made for a medical officer, an administrative methods consultant, a health educator, and a secretary as well as for limited amounts of supplies for the team.

AMRO-0403, Tuberculosis Control (Zone III)  
(See page 166)

In the countries of the Zone the rate of infection varies from 35 per cent to 50 per cent, and morbidity is estimated at 1.6 per cent.

The purpose of this project is to collaborate with Governments in Central America and Panama in utilizing new developments for an active program for the prevention of tuberculosis by means of: training of national personnel in new techniques and procedures for the management of tuberculosis problems; survey of the tuberculosis situation in the various countries of the Zone in order to gain more exact and complete information of the problem in the various population groups, as well as of resources available for tuberculosis control in the countries; field trials of mass prophylactic administration of isoniazid, since there is a probability that appropriate dosages for a sufficient length of time can lessen transmission and development of new cases.

Provision is made for a medical officer, and in 1965 and 1966, for a nurse and supplies.

AMRO-0503, Leprosy Control (Zone III)  
(See page 166)

In 1959 there were 1,015 known cases of leprosy in the countries of Zone III in a population of 11,122,000 and in 1963 there were 1,573 cases in a population of 13 million. This is an increase in morbidity per 100,000 population from 9 in 1959 to 12.3 in 1963.

All the Governments have organized or are organizing services which, as part of the national health services, are responsible for leprosy control or could undertake such activities in the near future. In addition, they have promoted and encouraged the training of physicians in the diagnosis, treatment, and control of leprosy and of para-medical personnel in control techniques. They have also made progress in the physical and social rehabilitation of leprosy patients and have speeded up the conversion of leproseries into leprosy hospitals which patients attend on a voluntary and temporary basis.

Provision is made for a medical officer and in 1964 and 1966 for fellowships.

AMRO-0703, Veterinary Public Health (Zone III)  
(See page 167)

The main objectives of this project are as follows: (a) to stimulate the development and consolidation of veterinary public health programs as an integral part of public health services in the countries of Zone III; (b) to assist these services in the planning, development, and evaluation of programs aimed at the control and eradication of animal diseases communicable to man, with special emphasis on rabies programs; (c) to promote the inspection and production under sanitary conditions of all foods of animal origin; (d) to promote the organization of training courses for public health veterinary personnel at all levels, and to participate in the conduct of these courses; (e) to promote the establishment of veterinary public health legislation suitable to each country's needs, and to cooperate with the Governments in its formulation; (f) to assist in evaluating veterinary public health programs and others

aimed at the effective utilization of these services; and (g) to assist in the selection and training of national and local public health veterinarians.

Provision is made for one public health veterinarian, supplies and in 1964 and 1966 for fellowships. In 1964 and 1966 provision is also made for participants at the First and Second Veterinary Public Health Seminars for Central America and Panama.

AMRO-2103, Sanitary Engineering (Zone III)  
(See page 167)

The Organization cooperates with the countries of the Zone in programs in the fields of rural and urban water supply, sewage disposal, housing, urbanization, industrial hygiene, food and milk sanitation, water and atmospheric pollution control, vector control, and garbage and refuse disposal.

The highest priority is given to urban and rural water supplies and priorities are assigned to other projects according to local situations.

The year 1963 saw the consolidation by national authorities of programs for water supplies and sewage disposal in Panama, Costa Rica, El Salvador and Honduras, all with success and the loans by international organizations were invested in accordance with the programs established.

The only countries of the Zone without similar organization are Guatemala and Nicaragua. The first of these operates its programs of water supply and sewage disposal systems through the Institute of Municipal Development, with financing from the Inter-American Development Bank. Nicaragua has not yet organized these services on a centralized, autonomous basis. They are now under the Ministerio de Gobernación.

In addition to consultative services available in the various country projects, provision is made for a Zone engineer and for a secretary. In addition fellowships are provided for in 1964.

AMRO-2108, Seminar on Sanitary Engineering  
(Zone III) (See page 167)

The Third Seminar on Sanitary Engineering for Central America and Panama was held in Tegucigalpa, Honduras in 1961; 65 delegates from the countries of Central America and from international organizations participated. Since the officials responsible for water supply works in those countries attended the seminar, it helped to promote the water supply programs in the countries of the Zone. The Fourth Seminar, which was held in Panama at the end of 1963, was also devoted to the study of the urgent problems arising in connection with new water supply and sewage disposal programs in the Zone. Problems relating to the same services in the rural areas were also discussed.

It is expected that the Fifth Seminar in 1965 will be held, as on previous occasions, in cooperation with Inter-American Association of Sanitary Engineers (AIDIS), Section of Central America and Panama. In addition to the new activity of preparing and training engineers, priority will again be given to the discussion of water supply programs in both urban and rural areas, and the matter of research and water and air pollution will also be dealt with.

Provision is made for the participants and for certain expenditures of the seminar to be held in 1965.

AMRO-3103, Planning (Zone III)  
(See page 167)

The Second Meeting of the Inter-American Economic and Social Council (1963) recommended to Member Governments that those who have not yet done so establish health planning units at the ministerial level and, if necessary, request international assistance in order to carry out training programs for various officials.

Planning advisory activities in Zone III are coordinated on a regional basis with the tripartite mission of IDB, ECLA, OAS to the same countries.

Provision is made for short-term consultants.

AMRO-3203, Nursing (Zone III)  
(See page 167)

This project provides for cooperation in planning of nursing programs within the Zone through assistance in the identification of needs, assessment of resources, and formulation of activities related to the implementation and evaluation of standards, techniques and procedures in the nursing and midwifery fields, both in public health and in hospitals.

Provision is made for a Zone nurse and a secretary.

AMRO-3303, Laboratory Services (Zone III)  
(See page 167)

Provision is made in 1965 and 1966 for short-term consultants to cooperate in the development of laboratory services in the countries of Zone III.

AMRO-3503, Health Statistics (Zone III)  
(See page 167)

The purpose of this project is to cooperate with the countries of the Zone: (a) in improving vital and health statistics (particularly statistics of notifiable diseases) and in using statistical data in program planning; (b) in organizing seminars; (c) in teaching courses in statistics, and selecting and following-up fellowships students; and (d) on the statistical aspects of other projects.

Provision is made for a statistician.

AMRO-3603, Administrative Methods and Practices in Public Health (Zone III)  
(See page 167)

In view of the growing interest of the Governments in modernizing their health services, the Organization is providing advisory services and assistance in administrative methods and practices in public health.

Provision is made for an administrative methods consultant.

AMRO-4203, Institute of Nutrition of Central America and Panama  
(See page 167)

INCAP, created with the assistance of PAHO, is a cooperative endeavor of the six countries of Central America and Panama. During its 15 years of work, it has defined the nutritional problems of the area and initiated programs for their solution in its member countries.

INCAP's program are grouped into three large areas: Research, Training and Services.

The research activities include: work with agricultural and economic agencies in the study of factors affecting the production and availability of needed foods, the cultural factors responsible for food habits as a basis for nutrition education programs, and the factors affecting the utilization of the foods ingested, such as the biological value of proteins or the effect of infections on nitrogen retention.

INCAP has trained approximately 300 professionals in various fields of nutrition and has produced a substantial number of informative materials for nutrition education programs. Training programs at present being offered include: a three-month course for public health physicians, an eleven-month course in applied nutrition for dietitians and post-graduate training in basic nutrition research for biochemists and physicians.

With reference to applied nutrition, the Institute developed a practical method for the iodization of the salt used in the region as a means to assist in the control of endemic goiter. It has also developed a food under the name INCAPARINA containing proteins of high biological value and vitamins found to be lacking in the local diet, and which is easily adaptable to the eating habits and low purchasing power of these populations. This is already being distributed commercially in Guatemala, market tested in Colombia and is at various stages of commercial development in El Salvador, Honduras, Panama, Mexico and Venezuela.

There are three main sources of income in support of these programs. The basic budget is supported by quota contributions from the six member countries. PAHO, which at the request of the member countries administers INCAP, also provides its second basic source of funds as shown in the budget. These two sources, in addition to a grant by the W. K. Kellogg Foundation, are utilized mainly to provide for advisory services and training programs. The third source of funds for INCAP's budget is represented by grants which are received in support of specific research projects from private and official organizations such as: United States National Institutes of Health; the Nutrition Foundation, Inc.; the Rockefeller Foundation; the Association for the Aid of Crippled Children and the Milbank Memorial Fund.

Provision is made for meetings of the INCAP Council and Technical Advisory Committee; for assistance to the training program, to the applied nutrition program by means of a PABO grant to INCAP, and to vegetable mixture development; and for seven professional posts and short-term consultants. In addition, expenditures are planned from quota payments by the Member Governments of INCAP and from various grants for personnel and other program and research costs.

AMRO-4703, Food and Drug Control (Zone III)  
(See page 168)

Because of the importance accruing to the pharmaceutical and food industries under the common market of Central America, the health authorities of the countries in Zone III have demonstrated great interest in developing their food and drug control services.

Most of the countries have, within their Ministries of Health, sections on the control of food and drugs whose functions are limited to the registration of imported and national products and to licensing of pharmacies. They do not have personnel trained for field inspections nor for adequate laboratory analyses. It is considered essential to create within the Ministries of Public Health regulatory units to make truly effective their registration and inspection of products and at the same time serve as advisory agents to local industries.

In 1961 Panama passed a law for the control of food and drugs which designated the Specialized Analytical Laboratories of the University of Panama as its official laboratory. The Eighth Meeting of the Ministers of Public Health of Central America and Panama, in 1963, recommended that the Central American countries use the services of these laboratories for analyses of food and drugs, using them as central reference laboratories. In the same meeting the Organization was invited to collaborate in the study of the conditions of production and use of foods in those countries as well as in the establishment of minimum standards of sanitation for their sale.

In order to comply with these recommendations and to provide the technical services necessary, provision is made for short-term consultants, for fellowships for training national personnel, and in 1965 for participants and supplies for a seminar.

AMRO-4803, Medical Care Services (Zone III)  
(See page 168)

The objective of this project is to cooperate with the Governments in the integration of medical care services with those of general health programs, and to collaborate in the formulation of medical care standards and their application in the network of hospitals and health centers of the various countries in Zone III.

Provision is made for a medical officer, for supplies, and in 1966 for fellowships.

AMRO-6203, Medical Education (Zone III)  
(See page 168)

The purpose of this project is to study the status of medical education in the schools of the Zone, to collaborate with individual schools as requested, to prepare a plan for the promotion of medical education in the Zone, and to assist in strengthening collaboration with other interested agencies, both governmental and private.

Provision is made for short-term consultants and for fellowships.

AMRO-6307, Seminar on Advanced Nursing Education (Zone III) (See page 168)

A seminar is planned in 1964 to evaluate post-graduate courses in nursing education as these are being taught in certain schools in Central America.

Provision is made for participants and seminar supplies in 1964.

AMRO-6403, Teaching in Schools of Engineering (Zone III) (See page 168)

The needs for competent and well trained sanitary engineers in Central America by far exceed the present capacity of institutions and resources to train such personnel. In order to cooperate with the various Governments in the expansion and improvement of the teaching of sanitary engineering at the schools or faculties of engineering, provision is made for short-term consultants, fellowships, and supplies and equipment in 1965 and 1966.

AMRO-6407, Training of Sanitary Inspectors (Zone III) (See page 168)

In past years national courses to train sanitarians were organized in the six countries of the Zone. Some 400 sanitarians have been trained in these courses. In late 1963, the first course on supervision for sanitarians responsible for supervision in the environmental services of health centers was held in El Salvador. The course lasted three months and was attended by sanitarians from six countries of the Zone.

Provision is made for fellowships and for short-term consultants for a similar course in 1965.

## PART III

## ZONE IV

Zone Office (See page 129)

For text see "Zone Offices," page 37.

BOLIVIABOLIVIA-0200, Malaria Eradication

(See page 169)

Originally, the malarious area of Bolivia extended to 824,260 square kilometers with a population of 1,306,603. In 1962, after four years spraying operations, malaria transmission was interrupted and the consolidation phase begun in 75 per cent of the originally malarious area with 1,178,302 inhabitants. In 1963, spraying operations were continued only in 25 per cent of the originally malarious area where malaria transmission continued due to difficult accessibility and constant movement of population between Bolivia and the neighboring countries.

Epidemiological evaluation was carried out by 124 evaluators and 2,235 information posts scattered over the country. During 1963, 2,345 malaria cases were found among 176,019 blood smears examined in the country. During January-August, 1,369 were found in the area of attack phase and 104 in the area of consolidation phase, 18 of the latter being autochthonous.

Efforts will be continued to assure a total coverage of houses with insecticide in the area where malaria transmission still exists and to intensify malaria surveillance in the area of consolidation phase in order to eliminate a few residual foci of infection. A financial crisis in early 1964 has interrupted these efforts for the time being.

UNICEF and AID are cooperating in this program, giving insecticides, supplies, equipment, and operating expenses.

Provision is made for one medical officer, three sanitarians, and anti-malaria drugs. In 1966 the number of sanitarians will be reduced to two.

BOLIVIA-0300, Smallpox Vaccination

(See page 170)

The purpose of this project is to vaccinate at least 80 per cent of the population against smallpox. The program began in 1957, but very few vaccinations have been done since 1959. Large rural areas were left unvaccinated and it is now considered necessary to revaccinate the population of the entire country in view of the time that has elapsed.

Work has begun in August 1963 and many technical, financial, and administrative difficulties were encountered. Vaccine donated by Colombia and Peru has been used in this program to date.

Up to 30 November 1963, 280,427 persons were vaccinated, of which only 5,066 were from rural areas, or 1.8 per cent, which indicates how far the campaign still is from its main goal.

Provision is made for one sanitarian to collaborate in field activities, fellowships in 1964 and supplies and equipment in 1964 and 1966.

BOLIVIA-0400, Tuberculosis Control

(See page 170)

The principal objectives of this project are to : (1) organize a pilot tuberculosis control area in the Department of La Paz covering a population of 231,918; (2) investigate the prevalence of tuberculosis through sampling 10 per cent of the population; (3) organize a control program in the pilot area through case-finding, treatment and prevention; (4) carry out a study of the most adequate methods of control for extending the program in the future to other zones of the Altiplano and of the country; and, (5) train personnel in modern methods of prevention, case-finding, diagnosis, and treatment.

Provision is made for a nurse in 1964 and 1965 and for fellowships in 1964 and 1966. UNICEF cooperates in the program.

BOLIVIA-2200, Water Supplies

(See page 170)

In 1961 it was estimated that of the 1,448,000 urban population, 640,000 were without water services. There was no report for the rural population of 5,570,000, but it is believed that few of these have adequate water services. Current estimates are that water services must be provided for 205,400 each year for ten years in order for 70 per cent of the urban population and 50 per cent of the rural population to have water services in 1971. As of September 1963, no international loans for this purpose had been reported but loan applications have been made for La Paz, Cochabamba, and Oruro. A proposal for a loan for Santa Cruz is in preparation.

Provision is made for a continuation of the services of a sanitary engineer and for fellowships. In 1965 and 1966 provision is also made for short-term consultants to cooperate in the solution of special problems.

BOLIVIA-3100, National Health Services

(See page 170)

This program was started in 1955. Its objectives are to promote a rational organization of the Ministry of Health and the departmental and local services. The reorganization of the Ministry of Health has been completed. A National Health Service has been organized and a 10-year health plan has been prepared.

Now attention is being devoted, within the 10-year health plan, to the reorganization of the departmental and local health services. There are 243 governmental hospitals, clinics, and other local health services in nine departments. The Department of Cochabamba has been chosen as a pilot area for demonstration of techniques and administrative procedures to be followed.

Provision is made for a chief adviser in public health who also serves as the PAHO/WHO Representative in the country, an engineer, and a public health nurse (1964). Fellowships are also provided for study in environmental sanitation, planning and other aspects of health administration.

BOLIVIA-3101, National Plan for Rural Development  
(See page 170)

The objective of this project is to promote the natural development of the rural communities of the Andean Region of Bolivia to incorporate them into the national social and economic life. This is a joint project of ILO, FAO, UNESCO, UNICEF, and WHO and the Government.

During the period 1954-1962 four health centers were established: three in high altitudes (Pillapi, Otavi, and Playa Verde) and one in Cotoca in the lowlands of Santa Cruz de la Sierra. With the collaboration of the community a small hospital was built in Otavi. Plans are well ahead for an intensive training of indigenous health and social auxiliaries in Pillapi. With the aid of UNICEF, plans for rural sanitation and education in nutrition are being carried out.

Provision is made for a medical officer and in 1964 for fellowships.

BOLIVIA-3102, Fellowships for Health Services  
(See page 170)

Provision is made for fellowships in order to collaborate with the Government in training personnel for the improvement and expansion of its health services.

BOLIVIA-6300, Nursing Education  
(See page 170)

In the course of 1963 the activities of this project, which formerly were limited to the National School of Nursing of La Paz, have been extended to other schools of the country. The Rector of the University of Tarija has expressed interest in having the School of Nursing of that University developed to the point of official recognition and as a beginning has created posts for a nursing director and three nursing instructors. In the two schools there are a total of 101 students.

The University of Sucre has also expressed interest in receiving technical cooperation.

Provision is made for a nurse educator who will also serve in the health services, and for supplies, equipment and fellowships.

COLOMBIA

COLOMBIA-0200, Malaria Eradication  
(See page 171)

The originally malarious area of Colombia covered 1,026,433 square kilometers or 90 per cent of the territory and had a population of 9,564,233. In September 1963, 5,305,060 inhabitants living in 12 per cent of the originally malarious area were in areas in the consolidation phase of the campaign. During 1963, 17,898 malaria cases were found among 577,406 blood smears examined.

Plans are made to intensify field supervision both in spraying and in evaluation operations. It is also planned

to collect 60,000 blood smears monthly in 1965 through more than 8,000 information posts scattered over the country.

UNICEF and AID are cooperating in this program.

Provision is made for one medical officer, one sanitary engineer, one entomologist, one entomological aide, six sanitarians and anti-malaria drugs. The medical officer of the Zone IV malaria team will be stationed in Colombia to serve also as the Chief Country Malaria Adviser. In 1966, the number of sanitarians will be reduced to four. Provision is also made for fellowships. The statistician completed his services in 1964.

COLOMBIA-0400, Tuberculosis

(No budgetary provision - advice of regular staff only)

The Organization is cooperating in an epidemiological survey of tuberculosis in Colombia and in the preparation of a national control program.

The Zone consultants in tuberculosis cooperate in the project.

COLOMBIA-0500, Leprosy Control  
(See page 171)

Leprosy control services were initiated in 1958 and are being carried out in the whole of the country with the exception of the Departments of Meta and Choco. The plan of operations covers a population of 13,624,938 within an area of 424,574 square kilometers. In this area there were registered 12,088 cases of leprosy. These were unevenly distributed but 70 per cent of them were registered in the Departments of North Santander, Santander, Boyaca, and part of Cundinamarca. Due to the activities of the Dermatology Clinics the number of new cases diagnosed has increased considerably. It is estimated that there are about 40,000 cases of leprosy in the country. In 1963, about 14,000 cases were under treatment, 9,000 of them on an ambulatory basis.

In addition to the services of the Zone IV consultant (AMRO-0504), provision is made in 1965 and 1966 for fellowships to assist in the program. UNICEF also participates in this project.

COLOMBIA-2200, Water Supplies  
(See page 171)

Between 1961 and mid-1963 international loans have been made benefitting 1,351,000 persons in five cities and 2,958,000 persons in more than 300 rural communities.

AID cooperates in this project.

Provision is made for the continuation of the services of a consultant in water supplies, for fellowships, and for short-term consultants in various phases of the program. In 1964, a sanitary engineer is also assigned to the project.

COLOMBIA-2300, Aedes aegypti Eradication  
(See page 171)

*Aedes aegypti* has been eradicated in the entire country except for the city of Cucuta and the port of Santa Marta, where foci of the vector have reappeared after long periods of negativity.

It was decided to make a complete review of the city of Cucuta, and periodic surveys of the ports of Santa Marta, Barranquilla, Cartagena, and Buenaventura.

Provision is made in 1964 and 1965 for one sanitarian to collaborate directly in the campaign.

COLOMBIA-3100, National Health Services  
(See page 172)

This project has as its objective the strengthening of health services at all levels. It began with the progressive reorganization of the Ministry of Public Health and with the development of health services in five departments of the country. The pilot centers have served as the basis for the present National Health Plan.

The basic health services are to be expanded over a ten-year period. Networks of integrated health services will be organized in about 20 areas a year and public health personnel trained to staff the expanding services. The plan calls for 35 centers to be established or reorganized in the first two years (1962-64) benefitting four million inhabitants. At the end of 1963, there were 47 health centers in operation. Hospitals are to be integrated into the program and the number of beds are to be increased from 8,200 to about 10,400. The following services are to be provided through the health centers: pre-natal and post-natal attention, health education, control of communicable diseases, collection of statistical data, medical care, training of health personnel including midwives, and guidance in environmental sanitation, including installation of wells and construction of rural water systems and latrines.

Provision is made for a medical officer specialized in public health administration who also serves as PAHO/WHO representative in the country, one medical officer (medical care), one sanitary engineer, one public health nurse, one statistician through 1965, and one administrative assistant (1964-1965). In addition, short-term consultants will be available in 1965 and 1966 in industrial hygiene, refuse and garbage disposal, maternal and child health, and other health specialties, and fellowships will be provided in 1965 and 1966 in tuberculosis, environmental sanitation, planning, administrative methods, and other aspects of public health administration.

COLOMBIA-3101, Fellowships for Health Services  
(See page 172)

Provision is made for fellowships to study health service administration, nursing education, venereal diseases, and mental health, to assist the Government in training personnel for the improvement and expansion of its health services in accordance with the National Health Plan.

COLOMBIA-3102, Fellowships for Health Services  
(See page 172)

Provision is made for fellowships to collaborate with the Government in training staff for the improvement and expansion of its health services.

COLOMBIA-3301, National Institute of Health  
(Carlos Finlay) (See page 172)

The National Institute of Health was created in 1961 by integrating several laboratories, among which the Carlos Finlay Institute of Special Studies was included; this Institute prepares and provides yellow fever vaccine free of charge to the other countries of the Hemisphere, performs blood tests and histopathological examinations, and carries out epidemiological and ecological tests.

In accordance with the resolution approved by the Directing Council in 1947, the Organization has been assisting the Institute's Yellow Fever Department through an annual grant.

Provision is made for continuing this grant, and for short-term consultants and fellowships in 1965 and 1966.

COLOMBIA-3400, Health Education  
(See page 172)

The aim of this program is to strengthen and improve health education activities throughout the country in order to support the health services which will be established as the National Health Plan develops. Courses will be organized at the School of Public Health with the aim of preparing the specialists in health education who will be assigned to the health services at the national, regional, and local levels. In addition, there will be training for teachers in the health education content and methods to be included in study plans of elementary and secondary schools. As a first step in training teachers, the plan provides for the inclusion of such specialists in the teacher training institutions and rural schools throughout the country; in-service training courses will be organized for the teachers who are already exercising their profession. The program will be conducted jointly between the Ministry of Health and the Ministry of Education.

UNICEF will provide supplies, equipment, transportation means, and stipends for students.

Provision is made for fellowships for teaching and supervisory personnel in health education in 1965 and 1966.

COLOMBIA-4200, Nutrition  
(See page 172)

The Government, with the assistance of FAO, UNICEF, and the Organization, conducts programs of applied nutrition in the departments of Caldas, Norte de Santander, and Cauca. These activities are closely linked to those of the integrated health centers operating in the three departments.

A national seminar on nutrition was held in 1962 for the purpose of defining the policy to be followed and especially the role of health centers in nutrition activities.



The Zone nutrition consultant (AMRO-4204) assisted in this program. Provision is made for fellowships and for a grant which, added to the sum contributed by the National Institute of Nutrition, will facilitate the services of a nutrition adviser at the Institute.

COLOMBIA-6100, School of Public Health  
(See page 172)

One of the most pressing problems which the Government faces is the preparation and training of the staff required to meet the demands of the national health plan. It is estimated that in the next three years over two thousand persons will have to be trained, including physicians, dentists, nurses, sanitarians, and other technical personnel.

To perform this task the Ministry has a Personnel Training Section which will utilize all the resources available and will promote the development of other resources. In addition, the Ministry concluded an agreement with the University of Antioquia for the purpose of organizing a School of Public Health using the Department of Preventive Medicine and Public Health of the School of Medicine at that University as the basis. The Organization will provide technical cooperation to this project and UNICEF will contribute equipment, transportation, and stipends for undergraduate students.

Provision is made for a professor of public health administration who will be stationed in Medellin, short-term consultants, and fellowships for the training of the necessary teaching staff. The post of nurse educator will be discontinued in 1964.

COLOMBIA-6600, Teaching of Preventive Dentistry  
(See page 173)

The Ministry of Public Health, the University of Antioquia, the W.K. Kellogg Foundation, and the Organization have agreed to establish a Department of Preventive and Social Dentistry at the University. The Department's principal objectives will be to teach the social and public health aspects of dentistry, to serve as a demonstration for other faculties and as a training center for teachers of preventive dentistry of other universities, and to constitute a research center in these subjects. The Kellogg Foundation has undertaken to provide supplies and equipment, as well as funds to supplement the salaries of certain staff members for a period of five years.

Provision is made for short-term consultants and fellowships to train the teachers of the University of Antioquia, and for teaching materials and equipment in 1964.

ECUADOR

ECUADOR-0200, Malaria Eradication  
(See page 173)

The originally malarious area of Ecuador extended to 152,682 square kilometers or 75 per cent of its territory and contained a population of 2,549,677. In July 1963, 926,931 inhabitants were placed under malaria surveillance (consolidation phase). During the last three years, malaria transmission has been virtually interrupted in the greater

part of the country. A few foci of malaria transmission exist in the area where land is being opened and there is continuous immigration. During 1963, 3,857 malaria cases were found among 286,453 blood smears examined in the country. Of the cases found, 156 were found in consolidation areas during January - October, and epidemiological investigation of these showed that over half were imported from areas of the country still in the attack phase.

Plans are made to intensify spraying operations, particularly in the foci of infection in order to interrupt malaria transmission. Epidemiological evaluation will be continued by 4,169 information posts which will be regularly supervised once a month by 79 evaluators.

Provision is made for two medical officers, one sanitary engineer through 1965, one entomologist through 1964, and four sanitarians through 1965. In 1966, the services of two sanitarians and one medical officer will be discontinued. Provision is also made for anti-malarial drugs and in 1964 and 1965 for fellowships.

UNICEF and AID are cooperating in this program.

ECUADOR-0300, Smallpox Eradication  
(See page 174)

The eradication program which began in 1951 was twice temporarily suspended owing to financial and administrative difficulties. In 1962 the Organization provided special assistance to cooperate with the Government to resume and conclude the program within the two following years. By the end of 1963 a total of 3,273,445 persons had been vaccinated, including the 707,559 in 1963. If the present administrative system and necessary local funds are maintained the campaign is expected to end early in 1964.

Provision is made for a medical officer and a sanitarian until mid-1964.

ECUADOR-0900, Plague Control  
(See page 174)

Plague constitutes an important public health problem in Ecuador, where 259 cases were reported in 1963. The Manabí, Chimborazo, Loja and El Oro Provinces are the most affected. The possibility of the extension of the disease to the port cities may have serious economic repercussions.

A consultant of the Organization has reviewed recently the situation and recommended the immediate initiation of a program of control. The Government has requested the assistance of the Organization for that purpose.

Provision is made for the services of a medical officer in 1965, short-term consultants in 1966, and for fellowships in 1965 and 1966 as well as for two sanitarians assigned to project Ecuador-3100.

ECUADOR-2200, Water Supplies  
(See page 174)

In 1961 it was estimated that of the 1,248,000 urban population 522,000 were without water services. No report was received on the services provided for 3,183,000 rural

population but it is believed that very few of them have adequate service. In order to provide water services to 70 per cent of the urban and 50 per cent of the rural population by 1971 it will be necessary to serve 168,000 additional persons annually. Between 1961 and mid-1963 international loans were approved benefitting 458,000 persons in Quito and 18 towns.

Provision is made for the continuation of the services of a sanitary engineer and for fellowships. In 1965 and 1966 there is also provision for short-term consultants to cooperate in various phases of the development of the program.

ECUADOR-3100, National Health Services  
(See page 174)

This program began in 1953 as a maternal and child health program, with the assistance of the Organization and the collaboration of UNICEF. A division of maternal and child health was established, and 11 rural health centers were set up.

In 1956 the scope of the program was broadened to include the reorganization by stages of the National Health Services. In 1959 the General Health Administration and the Division of Sanitation were established and, in 1960, the Division of Epidemiology.

In 1963 the Ten-Year Health Plan was prepared, and at the end of that year the integrated health program for the Province of Manabi was authorized.

Personnel training was intensified and several courses were given for auxiliaries, health educators, and leprologists and leprosy inspectors.

Provision is made for a chief public health adviser, who will also be the PAHO/WHO Country Representative, one medical officer, one sanitary engineer, one public health nurse, two sanitarians (one in 1964), and for supplies (1965). Provision is also made for fellowships in various fields of public health, including leprosy, medical care, plague, tuberculosis, and medical education as well as in planning and administrative methods.

ECUADOR-3101, Fellowships for Health Services  
(See page 174)

Provision is made for fellowships in order to collaborate with the Government in training personnel in various health specialties, including environmental sanitation and education in veterinary public health, for the improvement and expansion of its health services.

ECUADOR-3102, Rural Medical Services  
(See page 174)

The objective of this program is to develop the peoples of the Andean Region and to integrate them socially and economically into national life. It is also proposed to extend the benefits of social security to the rural worker and to expand or establish the necessary services.

This program, which covers 48 indigenous communities, will have six mobile teams and health posts. A nutrition program is conducted through school breakfasts and lunches,

and through educational activities in 67 school gardens and 1,198 family gardens. In March 1963 a course was begun for 39 nursing auxiliaries from rural areas. The survey made to ascertain the social, economic, and cultural status of the indigenous communities has been completed. For the present, the greatest emphasis is being placed on medical care. A high percentage of this population has been vaccinated against smallpox. Immunization against whooping cough has been less successful (25 per cent of the susceptible population), nor has any substantial progress been made in maternal and child care.

The Government is receiving collaboration from ILO, FAO, UNESCO, and UNICEF, and the Organization provides technical cooperation in the various fields of health.

Provision is made for one medical officer in 1964.

ECUADOR-3301, National Institute of Health  
(See page 175)

The National Institute of Health, Leopoldo Izquieta Perez, conducts research on the epidemiology and control of communicable diseases, produces biological products for human use, and is in charge of the control of biological products manufactured in the country and imported from abroad.

Provision is made for short-term consultants and fellowships.

ECUADOR-4200, National Institute of Nutrition  
(See page 175)

The Organization has cooperated with the National Institute of Nutrition of Ecuador since 1950. During this time the Institute has organized a bromatological laboratory and has made numerous dietary surveys, organized a nutrition section in Guayaquil, and carried out an intensive program of nutrition education at all levels.

Advisory services are available from the nutrition adviser assigned to the regional project AMRO-4204.

Provision is made in 1965 and 1966 for fellowships, and supplies and equipment.

In addition, the Institute in 1964 will receive grants through the Organization from various sources to carry out research projects. Provision is made for the approved grants to be made available to the Institute.

ECUADOR-6300, Nursing Education  
(See page 175)

This project was undertaken in order to cooperate in the resolution of the problem of lack of nurses for the needs of the health services as well as the modernization of the School of Nursing of the University of Guayaquil. In order to attain the proposed objectives, efforts have been oriented toward the reorganization of the School with reference to teaching personnel, curriculum, requirements for admission, and modern methods of teaching. This School had a total of 22 students in 1963.

At the present, expansion of this project to include the National School of Nursing of the Central University

in Quito is being studied. It has a student body of about 100.

Assistance of UNICEF is anticipated when the program is expanded to a national level.

Provision is made for a nurse educator and fellowships. In addition, a short-term consultant will be provided in 1964 and provision is made for teaching supplies and equipment in 1965 and 1966.

## PERU

### PERU-0200, Malaria Eradication (See page 176)

Originally, the malarious area of Peru covered 943,228 square kilometers with a population of 3,286,634. By the end of 1963, malaria transmission had been interrupted among 2,198,958 inhabitants living in 22 per cent of the originally malarious area, now in the consolidation phase. The originally malarious area of the departments of Tacna and Moquegua, with 42,740 inhabitants in 31,039 square kilometers, has been declared an area in which malaria has been eradicated, and vigilance over this territory has become the responsibility of the local health authorities. The entire coastal area of Peru is thus in consolidation or maintenance phases of the campaign except for seven foci of infection with a total population of 35,000. Malaria transmission in the rest of the country also has been greatly reduced. During 1963, a total of 1,722 malaria cases were found among 490,927 blood smears examined. Of these, 61 malaria cases were encountered in the area in consolidation phase, of which 19 were autochthonous. No cases were found in the maintenance phase areas.

Plans are made to intensify spraying operations and the use of antimalaria drugs in the area of attack phase in order to interrupt malaria transmission, and to improve the surveillance network in the area of consolidation phase in order to eliminate the few foci of infection.

Provision is made for one medical officer (two in 1964), one sanitary engineer and five sanitarians. The number of sanitarians will be reduced to three and the services of the sanitary engineer will be discontinued in 1966. Provision is also made for antimalaria drugs and in 1964 and 1965 for fellowships.

### PERU-0900, Plague Control (See page 176)

In 1963 there were 72 cases of plague reported in Peru and the disease has been spreading toward the East, reaching the headwaters of the Amazon in 1963.

The Government is planning a control program and an epidemiological survey of the present status of the disease in the country.

To cooperate in this project, provision is made for short-term consultants and a sanitarian in 1965 and 1966.

### PERU-2200, Water Supplies (See page 176)

Out of a total of 1,418 urban communities of the country, 21 have complete water services, 218 have deficient

services and 1,179 have none. The latter represents 48.3 per cent of the urban population. In the rural zone, scarcely 1.3 per cent of the people have water services.

The Inventory and Study Programs for the Development of Potable Water Supplies in Cities and Villages of the Republic, created for the purpose of drawing up projects for a national water supply plan, has studied 100 localities in 1961 and 232 in 1962.

The Sanitary Corporations of Arequipa and Lima were created in 1961 for the purpose of expanding and administering the water services in both cities and later in all of the Department of Arequipa.

The National Program of Sanitary Works in the Ministry of Development has 41 projects for construction or expansion of water services in 16 and 25 cities respectively.

An international loan benefitting 122,000 persons in Arequipa was approved in 1961 and loans of 15 million dollars for the extension and improvement of water supplies and sewerage have been approved for Lima.

Provision is made for a sanitary engineer, short-term consultants and fellowships for this project.

### PERU-2201, Rural Water Supplies (See page 176)

In 1963 it was estimated that the rural population of Peru would be 8,001,000 by 1974. In order to provide 50 per cent of this group with water services within ten years, target established by the Charter of Punta del Este, would require an estimated annual capital investment of 4.8 million dollars.

The Government has established a program for developing an inventory and study of the water supplies for the rural communities and villages of the country. Studies of 100 localities were completed in 1961 and 232 were completed in 1962.

Provision is made in 1966 for a sanitary engineer to cooperate in the development of rural water supply systems.

### PERU-3100, National Health Services (See page 176)

This project has as its objective the strengthening of planning, evaluation, and coordination of health services at national and local levels. Between 1958 and 1960, the Organization collaborated in the reorganization of the Ministry of Public Health and selected health areas. The work will now be concentrated in three remaining areas; particular attention will be given to strengthening the Junin Health Area.

In 1963 a plan for the period 1963-1967 was prepared for the Junin health area, as was a guide for planning the activities of the health units. Water supply systems were completed in three localities, with five more under construction and a further seven more were begun. The sewage disposal system of Sicaya is under construction; two wells were drilled and delivered in San Luis de Yaico, and four more were begun. A total of 403 latrines were completed, 686 are being built, and an additional 1,089 were begun. Water board administrations were organized in five localities.

At the Huancayo health unit a mobile health unit and two health posts were organized.

Among the activities carried out at the national level in 1963, the following stand out: two courses for nursing auxiliaries, two courses for sanitarians, and one course for well drillers.

Two new programs, tuberculosis control and applied nutrition, are planned to be initiated in 1964.

Provision is made for one medical adviser, one sanitary engineer, and one public health nurse. Provision is also made in 1964 for a short-term consultant in administrative methods and in 1966 in garbage and refuse disposal.

PERU-3101, Fellowships for Health Services

(See page 176)

Provision is made for fellowships in various health specialties including environmental sanitation, nutrition, tuberculosis and medical care in order to collaborate with the Government in the improvement and expansion of its health services.

PERU-3102, Joint Field Mission on Indigenous Populations

(See page 177)

The aim of this program is to integrate the peoples of the Andean Region of Peru socially and economically into national life, with the international collaboration of ILO, FAO, UNICEF, UNESCO, and WHO.

The activities of medical care, immunizations, training, and applied nutrition, have been intensified in the localities of Taraco, Camicachi, Acora, Chucuito, and Tampusaca, utilizing supplies and equipment received from UNICEF.

Among nutrition activities, it was possible to develop 31 school gardens and 150 family gardens, and to use the harvest as demonstration of the use of 11 different vegetables; it was further possible to organize the first chicken farm in Taraco, and in addition, to train 92 teachers for rural elementary schools, who at the end of the course will receive tools and seed to begin new school gardens.

With the participation of parasitologists from the Arequipa Medical School, surveys were made on enteroparasitoses and zoonoses.

Provision is made for the travel of consultants in medicine, engineering, and nursing, who are assigned to other projects to cooperate in this project.

PERU-3103, Fellowships for Health Services

(See page 177)

Provision is made for fellowships in various health specialties including medical education, planning, administrative methods, leprosy, and mental health in order to collaborate with the Government in the improvement and expansion of its health services.

PERU-4101, Infantile Diarrhea and Malnutrition

(See page 177)

The United States Public Health Service - National Institutes of Health is supporting a study on the nature of the metabolic alterations in infants suffering from diarrhea and malnutrition, in an effort to improve current methods of treatment and to find methods which can be used in areas where laboratory and hospital facilities are minimal or non-existent.

The Organization makes available the research funds from NIH for the costs of personal services, supplies, equipment, and duty travel in connection with project.

PERU-6100, Training of Health Workers

(See page 177)

The aim of this project is to promote the training of professional and auxiliary personnel for the public health services. For this purpose, a Personnel Training Center has been created in the Ministry of Public Health. The Center may eventually be transformed into a school of public health.

Courses have been given for physicians in hospital administration; for key personnel of the Ministry of Public Health, in planning; and, for nursing auxiliaries and sanitarians. The first course for health administrators has begun and the courses on nursing supervision and administration (formerly given under project Peru-6300) have been incorporated into the Center. In 1963 the latter course had thirty students.

An evaluation of the utilization of the 97 nurses who had graduated before 31 December 1963 from post-graduate courses showed that 78 per cent of them were occupying positions in accordance with their preparation.

A Committee on Nursing has been formed which has related the Postgraduate Institute to the Ministry, thus permitting a better adjustment of curricula to the nursing needs of the country.

UNICEF and AID cooperate in this project.

Provision is made for short-term consultants and fellowships.

PERU-6200, Medical Education

(See page 177)

In 1964 two short-term consultants visited the five medical schools in Peru as preparation for a national seminar on medical education that with PAHO collaboration will review and make recommendations on present programs for the preparation of physicians in relation to the needs of the country. In addition, fellowships were provided in 1964.

PERU-6300, Nursing Education

(See page 177)

The objective of this project is to strengthen the teaching of nursing in the country. A study of the twelve nursing schools under the Permanent Commission of Nursing of the Ministry of Public Health has been carried out and the curricula of these schools have been revised. Advisory services will continue to be provided to these schools.

The University of San Marcos in Lima plans to create a Faculty of Nursing at the beginning of 1965 which will be the first in the country under a university. The Rector has requested assistance of the Organization in preparing the curriculum, in the organization and in the development of the school. The Faculty of Medicine of San Fernando in Lima and the University of Lambayeque in Chiclayo have also requested assistance in organizing nursing schools at the university level.

Provision is made for a nurse educator in 1964 and for two in 1965 and 1966, as well as for short-term consultants in 1966 and fellowships in 1965 and 1966.

PERU-6500, Veterinary Medicine Education  
(See page 177)

In 1964 a short-term consultant cooperated with the Faculty of Veterinary Medicine in Lima in analyzing teaching facilities, methods, and curriculum with special emphasis on preventive medicine and public health.

INTERCOUNTRY PROJECTS

AMRO-0204, Malaria Technical Advisory Services  
(Zone IV) (See page 178)

The purpose of this project is to provide technical advice and supervision to the malaria eradication programs under way in the countries of Zone IV.

Population in the originally malarious area of the Zone was estimated at 16,707,137. The area in which house spraying has been discontinued and the gains made in the eradication campaign are being consolidated, has a population of 9,609,251.

Blood smears examined in the countries of the Zone in 1963 totaled 1,530,805, of which 25,822 were found to be positive for malaria.

Beginning in 1964, the medical officer of Zone IV team will also be serving as chief country malaria adviser in Colombia, where a major administrative reorganization of the malaria program is under way. The campaign in Peru is progressing satisfactorily, with good prospects for success. The Bolivian campaign, which was making good progress, suffered a great setback in early 1964 owing to the financial crisis brought about by a one-third reduction in its budget, which caused a rapid increase in malaria cases, particularly in consolidation areas. In Ecuador, areas were placed in the consolidation phase for the first time, and progress is satisfactory.

Provision is made for the services of a chief zone malaria adviser. In 1964 there are also a sanitary engineer and an administrative methods consultant.

AMRO-0404, Tuberculosis Control (Zone IV)  
(See page 178)

The purpose of this project is to provide advisory services to the Governments of the four countries of the Zone on the execution and planning of their tuberculosis

control programs. A pilot control program is being carried on in Tacna, Peru, where case-finding, ambulatory treatment, and prophylaxis using BCG and drugs have been carried out. A similar program has been initiated in Bolivia in part of the Department of La Paz. A new pilot program has been planned for Junin, Peru, in which action would be centered on the patients excreting the Koch bacillus. The Ecuadorian Tuberculosis League has requested and is receiving technical advice on various phases of its programs.

Provision is made for one medical officer, and specialized nurse, and in 1964 for fellowships.

AMRO-0504, Leprosy Control (Zone IV)  
(See page 178)

As an outgrowth of the leprosy control activities in Colombia, advisory services to all of Zone IV are being carried out. The program in Colombia is more advanced than those in the other countries of the Zone. (See project Colombia-0500).

A leprosy control program was initiated in Ecuador in May of 1963 with the training of personnel. In September case-finding activities were started and in the first six months of the program 67,736 persons were examined and 198 new cases of leprosy were discovered. UNICEF is participating in the part of the program related to the area of Manabi where the leprosy control activities will be an integral part of the local health services.

In Peru and Bolivia the program is currently one of defining the magnitude of the problem. A plan for a program has been drafted for the Department of Santa Cruz in Bolivia.

Provision is made for the continuation of the services of a Zone adviser in leprosy control.

AMRO-2104, Sanitary Engineering (Zone IV)  
(See page 178)

The Organization cooperates with the countries in the Zone in programs related to urban and rural water supplies, sewage disposal, housing, urbanization, industrial hygiene, food and milk hygiene, water and air pollution control, insect control, and refuse and garbage disposal. The greatest priority is assigned to rural and urban water supplies and priority is assigned to other programs according to local conditions.

In addition to advisory services provided through various country projects, provision is made for a Zone engineer, a secretary, and in 1964 for fellowships.

AMRO-3104, Planning (Zone IV)  
(See page 179)

In accordance with the objectives of the Charter of Punta del Este, the Organization provides consultant services to the Governments for the preparation and execution of national health plans as an integral part of national plans of economic and social development, and for the organization of planning units within the health ministries.

Bolivia has submitted a health plan as part of a national plan of economic development, in accordance with a suggestion made by the Committee of Nine of the Alliance for Progress.

The Planning Division of the Ministry of Public Health and Social Welfare of Peru is actively preparing the Ten-Year Plan in question, and has conducted a two month training course in planning techniques for local personnel.

Intensive planning activities are also taking place in the other countries of the Zone.

In order to give greater assistance in developing and executing such plans, and in training, provision is made for the services of one medical officer and in 1964 for fellowships.

AMRO-3204, Nursing (Zone IV)  
(See page 179)

The objective of this program is to assist in planning the nursing programs in the Zone by helping to determine needs, to evaluate the resources, and to plan the activities relating to the application and evaluation of standards, techniques, and procedures in the matter of nursing and obstetrics in both public health services and hospitals.

Provision is made for the services of one nurse to be assigned to the Zone and for one secretary.

AMRO-3504, Health Statistics (Zone IV)  
(See page 179)

The purpose of this project is to cooperate with the countries of the Zone: (a) in improving vital and health statistics (particularly statistics of notifiable diseases) and in using statistical data in program planning; (b) in organizing seminars; (c) teaching courses in statistics and selecting and following-up fellowship students; and (d) on the statistical aspects of other projects.

Provision is made for one health statistician and limited amounts of supplies and equipment.

AMRO-3604, Administrative Methods and Practices in Public Health (Zone IV) (See page 179)

In response to Resolution XXIV of the X Meeting of the Directing Council, the countries of the Zone have started programs in administrative methods and practices in their public health services. The Organization has given assistance in this field in relation to the operation of national services for malaria eradication and water supplies.

In view of the growing interest in modernizing services and because of the urgency to improve the efficiency of pending health programs, the Organization provides advice and assistance in administrative methods and practices in public health.

Provision is made for an administrative methods consultant in 1965 and 1966.

AMRO-4204, Nutrition Advisory Services (Zone IV)  
(See page 179)

The purpose of this project is to assist the countries of the Zone: (a) to collect information on nutritional problems and to assess needs; (b) to plan short-term and long-term national nutrition programs, in close cooperation with FAO on agricultural and economic aspects, and also with UNICEF, particular attention being paid to the integration of nutrition programs into public health services at all levels; (c) to coordinate the research activities which relate to established priorities; and, (d) to organize courses, seminars, and other training activities.

The project was initiated by providing advisory services to the National Institute of Nutrition in Ecuador on plans for education and applied research. The Government of Colombia was assisted in the planning and execution of applied nutrition programs at the local level. Assistance was given in Peru in the study of a plan for salt iodization, and in an applied nutrition program in Puno. In Bolivia, advisory services were given on the organization of a Nutrition Department, and fellowships were provided for its staff.

Provision is made for a nutrition adviser.

AMRO-4804, Medical Care Services (Zone IV)  
(See page 179)

The purpose of this project is to cooperate with Governments in promoting the integration of medical care services into the general health programs and in the development of standards for health care and their utilization in the hospital and health center network of the country.

The Governments of Colombia, Ecuador, and Peru have urgently requested advisory services on problems of medical care, hospital administration, and new hospital construction. Colombia and Peru also desire advice on training senior hospital staff.

Provision is made for one medical officer.

AMRO-6204, Medical Education (Zone IV)  
(See page 179)

At the request of university officials, the Organization, through short-term consultants, has been studying the status of medical education in the schools of Guayaquil and Cuenca (Ecuador), San Fernando (Lima, Peru), Arequipa (Peru), and San Andres (La Paz, Bolivia), and has proposed plans for its improvement. In this connection, fellowships were awarded to deans and professors of the schools of medicine at Guayaquil, Trujillo, San Fernando, and San Andres.

It is intended to intensify assistance by providing consultant services to the medical schools and by facilitating the training of their teaching staff.

Provision is made for short-term consultants and in 1964 for fellowships.

## PART III

## ZONE V

Zone Office (See page 129)

For text see "Zone Offices," page 37.

BRAZIL

BRAZIL-0200, Malaria Eradication  
(See page 180)

Malaria is prevalent in an area of about 7.6 million square kilometers or 85 per cent of the area of Brazil, affecting potentially about 35 million persons. In 1958 the malaria control program was converted into one of eradication. Spraying operations began in 1959 in the Northeastern states which were complemented by a program in the Amazon basin of using chloroquinized salt as a supplementary measure. This latter activity was discontinued in 1961 after discovery of strains of *P. falciparum* resistant to chloroquine (see project AMRO-0212).

By the end of 1963, eight of the 23 states were in the attack phase of the eradication campaign and in 1964 the whole country is expected to be covered by it. (The campaign in the State of Sao Paulo is reported in project Brazil-0201). Efforts are being made to solve technical and administrative difficulties affecting the progress of the campaign in order to bring it to completion by 1970.

This project covers all states except Sao Paulo. Studies are underway to determine in which of the malarious areas transmission of the disease has been interrupted. The total malarious area is 7.6 million square kilometers, population 35 million. In the first half of 1963, 480,266 blood smears were taken of which 69,464 were positive for malaria.

AID cooperates in the campaign.

Provision is made for five malariologists, three engineers, one assistant engineer, one consultant in administrative methods, and three sanitarians in addition to some imported drugs and supplies. Provision is also made for fellowships for training national personnel.

BRAZIL-0201, Malaria Eradication (Sao Paulo)  
(See page 180)

The accomplishments of the eradication campaign in the state of Sao Paulo have been encouraging. Malaria transmission has been interrupted in 145,820 square kilometers, population of 1,256,000. It is expected that by the beginning of 1965 the remaining malarious area (82,186 square kilometers, 1,496,000 population) will have completed its major spraying operations and will be in the consolidation phase of the campaign.

In 1963, out of 1,722 cases of malaria discovered in the State only 109 were autochthonous while 1,139 were imported from other parts of the country. This points up the close interrelation of this campaign with that in the rest of Brazil (see project Brazil-0200).

AID is cooperating in the campaign.

Provision is made for one sanitary engineer through 1964, one medical officer beginning in 1965, one sanitarian, and for imported drugs and supplies. Provision is also made for fellowships in 1964.

BRAZIL-0202, Training Center for Malaria Eradication  
(Sao Paulo) (See page 180)

The Malaria Training Center in Sao Paulo was established in 1958 within the School of Hygiene and Public Health. Two main courses with special emphasis on malaria are provided annually: one for physicians and engineers and one for entomologists, available to both Brazilians and others. In 1963, twenty-four persons were trained in these courses: seventeen from Brazil and seven from other countries. It is expected that the Center will continue through 1966.

Provision is made for a grant to the Center for services and supplies.

BRAZIL-0300, Smallpox Eradication  
(See page 181)

The majority of cases of smallpox in the Americas occur in Brazil. In 1962, there were 2,812 cases reported and these data are known to be incomplete. Over 8,239,054 vaccinations were made in the last year. In 1963 the smallpox eradication campaign was mounted in the following states and territories: Rio Branco, Piaui, Ceara, Rio Grande do Norte, Pernambuco, Alagoas, Sergipe, Bahia, Minas Gerais, Espirito Santo, Rio de Janeiro, Guanabara, Parana, and Distrito Federal. In 1964 the Government expects to vaccinate about 19,000,000 persons.

The Organization has in the past been cooperating with the Government in the establishment and equipping of vaccine production laboratories that will serve the needs of the eradication campaign. Since production facilities sufficient to supply the vaccine needed now exist, provision is made for spare parts for the maintenance of the equipment and for other supplies not available in the country.

BRAZIL-0401, Tuberculosis Control (Rio Grande do Norte)  
(No budgetary provision - advice of regular staff only)

The prevalence of tuberculosis in the Northeastern States of Brazil is not well known. The more reliable information pertains to the state of Pernambuco where, in 1956, 62,000 X-rays taken in 16 municipalities showed 17 positive per 1,000 of suspects. From 79,000 X-rays taken in 1957 in 24 municipalities, including several of the ones surveyed in 1956, 13 per 1,000 of suspects were found and a last survey in 1958 with 78,000 X-rays taken gave the rate of 14 per 1,000. In the State of Rio Grande do Norte where the situation is similar to that of the other states in the Northeastern region, it is expected that the prevalence of tuberculosis should not be less than

10 per 1,000. In this State during the year 1959, in the 14 health units operated by Serviço Cooperativo de Saude, 158 confirmed cases of tuberculosis were registered.

The purpose of this project is to establish a demonstration area for tuberculosis control in which the most adequate technical and administrative methods will be used on an experimental basis to establish efficacy, costs and further applicability to other areas of the country. The program will be developed by Serviço Cooperativo de Saude of the State of Rio Grande do Norte under the orientation and supervision of the Foundation BESP and the National Campaign against tuberculosis.

UNICEF will provide equipment, transportation, supplies and drugs for the treatment of the patients found during the survey activities. The Organization will cooperate through the advice and assistance of its regular staff.

BRAZIL-0700, Veterinary Public Health  
(See page 181)

An adviser to the Government is being provided through 1964 on the problems related to zoonoses, brucellosis and rabies in particular, and food hygiene. This adviser has also cooperated with the Government in the training of veterinary personnel for work in the public health field.

BRAZIL-0701, Rabies Control  
(See page 181)

Rabies is enzootic and widely disseminated among dogs, farm animals, and wildlife in Brazil, with serious public health and economic implications. A very high incidence of dog rabies is recorded in the larger cities. Its concentration in these heavily populated centers makes it a serious public health problem.

In the State of Guanabara, for example, where records have been available for a number of years, the area continues to show an average of fifty laboratory confirmed cases in dogs per month, indicating clearly the human risk involved in this densely populated center. In 1962, in Guanabara State, 7,115 persons received the Sample type vaccine. Estimates are that there are 15 rabid dogs for every 100,000 population in Rio de Janeiro and that around 35,000 persons in the principal cities in Brazil require treatment each year.

The purpose of this project is to provide effective collaboration in the planning and execution of rabies control measures in Brazil, including training of laboratory and field personnel, improvement of laboratory services for diagnostic purposes and vaccine production.

Provision is made for short-term consultants in 1964 and 1965 and for fellowships and laboratory supplies and equipment in 1965 and 1966.

BRAZIL-0900, Schistosomiasis  
(See page 181)

Schistosomiasis represents one of the most important public health problems in Brazil. The Ministry of Health of Brazil estimates that there are four million persons affected, principally in the northeast of the country.

The Organization has cooperated with the Government in the control of this disease and in 1963 sponsored, jointly with the Ministry of Health, the establishment of an international snail identification center for the study of the snail vector of schistosomiasis.

Provision is made for fellowships and supplies and equipment.

BRAZIL-2100, Sanitary Engineering  
(See page 181)

In the Charter of Punta del Este there is specific mention of pressing sanitation problems: rural and urban water supply, sewage disposal, housing, urbanization, and industrial hygiene. By inference from other statements in the Charter on health, tourism, industrialization, rural development and urbanization, other sanitation problems must be met: food and milk sanitation, water and atmospheric pollution control, vector control, and garbage and refuse disposal.

The Organization cooperates in each of these fields. The highest priority is given to urban and rural water supplies and priorities are assigned to other projects according to needs.

It is estimated that in the next ten years it will be necessary to supply water in the rural areas of Brazil annually to more than 2,400,000 people in order to comply with the goal set by the Charter of Punta del Este. Over 1,680,000 people living in the urban areas also will have to be provided with water.

In addition to consultative services available in the various other projects, provision is made for a sanitary engineer, for a secretary, and for fellowships. In 1966 provision is also made for short-term consultants in industrial hygiene and in refuse and garbage disposal.

BRAZIL-2101, Air and Water Pollution Control  
(See page 181)

The main objective of this project is to cooperate with the authorities of the State of Sao Paulo and the municipalities of Brazil's most industrialized urban area in the planning and execution of water and air pollution control programs and the full utilization of water resources of the region.

In January 1963 the Organization initiated its cooperation by providing the services of a chemical engineer, specialized in air pollution, who made a survey of the problem and outlined a preliminary program of work.

Provision is made for short-term consultants and in 1965 and 1966 for supplies and equipment.

BRAZIL-2200, Water Supplies  
(See page 181)

The problem of providing adequate water supplies to the many localities and communities that need it is commensurate with the size of the country. In 1961 it was estimated that of the 73,088,000 population 55,057,000 were without water service. In order for 70 per cent of the



urban population and 50 per cent the rural population to have water service by 1971, it is estimated that 4,098,400 must be supplied with water each year for ten years. Between 1961 and 1963 loans benefitting 8,974,000 persons in Salvador, the State of Guanabara and five towns in the northeast were negotiated.

In addition to engineers stationed in the country and training provided under international training courses, provision is made for short-term consultants and fellowships as further cooperation in the development of the water supply program. AID is also participating in the water supply program.

BRAZIL-3100, Planning  
(See page 181)

The Second Meeting of the Inter-American Economic and Social Council (1963) recommended to Member Governments that those who have not yet done so establish health planning units at the ministerial level and, if necessary, request international assistance in order to carry out training programs for various officials.

The Government is developing planning activities at all levels. In the health sector, preliminary work was done during 1963 and will be further developed in 1964.

Provision is made for short-term consultants and fellowships in 1965 and 1966.

BRAZIL-3101, Health Services in Nine Northeast States  
(See page 181)

The northeast of Brazil is an area which has had greater difficulties in organizing public health services capable of meeting the needs of the people than have those of other parts of the country. It will be necessary to improve existing services, to establish them in municipalities that lack them, and to devise systems of supervision at the regional level, as well as to reorganize the state public health services so that they may be in a position to exercise control and supervision over the projects conducted in their territories.

Agreements are in effect with the States of Rio Grande do Norte, Piaui, Sergipe, Pernambuco, Ceara, Paraiba, Alagoas, Bahia and Maranhao. These agreements are essentially the same and represent a first step in regional planning for health services.

Provision is made for three medical officers specialized in public health administration, epidemiology and medical care, for a sanitary engineer and for a statistician. Nursing advisory services will be provided through Brazil-3200. Fellowships, including those in tuberculosis control, are also provided. In 1965 and 1966, short-term consultants will be provided in venereal disease control and other public health problems.

AID and UNICEF also cooperate in this project. Their participation should speed up installation of new services and improvement of existing ones.

BRAZIL-3102, Fellowships for Health Services  
(See page 182)

Provision is made for fellowships in health administration, mental health and related health services in order to collaborate with the Government in training staff for the improvement and expansion of health services.

BRAZIL-3103, Health Services (Mato Grosso)  
(See page 182)

The State of Mato Grosso covers an area of 1,254,821 square kilometers, extending in the north through tropical zones of the Amazon Valley, in the south through relatively temperate zones. The population of the state is according to the 1960 census, 910,300 inhabitants, concentrated mainly in the southern half, and it is heavily influenced by immigration, principally from the Northeastern states. Major problems in providing health services derive from great distances, difficulties in transportation and communications, low density of population dispersed through vast areas and lack of sufficient personnel adequately trained to give the necessary services.

The project involves the complete reorganization of the health administration of the State, the regionalization of services, organization of adequate supervisory services at different levels, installation and improvement of health units as necessary, and training of personnel. The Ministry of Health and the Foundation SESP will cooperate in this project together with UNICEF and the Organization.

Provision is made for a team composed of one medical officer, one sanitary engineer, one public health nurse, and one statistician (1964). Fellowships are also provided.

BRAZIL-3104, Health Services (Sao Paulo)  
(See page 182)

In 1964 a short-term consultant cooperated in the study of the structure of health services in Sao Paulo.

BRAZIL-3105, Fellowships for Health Services  
(See page 182)

Provision is made in 1965 and 1966 for fellowships in order to collaborate with the Government in training staff for the improvement and expansion of its health services.

BRAZIL-3200, Nursing  
(See page 182)

Nursing as a profession is relatively young in Brazil. The first modern school of nursing was founded in 1923. There are now 39 accredited schools of nursing, more than half of which were started in the last ten years. Schools and courses for nursing auxiliaries have also mushroomed in the last ten years with approximately 70 accredited at present. In this same period the health services in the country have also expanded and been extended considerably as has the population. This rapid growth has served to increase the problems of nursing education and nursing services. As of December 1962

Brazil had graduated 6,756 nurses and 7,359 nursing auxiliaries of whom only 85 per cent of each are estimated to be working to cover the needs of the country's 75,000,000 population. There is an ever greater demand for trained nursing personnel in the hospital and public health services which the present supply is unable to meet.

This project provides for cooperation in nursing programs through assistance in the identification of needs, assessment of resources, and formulation of activities related to the implementation and evaluation of standards, techniques and procedures in the nursing and midwifery fields, both in public health and in hospitals. Provision is made for a Zone nurse and a clerk stenographer. In 1965 and 1966 provision is also made for short-term consultants in nursing midwifery and fellowships and in 1965 for supplies and equipment.

BRAZIL-3301, National Virus Laboratory Services  
(See page 182)

The Oswaldo Cruz Institute has been one of the main centers of laboratory research and vaccine production for the Government of Brazil. It has also been and is being used extensively to train laboratory personnel from all parts of the country.

In order to improve the diagnostic, research, and vaccine production facilities, the Government has requested assistance for the virus laboratory, which is carrying on diagnostic and research work as well as cooperating with the health authorities in virus vaccine studies.

Provision is made for a virologist.

BRAZIL-3302, Yellow Fever Laboratory  
(See page 182)

By an agreement with the Organization, the Oswaldo Cruz Institute is providing free to the American countries yellow fever vaccine and serological and pathological diagnostic services in support of the continent-wide campaign against yellow fever. In 1963, it produced 4,743,000 doses of vaccine and distributed outside Brazil 579,000 doses as follows: Argentina 74,000; Bolivia 150,000; Uruguay 42,000; Venezuela 280,000; and other countries 33,000.

Provision is made for a grant to the Institute.

BRAZIL-3500, Health Statistics  
(See page 182)

In Brazil, traditionally, vital statistics and reporting of notifiable diseases have been reported only for the Federal District and the state capitals. Emphasis by the Federal Service of Biostatistics is now being directed toward the establishment of birth and death registration areas in which at least 90 per cent of the events are registered. In the States of Pernambuco, Paraiba, Rio Grande do Norte, Alagoas and Piaui surveys have been completed and provisional registration areas established.

Provision is made for fellowships and for a statistician to cooperate in the expansion of reporting and registration areas throughout the country, in the development of basic data for national health planning, and in the

training of statistical personnel. Special efforts are to be made in 1965 and 1966 in the development of training centers in health and hospital statistics in Sao Paulo and possibly in Recife. In addition, plans are being made for translation and adaptation of the "1965 Revision of the International Classification of Diseases" into Portuguese and for its use throughout the country.

BRAZIL-4200, Nutrition  
(See page 183)

Northeast Brazil is a region which has not developed at the same pace as the other regions of the country. Although periodical occurrence of drought is one of the major factors, other socio-economic and cultural characteristics are equally responsible for the general stagnation of the area.

Several surveys carried out revealed that malnutrition is an outstanding public health problem in this region, affecting chiefly vulnerable groups of the population, women and children. Among the various contributing factors, those falling in the field of social anthropology deserve special attention. Practices like early weaning, faulty food habits based on ignorance and tradition are widespread, demanding institution of corrective measures by way of education and demonstration.

In order to combat the situation, programs which aim at increasing production and consumption of protective foodstuffs at the local level have been instituted in Rio Grande do Norte since 1960. It is now contemplated to extend these to other states. During 1964 a similar program will be started in Paraiba to establish means for increased production of food at a local level, to effect improvement in the nutritional status of the communities through augmented production and better utilization and to create a pattern for a coordinated approach of all organizations interested in the solution of problems related to nutrition.

The program is a cooperative one with the participation of UNICEF and FAO.

Provision is made for a medical officer and fellowships.

BRAZIL-4201, Nutrition Courses  
(See page 183)

Malnutrition is a chronic problem in the northeast of Brazil and training in the multiple aspects of this problem is inadequate. Short intensive courses with emphasis on public health nutrition problems are designed for health officials and professors in order to bridge the gap during the period while training of undergraduate students is being improved. In 1963, nineteen trainees from four states in the Northeast participated in a course given in Recife. Eight were physicians in State health services, six were from the staffs of medical schools, and five were final-year medical students.

It is anticipated that courses will be held annually for twenty students each in Recife, Belem, Belo Horizonte and Porto Alegre. Provision is made for a grant to the Comissao Nacional de Alimentacao of the Ministry of Health in support of these courses. In addition, fellowships are to be provided in 1965 and 1966.

BRAZIL-4202, Nutrition (Sao Paulo)  
(See page 183)

In order to meet pressing requirements for personnel trained in nutrition to work in the development of integrated health services, short courses of two months' duration are planned in connection with the Faculty of Hygiene and Public Health of the University of Sao Paulo. These courses are designed for post-graduate training of health officials who cannot pursue the regular two-year program in this field. About twenty students from Brazil and other Latin American countries would be in attendance at each course.

Provision is made for a grant to cover the expense of participants in the course, teaching supplies and the assisting staff of the University. In 1965 short-term consultants would be available to cooperate in the initial courses, and in 1965 and 1966 fellowships would be provided for the teaching staff of the Department of Nutrition of the Faculty of Hygiene and Public Health.

BRAZIL-4203, Institute of Nutrition (Recife)  
(See page 183)

All available evidence shows that malnutrition is a chronic problem in the northeast of Brazil. Infant mortality in this area is reported to vary between 200 to 300 per 1,000 live births, while the mortality among pre-school children is 25 to 30 times higher than that in highly developed countries. Frank deficiency diseases, for example, kwashiorkor, anaemias, avitaminoses, etc., are common. A variety of physical and socio-economic factors are responsible for the continued prevalence of malnutrition while lack of facilities and trained personnel for study of the problem handicap efforts to ameliorate it. The University of Recife has now created an Institute of Nutrition devoted to research, training, and public health work.

Provision is made for a nutrition adviser and a grant for the new Institute in 1965 and 1966. Fellowships will be provided in the three years.

BRAZIL-4700, National Food and Drug Services  
(See page 183)

The Organization has cooperated with the Brazilian Ministry of Health in the organization and development of the Central Laboratory for the Control of Drugs, which is responsible for the national control of drugs and food.

Extended assistance of the Organization is now planned for the strengthening of the food laboratory services. For this purpose, provision is made in 1964 for short-term consultants and in both 1964 and 1965 for fellowships.

BRAZIL-4801, Rehabilitation  
(See page 183)

A rehabilitation training center has been set up in the clinical hospital of the University of Sao Paulo with the collaboration of the United Nations, ILO, and the

Organization. It provides courses in physiotherapy, prosthetic work, and locomotion of the blind.

The Center also offers a course in occupational therapy and has requested the services of an expert to assist in the reorganization of the training program in this subject.

Provision is made for an occupational therapist.

BRAZIL-6100, School of Public Health in Rio de Janeiro  
(See page 183)

In 1959 the training facilities of the National Department of Health and the National Department of the Child were merged to form the National School of Public Health. Since then the School has been working on the development of modern training methods, establishment of improved practice areas, and cooperating in the organization of laboratory and library facilities. Measures have been taken to provide a new building for housing the School and the actions necessary for a full-time teaching staff are in process.

During 1963, basic courses in public health were provided for physicians, engineers and nurses and a course for specialization in public health was held for veterinarians.

Provision is made for short-term consultants and fellowships in 1965 and 1966 in order to cooperate in the continued development of this school.

BRAZIL-6101, School of Public Health (Sao Paulo)  
(See page 183)

The School of Hygiene and Public Health continues to be a leading school for training of public health personnel. In 1963 the Organization awarded 37 fellowships for study there.

The Araraquara Health Unit serves as a field training center for the School and is also administered by the University.

Provision is made for short-term consultants, fellowships for the faculty, and a grant in support of the field training center at Araraquara.

BRAZIL-6201, Teaching of Preventive Medicine  
(University of Ceará) (See page 184)

In 1959 the University of Ceará created the Institute of Preventive Medicine. Its responsibilities include: research in the fields of preventive medicine and public health; operation of a pilot area with a health center in the city of Fortaleza, attached to the medical school, and other health service facilities for the practical aspects of the teaching program; courses for public health physicians, inspectors, microscopists, nurses and other auxiliary personnel, and field and laboratory practices.

The Organization cooperates in bettering the teaching of preventive medicine; in planning the most efficient use of facilities; and in operating the practice fields.

Provision is made in 1964 and 1965 for a public health nurse to assist in the development of the practice areas within the pilot area and to integrate public health nursing activities in the teaching of preventive medicine. Provision is also made for fellowships and in 1964 and 1965 for supplies and equipment.

BRAZIL-6202, Pediatric Education (Recife)  
(See page 184)

The University of Recife is now making a special effort to improve the teaching of pediatrics and to provide facilities for post-graduate education in this field. In 1963 the University nominated four staff members to act on a full-time basis in the Department of Pediatrics. UNICEF is cooperating in this project through provision of equipment. During the later part of 1963 courses were formulated and begun for nutritionists, nurses and auxiliaries, and physicians.

Provision is made for short-term consultants and a grant for the Department of Pediatrics in 1964 and 1965. Fellowships will be provided during the three years.

BRAZIL-6301, Nursing Education (Recife)  
(See page 184)

In toto the eight schools of the North and Northeast graduate an average of approximately 50 nurses a year. Plans for the economic and social development of the Northeast already under way will, no doubt, increase demands for more and better prepared nurses throughout the region.

In 1962 the School of Nursing was admitted into the University of Recife as an independent school. There is interest in developing this school into a regional center of nursing education. To accomplish this goal, the Organization is cooperating with the school to strengthen its faculty; to develop nursing curriculum based on a realistic approach to health and social needs of the area, coordinating resources and integrating all aspects of theory and practice; and to organize and develop post-graduate courses.

Provision is included for a nurse in 1964 and 1965 and a nurse educator in 1966. Consultant months are provided in 1965 and 1966, fellowships and supplies appear in all years.

BRAZIL-6302, Training of Nursing Auxiliaries  
(See page 184)

The Brazilian Nurses' Association estimates that there were approximately 5,700 graduate nurses and 6,300 trained nursing auxiliaries in active service in 1962. The ratio of nurses to population was 1 to 13,000 and of nursing auxiliaries to population, 1 to 12,000. An average of ten nurses per school from the 39 nursing schools is graduated each year but there is an average of 20 nursing auxiliaries

completing courses in the 70 schools and courses for auxiliaries. The difference in numbers of graduates will be accentuated in the immediate future as the result of a federal education law passed in late 1962 which set up requirements making it difficult to recruit candidates for the university-level training. The same law created fundamental changes in the curriculum for training nursing auxiliaries.

Cooperation in the improvement of training for nursing auxiliaries and in increasing the numbers completing the various courses is being concentrated in 11 schools and courses in the North and Northeast in 1964 but will be extended to seven other schools in Bahia, Minas Gerais, Goias, and Mato Grosso in 1965 and 1966. UNICEF is also participating in this project through provision of fellowships and teaching supplies and equipment.

Provision is made for a nurse and fellowships. In 1966 provision is also made for supplies for an educational meeting.

BRAZIL-6400, Institute of Sanitary Engineering  
(See page 184)

Pending approval of the United Nations Special Fund is a project for the development of the Institute of Sanitary Engineering, which is primarily concerned with the water, sanitation, and related development problems in the State of Guanabara, but which is also authorized to assist other public and private organizations.

The project provides for increasing the full-time teaching staff of the Institute from 106 to 150. Beginning in 1964, courses in sanitary engineering will be offered to all undergraduate civil engineering students at the University of Rio de Janeiro, of whom 200 should be admitted annually by 1965. The existing graduate program will be extended to offer a one-year course in sanitary engineering to about 30 candidates per year. An in-service training program will be offered annually to about 50 present employees in the several governmental agencies concerned with sanitary engineering and a continuing program for training technicians will be conducted for about 10 trainees at a time. Research, laboratory, and field studies will be conducted for all interested agencies.

Provision is made for the assistance planned for the Institute.

BRAZIL-6500, Teaching of Public Health in Schools of Veterinary Medicine (See page 184)

Provision is made for teaching supplies and for fellowships for professors of veterinary medicine in order to foster the development of basic public health courses in schools of veterinary medicine.

BRAZIL-6600, Teaching of Preventive Dentistry  
(See page 184)

In 1964 and 1965 fellowships and teaching supplies are provided for the Faculties of Dentistry of Piracicaba, Sao Paulo and Araçatuba in collaboration with current efforts to inculcate preventive methods into dental practice.

The services of the regional dental adviser are also available to this project.

BRAZIL-6601, Dental Health Education  
(See page 184)

Many countries in the Region are now developing or expanding dental public health services. There is a growing need for adequately trained public health dentists to

operate these services efficiently. A training center, in Sao Paulo serves as an international center for the Latin American countries. It has conducted a specialized course in dental public health with students coming from the different countries in Latin America since 1958. Short courses are also given for supervisors, teachers and dental clinicians working at the local level.

In addition to the cooperation of the regional dental adviser, provision is made for fellowships for faculty members.

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Zone Office (See page 129)

For text see "Zone Offices," page 37.

ARGENTINAARGENTINA-0200, Malaria Eradication  
(See page 185)

The original malarious area of Argentina was estimated to extend over about 270,000 square kilometers. The execution of the eradication program began in August 1959. When the third year of operations was concluded, malaria transmission had been interrupted in various departments of the Provinces of Salta and Jujuy, which entered the consolidation phase.

An analysis made in 1963 revealed that in the northwestern zone, the program was carried out and total coverage was achieved. Spraying was interrupted in the entire malarious area of the Province of Santiago del Estero and in a large part of the Provinces of Salta (11 departments) and Jujuy (3 departments), but it was continued in the area where certain foci of transmission persisted. It was estimated, however, that spraying could be completely halted in 1964 in the three departments of Jujuy and three others in Salta, and in the rest of the area in 1965.

In the originally malarious area of the Province of Corrientes, no foci of transmission have been found in recent years, despite the fact that no attack measures have ever been applied. Therefore, the area is considered to be in the consolidation phase. In Misiones, only sporadic cases are reported, but it is considered necessary to continue the spraying for two more years.

In the Provinces of El Chaco and Formosa, where there was an appreciable increase in transmission from 1959 to 1962, total coverage with spraying was never achieved, but a special plan was prepared for doing this and also for intensifying the evaluation work in Corrientes and Misiones.

During the year 1963, 157,410 blood smears were examined, of which 845 were found to be positive. Of these cases, 1.8 per cent occurred in the area that was in the phase of maintenance or consolidation.

UNICEF is cooperating in this program.

Provision is made for one chief adviser in malaria and one sanitarian and in 1964 and 1965 for fellowships.

ARGENTINA-0400, Tuberculosis Control  
(See page 186)

After the surveys made with the assistance of the Organization in 1961 the Government decided to organize and establish a National Tuberculosis Control Center in the Province of Santa Fe, the functions of which would be as follows: (a) operation of a model tuberculosis control

program which could be applied, with the necessary modifications to adapt it to local situations, to the remainder of the country; (b) preparation of technical personnel at all levels; (c) research on the efficiency, applicability and cost of procedures; (d) coordination and integration of the various services in a demonstration area; and (e) provision of advice at the national and provincial level on the planning, supervision and evaluation of tuberculosis control programs.

The Center began operations in 1961. In 1962 the first course for medical officers was given and considerable progress has been made in training personnel, in studies to ascertain the extent and the characteristics of the disease in the pilot area, tuberculin testing and miniature X-ray examinations, case finding and treatment of patients, care of contacts, health education and community participation, and BCG vaccination.

The Organization has assisted in the establishment of the Center and the training of its personnel as well as in teaching by providing short-term consultants and fellowships.

UNICEF is participating in this program by providing equipment, vehicles, drugs and other supplies.

Provision is made for fellowships and for short-term consultants.

ARGENTINA-0500, Leprosy Control  
(See page 186)

Leprosy is endemic in Argentina and is a major health problem in the Federal Capital, in the Province of Buenos Aires, and in nine provinces of the northern and northwestern regions. Up to October 1963, 11,447 cases were registered, which indicates a prevalence of 0.52 per 1,000 for the country.

In 1960 a leprosy control program was begun for the purpose of applying modern preventive, diagnostic, and treatment procedures. The plan of operations is based on intensive case-finding, periodic surveillance of contacts, and regular treatment of patients. Operations were begun in four zones, from which they were progressively extended to other parts of the country. During 1963 the program was consolidated in the Province of Entre Rios and control operations were begun in the Provinces of Misiones and Tucuman and the northern zone of Greater Buenos Aires.

The files of the provincial programs have been brought up to date, and attempt being made to trace patients who have been lost sight of and to eliminate patients who have died or disappeared.

Studies have been carried forward for establishing a zone for epidemiological research and administrative control methods.

UNICEF is participating in this program.

Provision is made for short-term consultants and for fellowships.

ARGENTINA-2200, Water Supplies  
(See page 186)

In 1962 it was estimated that of the 15,531,000 urban population, some 5,385,000 were without adequate water services, and of the 5,570,000 rural population, 5,495,000 were without such services. Taking into account population increases, it would require provision of services to 627,100 persons annually to meet the objectives established in the Charter of Punta del Este by 1971.

At the end of 1963, developing plans for water systems and negotiations were underway for financing a system for greater Buenos Aires.

Provision for short-term consultants and fellowships is made in order to collaborate in this project.

ARGENTINA-2300, Aedes aegypti Eradication  
(See page 186)

Survey and investigations were carried out in 1963 in the Provinces of Cordoba and Buenos Aires with the collaboration of the Zone VI epidemiologist and no traces of Aedes aegypti were found. The Government is preparing the final report and has requested the collaboration of the Organization to verify that the mosquito has been eradicated from the Argentine territory.

Provision is made in 1964 for two short-term consultants to carry out this verification.

ARGENTINA-3100, Planning  
(See page 186)

The second meeting of the Inter-American Economic and Social Council (1963) recommended to Member Governments that those who have not yet done so establish health planning units at the ministerial level and, if necessary, request international assistance in order to carry out training programs for various officials.

In addition to fellowships, specialized consultants are provided to planning agencies at the federal, inter-provincial, and provincial levels.

Provision is made for short-term consultants and in 1965 and 1966 for fellowships.

ARGENTINA-3101, Fellowships for Health Services  
(See page 186)

Provision is made for fellowships to collaborate with the Government in training staff for the improvement and expansion of its health services.

ARGENTINA-3102, Health Services  
(See page 186)

Since 1958, the Government, with the collaboration of the Organization and of UNICEF, has been conducting an integrated health program in the Province of El Chaco. The program has included the establishment of a provincial health service; the review of legislation and regulations and the drafting of new health provisions; the technical

and administrative organization of the health services of the whole province, with centralization of policy making and operational decentralization; the programming and coordination of activities; the organization of basic and supplementary health services, including environmental sanitation services; the carrying out of an intensive plan of training of professional, technical, and auxiliary personnel of the province and from other places in the country; and unification of activities with the communities and with other official public service and educational agencies.

Because of its characteristics and the role it plays in the national economy, the Province of Tucuman requires immediate organization of its health services for the purpose of improving unfavorable environmental conditions; reducing the high infantile and newborn morbidity; reducing the high rates for maternal and fetal mortality; dealing with the problems of high incidence and prevalence of infectious and contagious diseases; sponsoring adequate health legislation; training professional, technical, and auxiliary personnel; and establishing a system of administrative rationalization that will facilitate the development of the health programs.

It has been determined that the same group of consultants who have provided advisory services in the Province of El Chaco will serve the needs of Tucuman.

Provision is made for one medical officer, one sanitary engineer, and one public health nurse.

ARGENTINA-3103, Fellowships for Health Services  
(See page 186)

Provision is made for fellowships in various health specialties including venereal diseases in order to collaborate with the Government in training staff for the improvement and expansion of its health services.

ARGENTINA-3104, Health Services (San Juan and Mendoza)  
(See page 186)

The authorities of the Province of San Juan have begun an integrated health program whose fundamental purpose is to raise the health level of the population by means of the coordinated development of activities for the restoration, protection, and promotion of health. To date, the Provincial Health Service and the legal bases for its operation have been established. To achieve decentralization of operations, five health regions covering 26 districts have been set up. In the provincial capital, the health center hospital with 500 beds has been remodeled; a training and demonstration center is being constructed; and improvements have been made in other health services. In addition, an intensive program of education and training of professional, technical, and auxiliary personnel at all levels has been carried on.

The basic studies on the health situation, conditions, problems, and resources in the Province of Mendoza, for the formulation of an integrated health plan have been completed. A reorganization of the Ministry of Health, regionalization of the provinces, and improvement of certain hospitals are planned. An intensive program of training professional, technical, and auxiliary personnel is underway.

UNICEF is collaborating in this program.

Provision is made for one medical officer, one sanitary engineer, one public health nurse, and fellowships.

ARGENTINA-3105, Health Services (Municipality of Buenos Aires) (See page 187)

Greater Buenos Aires, which has a population of seven million, is faced with the health problems characteristic of a city which is rapidly developing. Such problems are aggravated by such factors as the lack of programming in activities, overlapping of functions, shortage of statistical information necessary for planning and evaluation, and shortage of trained public health personnel.

The Municipality of Buenos Aires is studying these various problems with a view to drawing up an integrated health program for the Federal Capital.

In addition to the assistance provided by the Zone Office, provision is made for a public health administrator in 1965 and 1966, a public health nurse in 1966 as well as short-term consultants and fellowships in 1965 and 1966.

ARGENTINA-3301, National Institute of Microbiology (See page 187)

The National Institute of Microbiology "Dr. Carlos G. Malbran", is the central public health laboratory of Argentina. As such it has functions in the field of diagnosis, carries out basic research and epidemiological research and acts as a reference center for other health laboratories. It manufactures vaccines, sera, antigens, and biological reagents and is responsible for the control of biological products manufactured in the country or imported. It also has teaching responsibilities.

The purpose of the program is to raise the scientific level of the Institute and to improve both the quantity and the quality of the services it provides.

In 1962 the program and the physical facilities of the Institute were again reviewed with the object of adapting them to the present conditions and needs of the country; special attention was given to its organization, training programs, production of biologicals, and epidemiological studies on arboviruses.

Provision is made for short-term consultants and for fellowships.

ARGENTINA-3500, Health Statistics (See page 187)

Provision is made in 1964 for short-term consultants and fellowships in order to cooperate in training programs and in the development of statistical services of the country.

ARGENTINA-3501, Hospital Statistics  
(No budgetary provision - advice of regular staff only)

The organization of an adequate statistical system, clinical history files, and other hospital registers is an essential factor for the technical administration of service establishments, planning health programs, and medical and administrative investigations.

The present program has the following objectives: to organize central statistical departments and clinical history files in hospitals in the Municipality of Buenos Aires and to develop a training program.

An agreement was signed in 1963 with the Government for the development of such a program and the "Hospital Municipal Ramos Mejia" was selected as a pilot area for these activities.

Advisory services will be provided by the Zone adviser.

ARGENTINA-4100, Maternal and Child Health (See page 187)

Among the factors adversely affecting maternal and child health are inadequate environmental sanitation, summer diarrheas, the fact that milk of good quality is not available, and the small number of qualified personnel available for carrying out services in this field. The Government is desirous of putting into effect a plan that will lead to a complete solution of the problem.

A study of the problem, carried out with the advice of the Organization, has drawn attention to the need to strengthen the Maternal and Child Health Bureau of the Ministry; and to integrate it with other basic public health activities; to extend the provincial health services; to train personnel; and, to supplement other services offered by social security agencies.

Provision is made in 1966 for short-term consultants.

ARGENTINA-4101, Survey of Nursing and Midwifery (See page 187)

In coordination with university, provincial and international agency authorities, the Government is carrying out a plan for the solution of the serious situation regarding nursing in the country. This project has for its purpose a study of the national requirements and resources in nursing and obstetrics. The study is expected to take five years, beginning in 1965.

Provision is made for short-term consultants and for fellowships in 1965 and 1966.

ARGENTINA-4300, Mental Health (See page 187)

The objectives of the National Institute of Mental Health are as follows: prevention of mental diseases; provision of complete patient care including social rehabilitation and adjustment; promotion of scientific research; provision of technical assistance to national, provincial, municipal, and private agencies including the coordination of their activities and the training of personnel at all levels.

It is intended to establish a pilot training center in the Province of Buenos Aires. This center will be responsible for the training of senior personnel in charge of the planning, administration, and supervision of the mental health programs; of teaching personnel for the medical officers responsible for the medical care of the



patients; of public health nurses specialized in mental hygiene; and, of such other professional and auxiliary personnel as are required by the program.

It is planned to carry out in the Province of Mendoza, in coordination with the integrated health program, a post-graduate course in psychiatric nursing to train nurses for mental health programs and for the care of the mentally ill, as well as for instructors training auxiliary personnel in this field.

Similar activities are being carried out in other provinces.

Provision is made for short-term consultants and for fellowships.

ARGENTINA-4800, Medical Care Services  
(See page 188)

The purpose of this project is to cooperate in the improvement of medical care services, as part of national health plans. Its objective is the betterment of hospital administration and organization, based on the knowledge of medical care problems, available resources, and training of personnel in hospital administration.

Complementing this program in the field of hospital statistics and personnel training, a course for medical records librarians has been conducted by a consultant since January 1961. The expert on hospital administration assigned to AMRO-4805 provides advisory services to this project.

Provision is made for fellowships and in 1965 and 1966 for a limited amount of supplies and equipment.

ARGENTINA-6100, School of Public Health  
(See page 188)

Argentina has been making efforts in recent years to train personnel in the various disciplines of public health. Until a short time ago, most of the trained personnel came from training courses given abroad, and the country did not succeed in meeting the demand for such personnel.

In 1958, a governmental commission made a survey of the public health services and of the resources and installations available for training personnel and submitted a plan for the organization of a school of public health.

Since 1960 the Organization has cooperated in the organization of courses at the School of Public Health, has provided short-term consultants in maternal and child health, epidemiology, statistics, and health legislation, and has awarded fellowships to teaching personnel of the School.

Provision is made for one professor of public health in 1964 and 1965 and short-term consultants, as well as for fellowships, equipment, and teaching material.

ARGENTINA-6200, Medical Education  
(See page 188)

This program includes the preparation of faculty members by means of specialized training on the reorganization of curricula and the modernization of teaching methods as well as advisory services for consultants in this field.

Several schools of medicine have shown their interest in a reorientation of the objectives of medical education so that the instruction imparted will be more in accordance with the needs of the country in matters of health and in particular to those related to preventive medicine and health promotion.

Provision is made for short-term consultants in specialized fields and for fellowships.

ARGENTINA-6300, Nursing Education  
(See page 188)

The objectives of this program are: the establishment of six university schools of nursing; the improvement of a select group of existing intermediate-level schools to train specialized nurses; the development of courses for auxiliary nurses throughout the country; the organization of nursing services in hospitals and health centers; the training of nursing teaching and administrative personnel; the carrying-out of intensive in-service education programs for nursing personnel; and the formulation of legislation that will make possible the orderly development of nursing in the country. Progress has been made in all these activities, including the establishment of five university schools of nursing.

In addition, partial studies of nursing needs and resources were made in seven provinces; conferences, seminars, workshops, and congresses were held; eight regular courses for auxiliary nurses are in operation; and the National Department of Nursing, the provincial departments of nursing in the Ministries of seven provinces, and the nursing services in hospitals have been organized.

It is expected to extend the program and to triple the number of trained specialized and auxiliary nursing personnel, as well as to continue to improve the nursing services in the health programs and to obtain legal provisions to raise some of the present schools of nursing to the intermediate level.

Provision is made for two nurse educators and in 1965-1966 for fellowships and supplies.

ARGENTINA-6301, Training of Nursing Personnel  
(See page 188)

The purpose of this national program is to cooperate in training the professional and auxiliary personnel essential for the development of nursing services in the health programs. Four courses for nurse supervisors and nurse instructors have been held, in which 91 persons have been trained. Training centers for auxiliary nurses were established under the control of five nursing schools of university level (in the capital and in the Provinces of Buenos Aires, Santa Fe, Cordoba and Tucuman). In the second stage the plan will be extended to the Provinces of El Chaco, San Juan, Mendoza, Salta and Jujuy.

Two national evaluation seminars were held, and the plan of collaboration with the intermediate-level schools was initiated. In order to raise the level of the nursing services, numerous in-service training programs for currently employed nurses and auxiliary nurses were held, and short courses are being planned for nurses and midwives who are performing services in maternal and child health.

UNICEF is collaborating in this program.

Provision is made for one nurse educator, for fellowships and teaching material, and in 1965 and 1966 for short-term consultants.

ARGENTINA-6400, Sanitary Engineering Education  
(See page 188)

Between 1958 and 1963 the Sanitary Engineering School of the National University of Buenos Aires, attached to the Hydraulics Department of the Engineering Faculty, has trained sanitary engineers who are at present serving in the Sanitary Works of the Nation and in the provincial ministries of public works. For a more effective conduct of the School, it needs a full-time teaching staff, syllabuses adjusted to the needs of the country, laboratory facilities, a library with sufficient reference material, and other equipment essential for the teaching of sanitary engineers.

Provision is made for short-term consultants, fellowships, and in 1965 and 1966 supplies and equipment.

ARGENTINA-6700, Training Statistical Personnel  
(See page 188)

The great shortage in the country of personnel with training in vital and health statistics led the School of Public Health of the National Ministry in 1961 to organize an intermediate-level course for statisticians in which 40 officials from various provinces received instruction. This course was interrupted when that school ceased operation, but most of its functions were absorbed in 1962 by the School of Public Health of the University of Buenos Aires. This school has succeeded in bringing together well qualified teaching personnel, and it plans to offer several courses in health statistics for personnel of various levels in the provincial and national public health administrations. One of the most important courses is for the purpose of training intermediate-level statisticians and personnel responsible for statistical offices and departments of hospital statistics.

It is planned to give this nine-month course annually until the needs of the country are met.

The services provided under AMRO-6708, AMRO-3506, and Argentina-6100 will be utilized.

Provision is made in 1966 for short-term consultants and for fellowships.

CHILE

CHILE-0400, Tuberculosis Control  
(See page 189)

A pilot project for tuberculosis control is proposed to be carried out in the Municipality of San Miguel, a district situated south of the city of Santiago, with 260,000 inhabitants both urban and rural. The plan includes a study of the prevalence of tuberculosis, training of personnel and application of simple and economical control measures which could later be applied in other areas of the country as part of integrated public health services. Studies previously undertaken have indicated a tuberculosis prevalence of about 1.5 per cent.

The proposed plan includes case-findings, treatment and supervision of cases and contacts, and BCG vaccination.

UNICEF cooperates in this program.

Provision is made in 1965 and 1966 for short-term consultants and for fellowships.

CHILE-0600, Venereal Disease Control  
(See page 189)

As in other regions of the world, venereal diseases, especially syphilis, have increased considerably in the country in recent years. In Santiago, where the number of new cases of syphilis had been reduced to less than 1,000 a year, more than 2,800 cases were reported in 1960, and a rising trend in the incidence of this disease is observed. The Government is interested in organizing a venereal disease control program as part of the regular activities of the health centers. In this program special attention will be given to diagnosis of cases and epidemiological survey of both cases and contacts using specialized personnel; medical, paramedical, and laboratory personnel will be trained; and new laboratory methods will be used for diagnosis of this group of diseases. In addition, administrative research that will lead to the adoption of efficient, economical methods to be applied at a later date to other zones of the country is planned.

It is expected that UNICEF will collaborate in this program.

Provision is made in 1965 and 1966 for short-term consultants and for fellowships.

CHILE-2200, Water Supplies  
(See page 189)

In 1962 it was estimated that of the 4,874,000 urban population some 1,285,000 were without adequate water services and of the 2,486,000 rural population some 2,086,000 were without such services. Allowing for population increases, it is estimated that an annual average of 234,300 persons will need to be covered by adequate systems if the objectives of the Charter of Punta del Este are to be reached by 1971.

The Government has obtained international loans for water supply and sewage disposal systems for Santiago, Concepcion, and Talcahuano benefiting a population of 1,805,000 persons.

Provision is made for short-term consultants and fellowships for further collaboration in this program.

CHILE-3100, Health Services  
(See page 189)

In 1960 a strong earthquake devastated a large region of the southern part of the country; the population affected amounted to 34 per cent of the national total. It became urgently necessary to strengthen the local health services, and an integrated plan was prepared to cover the five zones affected.

The plan provided for the reconstruction, strengthening, or establishment of local health services, the

improvement of their internal organization, and their coordination. Special attention was given to maternal and child health, medical care, environmental sanitation, statistics, nursing, and nutrition.

UNICEF is collaborating by providing equipment and supplies.

Provision is made in 1965 and 1966 for a medical officer who will also serve as the PAHO/WHO Country Representative, for short-term consultants, and for fellowships.

CHILE-3101, Fellowships for Health Services  
(See page 189)

Provision is made for fellowships to collaborate with the Government in training staff for the improvement and expansion of its health services

CHILE-3102, Fellowships for Health Services  
(See page 190)

Provision is made for fellowships in various health specialties including mental health to collaborate with the Government in training staff for the improvement and expansion of its public health services.

CHILE-3103, Health Services (Ovalle-Copiapo)  
(See page 190)

This program begun in 1958 in the departments of Ovalle and Copiapo has succeeded in improving the organization of the public health services and increasing the facilities in personnel, buildings, and equipment. The Government of Chile has expressed its interest in continuing it and extending it to other provinces of the northern region.

The objectives of this program are as follows: to consolidate and extend an integrated urban and rural health program based on improvement of the organization and the work facilities of health and environmental sanitation institutions and on the training of personnel.

The integration of public health activities will give preference to those concerned with maternal and child health, sanitation, medical care, and control of communicable diseases.

In addition to the advisory services that will be provided by Zone personnel, provision is made in 1966 for short-term consultants and for fellowships.

CHILE-3104, Joint Field Mission on Indigenous Populations  
(No budgetary provision - advice of regular staff only)

The purpose of this program is to accelerate the natural development of the peoples of the Andean zone and to incorporate them socially and economically into national life. The Governments of Peru, Chile, and Argentina have been pursuing activities for this purpose and have received technical advice and cooperation from FAO, ILO, WHO, UNESCO, and UNICEF. The Organization began its assistance in 1955.

The progress made is promising and the objectives have been extended to include the Andean zone bordering on the Republic of Argentina.

Technical advisory services are provided by the personnel of Zone IV and Zone VI.

CHILE-3200, National Planning for Nursing  
(See page 190)

On the basis of a survey made in 1961 of nursing needs and resources, a national program was begun to raise the level of nursing services, and to train a sufficient number of professional and auxiliary nurses as required by the health plan.

The plan of operations includes the organization and operation of a pilot nursing care center in order to determine needs and rational utilization of personnel. In the field of education new study plans will be tried out. The training of auxiliaries will be continued in the established centers. In addition, in-service training programs for nurses and auxiliaries will be developed and the general organization and work programs of nursing services will be reviewed.

In 1963 a school was established as well as nursing courses at a regional university college. Training courses for auxiliaries took place and the evaluation of the nursing schools was begun. In the pilot training center, an analysis of the basic factors affecting nursing care in hospitals was begun.

UNICEF cooperates in this project.

Provision is made for a nurse educator, fellowships, supplies, and in 1964 for short-term consultants.

CHILE-3301, Microbiology Center  
(See page 190)

The purpose of this program is to cooperate in the establishment of a Microbiology Center in the Bacteriological Institute of the National Health Service, the principal objectives of which would be as follows: to promote microbiological research, both basic and applied to public health, especially in the field of communicable diseases; to train general microbiologists and to offer opportunity for specialization in the various branches of microbiology; to train health laboratory technicians; to qualify the health laboratories of the country to provide advice to such local health services as request it; to provide reference services for other laboratories in the country; and to organize regional and local health laboratories.

Provision is made in 1965 and 1966 for short-term consultants and for fellowships.

CHILE-3400, Health Teaching in Schools  
(See page 190)

The close relationship between a population's degree of health education and the activities of health promotion have led the Government of Chile to formulate a plan aimed

at improving health education in elementary schools. This activity is to be carried out by the various departments of the Ministries of Education and of Public Health.

Improved programs of health education in the primary schools, improved sanitary and safety conditions of the buildings of teacher training colleges, the training of teachers of biology and school health, and the development of a program of medical and dental care, and other services, are some of the more important aims.

UNICEF provides supplies and equipment.

The Organization provides the services of Zone VI personnel. Provision is made for fellowships in 1965 and 1966.

CHILE-4101, Health and Social Services (Santiago)  
(No budgetary provision - advice of regular staff only)

The Government wishes to improve the maternal and child health services, including social welfare aspects, in areas in the vicinity of Santiago. Activities will be begun in the districts where the population increased from 221,500 in 1952 to 559,795 in 1961. Because social development has not paralleled this population growth the inhabitants are in a difficult economic situation and the environmental and health services are poor. The number of children under 14 years of age is 198,160. The plan of operations aims at strengthening ten maternal and child health clinics, providing them with kindergartens, expanding the capacity of the Barros Luco Maternity Hospital, training personnel, and intensifying health education.

The program will be carried out by the National Health Services through its Southern Hospital Area.

UNICEF is collaborating by providing equipment and supplies.

The Organization is assisting the program by providing the advisory services of the personnel of the Zone and of other projects.

CHILE-4200, Nutrition  
(See page 190)

In 1960 the Government of Chile, FAO, PAHO, and UNICEF, signed a plan of operations for an integrated nutrition program in three northern provinces, the executive organs of which would be the agencies of the Ministries of Agriculture, Education, and Public Health.

The main aims of the project are as follows: education of health, teaching, and agricultural personnel; promotion of school gardens; extension of school lunch programs; intensification of health education of the people; and, the enlistment of community aid and interest.

Technical assistance by the Organization to this project will be furnished by the nutrition consultant of the Zone.

Provision is made for fellowships.

CHILE-4601, Institute of Occupational Health  
(See page 190)

The purpose of this project is to contribute to the solution of problems of industrial hygiene and occupational health in Chile through research and training of personnel. The Government has established an Institute of Occupational Health and Air Pollution for these purposes and is receiving assistance from the Organization. The functions of the Institute are as follows: (a) to prepare professional and technical personnel by means of specialized courses and practice; (b) to pursue research on problems of importance in the field of industrial hygiene and occupational health; (c) to advise the Government and private organizations on matters within its competence; (d) to promote all teaching, information, and research activities conducive to the achievement of the above mentioned objectives; and, (e) to assist in matters relating to labor legislation and the formulation and revision of legal provisions.

The United Nations Special Fund has made a contribution of \$404,000 to be administered by the Organization over a period of five years. Under the plan of operations for this project, which was signed on 7 June 1963, the Organization is furnishing a project manager for three years, equipment and supplies, fellowships for Chilean nationals and short-term consultants.

CHILE-4801, Rehabilitation  
(See page 190)

Chronic disease or disability gives rise to problems of helping the affected patient to achieve a satisfactory integration into his community. Chile has approximately 50,000 people who require rehabilitation services.

The purpose of this project is to demonstrate the services that rehabilitation can provide, to inform the public of the possibilities of rehabilitation, to orient doctors and allied personnel in rehabilitation techniques, to train the personnel required, and to help to establish community rehabilitation services. A pilot rehabilitation center for adult out-patients was set up in Santiago. In the last two years similar services have been extended to Valparaiso and Concepcion. It is planned to develop these activities in Valdivia and other places as deemed necessary.

A study was made on the organization, facilities and problems pertaining to the care of the handicapped in the hospitals of the most important cities of Chile. The organization and functioning of the departments of the medical, psychological and vocational rehabilitation were improved. During the first ten months of 1963, about 1,265 cases were treated. The administrative system of the prosthetics workshop was improved and the production of various types of orthopedic appliances is increasing. The first course for orthotics and prosthetics technicians has been completed and the second has begun.

Provision is made for a prosthetics technician in 1964 and 1965, a physiotherapist, short-term consultants in 1964 and 1966, for equipment and supplies in 1964 and 1965.

CHILE-4802, Cancer  
(See page 191)

To combat the grave problems in the control of cancer requires the strengthening of medical care services in order to improve the diagnosis, treatment and research into this disease. Both popular understanding of the disease and

coordination of social services with those of the medical profession must be brought to a high level in order that cases can be discovered in their early stages.

It is planned to organize a center for the detection, diagnosis, treatment and research of cancer under the administrative responsibility of the National Health Service and the University of Chile. Complementing its activities will be subcenters and control programs within the various health areas of the country.

Provision is made in 1965 and 1966 for short-term consultants to cooperate in the development of these activities and for fellowships for training personnel.

CHILE-6100, School of Public Health  
(See page 191)

The aim of this program is to strengthen the teaching at the School of Public Health of the University of Chile and expand its facilities for students from other countries. In previous years visiting professors have been provided in public health administration, biostatistics, sanitary engineering and epidemiology and travel grants have been given to enable professors to observe methods and curricula in other institutions.

Provision is made for short-term consultants, for equipment, fellowships, and teaching materials.

CHILE-6200, Medical Education  
(See page 191)

It is recognized that some of the advances made in the field of general pedagogy can be advantageously applied to medical schools and at the present time methods of medical education are being carefully reviewed by several schools of medicine.

The School of Medicine of the University of Chile, in particular, has shown interest in improving the teaching abilities of its staff and therefore provision is made for short-term consultants, fellowships, and supplies and equipment.

CHILE-6201, Training in the Medical Use of Radioisotopes (See page 191)

A Latin American Center to train physicians in the medical use of radioisotopes was planned and equipped with the necessary instrumentation by the Government of Chile, the W. K. Kellogg Foundation and the Organization. The services and facilities of the various departments of the El Salvador Hospital of the University of Chile are being used for training. Since 1962 intensive six-month courses are given annually with six additional months of training for selected participants. The teaching program consists of the physics of radiation, as well as the planning and operation of clinical laboratories using isotopes, and techniques of the use of isotopes in various medical specialties.

The Center offers theoretical and practical training in the precautions to be taken in handling radioactive materials in order to protect the worker and the public.

Provision is made for the purchase of radioisotopes to demonstrate chemical techniques to the students.

PARAGUAY

PARAGUAY-0200, Malaria Eradication  
(See page 191)

The malaria eradication program in Paraguay was begun in October 1957 but a later evaluation showed that the spraying operations covered only part of the true malarious area of the country and that, in addition, in much of the area covered, transmission had not been interrupted. Operations were suspended in March 1961, when the fourth cycle of spraying with dieldrin was underway. Since then, epidemiological and entomological research has been carried out to obtain a better knowledge of the distribution and epidemiological characteristics of malaria.

According to the data collected, almost the entire inhabited area of the country can be considered malarious. Malaria in Paraguay is, in general, hypoendemic and unstable, but distinct epidemiological zones are observed with respect to the level of incidence. Up to October 1963, *A. darlingi* had been found in 117 localities in 15 of the 16 departments in which the country is divided. The observations indicate that this vector is maintaining itself in permanent foci of resistance and that malaria is principally related to the presence and density of this species.

During 1963, 92,806 blood films were examined, and of these 3,443 (3.7 per cent) were found to be positive.

At present the national authorities are preparing the budget for the new eradication plan.

UNICEF is cooperating in this program.

Provision is made for one malariologist, one sanitary engineer, one entomologist, and three sanitarians, as well as for some drugs, supplies, and fellowships.

PARAGUAY-0500, Leprosy Control  
(See page 192)

It is estimated that the number of existing cases of leprosy in the country is between 5,000 and 6,000, and since the average number of contacts per active case is four, the number of persons most exposed to risk of acquiring leprosy, who should be subject to periodic surveillance, would be between 20,000 and 24,000.

As of December 31, 1962, there were 3,616 registered cases of leprosy, of which 2,428 were under supervision. The number of registered contacts was 14,464, of whom only 1,774 were under surveillance.

The Organization is collaborating with the Government in a control program, the action plan for which includes case-finding, ambulatory treatment of patients, supervision of contacts, examination of groups, and health education. Compulsory segregation of cases has been abolished.

The leprosy control program in Paraguay is an integral part of the national plan for the prevention of communicable diseases, as well as of the Plan for the Development of Health Care Services and of Health Regionalization.

Technical advice will be provided by the consultant in leprosy of Zone VI. Provision is made for fellowships.

#### PARAGUAY-2200, Water Supplies

(See page 192)

In 1962 it was estimated that of the 624,000 urban population some 452,000 were without adequate water services, and of the 1,146,000 rural population essentially all were without such services. Taking into account population increases it is estimated that an average of 112,400 persons must be supplied with water services annually in order to meet the objectives of the Charter of Punta del Este by 1971.

A ten-year plan for provision of water supplies for the principal cities of the country has been completed. Plans for Concepcion, Coronel Oviedo, and Luque have been completed and those for other cities of the interior are planned.

UNICEF cooperates in this project.

Provision is made for short-term consultants and for fellowships.

#### PARAGUAY-3100, Health Services

(See page 192)

Since 1955 the Government of Paraguay has been carrying out the "Plan for the Development of Health and Welfare Services of the Ministry of Public Health and for the Division of the Country into Health Regions". The Organization has been giving technical advisory services, and UNICEF, assistance.

The health services have been arranged on a regional basis and classified according to structure and function; activities have been decentralized; programs have been incorporated into the routine of the health centers; and the execution of all the curative and preventive activities of each health district has been centralized in these centers.

The 58 health centers and 114 health posts are carrying out integrated work, since there is no separation between preventive and curative functions.

Significant progress has been made in the planning and execution of administrative processes at the level of the Ministry, organizing the services on a rational basis, and establishing functions that make it possible to meet the technical needs in the best possible manner. This process has culminated in the formulation of functional budgets at the level of each health center.

Special importance has been given to plans for training personnel, both abroad and within the country, so that technicians capable of understanding and dealing with health problems are now available.

Effective steps have been taken to the end that a national public health plan be incorporated as an integral part of the economic development and social welfare plans of the country.

The ultimate objective will be to establish the National Health Service on the basis of the integration of the Ministry of Public Health and the Social Security Institute, which will make a single health policy possible, to take better advantage of resources, and to extend care, particularly to the rural population.

UNICEF will continue to extend its cooperation to this project.

Provision is made for a chief advisor in public health who also serves as the PAHO/WHO representative in the country, one hospital administrator (1965-1966), one sanitary engineer, one public health nurse, one nurse-midwife (1964-1965), and one statistician (1964-1965). Provision is also made for fellowships and for supplies and equipment in 1966.

#### PARAGUAY-3101, Fellowships for Health Services

(See page 192)

Provision is made for fellowships to collaborate with the Government in training staff for the improvement and expansion of its health services including nursing education.

#### PARAGUAY-3102, Fellowships for Health Services

(See page 192)

Provision is made for fellowships in various health specialties including tuberculosis in order to collaborate with the Government in the improvement and expansion of its health services.

#### PARAGUAY-4200, Nutrition

(See page 192)

In the last four years the Government of Paraguay, through the Ministries of Agriculture, Education, and Health, has been carrying out expanded nutrition activities in a rural area in the center of the country. The aim of this program is the coordination of Governmental activities in nutrition: the establishment of school gardens; improvement of the system of milk distribution in schools; the inclusion of education in nutrition into the basic curriculum of primary schools; education of the public in nutrition and the training of the personnel who are carrying out the program.

UNICEF, FAO, and UNESCO are cooperating in this program.

Technical advisory services of the Organization will be furnished by the personnel of project Paraguay-3100, and the nutrition consultant of the Zone.

Provision is made in 1965 and 1966 for fellowships.

#### PARAGUAY-6200, Medical Education

(See page 192)

The teaching of the basic sciences and the teaching methods used have been reviewed by the School of Medicine and the educational methods used have been improved as well

as the material resources for learning have been increased. In order to complete the integration of the teaching of preventive medicine into the various basic and clinical courses and in order to organize specific field experiences for familiarizing students with the content and administration of public health, the Government has asked assistance of the Organization.

Provision is made for short-term consultants and fellowships and in 1965 and 1966 for supplies and teaching equipment.

#### URUGUAY

#### URUGUAY-0500, Leprosy (See page 193)

Although the magnitude of the leprosy problem in the country is not known, it is supposed that the prevalence may be on the order of 1 per 1,000, and there is a concentration of cases in the towns along the banks of the Uruguay River.

The Government, with the technical advice of the Organization and the assistance of UNICEF, proposes to attain the following objectives: (a) to discover 80 per cent of the leprosy cases in the country; (b) to keep these cases under treatment and supervision until their physical and social stabilization is achieved, so that they can be adequately integrated into the community; (c) to keep under periodic surveillance 80 per cent of the contacts of the leprosy cases that are discovered.

The program, which will be integrated into the Rural Public Health Program, will be carried out progressively in the departments of Salto and Paysandu. It is estimated that within one year it will be possible to extend it to the rest of the country and in five years to achieve the national objectives.

Provision is made for fellowships in 1965 and 1966.

#### URUGUAY-0900, Chagas' Disease (See page 193)

Chagas' disease has been recognized as endemic in more than half of the country. It is estimated that about 500,000 persons are exposed to the disease and about 50,000 infected. Experience shows that it is possible to control the spread of the disease by controlling the vector through the application of certain residual insecticides. In order to carry out this program, personnel and equipment available from other programs for the control of insect-borne diseases will be available.

In 1962 a survey of the problem was made and a plan formulated for the control of Chagas' disease in Uruguay.

It is expected that UNICEF will collaborate in this program, providing vehicles and insecticides.

Provision is made for short-term consultants and in 1965 and 1966 for fellowships.

#### URUGUAY-2200, Water Supplies (See page 193)

In 1962 it was estimated that of the 1,750,000 urban population some 460,000 were without adequate water services and that of the 620,000 rural population some 605,000 were without such services. Allowing for population increase, it is estimated that an average of 47,200 persons annually will need to be supplied with water services in order to meet the objectives of the Charter of Punta del Este by 1971.

The Government has obtained an international loan for a water treatment plant for Montevideo to benefit a population of 1,200,000.

Provision is made for short-term consultants and fellowships in order to collaborate further in the water supply program.

#### URUGUAY-3100, National Health Services (See page 193)

The aim of this program is the promotion, protection, and restoration of the health of the population through the improvement or establishment of public health services, the coordination of state agencies, the training of the necessary personnel, health education, and active participation by the communities.

This program has been in progress since 1955. It began with the selection of five departments and four other departments will be incorporated into the operations in 1964.

Eighteen health centers have been established and a national plan for reorganizing and constructing hospitals has been prepared. Surveys have been conducted to ascertain the problems and the available resources with regard to housing, water supply, sewage and garbage disposal, the nutritional status of the population, medical care, and the provision of health services.

Intensification of the activities for training personnel at various levels has been continued, and short courses have been held for auxiliary nurses and on industrial health, nutrition, and clinical and social pediatrics. With respect to rural sanitation, the work of five well-drillers produced 23 wells.

UNICEF has been collaborating in this program since it began.

Provision is made for a chief adviser in public health who also serves as representative of the PAHO/WHO in the country, one sanitary engineer, one hospital administrator (1964), and one public health nurse.

#### URUGUAY-3101, Fellowships for Health Services (See page 193)

Provision is made for fellowships to collaborate with the Government in training staff for the improvement and expansion of its health services.

URUGUAY-3102, Fellowships for Health Services  
(See page 194)

Provision is made for fellowships in various health specialties including venereal diseases, mental health and veterinary medicine education, in order to collaborate with the Government in the training of personnel for the improvement and expansion of its health services.

URUGUAY-3500, Health Statistics  
(See page 194)

In view of the serious shortage of statistical information in the local health services of the country, the collaboration of the Organization has been requested to develop a program having the following objectives: (a) to achieve better collection of statistical information in the field of health; (b) to hold basic and intermediate-level courses in order to train statistical personnel; and, (c) to select from among those completing the courses, persons who qualify for courses given abroad.

Provision is made in 1966 for short-term consultants and for fellowships.

URUGUAY-4801, Chronic Diseases  
(See page 194)

It is estimated that 75 per cent of the population of Uruguay live in urban areas; the country has one of the lowest birth rates; and one can observe an aging of the population, with the consequent appearance of chronic diseases problems. More than two thirds of the deaths are of persons over the age of 50, and more than two thirds of these are accounted for by cardiovascular diseases and cancer.

The authorities are interested in developing a program having the following objectives: (a) to acquire better knowledge of the chronic diseases in the country to provide a basis for the control program; (b) to develop an adequate registry of morbidity and mortality of the diseases classified as chronic, in order to be able to have the best possible statistical information available; (c) to develop a plan for research on the pathological anatomy of these diseases, for the purpose of identifying more precisely the cause of death, the type of lesion, its etiology; and so on; and (d) to promote research on the physiopathology of the most important diseases identified.

In addition to the advisory service that will be provided by the consultants of the Uruguay-3100 and Uruguay-6200 programs, provision is made for short-term consultants, for fellowships, and, in 1964 for supplies and equipment.

URUGUAY-4802, Rehabilitation  
(See page 194)

It is considered important to develop a rehabilitation program in the country that will facilitate coordination of institutions that have experience, but that have not been able independently, to satisfactorily resolve the problem of the manufacture of prosthetic or orthotic devices or to have available the services of the various specialists required by an integrated program.

To advise on the organization of a prosthetics and orthotics workshop, provision is made in 1966 for one prosthetics technician and for supplies and equipment.

URUGUAY-6100, Training of Health Personnel  
(See page 194)

The Ministry of Health has a School of Health responsible for training professional nurses and for various training programs for auxiliary personnel. All the technical and auxiliary personnel entering the service of the Ministry must have completed the pertinent courses at this school.

The objectives of the program are as follows: (a) in regard to nursing and obstetrics, to revise the curricula and improve the services of the health institutions; (b) to include in the programs of the school courses on nursing, administration and supervision, and on maternal and child health care for nurses and midwives; (c) to establish courses for auxiliary nurses in hospital and public health nursing; (d) to strengthen the "Dr. Carlos A. Nery" School of Nursing; (e) to improve the nursing services of health programs that are used for the clinical practice of students; and (f) to organize courses for sanitarians for professional and technical personnel of the Ministry, in accordance with the needs of the service.

UNICEF is collaborating in this program.

Provision is made for fellowships, for supplies and equipment, and in 1965 and 1966 for short-term consultants.

URUGUAY-6200, Medical Education  
(See page 194)

The purpose of this project is to strengthen the teaching of medicine and professional training in the Medical School of the University of the Republic and to assist in general in the improvement of medical education in the country, particularly in the fields of preventive medicine, basic sciences, and teaching methods.

Creation of a school of public health has been recommended in order to prepare specialists in this field.

At the beginning of 1963 with the cooperation of the Organization, a course on medical care and hospital administration took place.

Provision is made for short-term consultants, fellowships and, in 1966 for supplies and equipment.

INTERCOUNTRY PROJECTS

AMRO-0106, Epidemiology (Zone VI)  
(See page 194)

The national administrations recognize the importance of communicable diseases as a health problem and the need for making advances in epidemiological knowledge of them in order to improve the present machinery and methods of control, and at the same time, to facilitate proper planning and administration of the control or eradication programs, as appropriate.



The functions of the consultant in epidemiology are as follows: (a) to promote the development of eradication and control programs against communicable diseases; (b) to advise on new methods and techniques of control; (c) to coordinate the programs of eradication or control of quarantinable diseases in the countries of the Zone; (d) to promote better reporting of communicable diseases; (e) to advise on the planning and administration of control and eradication programs; and, (f) to advise on all problems related to the application of the International Sanitary Regulations.

Provision is made for the consultant in epidemiology, and in 1964 and 1965 for fellowships.

AMRO-0506, Leprosy Control (Zone VI)  
(See page 195)

Leprosy is prevalent, in different degrees of intensity, in Argentina, Chile (Easter Island), Paraguay, and Uruguay.

Both in Argentina and in Paraguay, modern control programs are being developed with the technical advice of the Organization and assistance from UNICEF. Uruguay requested technical advice for a study of the extent of the problem and the planning of a control program. The Government of Chile also asked for the services of a leprosy consultant to study the problem of this endemic disease on Easter Island.

Provision is made for one leprosy consultant to cooperate in the activities to be carried out in the countries mentioned.

AMRO-2106, Sanitary Engineering (Zone VI)  
(See page 195)

Zone VI, through its sanitary engineer, cooperates with the Governments in the following aspects: in the field of environmental sanitation, through planning, development and evaluation of the integrated health programs and in the development of potable water supply systems and sewage disposal programs which are carried out in the countries through specialized institutions. It also cooperates with the various national, provincial, and municipal agencies in determining the needs of the countries in order to plan programs and evaluate results; coordinates the advisory services which are being provided by the Organization through sanitary engineers assigned to the different programs; promotes and takes part in environmental sanitation training for professional and sub-professional personnel; collaborates with the schools of sanitary engineering in training engineers and cooperates with the Governments of the Zone and UNICEF in determining the equipment and supplies required for the execution of the environmental sanitation programs especially in the rural areas of the country.

Provision is made for a sanitary engineer, a secretary, and fellowships.

AMRO-3106, Planning (Zone VI)  
(See page 195)

The second meeting of the Inter-American Economic and Social Council (1963) recommended to Member Governments that those who have not yet done so establish health planning units at the ministerial level and, if necessary, request international assistance in order to carry out training programs for various officials.

In addition to technical assistance to Governments, the planning officer participates in the annual course in health planning given at the Latin American Institute for Economic and Social Planning in Santiago, Chile.

Provision is made for a planning officer and for fellowships.

AMRO-3206, Nursing (Zone VI)  
(See page 195)

The objective of this project is to collaborate in planning nursing programs in the Zone through cooperation and advice in the definition of requirements, the evaluation of resources and the planning of activities related to the application and evaluation of standards, techniques and procedures in nursing and obstetrical matters in both public health and hospital services as well as in education and training of personnel.

Provision is made for a zone nurse, a secretary and a limited amount of supplies and equipment.

AMRO-3506, Health Statistics (Zone VI)  
(See page 195)

Health statistics in the countries of the Zone have improved in quality and in scope during the last few years. In order further to improve the collection and utilization of data for purposes of health planning, a series of programs has been initiated. They are directed toward consolidation of the existing systems of vital statistics, the introduction of new ones, and the improvement of others. Through the organization of the national and provincial departments of biostatistics, it has been possible to make an evaluation of the programs that have proved effective in the collection of statistics on morbidity, resources, and services.

Special attention has been given to the organization of courses in statistics and to collaboration with educational institutions in this field, both in the schools of public health and in the medical schools and national health organizations.

Provision is made for one statistician and for a limited amount of supplies and equipment.

AMRO-3606, Administrative Methods and Practices in Public Health (Zone VI) (See page 195)

The Governments of Zone VI have manifested their interest in improving their organization and in adopting methods and systems which respond efficiently to the operation and development of health plans now in process. The authorities in each of the countries have tackled their problems and the Organization has been collaborating not

only in improvement of administrative services but also in training personnel at various levels.

Provision is made for the services of an administrative methods consultant and in 1965 and 1966 for fellowships.

AMRO-4206, Nutrition Advisory Services (Zone VI)

(See page 195)

The objective of this project is to cooperate with the countries of the Zone in: (1) gathering information on nutrition problems and evaluating requirements; (2) planning long and short term national nutrition programs, in close collaboration with FAO and UNICEF, paying particular attention to the integration of nutrition programs with the public health services at all levels; (3) cooperating with FAO and UNICEF in programs for the production of protein-rich foods; and, (4) organizing courses, seminars and other training activities.

Provision is made for an adviser in nutrition and in 1966 for fellowships.

AMRO-4806, Medical Care Services (Zone VI)

(See page 195)

The purpose of this project is cooperation with the Governments in the study and solution of medical care problems and in integration of services with general health programs as far as possible.

Cooperation will be in the fields of planning, organization, training of personnel and medical and administrative research for health programs and medical care institutions in particular.

Provision is made for a hospital administrator, supplies and, in 1966, for fellowships.

AMRO-6206, Medical Education (Zone VI)

(See page 195)

The purpose of this project is to study the status of medical education in the schools of the Zone, to give advice and consultation to individual schools as requested, to prepare a plan for the promotion of medical education in the Zone, and to assist in strengthening collaboration with other interested agencies, governmental and private.

Provision is made for short-term consultants in 1964 and 1966.

## PART III

## WASHINGTON OFFICE PROJECTS

CANADACANADA-3100, Consultants in Specialized Fields of Public Health (See page 196)

Short-term consultants will be made available, as needed, for specialized problems at the request of the Government.

CANADA-3101, Fellowships for Health Services (See page 196)

Provision is made for fellowships in order to collaborate with the Government in training staff for the improvement and expansion of its health services.

UNITED STATES OF AMERICAUNITED STATES OF AMERICA-2300, Aedes aegypti Eradication (See page 197)

The United States of America has announced its intention to begin a campaign to eradicate Aedes aegypti from the continental United States of America, Puerto Rico and the Virgin Islands.

Provision is made in 1965 and 1966 for a medical officer to cooperate in the campaign and to assist in its coordination with those being carried out in the Caribbean Area.

UNITED STATES OF AMERICA-3100, Consultants in Specialized Fields of Public Health (See page 197)

Short-term consultants have been made available in the past on subjects such as mental retardation, public health nursing, gerontology, foreign quarantine, industrial hygiene, cardiovascular and respiratory diseases, medical statistics and epidemiological studies, and staphylococcus serology.

Provision is made for continuation of services by short-term consultants.

UNITED STATES OF AMERICA-3101, Fellowships for Health Services (See page 197)

Provision is made for fellowships in order to collaborate with the Government in the training of personnel for the improvement and expansion of its health services.

UNITED STATES OF AMERICA-3102, Medical and Public Health Training (See page 197)

Training grants are provided to officials of the United States Public Health Service, Office of International Health, Operations Division, to visit countries of origin of fellows studying in the United States of America. This serves to acquaint them with health conditions and problems of those countries, and enables them to plan more effective training programs for future fellows coming to the United States of America.

Provision is made for training grants.

UNITED STATES OF AMERICA-3103, Fellowships for Health Services (See page 197)

Provision is made for fellowships in order to collaborate with the Government in training personnel for the improvement and expansion of its health services.

AMRO-3108, Field Office - El Paso (See page 198)

The programs of the Field Office in El Paso concern health problems along the frontier of the United States of America and Mexico. They have as their objectives: (1) to stimulate and promote joint study and planning of health activities of the frontier localities for mutual help and improvement in health services and resolution of problems; (2) to assist in the interchange of epidemiological and related information between frontier health authorities; and, (3) to serve as the secretariat for the Mexico-United States Border Public Health Association.

Provision is made for a chief of the field office, a sanitary engineer, a veterinarian, a nurse (1964) and three office assistants. In addition, provision is made for short-term consultants, for common services, and for conference costs related to the mission of the office as secretariat of the Association.

## PART III

## INTERZONE

AMRO-0107, Parasitology (See page 199)

Provision is made in 1966 for a parasitologist to cooperate with the Governments in surveys and epidemiological studies and in the development of control programs for parasitic diseases particularly Chagas' disease, schistosomiasis, leishmaniasis, onchocerciasis and filariasis.

AMRO-0200, Malaria Technical Advisory Services (See page 199)

The purpose of this project is to provide technical advice and assistance to Member Governments in specialties common to malaria eradication programs.

A medical officer provides additional assistance to the various programs as needed.

An entomologist provides advice and assistance on entomological problems, including determination of vectors and their ecology; susceptibility of vectors to insecticides; preparation of guides and manuals for field programs; overall coordination of field programs relating to entomology in malaria eradication; and assistance in teaching as requested.

A parasitologist provides advice on laboratory procedures, including equipment and supplies; standardized diagnostic techniques; manuals of procedures; and such teaching duties as may be required.

Two vehicle management and maintenance consultants are concerned with the efficient and economical management of large fleets of motor vehicles, and the training of local personnel in vehicle operation and maintenance.

A translator (1964) and a clerk typist support this staff. In addition, provision is made for short-term consultants, supplies and equipment, and special malaria publications.

AMRO-0209, Insecticide Testing Teams (See page 199)

The phenomenon of physiological resistance to the chlorinated hydrocarbon insecticides by some vectors of malaria constitutes an important obstacle to the eradication of the disease in many countries. The subsequent demonstration that populations of *Anopheles albimanus* in a number of places in Central America are intensely irritated by DDT poses additional problems. Thus, it has become necessary to think about the use, under some circumstances, of larvicides as a supplementary measure in the malaria eradication campaign.

There is pressing need for developing and testing new, as well as old, insecticides (both adulticides and larvicides). The organo-phosphorus compounds have given disappointing results when applied as residual insecticides to the surfaces of mud walls, but there is hope that another chemically different group of insecticides may be useful for this purpose.

A careful evaluation of the potentialities of larvicides is to continue, especially their application by airplanes to large and otherwise inaccessible breeding places that are situated near to sizeable communities.

The team in El Salvador will extend its larviciding activities to Nicaragua. It will carry out studies making entomological evaluation of various insecticides, formulations, and application rates on the major types of wall surfaces that exist in the American tropics.

Provision is made for one senior entomologist, one sanitary engineer, one entomologist, one assistant entomologist, and one entomological aide, as well as for equipment, supplies, and costs of special studies.

AMRO-0210, Malaria Eradication Epidemiology Team (See page 200)

There is continuing and compelling need to determine why in certain areas the residual spraying of houses, done in satisfactory fashion, has failed to interrupt the transmission of malaria. In other areas the paucity, or almost complete absence, of sprayable walls make it necessary to select and evaluate alternative eradication measures.

For the determination of such causes detailed, year-long malariological studies in representative localities are essential. Procedures for the rapid execution of such studies have been perfected, as well as for their early reporting and easy visualization.

The training of senior national and international personnel in the execution of these up-dated versions of time-honored procedures for the diagnosis and treatment of malaria problems is an important aspect of the program of the team.

Provision is made for one epidemiologist and one medical officer.

AMRO-0209, Insecticide Testing Teams (See page 199)AMRO-0211, Seminars on the Role of Local Health Services in the Malaria Eradication Programs (See page 200)

As malaria eradication campaigns progress, it is increasingly important to assure the active participation of the various general health services in the continued surveillance of malaria, particularly in its epidemiological aspects.

In order to analyze problems in coordination between these services and the malaria eradication services, two seminars are planned, one for Middle America and the Caribbean and another for South America.

Provision is made in 1964 and 1965 for short-term consultants, participants and seminar costs.

AMRO-0212, Resistance of Malaria Plasmodia Strains to Drugs (See page 200)

The phenomenon of plasmodia resistance or tolerance to anti-malaria drugs, especially to chloroquine, constitutes a possible threat in some countries. Thus, it has become necessary to initiate research in order to determine the extent and importance of the problem and determine the susceptibility of these strains to other anti-malarial drugs. For this purpose the Strain Screening Center for Drug-resistant Plasmodia at Ribeirao Preto, Brazil has been organized in cooperation with Brazilian Public Health Services and the National Malaria Eradication Services.

Provision is made for the Organization to furnish equipment, supplies and contractual services. It is expected that the necessary studies will be concluded by end of 1965.

AMRO-0300, Smallpox Eradication  
(See page 200)

The purpose of this project is to collaborate with the countries in a collective effort for the eradication of smallpox from the Americas. The first phase of this program consisted of the production of dried smallpox vaccine of high quality. Eleven countries have laboratories, equipment and technical competence for the production of dried, glycerinated vaccine sufficient for internal use and for export to other countries. The Organization has provided supplies and equipment for the development of these laboratories as well as fellowships for training personnel in vaccine production on a large scale. In addition, it has put at the disposal of the Governments the services of an internationally known laboratory for carrying out tests of the purity and potency of the vaccines produced by the national laboratories.

Provision is made for short-term consultants in the organization and development of local smallpox vaccination campaigns; for contracting the services of the Serum Institute of Copenhagen for testing vaccines; and, for supplies and equipment.

AMRO-0400, Tuberculosis Control  
(See page 200)

The extent of tuberculosis in the Americas and its danger to the people is grave; however, statistical data for the Latin American countries are very deficient and give only a partial notion of the problem. A conservative estimate is that there are annually 54,000 deaths and 270,000 new cases and a prevalence of about 600,000 active cases. Only in seven of the seventeen countries from which there is positive information has mortality from tuberculosis decreased; instead, in nine countries, the number of new cases discovered each year has increased, as would have happened in all if sufficient resources for diagnosis had been available.

The objective of this project is the application of techniques for diagnosis, treatment and prevention of tuberculosis cases through the reorganization of existing health services and attendance to an ever greater proportion of the population. In addition, it is proposed to obtain up-to-date epidemiological information. In the long run this should contribute to the reduction of the problem in terms of death, morbidity and infection rates.

Through the application of available control measures in demonstration or pilot areas, it is expected that a control program can be progressively extended throughout the Hemisphere.

In addition, reorientation of present anti-tuberculosis services is foreseen toward the application of simple and economical techniques to the most productive groups and to cases of greatest epidemiological significance and toward coordination and integration of tuberculosis control programs with the general health services.

As an important step in this process, a seminar is planned to discuss planning, administration and techniques for tuberculosis control.

At present there are five demonstration areas (Argentina, Chile, Honduras, Panama, and Peru) and seven others are about to be initiated (Brazil, British Honduras, Bolivia, Costa Rica, Dominican Republic, Mexico and Nicaragua). Pilot areas for ten other countries are expected to be developed in 1965 and 1966.

UNICEF cooperates in this program.

Provision is made for short-term consultants, for a seminar (1964), for fellowships and for a limited amount of supplies and equipment (1965 and 1966).

AMRO-0500, Leprosy Control  
(See page 200)

Leprosy control programs are in varying stages of development in the countries of the Continent: some are in a more or less advanced stage, others are beginning their activities, and a third group plans to begin soon.

As a consequence, technical and administrative deficiencies have been observed in the various programs which must be solved in order to stimulate their development and to take greater advantage of the human and material resources at their disposal. This project has among its objectives collaboration in the resolution of these problems.

Special attention is given to the study, planning, preparation and organization of leprosy control activities and to training of personnel in the techniques and methods in the control of the disease.

Attending to the interest of the countries, the Organization is preparing a system of recording data, that will become part of a manual on leprosy control programs, which is expected to be completed in mid-1965. In addition, it is drawing up a glossary of terms related to the epidemiological and administrative aspects of leprosy and its control.

Provision is made for short-term consultants and, in 1964, for fellowships.

AMRO-0507, Course on Rehabilitation and Prevention of Deformities (Leprosy) (See page 200)

With the collaboration of the Government of Venezuela and the participation of foreign and Venezuelan professionals, a course on the use of non-surgical methods in the prevention of deformities and the physical rehabilitation of leprosy patients will be held in the Caracas-Maracay area.

The course, to last two months and three weeks, will be attended by fifteen students.

Provision is made for fellowships, supplies and costs of the course.

AMRO-0600, Yaws Eradication and Venereal Disease Control  
(See page 200)

The yaws eradication programs in operation are in varying stages of development; some are advanced and nearing completion, and others are just beginning or are developing very slowly. The Organization is continuing to cooperate in these programs either by giving technical guidance or by attempting to accelerate activities where they are behind schedule.

The determination of the status of the yaws eradication programs is of concern to the Organization. Provision is made for a medical officer and a laboratory expert to carry out studies for this purpose. They will be assisted by the statisticians of the Zone Offices, and the national personnel. In addition, professional and auxiliary personnel, as well as transport, will be made available by the countries concerned.

The Organization is expanding the activities it has been carrying out in the field of venereal disease control. Countries are requesting the assistance of the Organization for surveys of the agencies at present responsible for VD control and to advise them on the planning of modern organizations capable of successfully dealing with the problem. Requests are also being made for assistance with the training of specialized personnel.

In addition to that being provided for the yaws eradication programs, provision is made for short-term consultants and for fellowships in 1964 and 1965 and for a limited amount of supplies and equipment in 1964 and 1966 for venereal disease control programs.

AMRO-0607, Seminar on Venereal Diseases  
(See page 200)

In 1966, with the collaboration of the Public Health Services of the United States, a Pan American seminar on venereal diseases and their control will be held.

Provision is made for participants.

AMRO-0700, Pan American Zoonoses Center  
(See page 201)

The Pan American Zoonoses Center continued its support of the increasing anti-zoonoses efforts of the countries of the Americas: field demonstrations and evaluation studies on the use of special vaccines for the control of rabies, leptospirosis and anthrax, and took an active part in a special pilot program of brucellosis control. Other projects, designed for both training and research purposes, were carried out, including work on various phases of the epidemiology, epizootiology and control of hydatidosis, brucellosis, rabies, leptospirosis and other zoonoses.

Standard and reference strains of the causative agents of anthrax, brucellosis, leptospirosis, rabies and

tuberculosis were maintained and distributed for official use for diagnostic and biological production purposes as was reference serum for diagnostic or identification purposes. In addition, technical publications were prepared and distributed.

The multiple technical services of the Center - information, consultation, training and laboratory - will be continued, and fields surveys, demonstration programs, and investigations will be also be carried out.

Research projects are carried out under grants made by various organizations.

The salaries of non-professional local personnel and operating costs are borne by an annual contribution of the Government of Argentina.

Provision is made for five international posts (including the Director of the Center) and for supplies, equipment, and common services in addition to the posts and other costs financed by the Government of Argentina and other grantors.

AMRO-0800, Pan American Foot-and-Mouth Disease Center  
(See page 201)

The Pan American Foot-and-Mouth Disease Center was set up in 1951 near Rio de Janeiro with funds from the Program of Technical Cooperation of the OAS.

The Center trains field and laboratory personnel working on foot-and-mouth disease; provides diagnostic and virus-typing services; advises on prevention, diagnosis, control and eradication of foot-and-mouth disease and related diseases; provides international coordination and collaboration necessary for successful inter-country and regional activities; and conducts research in development of better vaccines against foot-and-mouth disease, in improvement of methods of diagnosis and virus-typing, in basic studies on other vesicular diseases and in making epizootiological studies.

In addition, AID has made a grant for a survey of foot-and-mouth disease on Tierra del Fuego, experiments on survivals of foot-and-mouth disease virus in meat and meat products, and for the animal production and tissue culture units necessary to support this work.

Estimated requirements for 1964 are for 149 employees including AID and in 1965 for 128. Other expenses for operating the Center have been included in the proposed program and budget.

Except for the land and building, funds for utilities, as well as some local labor provided by the Brazilian Government, the entire program is financed by the Technical Cooperation Program of OAS, and AID as noted above.

AMRO-0900, Plague Investigation  
(See page 203)

The recent increase in the number of reported plague cases in some American countries has demonstrated that the disease still represents both a public health problem and a serious threat to this Hemisphere. In 1960, 258 cases were reported; 340 cases in 1961; 527 in 1962; and 423 in

1963. The disease is enzootic among wild rodents in Argentina, Bolivia, Brazil, Ecuador, Peru, United States, and Venezuela.

During the last few years, the Organization has been cooperating in anti-plague work and epidemiological studies in the endemic areas of many of the above countries. In addition, a collection and evaluation has been made of all available information on plague in the Americas. This document, together with the services of consultants, will be used to help the countries develop or reorganize national anti-plague programs.

Consultant services and supplies are provided in 1964.

AMRO-0901, Schistosomiasis Control  
(See page 203)

Schistosomiasis is a public health problem of growing proportions in a number of countries and areas in the Americas. It is also a bio-medical problem requiring a considerable amount of research, epidemiological surveys, clinical studies, and development of newer control methods. This project is designed to provide technical assistance to national schistosomiasis programs, and to stimulate and aid the expansion of research activities and the development of others.

In 1963 a Schistosomiasis Snail Identification Center for the Americas was established at Belo Horizonte, Brazil. It will be supported by a small grant from the Organization. Among the duties of the Center will be identification of molluscan intermediate hosts, research, and training.

There has been in preparation a major document, "Schistosomiasis in the Americas", for use in planning future programs in schistosomiasis. Short-term consultant services are provided to assist countries to appraise their schistosomiasis problems, plan and develop control programs and plan research projects; fellowships are also provided in 1965 and 1966.

AMRO-0902, Chagas' Disease  
(See page 203)

Chagas' disease represents an important public health problem for several countries of the Western Hemisphere. Although there are so far no statistical data on prevalence of this disease in the various American countries, it is estimated that the number of people exposed to the risk of infection with *Trypanosoma cruzi* is about 35 million and, based on epidemiological surveys carried out in several countries, that there are at least seven million people infected with this parasite.

In order to develop a better understanding of the extent and characteristics of Chagas' disease, adequate methods for its control, and its economic implications, the Organization has called a series of meetings to exchange information on various aspects of the disease, especially those of public health importance, and to define fields of research to be undertaken. The study groups which participated in these meetings, among their recommendations, emphasized the need for improvement and standardization of diagnostic procedures.

Provision is made for a grant to one or more laboratories for the purpose of carrying out investigations, ensuring the distribution of more uniform antigens to the countries that request them, and securing the use of a standard technique. Provision is also made for fellowships and for short-term consulting services in 1965 and 1966 to assist countries to appraise their Chagas' disease problem, plan and develop control programs, and plan research projects.

AMRO-2100, Environmental Sanitation (Advisory Committee and Consultants) (See page 203)

With the rapid expansion and progress of the water supply program, especially with regard to funds allotted by the international credit agencies for the construction of new systems or the expansion of existing ones, and with the promotion of a continent-wide program of construction of rural water supplies, continued assessment and guidance of the program by experts is necessary. Meetings of the Committee are proposed for 1964, 1965 and 1966.

Provision is made for short-term consultants and for meeting costs.

AMRO-2109, Sewage Disposal and Water Pollution Control  
(See page 203)

A survey conducted in 1962 in most of the Latin American countries shows that only 32 per cent of the urban population is served with adequate sewerage systems; in the rural areas, it is estimated that excreta disposal systems are available to not more than 10 per cent of the population. The survey also showed only 7.4 per cent of the urban areas in Latin America are provided with some type of elementary sewage treatment, and that in most large metropolitan centers, serious problems of water pollution exist, especially in areas where large industrial complexes are located, or where population is increasing at a tremendous rate.

The 1962 Symposium on "New Developments of Sewage Treatment" has increased the interest of the countries in more economical and feasible solutions of problems on sewage disposal and water pollution. The Organization provides advisory services in this field as well as in the solution of major problems which develop in connection with design, financing, organization, administration, and management of sewerage systems, and in the increasing problems of water pollution.

Provision is made for short-term consultant services.

AMRO-2110, Refuse and Garbage Disposal  
(See page 203)

Because of the relationship between adequate garbage collection and disposal methods to the public health, and the increasing interest in this activity as it relates to municipal cleanliness, fly and rodent control, more emphasis is being given by Governments to the solution of problems in this field.

At the XIV Directing Council Meeting it was recommended that ways and means of improving the garbage and

refuse disposal services be considered. Provision is therefore made to provide fellowships for personnel of the agencies responsible for garbage and refuse collection and in 1964 and 1965 for short-term consultants.

AMRO-2111, School Sanitation  
(See page 203)

Because of the fundamental importance of proper sanitary facilities in schools to the protection of the health of school children, Governments in Latin America are placing greater emphasis on the provision of such facilities. Furthermore, construction of new school facilities in all the countries is expected to increase greatly under the Alliance for Progress. At the present time, there is no single source of general information relating to water, sewage and excreta disposal, plumbing, lighting, ventilation, drinking-water and hand-washing facilities specifically designed for school installations.

Provision is made in 1964 for short-term consultants and publication costs of a manual covering the design and installation of such facilities and referring to mechanisms of health, education and training regarding the use and the public health significance of the installations.

AMRO-2200, Water Supplies  
(See page 203)

With the highly significant progress which has been made in the past years in the field of water supply throughout Latin America, and with the recognition given to this program by the Act of Bogota, the Charter of Punta del Este, the Alliance for Progress and the policies established by the Inter-American Development Bank and other international credit agencies, the water supply activity is increasing rapidly. During 1960 to 1963 assistance has been given to all of the Latin American countries and many of the territories and new countries in the Caribbean area in some phases of their water supply program and by the end of 1963 a total of US\$165,000,000 in loans had been approved by the Inter-American Development Bank and over US\$78,000,000 by other international credit organizations for water supply construction, and an estimated US\$175,000,000 has been budgeted by the countries for the same projects. In addition, major changes in water supply organizations took place in many of the countries with the objective of establishing organizations permitting maximum self-financing of the services and good management.

The Organization will continue to cooperate with the Governments through the provision of full-time staff engineers, through the assignment of short-term consultants, and through the services of the entire engineering staff.

Provision is made for short-term consultants in all phases of water supply as well as for a regional adviser in water supply design, two finance and administration specialists and two clerk stenographers.

AMRO-2207, Waterworks Operators Course  
(See page 203)

In 1954 the first two courses for waterworks operators were held in Tegucigalpa and Guatemala. In 1963 a third

course was held in Guatemala, at the Engineering Faculty of the National University, and was attended by 16 students in the six countries in the Zone. In view of the rate at which water supply systems have been constructed recently and are likely to be constructed in the future, properly trained operators are urgently needed.

Provision is made for the organization of courses in 1964, 1965 and 1966, and for short-term consultants and supplies.

AMRO-2208, Water Fluoridation  
(See page 204)

Fluoridation of water supplies is an effective and economical method of preventing dental decay. It is believed that many municipalities now employing alum coagulation for water treatment might initiate fluoridation by utilization of fluorspar which is available in several Latin American countries. A new approach is being proposed by PAHO by which it is expected that water supply engineers of the countries will have a greater responsibility in water fluoridation programs.

Provision is made in 1965 and 1966 for short-term consultant services to advise municipalities on the type of equipment required and on technical considerations involved in the different processes. Provision is also made in 1965 for publication of manuals for professionals and students.

AMRO-2209, Courses on Design of Water Supply Systems  
(See page 204)

It is estimated that the population in Latin America will be approximately 270 million in 1970 and that it will be distributed in 200,000 communities of all sizes. It will be necessary to prepare complete projects for water-supply services for most of these communities and projects to expand existing systems in the others.

One of the most important problems faced at this time is the proper training of a group of local engineers in the planning, design and operation of water-supply systems in order to make the fullest possible use of this personnel and to establish a sound permanent organization to carry out the water-supply program quickly. The purpose of the project is to train specialized engineers in planning public water-supply systems through collaboration with existing universities.

Goals for 1965 are to hold ten courses of about 50 hours each with an average attendance of 25 engineers per course. Final number and title of courses will be decided according to estimated costs and interest expressed by requesting countries. Courses requested are numerous and proposed subjects, among others, are: ground water development; design of rural water supplies; design of water supply structures; ground and surface water hydrology; procedures for water systems analysis and design; water treatment plants design; corrosion; utilization of radioisotope tracers; design criteria; distribution systems; plastic pipes; water analysis interpretation; operation of water treatment plants; water transmission lines of large capacity; system of accounts for water utilities; and water meters.

It is felt that in order for research and development work on sanitary engineering to be effective, establishment



of research facilities dedicated to finding efficient and economic solutions for practical problems is essential. It is expected that through short courses dedicated to subjects of high local interest a closer cooperation between universities, governmental agencies and local industry will be promoted, leading to the establishment or improvement of research facilities within existing universities.

This project is financed by the Technical Cooperation Program of the Organization of American States. The United Nations Special Fund is cooperating in Venezuela, Colombia and Brazil.

Provision is made for fellowships, training supplies and equipment, temporary clerical help, and beginning in 1965 for a sanitary engineer.

AMRO-2210, Regional Conference on Rural Water Supplies  
(See page 204)

All Ministries of Health of Latin America have had a number of years of experience in the development of environmental sanitation programs but little opportunity has existed to permit full discussion and interchange of views between those heading such programs. A Regional Conference is therefore scheduled for 1964 to review activities and to suggest ways by which Ministries of Health can be most effective in implementing the national long-range plan as it relates to environmental sanitation programs, and specifically to rural water and waste disposal programs. Such a meeting will greatly facilitate the development of programs which will have the maximum opportunity of receiving funds for successful completion within the period of the national plan.

Provision is made in 1964 for costs of the conference including participants from the various countries and consultant services.

AMRO-2211, Production of Materials for Water Supply Systems (See page 204)

Recent estimates show that, in order to comply with the Alliance for Progress mandate on water supply, the costs of construction for the next ten years will be in the order of 300 million dollars yearly. Of this, about 200 million yearly will be spent on purchase of materials and equipment. Considerable economy could be made if local production of materials and equipment could be stimulated and also it would be a direct aid to the economic development of the Region from those activities. Production and commerce within the Region has not developed satisfactorily and among many causes, lack of communication between countries is an important one.

Short-term consultants are provided to estimate the actual needs of supplies, to survey the possibilities of production of equipment and materials in the Member Countries; to review standards and specifications in use and to promote production on local level and international standardization and commerce within countries in the Region. Also, funds for a limited conference on the same subject are provided for 1966.

AMRO-2213, Studies and Investigations of Water Resources  
(See page 204)

Under the Charter of Punta del Este an objective was established for 70 per cent of the urban population and 50 per cent of the rural population of Latin America to be

served by adequate water supplies within a ten year period. This objective is being applied to the national plans for economic and social development of the various countries in Latin America.

Provision is made for a sanitary engineer to be assigned to the Economic Commission for Latin America to assist with the sanitary engineering aspects of economic studies and investigations on water resource projects throughout Latin America. He would also compile and evaluate sanitary engineering data and render professional judgments as required on projects handled by the Economic Commission.

AMRO-2300, *Aedes aegypti* Eradication  
(See page 204)

Since 1947, *Aedes aegypti* has been eradicated from Bolivia, Brazil, British Honduras, Chile, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama and the Canal Zone, Paraguay, Peru, and Uruguay, French Guiana also had eradicated the mosquito but in late 1963 the city of Cayenne was found to be reinfested. The campaign is at its final stage in Argentina which will probably be declared free from *Aedes aegypti* in 1964, as well as in Colombia where some reinfestation was found in 1961 and 1963. The program is well advanced in Trinidad and a few other islands in the Caribbean, and progresses satisfactorily in Cuba and Venezuela.

However, it has not yet started in the United States; has been interrupted in Jamaica, Haiti, Dominican Republic, Guadeloupe, British Virgin Islands, and Dominica; and in the remainder of the Caribbean it is stationary or progresses very slowly, with poor results.

The United States of America will soon start eradication operations in the continental United States of America, Puerto Rico, and Virgin Islands as initial funds for the campaign have already been approved by the Congress.

This leaves the Caribbean as practically the only problem to be solved before the Hemisphere can be declared free from *Aedes aegypti*. Thus efforts now are to be concentrated in this area where many difficulties both administrative and technical have been hindering the progress of the campaign. The main obstacle found is the presence of *Aedes aegypti* strains highly resistant to the chlorinated hydrocarbons in almost every country and territory in the area.

Provision is made for a medical officer and an entomologist, as well as for supplies and equipment.

AMRO-2400, Public Health Aspects of Housing and Urbanization (See page 204)

As part of greatly increased activity in the field of housing and urbanization, the Organization is assisting Governments in the long-range planning of health and sanitary facilities of communities and urban areas, establishment of housing standards, and in the general promotion of projects which will ensure better solution to the many health problems created by substandard housing.

Provision is made for a housing specialist, a secretary, and short-term consultants. In 1965 and 1966 funds for a limited amount of supplies and equipment are provided.

AMRO-2407, Seminar on Public Health Aspects of Housing and Urbanization (See page 204)

Numerous housing projects are being developed in countries which will require an active participation and coordination by the Health Ministries in order to assure that minimum health standards are complied with.

A seminar on the public health aspects of housing is planned to ascertain the activities which the Ministries of Health should develop in the field of housing.

Provision is made in 1966 for participants and seminar costs.

AMRO-3100, Planning  
(See page 205)

The Governments of the Americas are undertaking the formulation and carrying out of national health plans as part of the ten-year health plan of the Alliance for Progress; assistance is needed in training personnel and in carrying out this new task.

The Office of National Health Planning of the Organization is actively engaged in training health officials for planning responsibilities and advising governments in the formulation, carrying-out, and evaluation of national health plans.

The Organization, jointly with the Latin American Institute of Economic and Social Planning, is sponsoring courses for senior health officials to be given at the Institute through 1966 under a five-year agreement. It is also collaborating with other agencies and academic institutions for the training of planners in international courses, and is providing assistance to countries for the in-service training of health officials and the running of local courses as well as on the formulation and carry-out of national health plans.

Planning units have been established in 15 countries and are under consideration in the remaining countries. National health plans have been completed or are in preparation in more than 20 countries. It is expected that first drafts of health plans will have been completed in all American countries by the end of 1964, at which time the phase of adjustment, revision, and evaluation of plans will begin.

Other international agencies cooperating in promoting planning for national economic and social development in the Region are the Organization of American States, the Inter-American Development Bank, and the United Nations Economic Commission for Latin America, with all of which the Organization works closely.

In addition to the Office of National Health Planning at Headquarters and various other projects, provision is made for short-term consultants, fellowships and supplies.

AMRO-3109, Fellowships for Health Services  
(See page 205)

The purpose of this project is to supplement country programs with insufficient funds to cover all training requirements. Although most fellowships awarded by the

Organization are included as part of program development in individual projects, experience has shown the difficulty of anticipating numerous requests for training health personnel and faculty members of Schools of Medicine and Public Health under specific country projects. For this reason the project has been invaluable in the past for meeting unforeseen fellowships requests.

Provision is made for fellowships in 1964.

AMRO-3110, Coordination of International Research  
(See page 205)

To stimulate the development of biomedical research in the Americas, to promote collaboration and communication among scientists and to accelerate the training of research workers in the Hemisphere, the Organization established an Office of Research Coordination late in 1961, under a grant from the United States National Institutes of Health. The focus is primarily on the development and implementation of an intensified research program related to the health goals of the Americas.

To assist the Organization in developing this expanded program and to recommend the bases for a long-term research policy, an Advisory Committee on Medical Research, comprising 15 eminent scientists and educators in the Americas, has been appointed. The Committee meets annually to review current and proposed research programs and to recommend to the Director those that the Organization might profitably undertake.

For the year 1963, funds available from grants for research activities falling within the Organization's research objectives were available for thirty-six research projects directly stimulated by PAHO.

Since 1964, the entire activities of the Office of Research Coordination are being financed through the regular budget of the Organization. Provision is made for the annual meeting of the advisory committee and for short-term consultants.

AMRO-3111, Studies on Promotion of Rural Health and Agriculture (See page 205)

In continuation of previous projects in cooperation with the Inter-American Development Bank in making studies on the promotion of rural health and agriculture, a consultant is cooperating in a program for the development of an institute for the production of biologicals for human and animal use in Peru; in the development of the health aspects of a program in Peru for the promotion of agriculture, livestock, and rural welfare in the Department of San Martin; in the development of an institute of bacteriology in Bolivia; and, cooperating in similar programs including the organization of public health laboratory and diagnostic services in other countries.

Provision is made for a short-term consultant in 1964.

AMRO-3208, Seminar on Public Health Nursing Services  
(See page 205)

In order to bring together key nurses from a number of countries to examine common problems related to the

development and extension of nursing services, to establishment of priorities in planning and supervising such services, to methods of supervision, and to preparation of guide-lines for in-service training of all levels of nursing personnel, a series of seminars are being held. The first such seminar was in 1961 for key public health and hospital nurses and nursing educators from the countries of Middle America. The second seminar was held in 1963 for participants from South America. A number of countries have since organized national seminars in nursing service administration. The third seminar will be held in the Caribbean for the English and French-speaking areas of the Region.

Provision is made for participants and costs of the seminar in 1964.

AMRO-3300, Laboratory Services  
(See page 205)

The various services rendered by the public health laboratories play an important role in the preventive and curative aspects of medicine. Its importance deserves special attention, and the Organization has been providing assistance to the countries in the reorganization and development of these services.

As the integrated health programs develop in the different countries of the Region, a survey of the public health and hospital laboratories becomes more necessary. The first data collected showed a lack of integration which, in many cases, resulted in duplication of efforts.

The Organization will continue collaborating with the laboratories of the countries through provision of advisory services, fellowships, printed material, biological reagents, cultures and standards as in previous years.

Provision is made for short-term consultants, supplies and equipment and, in 1964, for fellowships.

AMRO-3307, Vaccine Production and Testing  
(See page 205)

The purpose of this project is to cooperate in the application of up-to-date techniques in the potency and safety of biologicals by national public health laboratories. The Organization provides technical assistance to the laboratories in several countries by means of short-term consultants as well as by facilitating and promoting the use of the services of reference laboratories.

Provision is made for short-term consultants and for a subsidy to the reference laboratory where most of the testing is done.

AMRO-3308, Seminar on Laboratory Services  
(See page 205)

In order to promote the integrated development of both public health and hospital laboratory services, a seminar is planned for 1966. An analysis will be made with the information now being obtained in surveys on the status of laboratories (AMRO-3300). The seminar will permit the

definition of requirements for personnel, technical manuals, equipment and physical facilities, leading to an improvement in laboratory services.

Provision is made in 1966 for the seminar.

AMRO-3407, Community Development Training Center  
(See page 205)

The Regional Training Center in Community Development in Michoacan, Mexico is operated jointly by various specialized agencies of the United Nations, under the general leadership of UNESCO. The increasing importance of community development in this Region as a part of the drive toward social and economic improvement, and the vital contribution which health services can make to community development form the basis for participation by the Organization in this training center. A medical officer is assigned in 1964 as a consultant with major responsibilities in health training of students in community development. A limited quantity of supplies is also provided. The medical officer will be replaced by short-term consultants in 1965 and 1966.

AMRO-3500, Advisory Committee on Statistics  
(See page 206)

The Regional Advisory Committee on Health Statistics at its second meeting made recommendations for implementation of a strong program to improve basic statistical data in the next decade, an expanded education and training program and the extension of research. Emphasis was placed on the development of hospital records and statistics, and the establishment of a policy of the Organization in regard to the functions of statistical services at appropriate levels in Ministries of Health.

The third meeting is planned for 1964 for advice regarding progress made in the expansion of the statistical program in the Region and toward the goals in health statistics for the decade. Special emphasis will be placed on development and utilization of hospital statistics, together with the training of hospital statistical personnel and on the "1965 Revision of the International Classification of Diseases". At the recommendation of the IA-ECOSOC meeting on the Alliance for Progress (Sao Paulo, 1963), sessions were devoted to the development of indices for measurement of health progress. The fourth meeting is planned for 1966.

Provision is made in 1964 for temporary advisers to serve on the committee and for travel of statistical consultants of the zones to the meeting. Similar arrangements are proposed for 1966.

AMRO-3507, Regional Development of Epidemiological Studies (See page 206)

This international research project is supported by a grant from the National Institutes of Health of the United States Public Health Service. The primary objective is to obtain cause-specific death rates which will be as accurate and comparable as possible for ten cities in Latin America, one in United States and one in the United Kingdom. The

data will serve as the basis for developing further epidemiological and research programs as well as providing guidance in health planning and improvement of vital statistics.

Histories including clinical, laboratory and pathological findings for representative samples of deaths in the age range 15-74 years are being collected and this information is used to assign uniformly the cause of death in accordance with international practice. At the end of 1963 the field work was approximately two thirds completed.

Provision is made for staff of the central office, for short-term consultants and for field work in the collaborating cities. In addition the estimates provide for a review conference of the principal collaborators and for the publication of a final report.

#### AMRO-3508, Demographic Research

(See page 206)

The principal objective of this project is to develop demographic data and study abortions, fetal loss, conditions of infants at birth and to determine incidence of specified malformations in selected areas, associated with a monitoring system to alert health officials to an unusual incidence of malformation in time or space and to serve as a starting point for ad hoc research on etiology of specific malformations.

Provision is made in 1965 and 1966 for short-term consultants.

#### AMRO-3509, Chronic Disease Statistics

(See page 206)

On many chronic and disabling conditions little information is available in the Americas. These are frequently diseases or conditions occurring in those segments of the population which receive medical care from many sources: private physicians, hospitals, health centers, occupational programs, social security systems, industrial compensation programs, etc. The coordination and collection of data from these sources is essential both in determining the importance in these populations of specific conditions and as a basis for emphasis on prevention and care and also in planning for the total health needs of a population group.

Provision is made for short-term consultants in 1965 and 1966.

#### AMRO-3600, Administrative Methods and Practices in Public Health (See page 206)

From a survey of the administrative methods and practices of national Ministries of Health, it is apparent that a cadre of persons trained in public administration is essential for the most effective use of funds made available for health services. Advisory services in general public administration are the responsibility of other international agencies. Therefore, the Pan American Health Organization limits its assistance to improvement of the operations of health departments within the existing legal framework and customary business practices of each country.

Delineation of broad administrative policies is needed in some countries and in others the need extends to the establishment of adequate processes in the most routine clerical and maintenance operations. The Organization has assisted

in the administrative aspects of specific large scale programs, notably the malaria eradication campaign. The water supply program has pointed up a need in assistance in the administrative aspects of water projects comparable to the technical ones. These needs in both these major health areas are not necessarily related to problems of the public administrative milieu within the country, but more directly related to the need for experienced know-how in specific fields so that these programs can be carried out within the existing administrative framework.

In addition, a general appreciation of getting the maximum result from the money invested in health services must be developed. In cooperation with the Department of Economic and Social Affairs of the United Nations seminars on administrative methods and practices for directors general of health are being held.

Taken all together, the objective of the Organization is to assist in the improvement of effective management of health funds. Provision is made for a seminar each year and in 1965 and 1966 fellowships.

#### AMRO-4100, Maternal and Child Health Program Planning and Service Norms (See page 206)

A major obstacle to effective maternal and child health services is the absence of clear cut concepts of planning and norms of service which can be applied through the use of existing personnel and resources. Norms of service, where they exist, tend to be borrowed from countries with different problems and infinitely more resources.

This project seeks to prepare a series of guides on establishing priorities and norms of services and on assignment of personnel which may be used by countries to prepare their own plans. These guides will also include practical survey and seminar techniques to obtain the data and consensus which are essential to the formulation and implementation of plans.

Following the preparation of these documents country seminars will be organized to consider changes and development of new norms of service along the lines suggested by basic documents but adapted to the needs of each country.

In addition, a pilot area will be selected to apply these new concepts using only existing country resources.

Provision is made for short-term consultants and temporary advisors to collaborate in the preparation and review of the guides and for supplies. Consultants may participate in the country seminars but other costs are expected to be borne by other sources. Fellowships are provided in 1965 and 1966.

#### AMRO-4107, Diarrheal Diseases in Childhood (See page 206)

The objective of this project is to obtain more precise information on the etiology and mode of transmission of diarrheal diseases in childhood in order to recommend to the Governments the most efficient control methods.

Previous studies by INCAP have indicated that in the period of weaning diarrheas are particularly frequent and severe and that the prevalence of enteropathogenic bacteria and virus, although high, do not of themselves explain the problem. Study of the role of nutritional factors is considered necessary as well as that of the changes in the

nature and localization of intestinal flora in the absence of known enteropathogens. It is also important to complement this information with data on the modes of spread of these diseases which appear to constitute, in the child, a well defined epidemiological entity different from the diarrheal processes in the adult.

Continuation of a longitudinal study which began recently is planned in which cohorts of children are studied from birth to age four or five if it is possible and necessary with regard to presence of bacteria and viruses in the intestine. The association of these organisms with diarrheal processes and the circumstances that determine infection will be defined.

Provision is made for the services of a medical officer and a statistician as well as for supplies and equipment.

AMRO-4108, Clinical and Social Pediatric Courses  
(See page 206)

The view of medicine as a social science and the relationship of community medicine to the individual practitioner has been neglected in undergraduate teaching. The significance of nutrition as a major contributor to disease and death in developing countries and methods of understanding and solving this problem have likewise been neglected in the curriculum.

In 1962 and 1963 PAHO cooperated in planning and organizing a course for physicians in clinical and social pediatrics.

Similar courses with their content modified to include general principles of social and preventive pediatrics for use in teaching programs are planned for other areas of Latin America. Preliminary discussions have been held with UNICEF and the W. K. Kellogg Foundation to collaborate in this effort.

Provision is made for fellowships.

AMRO-4109, Nursing Midwifery  
(See page 206)

Midwifery services in Latin America are provided to a great extent, especially in rural areas, by the traditional birth attendant (partera empirica). To improve maternity services, a number of countries have prepared and assigned to health services, public health nurses and public health nurse-midwives whose responsibilities include the orientation and guidance of the traditional birth attendant. It is anticipated that such activity will continue.

A number of countries also employ professional midwives in both maternity hospital services and in general health services, but because the existing schools of midwifery do not offer orientation in nursing, in public health nor in maternal and child health in its broad sense, the professional midwife is not prepared to function as effectively as she might in the rapidly expanding integrated services.

Where educational facilities exist for the preparation of the professional midwife, there is a need for guidance in ways and means of improving existing educational facilities as well as services where professional midwives are employed.

To cooperate with Member Governments in reviewing and expanding their facilities in midwifery education and practice, provision is made for the services of two nurse-midwife advisors. Fellowships and a limited amount of supplies and equipment are also included.

AMRO-4110, Etiology of Congenital Malformations  
(See page 207)

In continuation of the planning conference on research into congenital malformations in 1963, short-term consultants are advising on the establishment of definitions and procedures for recording malformations observable at birth and in the first year of life. This is made possible by the extension into 1964 of the grant from the National Institutes of Health.

AMRO-4200, Nutrition Advisory Services  
(See page 207)

The training of personnel is essential to the development of national nutrition programs, and for this purpose the Organization is collaborating with INCAP, FAO and UNICEF in three training centers.

The production of INCAPARINA and similar vegetable protein mixtures is being undertaken in several countries outside of Latin America in addition to a growing industry in production of high protein concentrates made from fish.

Provision is made for short-term consultants to cooperate in training programs; to advise on production of high protein foods; to provide advisory services in specialized fields such as endemic goiter and research; and to cooperate with countries in the development of nutrition programs where there is no specific project. In addition, provision is made for fellowships for training personnel for services in the various nutrition programs.

AMRO-4209, Endemic Goiter Prevention  
(See page 207)

Endemic goiter is considered to be a nutritional problem when its incidence is greater than 10 per cent. There are areas in all the countries of Latin America in which the incidence is even higher. Although a great many countries have already enacted legislation on the iodization of salt, there are very few that have carried out programs for the prevention of endemic goiter at the national or local level.

Provision is made in 1964 for short-term consultants. The project will be combined with AMRO-4200 in 1965.

AMRO-4210, Evaluation of Applied Nutrition Programs  
(See page 207)

In view of the fact that 19 expanded nutrition programs have been in operation in 16 countries in the Region, some for as long as four years, it is now urgently necessary to make a comprehensive appraisal of these programs in association with FAO and UNICEF. For this purpose provision is made for a consultant who will undertake

preliminary investigation of existing applied nutrition programs, participate in the organization of a joint seminar with FAO on applied nutrition and formulate lines of action for future programs. Provision is also made for the costs of the seminar in 1965.

AMRO-4211, Research in Protein-Calorie Malnutrition  
(See page 207)

As a follow-up to the recommendations of the PAHO Advisory Committee on Medical Research, the Williams Waterman Fund made a grant in 1964 for a meeting of 15 participants from 11 countries to promote coordination and to further comparability of research results by standardization of methodology in studies on protein-calorie malnutrition.

Provision is made in 1964 for this meeting.

AMRO-4300, Mental Health  
(See page 207)

During the last fifteen years Latin American psychiatrists, public health authorities, the World Federation for Mental Health and the general public have shown increasing interest in mental disorders and in the development of programs of service and research.

Under a grant from the National Institutes of Health, United States Public Health Services, (AMRO-4308) information is being gathered on mental health problems, resources and facilities available in the mental health field in Latin America as the basis for formulating programs of action.

Provision is made in 1966 for short-term consultants to collaborate in the furtherance of mental health programs and for the distribution of publications in this field.

AMRO-4308, Mental Health Center on Latin America  
(See page 207)

Under a contractual arrangement with the National Institute of Mental Health, United States Public Health Service, the Organization is developing a directory of mental health facilities and institutions; a directory of psychiatrists in Latin America including mailing lists of those engaged in research, training, or service activities; an annotated bibliography of published literature in 1960-1962; and, a monthly statement on program developments.

Provision is made for services under this contract in 1964 and 1965.

AMRO-4400, Dental Health  
(See page 207)

The objective of this project is to promote the development of dental public health in the countries of the Region as an integral part of general public health services.

Up to the present time considerable attention has been given to the training of administrators of public health programs. The Organization and the W. K. Kellogg Foundation have collaborated with the School of Public Health and Hygiene

of the University of Sao Paulo in the establishment of special courses for dentists, and since 1958 the Organization has awarded fellowships to dentists from all Latin American countries. This fellowship program has given very good results and many of the ex-fellows now occupy important posts in the administration of dental services in their respective countries.

A limited amount of supplies and equipment is provided for centers for training in dental services as related to integrated health programs, as was done in Colombia in 1962.

Provision is made for short-term consultants, for supplies and equipment, and for fellowships.

AMRO-4407, Dental Epidemiology  
(See page 208)

The program of training of public health dentists, begun in Sao Paulo in 1958 with the collaboration of the Organization and the W. K. Kellogg Foundation, has had very good results. The School has trained more than 110 dentists, the majority of whom occupy key positions in dental schools and in national health services and have carried forward dental public health to the point that revisions have been made to the dental curricula of some dental schools where public health is now considered as a basic science. Good preventive-restorative dental programs have been established in numerous communities.

These dentists represent a corps of future researchers in Latin America. The United States Public Health Service is interested in working with the Organization in preparing in Sao Paulo some selected graduate dentists for research and applied epidemiology. The program would provide advanced training in public health for dentists and would promote research by individuals or in cooperation with agencies and other groups.

This project will be carried out in collaboration with the United States Public Health Service and the W. K. Kellogg Foundation.

Provision is made in 1965 and 1966 for short-term consultants and for fellowships.

AMRO-4500, Health Aspects of Radiation  
(See page 208)

The growing use of nuclear energy in industry and in medicine, both clinical and research, and the prospect that it will soon become an important source of power requires proportionate development in radiation protection.

The Organization is cooperating in programs designed: (a) to stimulate national health services to adopt adequate standards and develop procedures and regulations for radiation protection in the use of X-ray and radioisotopes and for the disposal of radioactive wastes; (b) to promote the teaching of basic health physics and radiation protection in professional schools; (c) to foster the use of radioisotopes for medical diagnosis, therapy and research; (d) to encourage research in applications of radiation which may have medical public health and veterinary significance; (e) to organize training courses for para-professional personnel who will be working in newly organized radiation protection health services; and, (f) to promote courses for

professional personnel to receive instruction in medical use of radioisotopes. In addition it provides fellowships for the training of radiation protection health officers to serve with health departments and it cooperates with the Latin American Center for training physicians in the medical uses of isotopes, located at the El Salvador Hospital of the University of Chile.

In cooperation with the United States Public Health Service, sampling stations have been established for the determination of the radioactive contamination of air and milk in certain Latin American countries.

Provision is made for short-term consultants, fellowships, and teaching aids and for air shipment of samples.

AMRO-4600, Industrial Hygiene  
(See page 208)

Plans for economic development are being undertaken by many Latin American countries in an effort to raise the standards of living of their people. Industrialization always brings with it many health problems for the workers and necessitates at the outset the simultaneous development of occupational health programs.

In many countries the impact of the Alliance for Progress program is already evident in an effort to industrialize and to increase production in all forms. As a result, in those countries where industrial programs exist, the limited staffs have been unable to keep up with the demands for their services; and, in those countries where there are no effective programs of prevention, the problems have multiplied and are a serious economic drain for the nations.

Visits by the Regional Consultant to most of the countries during 1963 have shown the necessity to provide advisory services to programs in the developmental stage and to stimulate programs where they are now lacking. Another activity demanding increased attention is the field of air pollution. And finally, in some of the agricultural countries, the cases of intoxication from the increased use of insecticides are being multiplied, especially where preventive measures are weak or non-existent.

Provision is made for short-term consultant services and fellowships in 1966. In addition, a secretary and common services are provided for the regional adviser in industrial hygiene.

AMRO-4607, Symposium on Industrial Hygiene  
(See page 208)

Provision is made for a symposium in 1964 on industrial hygiene in order to promote development of occupational health programs concurrently with the industrialization gaining much impetus under present efforts in Latin America for social and economic development.

AMRO-4608, Manganese Poisoning  
(See page 208)

Under a grant from the National Institutes of Health, the Organization is coordinating a research project into the mechanisms by which chronic inhalation of dusts containing manganese induces a schizophrenia-like syndrome followed by

syndromes similar to those of Parkinson's disease or Wilson's disease. The Catholic University in Santiago, Chile, and the Brookhaven National Laboratory in Upton, New York, are collaborating in the study.

Provision is made for personnel costs, supplies and equipment, and contractual services.

AMRO-4700, Food and Drug Services  
(See page 208)

Improvement of governmental services for control of the importation, manufacture, and distribution of foods, drugs, and biologics is an urgent requirement of all the countries of this Hemisphere. In addition, the countries have indicated their desire for a service that will provide surveillance and warning on foods, drugs and biologics that appear to be of special danger to the health of the public so that appropriate precautions can be taken.

Provision is made for short-term consultants and fellowships; supplies and equipment are provided in 1964. In 1966, provision is also made for a full-time consultant.

AMRO-4707, Food Sanitation  
(See page 208)

Problems relating to food and milk sanitation exist in every country of this Region. The activities carried out by Ministries of Health to improve and solve these problems vary depending upon the priority placed on the various environmental sanitation programs. The Organization provides advisory services to Governments on specific problems and assists in the training of personnel involved in food and milk control. A guide to serve as a reference to Governments interested in developing food sanitation programs is expected to be available in 1964 for general distribution.

Provision is made for short-term consultants in 1964 and 1965 and for costs of publication of the manual in 1964 and 1965.

AMRO-4800, Medical Care Services  
(See page 208)

The Organization continues to promote medical care as one of the basic services that should be a part of national health plans. The objective of this project is the solution of the multiple problems of programming and planning, organization and administration, training of personnel and applied research in medical care. Manifest differences in these aspects exist in the "systems" of the various countries. This project is elastic and can be adapted to the various long and short-term requirements.

Work has begun on the collection of basic data indispensable for better planning and training of key personnel for the improvement of the organization and administration of medical care services.

Provision is made for the services of a medical care consultant in 1966, and for the services of short-term

consultants for technical advice on the resolution of urgent problems of coordination and integration of medical care services, and for fellowships. Supplies and equipment are to be available in 1964.

AMRO-4807, Rehabilitation  
(See page 209)

The concept of rehabilitation has now broadened to include not only defects in the locomotor system but also other diseases, such as heart disease, tuberculosis, etc., and those diseases which affect the sense organs.

The personnel training programs initiated in some countries met with enthusiastic interest, and requests for assistance in the field of rehabilitation have been received from several countries. Since 1962, a regional adviser provides advisory services to countries interested in carrying out specific rehabilitation programs.

Provision is made for the continuation of the regional adviser's services.

AMRO-4808, Seminar on Medical Care Services  
(See page 209)

The past several years have seen the development of the concept that integration of curative and preventive services could better meet the health needs of individuals and communities. A number of countries have already begun, and others are planning this coordination through the organization and strengthening of out-patient departments; the development in rural areas of health centers with a small number of beds; the organization of home-care programs and the establishment of progressive patient care units in larger hospitals - all aimed toward improving and increasing medical care services in their broadest sense. As a result, a variety of patterns of medical care are emerging and the need has arisen for a seminar for medical and nursing personnel to examine the developments outlined, particularly with relation to personnel needs, supervisory activities, utilization of records and reports, and in-service training programs.

Provision is made for participants and seminar costs in 1965 and 1966.

AMRO-4810, Chronic Diseases  
(See page 209)

On many chronic and disabling conditions little information is available in the Americas. These are frequently diseases or conditions occurring in those segments of the population which receive medical care from many sources: private physicians, hospitals, health centers, occupational programs, social security systems, industrial compensation programs, etc. The coordination and collection of data from these sources is essential both in determining the importance in these populations of specific conditions and as a basis for emphasis on prevention and care and also in planning for the total health needs of a population group.

Provision is made for a medical officer beginning in 1966 to advise on these problems.

AMRO-6100, Schools of Public Health  
(See page 209)

Experience has shown that a well organized school of public health, for post graduate education, can serve a population of about 15 million. On this basis Latin America could efficiently use 15 schools. Nine such schools are in existence. Fellowships have been awarded to professors in schools of public health in order to strengthen teaching in these schools. In addition, visiting professors have been provided in subjects such as public health administration, epidemiology, health education, biostatistics, and nutrition.

Individual projects have now been developed for the majority of schools that receive international students. This project will provide for the new schools of public health and those not covered by such individual projects.

A second traveling seminar on organization and administration of schools of public health is programmed for 1965.

Provision is made for short-term consultants, limited teaching supplies, fellowships, and for participants in the 1965 seminar.

AMRO-6107, Seminar on Schools of Public Health  
(See page 209)

This project provides for a series of seminars for deans and faculty members of Schools of Public Health to discuss common problems and review specialized fields of teaching. In 1965 discussions will center on the teaching of epidemiology in schools of public health, and will be held in Puerto Rico.

Provision is made in 1965 for short-term consultants, for participants and for conference costs.

AMRO-6108, Seminar on Integration of Teaching of Public Health and Preventive Medicine  
(See page 209)

A seminar is planned for 1966 to work out an approach to the teaching of preventive medicine and public health in all relevant schools within the university through coordination of departments of preventive medicine and public health.

Patterns would be developed for the integration of teaching so as to avoid duplication and obtain fuller utilization of the physical facilities and available teaching staff at the university level.

AMRO-6200, Medical Education  
(See page 209)

In 1963, there were 106 existing medical schools in Latin America. The Organization acts as secretariat for a plan for interchange of information on assistance to medical schools, the Medical Information Center. The reporting agencies (AID, United States Fulbright-Hays Program, NIH, OAS, Rockefeller Foundation, the W. K. Kellogg Foundation



and PAHO/WHO) showed assistance to 55 of these schools in one form or another. Fellowships were awarded to 151 faculty members of 45 schools of 17 countries, and 138 grants or technical assistance were provided for 44 medical schools in 19 countries.

This is a long-range project for improving medical education in Latin America and is closely coordinated with the activities of a number of non-governmental and bilateral agencies in the field of professional education in the health professions.

In 1964, in a cooperative effort with the Milbank Memorial Fund, a project has been started to assist member countries to establish national health policy and programs of health personnel resources, education, and training to meet the country's skilled health manpower and on the basis of this to assist them to plan their medical education program.

Provision is made for assistance to medical schools through short-term consultants and visiting professors; fellowships for teaching personnel and travel grants to deans and senior faculty members for observation of teaching methods and curriculum planning; and teaching supplies and equipment. Provision is also made in 1966 for a grant in support of the Third World Conference on Medical Education. In addition the Milbank Memorial Fund provides for a medical officer and a secretary for part of 1964.

AMRO-6207, Training of Medical Librarians  
(See page 209)

There is a great need for the preparation of librarians for schools of public health and of medicine in Latin America.

A course for Latin American medical librarians is planned at the School of Library Science in Medellin, Colombia. Provision is made for fellows to attend the course.

AMRO-6208, Teaching of Statistics in Medical Schools  
(See page 209)

At the South American Conference on Teaching of Medical Statistics in 1958, a program was recommended for the preparation of professors of medical statistics who will provide instruction in statistics and contribute to the design of research programs in medical schools.

Training grants were awarded by the Division of General Medical Sciences of the National Institutes of Health (USPHS) for short courses (six weeks) in 1961 and 1962 at the School of Public Health of the University of Sao Paulo. The Organization contributed in these years through consultant services.

Provision is made for short-term consultants to continue cooperation in teaching in additional medical schools.

AMRO-6209, Group Study of Medical School Organization  
(See page 210)

One of the major problems of the medical schools in certain countries of the Americas is the lack of a proper

organization and proper administrative methods in their functioning. To assist in solving these problems, a group of thirteen directors or deans of medical schools will visit well-organized medical schools in Latin America which are in varying stages of development. Organized group discussion of methods and techniques observed and their possible uses in each of the participants' schools will be the seminar technique used on the study tour.

Provision is made for seminars in 1964 and 1966.

AMRO-6210, Teaching Methods and Administration  
Organization of Medical Schools  
(See page 210)

Latin American medical educators are increasingly concerned with the teaching methods currently used in many medical institutions. Questions are being raised as to whether medical schools are using the best method for the student to learn about such basic concepts as the integration of preventive and curative medicine and to develop in the future physician a proper community attitude in his medical practice. Furthermore, there is evidence that the administrative structure of many schools is inadequate for the discharge of their educational responsibilities.

To assist the countries in solving this problem in the 106 existing medical schools in Latin America the Organization will assist interested medical schools in reviewing their teaching methods and administrative procedures by means of group discussions and seminars held among members of the faculty where various pedagogical techniques and administrative procedures applicable to medical teaching will be analyzed.

Provision is made for short-term consultants. In 1965 and 1966 provision is also made for fellowships and for translation and publication of materials related to medical education. In 1966 it is planned to have a full-time medical educator on the staff for furthering these activities.

AMRO-6300, Schools of Nursing  
(See page 210)

While several countries receive cooperation through individual projects for schools of nursing, other countries are aided in the field of nursing education only through fellowships. It is planned under this project to extend to countries not having an individual project various forms of professional assistance, such as services of short-term consultants; fellowships for senior members of nursing faculties; and distribution of copies of at least one textbook in Spanish to all schools of nursing in Latin America which meet certain minimum criteria.

Provision is made for short-term consultants, for the purchase of nursing textbooks and for fellowships.

AMRO-6308, Advanced Nursing Education  
(See page 210)

The aim of this project is to assist governments in preparing graduate nurses for supervisory, teaching and administrative positions in schools of nursing, hospitals,

and public health services by providing fellowships for attendance at advanced courses in nursing conducted in Brazil and Chile. In addition, Colombia, Costa Rica and Panama already are establishing similar programs which will be used with increasing frequency.

Provision is made for the award of fellowships as described above.

AMRO-6309, Seminar on Nursing Education  
(See page 210)

Nine seminars or workshops on various phases of nursing education have been held under this project. They have covered various fields of nursing education, including curriculum planning, principles of teaching and supervision, nursing surveys, advanced nursing education, and the preparation of guides for basic nursing education and for the training of nursing auxiliaries in Latin America. In 1964, discussion will center on the use of programmed instruction in the training of auxiliary nursing personnel.

Provision is made for the 1964 seminar.

AMRO-6310, Programed Instruction for Nursing Auxiliaries  
(See page 210)

Exceedingly large numbers of untrained personnel give nursing care to patients and families in the health services of Latin America. A recent estimate puts the figure at approximately 100,000. Furthermore, in a study made in 1959, it showed that in the better schools of nursing in Latin America, two-thirds of 834 nurse instructors had not completed high school education. It is estimated that an even larger proportion had not been prepared for teaching. This project aims to prepare materials utilizing the new technique of teaching called "Programed Instruction" which will allow such instructors to conduct a crash program of training of presently employed nursing auxiliaries.

In programed instruction, the material to be learned is presented in a carefully organized sequence, each step following from, or building on the preceding step, and focusing the learner's attention on a specific bit of information at each time. The student is required to make an active response to each bit of information presented, is allowed to set her own pace when studying, and knows at all times how she is doing. An instructor is available to answer questions, but her main role in this program is to help with the practical application of the information learned.

Two one-month intensive courses on the subject of Programed Instruction are planned for 1965, to prepare instructors to use this technique, for a total of 20 nurses from 10 countries. The first course will be held in Chile for two nurses each from Argentina, Brazil, Paraguay, Uruguay, and the host country; and the second will be held in Mexico for two nurses each from the Dominican Republic, El Salvador, Guatemala, Honduras, and the host country. In 1966 two additional courses to cover the rest of the countries in Latin America are planned. Participants are expected on return to their home countries, to acquaint national nurse educators with the new method and to serve as instructors of auxiliaries using the programed units.

Provision is made for short-term consultants, fellowships, and teaching supplies in 1965 and 1966. A nurse educator will be assigned to the project in 1966.

AMRO-6400, Sanitary Engineering Training  
(See page 210)

The need for sanitary engineers in Latin America in the next ten years far exceeds the present capacity of institutions to train such personnel. In order to cooperate with Governments in the expansion of their sanitary engineering training in the regular undergraduate civil engineering and graduate courses, and to initiate such training in institutions where it is not now available, provision is made for short-term consultants on revision of curricula or establishment of courses; fellowships for faculty members and for a limited number of selected students to proceed with graduate training; and for teaching supplies and equipment.

AMRO-6500, Teaching of Public Health in Schools of Veterinary Medicine (See page 211)

During the past several years, schools of veterinary medicine in most countries have been assisted in the reorganization of curricula and the incorporation of public health and preventive medicine into their teaching program. More than half the schools of veterinary medicine are currently establishing a department or unit giving broader and more extensive courses in public health and preventive medicine. However, there remains a great need to strengthen the content of these courses at the undergraduate level.

Provision is made for short-term consultants.

AMRO-6600, Dental Education  
(See page 211)

In Latin America there are ninety-one schools dedicated to training dentists for attention to the needs of a rapidly growing population. The standards of teaching vary considerably from one school to another and a pressing necessity is to raise these standards to a uniform high level in all the schools.

The objective of this project is to promote improvement in the teaching of dentistry through training professors, short-term consultants on organization and administration of dental schools and assistance in the most effective use of libraries.

Following the pilot program in Colombia, integration of preventive and social dentistry into the general dental curriculum is now one of the innovations in the different programs of study.

Provision is made for short-term consultants, for fellowships and for supplies and equipment.

AMRO-6607, Seminars on Dental Education  
(See page 211)

The dental schools of Latin America have not yet applied many of the most recent advances in teaching of dentistry and have had few occasions to discuss fully important problems of common concern in the teaching of dentistry and public health.

In 1964 and 1966 seminars will be held to analyze curricula, teaching of preventive dentistry and other aspects of dental education. The first seminar was held in Colombia, in October 1962, for the countries of Zone IV plus Venezuela and Chile. The second seminar was in Mexico for the countries of Zones II and III and Puerto Rico. The Third seminar will be in Uruguay for countries of Zones V and VI (less Chile).

This project is jointly sponsored by the Organization and the W. K. Kellogg Foundation.

Provision is made for a secretary in 1964 and 1965, for publication of the seminar proceedings in 1964 and 1965, for the costs of the 1964 and 1966 seminars, and for short-term consultants.

AMRO-6608, Training of Auxiliary Dental Personnel  
(See page 211)

In Latin America none of the 91 dental schools offer regular courses for auxiliary dental personnel.

The scarcity of professional personnel in the different fields of health presents an alarming problem in certain areas since the number trained is not in proportion to the increasing population nor are the trained persons well distributed among the urban and rural zones. In the case of physicians, there are countries that have one professional person per 1,000 inhabitants in the capital and one per 50,000 in some rural regions. In the field of dentistry in Latin America the proportion is even more dramatic.

It is accepted that many basic functions in health matters can be carried out by auxiliary personnel, reserving for the professionals those functions that cannot be delegated.

Use of the diverse categories of auxiliary dental personnel must be promoted in order for preventive and restorative measures to be brought to a greater number of the people and in order for dentists to expand their activities and reduce operating costs.

This project for training of auxiliary dental personnel will be carried out with the participation of the W. K. Kellogg Foundation.

Provision is made for short-term consultants and fellowships in 1966.

AMRO-6700, Program for Biostatistics Education  
(See page 211)

This project was established for the purpose of improving vital and health statistics in the Latin American countries by training technical personnel of the statistical services. A training center was developed at the School of

Public Health of the University of Chile, with teaching in Spanish. In the 11 years, 1953-1963, 338 students from 20 countries have received training in the courses given at the School in Chile of which half were from countries other than Chile.

The School provides a program of instruction in alternate years for a degree with specialization in biostatistics as well as a program for instruction at the intermediate level (technicians).

The Second Conference of Directors of Schools of Public Health focused special attention to teaching of biostatistics. Preparation of technicians in health statistics is considered the responsibility of each school of public health while the preparation of those of the professional level would be provided only by selected schools. Annual courses for technicians have been given to the school of public health in Mexico for several years. Courses have been initiated in 1963 in Argentina and Colombia and it is expected that others will provide such courses.

Provision is made for fellowships in biostatistics as well as financial assistance to the School of Public Health in Chile for expanding staff and for local technical and secretarial personnel.

AMRO-6707, Latin American Center for Classification of Diseases (See page 211)

The Latin American Center for Classification of Diseases was established in 1955 in collaboration with the Government of Venezuela. It studies problems of medical certification of causes of death; assists in improving medical certification in Latin America; gives detailed instruction in coding diseases and causes of deaths; 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 Deaths"; and assists in the periodic revision of the "Classification" to insure comparable coding procedures in the Americas.

The Center is increasing its activities in adaptation and translation of publications to Spanish and Portuguese on the use of "International Classification of Diseases", on uniform medical terminology and on manual guides and teaching materials for hospital morbidity statistics.

With the forthcoming "1965 Revision of the International Classification of Diseases" the Center will have an important and heavy role in 1965, 1966 and 1967 in developing the Revision in Spanish and Portuguese in order that they be placed in use on January 1, 1968.

The Center provides instruction in the use of the "International Classification of Diseases" through courses given at the Center in Venezuela as well as in other countries. During the period 1955-1963, 602 persons from 19 countries and 10 territories received instruction at the Center. Eight courses were given in 1963.

Provision is made for a grant in support of the Center, for fellowships, and for short-term consultants. The Venezuelan Government is providing considerable financial support to this project.

AMRO-6708, Training Program in Hospital Statistics  
(See page 211)

One of the chief sources of basic data for health planning is the hospital, but at the present time trained personnel are not available for collecting and processing information. In many countries of Latin America, hospitals are operated by national health services, and data on patients treated and services rendered are needed in order to develop an efficient hospital service. To provide these essential data, the medical and administrative records in hospitals must be well developed. Since 1961, the Organization has cooperated in a demonstration teaching center in Argentina.

Expansion of training in hospital statistics throughout the Region is urgent. Several regional training centers should be established in schools of public health and university hospitals throughout Latin America to prepare teaching personnel on medical records and hospital statistics who will, in turn, prepare staff in their own countries. Also, pilot projects will be developed in one or two countries for experimentation with training methods suitable for rapid preparation of large numbers of statistical personnel working at the local hospital level.

Provision is made for a medical records librarian, short-term consultants, and fellowships in all three years. In 1965, a second medical records librarian will be added and in 1966, provision is made for a hospital statistician.

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## PART III

SECTION 3 - Editorial Services and Publications  
(See page 129)

No increase is proposed in the number of posts in this activity, for 1966 over 1965; nor is any increase

proposed in the amount for Publications for the corresponding year.

## PART IV

PAN AMERICAN HEALTH ORGANIZATION -  
SPECIAL FUND FOR HEALTH PROMOTION  
(See page 212)

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, to be used toward erecting a Headquarters building for the Pan American Health Organization and 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 going to the Kellogg Foundation, however, these annual payments shall be 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.

The Organization 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 the Organization may from time to time revise these expanded activities upon approval by the Directing Council or the Conference, and give notice thereof to the Foundation.

In order to avoid a cumbersome and divided presentation of the field program, the projects and parts 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. All projects under Part IV also are listed in Annex 5, with corresponding cost estimates.

## PART V

PAN AMERICAN HEALTH ORGANIZATION -  
INCREASE TO ASSETSSECTION 1 - Amount for Increasing the Working Capital Fund  
(See page 212)

The condition of the Working Capital Fund was considered fully by the XI Directing Council, including recommendations by the External Auditor (Official Document No. 29) and by the Executive Committee at its 37th Meeting. The Directing Council, in Resolution VII decided "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."

Pursuant to the above mentioned resolution the figure of \$300,000 is proposed herein for 1965. Since the addition of this amount still will leave the Working Capital

Fund far below its authorized level, a similar amount of \$300,000 is proposed for 1966.

SECTION 2 - Amount for Increasing the Emergency Revolving Fund  
(See page 212)

The XIV Directing Council approved Resolution II which included the following in paragraph 2: "To authorize an increase in the ceiling of the Fund to \$75,000 effective in 1965 to be achieved by means of a budgetary provision for this purpose, to be included in the budget for that year". Consequently, provision of \$25,000 to accomplish the recommended increase has been made in 1965.



**DETAILED SCHEDULES**

## SUMMARY

## PAN AMERICAN HEALTH ORGANIZATION

## ALL PARTS - ALL FUNDS

1964 - 1965 - 1966

Part and Fund	Fund Symbol	Number of Posts			Estimated Expenditure		
		1964	1965	1966	1964	1965	1966
					\$	\$	\$
<u>Detail By Part:</u>							
<b>PART I - Organizational Meetings - Total</b>		<b>17</b>	<b>17</b>	<b>17</b>	<b>330,454</b>	<b>280,090</b>	<b>338,569</b>
PAHO Regular	PR	12	12	12	239,198	204,775	243,851
WHO Regular	WR	5	5	5	91,256	75,315	94,718
<b>PART II - Headquarters - Total</b>		<b>227</b>	<b>228</b>	<b>228</b>	<b>3,070,037</b>	<b>3,348,090</b>	<b>3,438,480</b>
PAHO Regular	PR	150	151	151	2,022,715	2,171,084	2,233,591
PAHO Community Water Supply	PW	1	1	1	5,244	5,559	5,713
WHO Regular	WR	76	76	76	1,042,078	1,171,447	1,199,176
<b>PART III - Field and Other Programs - Total</b>		<b>805</b>	<b>789</b>	<b>759</b>	<b>12,276,747</b>	<b>13,093,826</b>	<b>13,493,610</b>
PAHO Regular	PR	169	177	184	3,748,087	4,239,141	4,852,558
PAHO Special Malaria	PM	145	133	117	2,551,283	2,439,806	2,192,091
PAHO Community Water Supply	PW	17	17	17	603,330	641,520	647,082
PAHO Grants	PG	70	45	37	695,653	296,480	143,405
Organization of American States/Technical Cooperation Program	PA	126	129	129	690,163	781,797	852,694
Institute of Nutrition of Central America and Panama	PI	126	128	131	739,850	831,820	918,100
WHO Regular	WR	64	66	59	1,632,961	1,858,695	2,133,193
WHO Technical Assistance	WT	79	81	74	1,150,508	1,422,145	1,350,035
WHO Malaria Eradication Special Account	WM	5	5	5	78,000	80,543	75,913
United Nations Special Fund	WS	4	8	6	386,912	501,879	328,539
<b>PART IV - Special Fund for Health Promotion - Total</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>250,000</b>	<b>250,000</b>	<b>250,000</b>
PAHO Regular	PR	-	-	-	250,000	250,000	250,000
<b>PART V - Increase to Assets - Total</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>300,000</b>	<b>325,000</b>	<b>300,000</b>
PAHO Regular	PR	-	-	-	300,000	325,000	300,000
<b>Total - All Parts</b>		<b>1,049</b>	<b>1,034</b>	<b>1,004</b>	<b>16,227,238</b>	<b>17,297,006</b>	<b>17,820,659</b>
<u>Detail By Fund:</u>							
PAHO Regular	PR	331	340	347	6,560,000	7,190,000	7,880,000
PAHO Special Malaria	PM	145	133	117	2,551,283	2,439,806	2,192,091
PAHO Community Water Supply	PW	18	18	18	608,574	647,079	652,795
PAHO Grants	PG	70	45	37	695,653	296,480	143,405
Organization of American States/Technical Cooperation Program	PA	126	129	129	690,163	781,797	852,694
Institute of Nutrition of Central America and Panama	PI	126	128	131	739,850	831,820	918,100
WHO Regular	WR	145	147	140	2,766,295	3,105,457	3,427,087
WHO Technical Assistance	WT	79	81	74	1,150,508	1,422,145	1,350,035
WHO Malaria Eradication Special Account	WM	5	5	5	78,000	80,543	75,913
United Nations Special Fund	WS	4	8	6	386,912	501,879	328,539
<b>Total - All Funds</b>		<b>1,049</b>	<b>1,034</b>	<b>1,004</b>	<b>16,227,238</b>	<b>17,297,006</b>	<b>17,820,659</b>



## PART I

## PAN AMERICAN HEALTH ORGANIZATION - ORGANIZATIONAL MEETINGS

SUMMARY - PART I

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>330,454</u>	<u>280,090</u>	<u>338,569</u>
PAHO Regular (PR)	239,198	204,775	243,851
WHO Regular (WR)	91,256	75,315	94,718
Number of Posts:	<u>17</u>	<u>17</u>	<u>17</u>
Professional	9	9	9
Local	8	8	8

DETAIL - PART I

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>		<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$			\$	\$	\$
Ch. 1. <u>Conference and Translation Section</u> (For text see page 35)					<u>English</u>				
Total - All Funds		<u>173,751</u>	<u>180,753</u>	<u>189,434</u>	Translator Reviser, P4 4.0212	WR	1	1	1
Personnel Costs	PR	113,290	118,722	122,795	Translator, P3 4.0213	WR	1	1	1
Personnel Costs	WR	60,461	62,031	66,639	<u>Portuguese</u>				
Posts		<u>17</u>	<u>17</u>	<u>17</u>	Translator, P4 4.0214	WR	1	1	1
<u>Arrangements</u>					<u>Stenographic Services</u>				
Administrative Services Officer, P3 .0201	PR	1	1	1	Clerk, WL5 4.0215	WR	1	1	1
Administrative Services Assistant, WL6 .0202	PR	1	1	1	Secretary, WIA .0216	PR	1	1	1
Clerk Stenographer, WL3 .0203	PR	1	1	1	Clerk Stenographer, WL3 .0217	PR	1	1	1
<u>Documents</u>					Ch. 2. <u>Meetings of the Pan American Sanitary Conference, Directing Council, Executive Committee and WHO Regional Committee</u> (For text see page 35)				
Document Officer, P1 .0204	PR	1	1	1	Total - All Funds		<u>118,303</u>	<u>80,257</u>	<u>130,055</u>
Clerk, WL5 .0205, .0206	PR	2	2	2	Personal Services		27,191	15,855	44,106
Clerk Stenographer, WL4 .0207	PR	1	1	1	Travel and Transportation		37,916	8,502	20,529
<u>Language Services</u>					Space and Equipment Services		511	200	500
<u>Spanish</u>					Other Services		19,222	10,200	12,000
Translator Reviser, P4 .0208	PR	1	1	1	Administrative Supplies		3,066	2,500	4,500
Translator Reviser, P4 4.0209	WR	1	1	1	Publications		30,397	43,000	48,420
Translator, P2 .0210, .0211	PR	2	2	2	Subtotal - PR		<u>87,508</u>	<u>66,973</u>	<u>101,976</u>
					Personal Services		18,127	10,570	29,404
					Travel and Transportation		23,784	4,802	12,819
					Space and Equipment Services		341	134	333
					Other Services		12,815	6,800	8,000
					Administrative Supplies		2,044	1,667	3,000
					Publications		30,397	43,000	48,420

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
Ch. 2. (continued)				
Subtotal - WR		<u>30,795</u>	<u>13,284</u>	<u>28,079</u>
Personal Services		9,064	5,285	14,702
Travel and Transportation		14,132	3,700	7,710
Space and Equipment Services		170	66	167
Other Services		6,407	3,400	4,000
Administrative Supplies		1,022	833	1,500

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
Ch. 3. <u>Meetings of the Executive Committee</u> (For text see page 35)				
Total - PR		<u>37,400</u>	<u>18,080</u>	<u>18,080</u>
Personal Services		5,800	6,380	6,380
Travel and Transportation		6,900	6,900	6,900
Space and Equipment Services		20,000	100	100
Other Services		1,300	1,300	1,300
Supplies and Materials		3,400	3,400	3,400
Ch. 4. <u>Temporary Personnel</u> (For text see page 35)				
Total - PR		<u>1,000</u>	<u>1,000</u>	<u>1,000</u>

PART II

PAN AMERICAN HEALTH ORGANIZATION - HEADQUARTERS

SUMMARY - PART II

Source of Funds:	1964	1965	1966
	\$	\$	\$
Total - All Funds	3,070,037	3,348,090	3,438,480
PAHO Regular	2,022,715	2,171,084	2,233,591
PAHO Other	5,244	5,559	5,713
WHO Regular	1,042,078	1,171,447	1,199,176
Number of Posts:	227	228	228
Professional	96	95	95
Local	131	133	133

DETAIL - PART II

Fund	1964	1965	1966	Fund	1964	1965	1966
	\$	\$	\$		\$	\$	\$
<b>Detail - Sec. 1. Executive Offices</b> (For text see page 36)				<b>Ch. 2. Office of National Health Planning</b>			
Total - All Funds	518,694	547,656	558,501	Total - PR	59,846	62,197	63,869
<b>Ch. 1. Office of the Director</b>				Personnel Costs			
Total - All Funds	186,785	192,228	195,561	Duty Travel	54,386	56,737	58,409
Subtotal - PR				Duty Travel			
Personnel Costs	143,541	147,548	150,401		5,460	5,460	5,460
Duty Travel	6,000	6,000	6,000	Posts			
Representation Allowance of the Director	3,400	3,400	3,400		4	4	4
Hospitality	200	200	200	Medical Officer, P6 .0009	PR	1	1
Subtotal - WR				Economic Adviser, P5 .0010	PR	1	1
Personnel Costs	22,644	24,080	24,560	Secretary, WL4 .0011, .0012	PR	2	2
Duty Travel	6,900	6,900	6,900	<b>Ch. 3. Office of Public Information</b>			
Representation Allowance of the Director	2,600	2,600	2,600	Total - All Funds			
Hospitality	1,500	1,500	1,500		101,837	107,660	111,844
Posts				Personnel Costs			
	11	11	11	Duty Travel	58,571	64,054	68,238
Director, Ung. .0001	PR	1	1	News Releases	1,260	1,260	1,260
Deputy Director, Ung. .0002	PR	1	1	World Health Day	22,210	20,280	20,280
Assistant Director, Ung. .0003	PR	1	1	Supplies, Materials and Other Services	10,700	10,700	10,700
International Liaison Officer, P6 .0004	PR	1	1	Subtotal - PR			
Liaison Officer, P4 .0200	PR	1	1		43,615	47,969	50,668
Administrative Officer, P1 .0005	PR	1	1	Personnel Costs			
Secretary, WL6 .0006, .0007, .0008	PR	3	3	News Releases	25,575	29,929	32,628
Secretary, WL4 .0923	PR	1	1	Supplies, Materials and Other Services	12,650	12,650	12,650
Clerk Typist, WL3 .0218	PR	1	1	Subtotal - WR			
					58,222	59,691	61,176
				Personnel Costs			
				Duty Travel	32,996	34,125	35,610
				News Releases	1,260	1,260	1,260
				World Health Day	9,560	7,630	7,630
				Supplies, Materials and Other Services	10,700	10,700	10,700
				Subtotal - WR			
					3,706	5,976	5,976

	Fund	1964	1965	1966
		\$	\$	\$
Ch. 3. (continued)				
<u>Posts</u>		<u>7</u>	<u>7</u>	<u>7</u>
Information Officer, P4 4.0013	WR	1	1	1
Information Officer, P2 .0014	PR	1	1	1
Information Officer, P1 4.0015	WR	1	1	1
Information Assistant, WL5 .0016	PR	1	1	1
Secretary, WL4 .0017	PR	1	1	1
4.0018	WR	1	1	1
Clerk Typist, WL3 .0019	PR	1	1	1

Ch. 4. Office of Evaluation and Reports				
Total - All Funds		<u>73,170</u>	<u>79,558</u>	<u>79,254</u>
Subtotal - PR		<u>33,340</u>	<u>34,827</u>	<u>36,153</u>
Personnel Costs		32,500	33,987	35,313
Duty Travel		840	840	840
Subtotal - WR		<u>39,830</u>	<u>44,731</u>	<u>43,101</u>
Personnel Costs		35,154	41,051	39,421
Duty Travel		4,676	3,680	3,680

		<u>7</u>	<u>7</u>	<u>7</u>
<u>Posts</u>				
Medical Officer, P5 4.0020	WR	1	1	1
Reports Officer, P3 .0021	PR	1	1	1
Reports Officer, P2 .0022	PR	1	1	1
Administrative Assistant, P1 4.0023	WR	1	1	1
Secretary, WL4 4.0024	WR	1	1	1
Clerk Stenographer, WL3 .0025	PR	1	1	1
4.0026	WR	1	1	1

Ch. 5. Office of Research Coordination				
Total - All Funds		<u>97,056</u>	<u>106,013</u>	<u>107,973</u>
Subtotal - PR		<u>79,361</u>	<u>82,660</u>	<u>85,454</u>
Personnel Costs		70,391	73,690	76,484
Duty Travel		8,970	8,970	8,970
Subtotal - WR		<u>17,695</u>	<u>23,353</u>	<u>22,519</u>
Personnel Costs		13,555	19,213	18,379
Duty Travel		4,140	4,140	4,140

		<u>7</u>	<u>7</u>	<u>7</u>
<u>Posts</u>				
Medical Officer, P5 .0027, .0028	PR	2	2	2
4.0033	WR	1	1	1
Medical Research Scientist, P3 .0029	PR	1	1	1

	Fund	1964	1965	1966
		\$	\$	\$
Secretary, WL4 .0030				
	PR	1	1	1
Clerk Stenographer, WL3 .0031				
	PR	1	1	1
Secretary, WL3 .0035				
	PR	1	1	1
Detail - Sec. 2. <u>Technical Services</u> (For text see page 36)				
Total - All Funds		<u>1,273,376</u>	<u>1,350,075</u>	<u>1,392,916</u>

Ch. 1. Communicable Diseases Branch				
Total - All Funds		<u>131,226</u>	<u>147,444</u>	<u>144,439</u>
Subtotal - PR		<u>76,943</u>	<u>81,600</u>	<u>83,363</u>
Personnel Costs		68,333	74,470	76,693
Duty Travel		8,610	7,130	6,670
Subtotal - WR		<u>54,283</u>	<u>65,844</u>	<u>61,076</u>
Personnel Costs		46,003	56,874	52,336
Duty Travel		8,280	8,970	8,740

		<u>11</u>	<u>11</u>	<u>11</u>
<u>Posts</u>				
Medical Officer, P6 .0036	PR	1	1	1
Medical Officer (Communicable Diseases), P5 4.0037	WR	1	1	1
Medical Officer (Tuberculosis), P4 .0039	PR	1	1	1
Medical Officer (Communicable Diseases), P4 4.0038	WR	1	1	1
Regional Laboratory Adviser, P4 4.0040	WR	1	1	1
Administrative Assistant, WL5 .0041	PR	1	1	1
Secretary, WL4 .0042	PR	1	1	1
Clerk Stenographer, WL3 .0044, .0045, .0046	PR	3	3	3
4.0043	WR	1	1	1

Ch. 2. Environmental Sanitation Branch				
Total - All Funds		<u>110,747</u>	<u>114,985</u>	<u>120,270</u>
Subtotal - PR		<u>69,564</u>	<u>72,750</u>	<u>76,984</u>
Personnel Costs		59,484	62,670	66,904
Duty Travel		10,080	10,080	10,080
Subtotal - WR		<u>35,939</u>	<u>36,676</u>	<u>37,573</u>
Personnel Costs		27,659	32,536	33,433
Duty Travel		8,280	4,140	4,140
Subtotal - PW		<u>5,244</u>	<u>5,559</u>	<u>5,713</u>
Personnel Costs		5,244	5,559	5,713

Fund	1964	1965	1966
	\$	\$	\$
<b>Ch. 2. (continued)</b>			
	<u>Posts</u>		
	8	8	8
Chief of Branch, P6 4.0047	WR 1	1	1
Sanitary Engineer, P5 .0048	PR 1	1	1
Sanitary Engineer, P4 .0049	PR 1	1	1
Housing Specialist, P4 .0050	PR 1	1	1
Secretary, WL4 4.0051	WR 1	1	1
Clerk Stenographer, WL3 .0052, .0054	PR 2	2	2
.0053	PW 1	1	1

<b>Ch. 3. Fellowships Branch</b>			
<b>Total - All Funds</b>	<b>186,976</b>	<b>193,807</b>	<b>204,648</b>
<b>Subtotal - PR</b>	<b>88,610</b>	<b>86,617</b>	<b>89,271</b>
Personnel Costs	78,470	82,477	85,131
Duty Travel	10,140	4,140	4,140
<b>Subtotal - WR</b>	<b>98,366</b>	<b>107,190</b>	<b>115,377</b>
Personnel Costs	96,526	98,910	105,487
Duty Travel	1,840	8,280	9,890

Fund	19	19	19
	<u>Posts</u>		
Chief of Branch, P5 4.0055	WR 1	1	1
Nurse, P3 .0056	PR 1	1	1
Training Officer, P3 .0058	PR 1	1	1
4.0057, 4.0059	WR 2	2	2
Administrative Officer, P2 4.0060	WR 1	1	1
Budget and Awards Clerk, WL6 4.0061	WR 1	1	1
Clerk (Placement), WL5 .0064, .0065, .0066	PR 3	3	3
4.0062, 4.0067	WR 2	2	2
Clerk (Payments and Travel), WL5 4.0063	WR 1	1	1
Clerk (Statistics), WL5 .0068	PR 1	1	1
Secretary, WL4 4.0069	WR 1	1	1
Clerk, WL4 .0070, .0071, .0072	PR 3	3	3
Clerk, WL3 4.0073	WR 1	1	1

<b>Ch. 4. Health Promotion Branch</b>			
<b>Total - All Funds</b>	<b>267,358</b>	<b>281,064</b>	<b>288,481</b>
<b>Subtotal - PR</b>	<b>190,780</b>	<b>194,225</b>	<b>200,201</b>
Personnel Costs	166,546	174,445	180,421
Duty Travel	24,234	19,780	19,780
<b>Subtotal - WR</b>	<b>76,578</b>	<b>86,839</b>	<b>88,280</b>
Personnel Costs	67,378	73,499	74,940
Duty Travel	9,200	13,340	13,340

Fund	1964	1965	1966
	\$	\$	\$
<u>Posts</u>			
	19	19	19
Medical Officer, P6 .0074	PR 1	1	1
Medical Officer (Medical Care), P5 .0075	PR 1	1	1
Medical Officer (Nutrition), P5 .0076	PR 1	1	1
Medical Officer (Mental Health), P5 .0077	PR 1	1	1
Dental Officer, P4 .0079	PR 1	1	1
Medical Officer (Maternal and Child Health), P4 4.0078	WR 1	1	1
Nurse, P4 4.0080	WR 1	1	1
Health Educator, P4 4.0081	WR 1	1	1
Administrative Assistant, WL5 4.0082	WR 1	1	1
Secretary, WL4 .0083	PR 1	1	1
Clerk Stenographer, WL4 4.0084	WR 1	1	1
Clerk Stenographer, WL3 4.0085	WR 1	1	1
.0086, .0087, .0088, .0089	PR 4	4	4

<b>Radiation and Isotopes</b>			
Medical Officer (Radiation Protection), P5 .0090	PR 1	1	1
Scientist (Radiation Protection), P4 .0091	PR 1	1	1
Secretary, WL4 .0092	PR 1	1	1

<b>Ch. 5. Health Statistics Branch</b>			
<b>Total - All Funds</b>	<b>207,533</b>	<b>217,962</b>	<b>225,248</b>
<b>Subtotal - PR</b>	<b>159,861</b>	<b>166,639</b>	<b>172,282</b>
Personnel Costs	154,651	161,429	167,072
Duty Travel	5,210	5,210	5,210
<b>Subtotal - WR</b>	<b>47,672</b>	<b>51,323</b>	<b>52,966</b>
Personnel Costs	44,472	46,355	47,998
Duty Travel	3,200	4,968	4,968

Fund	18	18	18
	<u>Posts</u>		
Statistician, P5 .0093	PR 1	1	1
Statistician, P4 .0095	PR 1	1	1
4.0094	WR 1	1	1
Statistician, P3 .0096, .0097	PR 2	2	2
Statistician, P2 .0098, .0100	PR 2	2	2
4.0099	WR 1	1	1
Statistician, P1 .0101, .0102	PR 2	2	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>		<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$			\$	\$	\$
Ch. 5. (continued)					Subtotal - WR		17,984	18,807	19,423
Statistical Assistant, P1 .0103	PR	1	1	1	Personnel Costs		12,499	13,322	13,938
Statistical Assistant, WL6 4.0104	WR	1	1	1	Visual Aids Activities		5,485	5,485	5,485
Technical Assistant, WL6 .0105	PR	1	1	1	<u>Posts</u>		19	19	19
Clerk Stenographer, WL4 .0106, .0109 4.0107	PR WR	2 1	2 1	2 1	Medical Officer, P5 .0122	PR	1	1	1
Varytypist, WL4 .0108	PR	1	1	1	Nurse Educator, P4 .0123	PR	1	1	1
Clerk Typist, WL3 .0110	PR	1	1	1	Clerk, WL5 .0124	PR	1	1	1
					Secretary, WL4 .0125	PR	1	1	1
					Clerk Stenographer, WL3 .0126	PR	1	1	1
Ch. 6. Malaria Eradication Branch					<u>Library</u>				
Total - All Funds		155,135	168,162	174,686	Librarian, P3 .0142	PR	1	1	1
Subtotal - PR		76,010	78,355	80,587	Cataloguer, P2 4.0143	WR	1	1	1
Personnel Costs		60,370	62,715	64,947	Assistant Reference Librarian, WL6 .0144	PR	1	1	1
Duty Travel		15,640	15,640	15,640	Library Clerk, WL5 .0145	PR	1	1	1
Subtotal - WR		79,125	89,807	94,099	Clerk, WL4 .0146	PR	1	1	1
Personnel Costs		73,125	75,247	79,539	Clerk, WL3 .0147, .0148	PR	2	2	2
Duty Travel		6,000	14,560	14,560	<u>Visual Aids</u>				
<u>Posts</u>		11	11	11	Visual Media Officer, P3 .0149	PR	1	1	1
Chief, Malaria Eradication, D1 .0111	PR	1	1	1	Visual Media Officer, P2 .0150	PR	1	1	1
Deputy Chief, P5 .0112	PR	1	1	1	Photo Editor, P1 .0151	PR	1	1	1
Sanitary Engineer, P5 .0113	PR	1	1	1	Visual Media Assistant, WL6 .0152, .0153, .0154, .0155	PR	4	4	4
Epidemiologist, P5 4.0114	WR	1	1	1					
Program Officer, P4 4.0115	WR	1	1	1	Detail - Sec. 3. <u>Administration</u> (For text see page 36)				
Operations Analyst, P1 4.0116	WR	1	1	1	Total - All Funds		805,267	834,159	864,363
Administrative Assistant, WL5 4.0117	WR	1	1	1	Ch. 1. <u>Office of the Chief</u>				
Secretary, WL4 4.0118, 4.0119	WR	2	2	2	Total - All Funds		45,622	46,460	47,745
Clerk Stenographer, WL3 4.0120	WR	1	1	1	Subtotal - PR		39,322	40,120	41,405
Clerk, WL3 4.0121	WR	1	1	1	Personnel Costs		31,802	32,600	33,885
					Duty Travel		2,520	2,520	2,520
					Audit Costs		5,000	5,000	5,000
Ch. 7. Professional Education Branch					Subtotal - WR		6,300	6,340	6,340
Total - All Funds		214,401	226,651	235,144	Duty Travel		6,300	6,340	6,340
Subtotal - PR		196,417	207,844	215,721	<u>Posts</u>		2	2	2
Personnel Costs		189,676	180,559	188,436	Chief of Administration, D2 .0156	PR	1	1	1
Duty Travel		9,676	10,220	10,220	Secretary, WL5 .0157	PR	1	1	1
Library Acquisitions and Binding		6,400	6,400	6,400					
Drafting Supplies		1,600	1,600	1,600					
Photographic Services		2,800	2,800	2,800					
Slides and Film Strips		665	665	665					
Exhibits		5,600	5,600	5,600					

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<b>Ch. 2. Budget and Finance Branch</b>				
Total - All Funds		<u>350,561</u>	<u>366,289</u>	<u>379,438</u>
Subtotal - PR		<u>248,312</u>	<u>260,300</u>	<u>269,677</u>
Personnel Costs		244,832	256,820	266,197
Duty Travel		3,480	3,480	3,480
Subtotal - WR		<u>102,249</u>	<u>105,989</u>	<u>109,761</u>
Personnel Costs		101,619	105,989	109,761
Duty Travel		630		
<u>Posts</u>		<u>36</u>	<u>36</u>	<u>36</u>
Chief of Branch, P5 .0158	PR	1	1	1
Secretary, WL4 .0159	PR	1	1	1
<u>Budget Section</u>				
Budget Officer, P4 .0160	PR	1	1	1
Budget Officer, P3 .0161	PR	1	1	1
Administrative Officer, P2 .0162	PR	1	1	1
Budget Assistant, WL6 .0164	PR	1	1	1
4.0163	WR	1	1	1
Budget Clerk, WL5 .0165	PR	1	1	1
Clerk, WL4 4.0166	WR	1	1	1
Clerk Typist, WL3 .0167	PR	1	1	1
<u>Finance Section</u>				
Finance Officer, P4 4.0168	WR	1	1	1
Finance Officer, P3 .0169	PR	1	1	1
Accountant, P3 .0170	PR	1	1	1
Disbursement Officer, P2 .0171	PR	1	1	1
Accountant, P2 .0172, .0173, .0174, .0175	PR	4	4	4
Banking and Insurance Officer, P2 4.0176	WR	1	1	1
Accounting Assistant, WL6 4.0177, 4.0178	WR	2	2	2
.0180, .0181	PR	2	2	2
Accounting Clerk, WL5 .0182, .0186, .0187	PR	3	3	3
4.0183, 4.0184, 4.0185	WR	3	3	3
Clerk, WL4 .0189, .0192	PR	2	2	2
4.0188, 4.0190, 4.0191	WR	3	3	3
Clerk Typist, WL3 .0193	PR	1	1	1
Clerk, WL3 .0194	PR	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<b>Ch. 3. Management and Personnel Branch</b>				
Total - All Funds		<u>409,084</u>	<u>421,410</u>	<u>437,180</u>
Subtotal - PR		<u>221,593</u>	<u>227,168</u>	<u>234,355</u>
Personnel Costs		219,703	225,278	232,465
Duty Travel		1,890	1,890	1,890
Subtotal - WR		<u>187,491</u>	<u>194,242</u>	<u>202,825</u>
Personnel Costs		186,021	191,742	200,325
Duty Travel		1,470	2,500	2,500
<u>Posts</u>		<u>48</u>	<u>49</u>	<u>49</u>
Chief of Branch, P5 4.0195	WR	1	1	1
Administrative Officer (Trainee), P2 .0196	PR	1		
Administrative Assistant, WL5 .0197	PR	1	1	1
<u>Services and Supply Section</u>				
Administrative Services Officer, P4 .0219	PR	1	1	1
<u>Property Services Unit</u>				
Administrative Services Officer, P2 4.0220	WR	1	1	1
Administrative Services Assistant, WL6 .0221	PR	1	1	1
Stock and Inventory Clerk, WL4 .0222	PR	1	1	1
Clerk, WL4 .0223	PR	1	1	1
Inventory and Property Clerk, WL4 .0224	PR	1	1	1
Switchboard Operator, WL4 .0225	PR	1	2	2
Receptionist, WL4 .0941	PR		1	1
Switchboard Operator, WL3 .0226	PR	1	1	1
Machine Operator, WL3 .0227	PR	1	1	1
Mail Clerk, WL3 4.0228	WR	1	1	1
Assistant Mail Clerk, WL2 4.0229	WR	1	1	1
Chauffeur Clerk, WL2 .0230	PR	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
Ch. 3. (continued)				
<u>Records and Communications Unit</u>				
Administrative Services				
Officer, P1				
.0231	PR	1	1	1
Clerk (Records), W14				
.0232	PR	1	1	1
Clerk (Dispatch), W14				
.0234	PR	1	1	1
Clerk, W14				
4.0233	WR	1	1	1
Clerk, WL3				
.0235	PR	1	1	1
Clerk Messenger, WL2				
4.0236	WR	1	1	1
.0237	PR	1	1	1

<u>Supply Unit</u>				
Supply Services				
Officer, P3				
4.0238	WR	1	1	1
Supply Services				
Officer, P2				
.0239	PR	1	1	1
Translator, P1				
.0240	PR	1	1	1
Supply Services				
Officer, P1				
4.0241, 4.0242	WR	2	2	2
Clerk, WL5				
.0243	PR	1	1	1
Printing Technician, WL5				
.0244	PR	1	1	1
Secretary, W14				
4.0245	WR	1	1	1
Clerk, W14				
.0246, .0248	PR	2	2	2
4.0247	WR	1	1	1
Clerk, WL3				
4.0249	WR	1	1	1

Personnel Section

Personnel Officer, P4				
.0250	PR	1	1	1
Recruitment and Staffing Officer, P3				
4.0251	WR	1	1	1
Personnel Officer, P2				
4.0252	WR	1	1	1
Personnel Assistant, W16				
.0253	PR	1	1	1
Personnel Assistant, W16				
4.0254, 4.0255	WR	2	2	2
Personnel Clerk, WL5				
4.0256	WR	1	1	1
Clerk, W14				
.0259, .0262	PR	2	2	2
4.0257, 4.0258, 4.0260	WR	3	3	3
Secretary, W14				
4.0261	WR	1	1	1
Clerk Stenographer, WL3				
.0263	PR	1	1	1

Detail - Sec. 4. Temporary Personnel  
(For text see page 36)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
Total - All Funds		42,700	42,700	42,700
Subtotal - PR		35,000	35,000	35,000
Temporary Personnel		35,000	35,000	35,000
Subtotal - WR		7,700	7,700	7,700
Temporary Personnel		7,700	7,700	7,700

Detail - Sec. 5. Common Services - Headquarters  
(For text see page 36)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
Total - All Funds		430,000	573,500	580,000
Rental and Maintenance of Premises		150,000	250,000	280,000
Rental and Maintenance of Equipment		5,000	5,000	5,000
Communications		110,000	123,500	115,000
Other Contractual Services		30,000	30,000	30,000
Freight and Other Transportation		15,000	40,000	15,000
Supplies		75,000	80,000	80,000
Insurance - Non-Staff		14,500	14,500	14,500
Indemnities, Awards, and Special Claims		500	500	500
Office Equipment		30,000	30,000	40,000
Subtotal - PR		251,000	335,665	338,600
Rental and Maintenance of Premises		88,500	147,500	165,200
Rental and Maintenance of Equipment		2,950	2,950	2,950
Communications		64,900	72,865	67,850
Other Contractual Services		17,700	17,700	17,700
Freight and Other Transportation		8,850	23,600	8,850
Supplies		44,250	47,200	47,200
Insurance - Non-Staff		8,555	8,555	8,555
Indemnities, Awards, and Special Claims		295	295	295
Office Equipment		15,000	15,000	20,000
Subtotal - WR		179,000	237,835	241,400
Rental and Maintenance of Premises		61,500	102,500	114,800
Rental and Maintenance of Equipment		2,050	2,050	2,050
Communications		45,100	50,635	47,150
Other Contractual Services		12,300	12,300	12,300
Freight and Other Transportation		6,150	16,400	6,150
Supplies		30,750	32,800	32,800
Insurance - Non-Staff		5,945	5,945	5,945
Indemnities, Awards, and Special Claims		205	205	205
Office Equipment		15,000	15,000	20,000



## PART III

## PAN AMERICAN HEALTH ORGANIZATION - FIELD AND OTHER PROGRAMS

SUMMARY - PART III

Source of Funds:	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<b>Total - All Funds</b>	<b>12,526,747</b>	<b>13,343,826</b>	<b>13,743,610</b>
Sec. 1. Zone Offices	506,961	512,236	526,499
Sec. 2. Projects	11,760,836	12,565,099	12,946,093
Sec. 3. Editorial Services and Publications	258,950	265,491	271,018
<b>Subtotal - PAHO Regular</b>	<b>3,998,087</b>	<b>4,489,141</b>	<b>5,102,558</b>
Sec. 1. Zone Offices	431,157	458,417	474,665
Sec. 2. Projects *	3,330,931	3,788,804	4,381,287
Sec. 3. Editorial Services and Publications	235,999	241,920	246,606
<b>Subtotal - PAHO Other <sup>1/</sup></b>	<b>5,280,279</b>	<b>4,991,423</b>	<b>4,753,372</b>
Sec. 1. Zone Offices	39,960	19,677	15,933
Sec. 2. Projects	5,240,319	4,971,746	4,737,439
<b>Subtotal - WHO Regular <sup>1/</sup></b>	<b>1,710,961</b>	<b>1,939,238</b>	<b>2,209,106</b>
Sec. 1. Zone Offices	35,844	34,142	35,901
Sec. 2. Projects	1,652,166	1,881,525	2,148,793
Sec. 3. Editorial Services and Publications	22,951	23,571	24,412
<b>Subtotal - WHO Technical Assistance <sup>1/</sup></b>	<b>1,537,420</b>	<b>1,924,024</b>	<b>1,678,574</b>
Sec. 2. Projects	1,537,420	1,924,024	1,678,574
<b>Number of Posts:</b>	<b>805</b>	<b>789</b>	<b>759</b>
Professional	472	476	449
Local	333	313	310
<b>Subtotal - Zone Offices</b>	<b>47</b>	<b>47</b>	<b>47</b>
Professional	11	11	11
Local	36	36	36
<b>Subtotal - Projects</b>	<b>743</b>	<b>727</b>	<b>697</b>
Professional	453	457	430
Local	290	270	267
<b>Subtotal - Editorial Services and Publications</b>	<b>15</b>	<b>15</b>	<b>15</b>
Professional	8	8	8
Local	7	7	7
<b>Consultant Months - Projects</b>	<b>640</b>	<b>794</b>	<b>916</b>
<b>Fellowships - Projects</b>	<b>574</b>	<b>773</b>	<b>879</b>
<b>Participants - Projects</b>	<b>398</b>	<b>280</b>	<b>323</b>

\* Includes Special Fund for Health Promotion - \$250,000 each year.

<sup>1/</sup> See Annex 4 for source of funds.

## DETAIL - PART III

Fund				Fund			
1964				1965			
1966				1966			
\$				\$			
Detail - Sec. 1. <u>Zone Offices</u>				<u>Posts</u>			
(For text see page 37)							
<u>Total - All Funds</u>				<u>8</u>			
506,961 512,236 526,499				8 8 8			
Ch. 1. <u>Zone I - Caracas</u>				Chief of Zone, D1			
<u>Total - All Funds</u>				.0273 PR 1 1 1			
85,012 79,061 80,784				Assistant Chief of			
<u>Subtotal - PR</u>				Zone, P5			
50,062 65,233 70,861				4.0274 WR 1 1 1			
Personnel Costs 21,826 44,297 49,925				Office Manager, ML8			
Duty Travel 8,700 8,700 8,700				.0276 PR 1 1 1			
Hospitality 300 300 300				Administrative			
Common Services 19,236 11,936 11,936				Assistant, ML7			
<u>Subtotal - PM</u>				.0277 PR 1 1 1			
7,850 8,212 8,597				Clerk Stenographer, ML5			
Personnel Costs 7,850 8,212 8,597				.0278, .0279 PR 2 2 2			
<u>Subtotal - PG</u>				Chauffeur, ML3			
25,088 <sup>1/</sup> 4,290 <sup>1/</sup>				.0280 PR 1 1 1			
Personnel Costs 25,088 4,290				Janitor, ML1			
<u>Subtotal - WR</u>				.0282 PR 1 1 1			
2,012 1,326 1,326							
Common Services 2,012 1,326 1,326				Ch. 3. <u>Zone III - Guatemala City</u>			
<u>Posts</u>				<u>Total - All Funds</u>			
6 6 6				94,784 98,279 98,429			
Chief of Zone, D1				<u>Subtotal - PR</u>			
.0264 PR 1 1 1				85,472 88,934 88,923			
Assistant Chief of				Personnel Costs 57,050 59,112 60,701			
Zone, P5				Duty Travel 7,192 7,192 7,192			
.0265 PR 1 1 1				Hospitality 300 300 300			
Secretary, CL6				Common Services 20,930 22,330 20,730			
.0267 PM 1 1 1				<u>Subtotal - WR</u>			
Secretary, CL5				2,290 2,170 2,170			
.0270 PR 1 1 1				Common Services 2,290 2,170 2,170			
Chauffeur-Messenger, CL3				<u>Subtotal - PM</u>			
.0271 PR 1 1 1				7,022 7,175 7,336			
Janitor, CL1				Personnel Costs 7,022 7,175 7,336			
.0272 PR 1 1 1				<u>Posts</u>			
				9 9 9			
Ch. 2. <u>Zone II - Mexico, D.F.</u>				Chief of Zone, D1			
<u>Total - All Funds</u>				.0283 PR 1 1 1			
94,384 95,258 98,206				Assistant Chief of			
<u>Subtotal - PR</u>				Zone, P5			
69,771 71,456 72,716				.0284 PR 1 1 1			
Personnel Costs 39,651 41,336 42,596				Office Manager, GL8			
Duty Travel 4,900 4,900 4,900				.0285 PR 1 1 1			
Hospitality 300 300 300				Secretary, GL7			
Common Services 24,920 24,920 24,920				.0287, .0289 PR 2 2 2			
<u>Subtotal - WR</u>				Secretary, GL6			
24,613 23,802 25,490				.0290 PM 1 1 1			
Personnel Costs 21,913 21,033 22,721				Bilingual Secretary, GL6			
Common Services 2,700 2,769 2,769				.0291 PM 1 1 1			
				Chauffeur, GL2			
				.0292 PR 1 1 1			
				Janitor-Messenger, GL2			
				.0293 PR 1 1 1			

<sup>1/</sup> Costa Payable by Government of Venezuela.

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	<u>\$</u>	<u>\$</u>	<u>\$</u>
<b>Ch. 4. <u>Zone IV - Lima</u></b>			
Total - All Funds	<u>91,964</u>	<u>91,573</u>	<u>93,345</u>
Subtotal - PR	<u>89,743</u>	<u>89,076</u>	<u>90,848</u>
Personnel Costs	57,834	60,267	62,039
Duty Travel	6,031	6,031	6,031
Hospitality	300	300	300
Common Services	25,578	22,478	22,478
Subtotal - WR	<u>2,221</u>	<u>2,497</u>	<u>2,497</u>
Common Services	2,221	2,497	2,497

<u>Posts</u>	<u>9</u>	<u>9</u>	<u>9</u>
Chief of Zone, D1 .0294	PR 1	1	1
Assistant Chief of Zone, P5 .0295	PR 1	1	1
Office Manager, LL7 .0296	PR 1	1	1
Administrative Assistant, LL6 .0297	PR 1	1	1
File Clerk, LL4 .0298	PR 1	1	1
Clerk, LL4 .0299	PR 1	1	1
Clerk, LL3 .0300	PR 1	1	1
Chauffeur, LL2 .0301	PR 1	1	1
Messenger, LL1 .0302	PR 1	1	1

<b>Ch. 5. <u>Zone V - Rio de Janeiro</u></b>			
Total - All Funds	<u>48,674</u>	<u>51,916</u>	<u>58,007</u>
Subtotal - PR	<u>47,200</u>	<u>50,469</u>	<u>56,483</u>
Personnel Costs	30,250	33,519	35,833
Duty Travel	3,480	3,480	3,480
Hospitality	300	300	300
Common Services	13,170	13,170	16,870
Subtotal - WR	<u>1,474</u>	<u>1,447</u>	<u>1,524</u>
Common Services	1,474	1,447	1,524

<u>Posts</u>	<u>5</u>	<u>5</u>	<u>5</u>
Chief of Zone, D1 .0303	PR 1	1	1
Office Manager, RL8 .0903	PR 1	1	1
Secretary, RL6 .0305	PR 1	1	1
Chauffeur, RL2 .0308	PR 1	1	1
Janitor-Office Boy, RL2 .0309	PR 1	1	1

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	<u>\$</u>	<u>\$</u>	<u>\$</u>
<b>Ch. 6. <u>Zone VI - Buenos Aires</u></b>			
Total - All Funds	<u>92,143</u>	<u>96,149</u>	<u>97,728</u>
Subtotal - PR	<u>88,909</u>	<u>93,249</u>	<u>94,834</u>
Personnel Costs	55,959	60,849	63,984
Duty Travel	3,500	3,500	3,500
Hospitality	300	300	300
Common Services	29,150	28,600	27,050
Subtotal - WR	<u>3,234</u>	<u>2,900</u>	<u>2,894</u>
Common Services	3,234	2,900	2,894

<u>Posts</u>	<u>10</u>	<u>10</u>	<u>10</u>
Chief of Zone, D1 .0310	PR 1	1	1
Assistant Chief of Zone, P5 .0311	PR 1	1	1
Office Manager, BAL7 .0312	PR 1	1	1
Secretary, BAL6 .0314, .0315	PR 2	2	2
Clerk Stenographer, BAL5 .0316, .0317	PR 2	2	2
Clerk, BAL5 .0319	PR 1	1	1
Chauffeur, BAL3 .0320	PR 1	1	1
Messenger, BAL3 .0321	PR 1	1	1

Detail - Sec. 2. Projects

(See detail following Sec. 3)

Detail - Sec. 3. Editorial Services and Publications  
(For text see page 115)

Total - All Funds	<u>258,950</u>	<u>265,491</u>	<u>271,018</u>
Subtotal - PR	<u>235,999</u>	<u>241,920</u>	<u>246,606</u>
Personnel Costs	130,663	136,584	141,270
Duty Travel	336	336	336
PASB Bulletin	50,000	50,000	50,000
Statistical Publications and Reports	10,000	10,000	10,000
Special Publications	45,000	45,000	45,000
Subtotal - WR	<u>22,951</u>	<u>23,571</u>	<u>24,412</u>
Personnel Costs	22,951	23,571	24,412

<u>Posts</u>	<u>15</u>	<u>15</u>	<u>15</u>
<u>Editorial Services</u>			
Medical Officer (Scientific Editor), P4 .0127	PR 1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>		<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$			\$	\$	\$
Detail - Sec. 3. (continued)					Sub-Editor, P1				
<u>Bulletin</u>					.0135, .0136				
Editor, P3					PR	2	2	2	
.0128	PR	1	1	1	Editorial				
Assistant Editor, P2					Assistant, WL5				
.0129, .0130	PR	2	2	2	PR	1	1	1	
Clerk Stenographer, WL4					Clerk Stenographer, WL4				
.0131	PR	1	1	1	PR	1	1	1	
Clerk Typist, WL3					.0138				
.0132	PR	1	1	1	<u>Distribution</u>				
<u>Special Publications</u>					Administrative				
Editor, P3					Assistant, WL6				
4.0133	WR	1	1	1	PR	1	1	1	
Assistant Editor, P2					Clerk, WL5				
.0134	PR	1	1	1	PR	1	1	1	
					Clerk, WL4				
					WR	1	1	1	
					4.0141				

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## PART III

## PAN AMERICAN HEALTH ORGANIZATION - FIELD AND OTHER PROGRAMS

<u>SUMMARY - ZONE I PROJECTS</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>1,218,461</u>	<u>1,549,453</u>	<u>1,643,728</u>
PAHO Regular (PR)	378,308	447,876	569,109
PAHO Special Malaria (PM)	228,979	172,742	119,197
PAHO Community Water Supply (PW)	75,368	116,152	115,766
PAHO Grants (PG)	23,413	19,400	-
WHO Regular (WR)	207,740	268,100	313,340
WHO Technical Assistance (WT)	174,741	303,704	316,077
United Nations Special Fund (WS)	129,912	221,479	210,239
Number of Posts:	<u>54</u>	<u>66</u>	<u>60</u>
Professional	50	63	58
Local	4	3	2
Consultant Months:	<u>64</u>	<u>69</u>	<u>121</u>
Number of Fellowships:	<u>70</u>	<u>83</u>	<u>131</u>
Academic	39	42	54
Short	31	41	77
Participants:	<u>20</u>	<u>63</u>	<u>15</u>

<u>DETAIL - ZONE I PROJECTS</u>			
<u>SUMMARY - FRANCE</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>32,293</u>	<u>30,180</u>	<u>33,000</u>
PAHO Regular (PR)	1,700	4,300	4,300
PAHO Special Malaria (PM)	19,700	12,780	13,400
WHO Technical Assistance (WT)	10,893	13,100	15,300
Number of Posts:	<u>1</u>	<u>2</u>	<u>2</u>
Professional	1	2	2
Number of Fellowships:	<u>3</u>	<u>1</u>	<u>3</u>
Academic	-	1	1
Short	3	-	2

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$

## Detail - FRANCE

FRENCH ANTILLES AND GUIANA-0200, Malaria Eradication  
(For text see page 38)

Total - PM		<u>19,700</u>	<u>12,780</u>	<u>13,400</u>
Personnel Costs		-	9,280	9,900
Duty Travel		-	1,500	1,500
Supplies and Equipment		19,700	2,000	2,000
Posts		-	1	1
Sanitarian, P2 .0939	PM	-	1	1
Estimated Government Contribution		-	(96,000)	(96,000)

FRENCH ANTILLES AND GUIANA-2300, Aedes aegypti  
Eradication  
(For text see page 38)

Total - WT		<u>7,793</u>	<u>13,100</u>	<u>11,700</u>
Personnel Costs		6,693	10,676	9,266
Duty Travel		1,100	2,424	2,434
Posts		<u>1</u>	<u>1</u>	<u>1</u>
Sanitarian, P2 4.0480	WT	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>FRENCH ANTILLES AND GUIANA-3101, Fellowships for Health Services</u> (For text see page 38)				
Total - WT		<u>3,100</u>	-	<u>3,600</u>
Fellowships		3,100	-	3,600
Fellowships		<u>2</u>	-	<u>2</u>
Short		2	-	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>FRENCH ANTILLES AND GUIANA-3102, Fellowships for Health Services</u> (For text see page 38)				
Total - PR		<u>1,700</u>	<u>4,300</u>	<u>4,300</u>
Fellowships		1,700	4,300	4,300
Fellowships		<u>1</u>	<u>1</u>	<u>1</u>
Academic		-	1	1
Short		1	-	-

<u>SUMMARY - JAMAICA</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>82,417</u>	<u>111,901</u>	<u>121,866</u>
PAHO Regular (PR)	25,950	41,360	47,850
PAHO Special Malaria (PM)	350	-	-
PAHO Community Water Supply (PW)	-	8,200	8,200
WHO Regular (WR)	54,517	46,732	49,925
WHO Technical Assistance (WT)	1,600	15,609	15,891
Number of Posts:	<u>3</u>	<u>4</u>	<u>4</u>
Professional	3	4	4
Consultant Months:	<u>7</u>	<u>14</u>	<u>17</u>
Number of Fellowships:	<u>7</u>	<u>9</u>	<u>10</u>
Academic	5	6	5
Short	2	3	5

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>Detail - JAMAICA</u>				
<u>JAMAICA-0200, Malaria Eradication</u> (For text see page 38)				
Total - PM		<u>350</u>	-	-
Supplies and Equipment		350	-	-
<u>JAMAICA-2200, Water Supplies</u> (For text see page 38)				
Total - All Funds		<u>18,907</u>	<u>23,809</u>	<u>24,091</u>
Subtotal - WR		<u>18,907</u>	-	-
Personnel Costs		17,907	-	-
Duty Travel		1,000	-	-
Subtotal - WT		-	<u>15,609</u>	<u>15,891</u>
Personnel Costs		-	15,218	15,491
Duty Travel		-	391	400
Subtotal - PW		-	<u>8,200</u>	<u>8,200</u>
Personnel Costs		-	4,800	4,800
Fellowships		-	3,400	3,400

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
Posts		<u>1</u>	<u>1</u>	<u>1</u>
Sanitary Engineer, P4 4.0516	WR	1	-	-
Sanitary Engineer, P4 4.0560	WT	-	1	1
Consultant Months		-	<u>3</u>	<u>3</u>
Fellowships		-	<u>2</u>	<u>2</u>
Short		-	2	2
Estimated Government Contribution		(90,000)	(200,000)	(200,000)
<u>JAMAICA-3100, Public Health Services</u> (For text see page 38)				
Total - All Funds		<u>20,010</u>	<u>30,975</u>	<u>28,139</u>
Subtotal - WR		<u>20,010</u>	<u>20,675</u>	<u>19,439</u>
Personnel Costs		13,910	18,515	17,279
Duty Travel		1,800	2,160	2,160
Fellowships		4,300	-	-
Subtotal - PR		-	<u>10,300</u>	<u>8,700</u>
Fellowships		-	10,300	7,700
Supplies and Equipment		-	-	1,000

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>JAMAICA-3100, (continued)</u>				
Posts		1	1	1
Medical Officer, P5 4.0924	WR	1	1	1
Fellowships		1	3	3
Academic		1	2	1
Short		-	1	2

JAMAICA-3101, Health Legislation  
(For text see page 39)

Total - All Funds		1,600	1,600	-
Subtotal - PR		-	1,600	-
Personnel Costs		-	1,600	-
Subtotal - WT		1,600	-	-
Personnel Costs		1,600	-	-
Consultant Months		1	1	-

JAMAICA-4300, Mental Health  
(For text see page 39)

Total - PR		-	-	10,700
Personnel Costs		-	-	6,400
Fellowships		-	-	4,300
Consultant Months		-	-	4
Fellowships		-	-	1
Academic		-	-	1

JAMAICA-6201, Department of Preventive Medicine (UWI)  
(For text see page 39)

Total - All Funds		25,900	24,600	22,000
Subtotal - WR		15,600	16,000	16,000
Personnel Costs		9,600	16,000	16,000
Fellowships		6,000	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Subtotal - PR</u>				
		10,300	8,600	6,000
<u>Fellowships</u>				
		10,300	8,600	6,000
<u>Consultant Months</u>				
		6	10	10
<u>Fellowships</u>				
		5	2	2
<u>Academic</u>				
		3	2	1
<u>Short</u>				
		2	-	1

JAMAICA-6300, Nursing Education  
(For text see page 39)

Total - All Funds		15,650	30,917	36,936
Subtotal - PR		15,650	20,860	22,450
Personnel Costs		10,350	11,350	12,940
Duty Travel		1,000	910	910
Fellowships		4,300	8,600	8,600
Subtotal - WR		-	10,057	14,486
Personnel Costs		-	9,557	13,986
Duty Travel		-	500	500

Posts

		1	2	2
Nurse Educator, P3 .0515	PR	1	1	1
Nurse Educator, P3 4.0972	WR	-	1	1

Fellowships

		1	2	2
Academic		1	2	2

Estimated Government Contribution (50,000) (50,000) (50,000)

SUMMARY - NETHERLANDS ANTILLES

	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
Source of Funds:			
Total - All Funds	8,400	4,300	8,600
PAHO Regular (PR)	4,300	4,300	4,300
WHO Regular (WR)	-	-	4,300
WHO Technical Assistance (WT)	4,100	-	-
Number of Fellowships:	2	1	2
Academic	2	1	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
Detail - <u>NETHERLANDS ANTILLES</u>	\$	\$	\$	
<u>NETHERLANDS ANTILLES-2100, Environmental Sanitation</u> (For text see page 39)				
Total - WT	<u>4,100</u>	<u>-</u>	<u>-</u>	
Fellowships	4,100	-	-	
<u>Fellowships</u>	<u>1</u>	<u>-</u>	<u>-</u>	
Academic	1	-	-	
<u>NETHERLANDS ANTILLES-3101, Fellowships for Health Services</u> (For text see page 39)				
Total - PR	<u>4,300</u>	<u>4,300</u>	<u>4,300</u>	
Fellowships	4,300	4,300	4,300	

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>Fellowships</u>	<u>1</u>	<u>1</u>	<u>1</u>	
Academic	1	1	1	
<u>NETHERLANDS ANTILLES-3102, Fellowships for Health Services</u> (For text see page 40)				
Total - WR	<u>-</u>	<u>-</u>	<u>4,300</u>	
Fellowships	-	-	4,300	
<u>Fellowships</u>	<u>-</u>	<u>-</u>	<u>1</u>	
Academic	-	-	1	

<u>SUMMARY - SURINAM</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>121,556</u>	<u>129,370</u>	<u>130,173</u>
PAHO Regular (PR)	5,650	4,300	20,000
PAHO Special Malaria (PM)	101,294	102,281	88,562
PAHO Community Water Supply (PW)	-	9,800	6,600
WHO Regular (WR)	1,600	-	-
WHO Technical Assistance (WT)	13,012	12,989	15,011
Number of Posts:	<u>7</u>	<u>7</u>	<u>6</u>
Professional	7	7	6
Consultant Months:	<u>2</u>	<u>4</u>	<u>8</u>
Number of Fellowships:	<u>1</u>	<u>4</u>	<u>7</u>
Academic	1	1	1
Short	-	3	6

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
Detail - <u>SURINAM</u>	\$	\$	\$	
<u>SURINAM-0200, Malaria Eradication</u> (For text see page 40)				
Subtotal - PM	<u>101,294</u>	<u>102,281</u>	<u>88,562</u>	
Personnel Costs	77,734	79,290	68,121	
Duty Travel	17,060	17,060	14,510	
Fellowships	-	1,700	1,700	
Supplies and Equipment	6,500	3,500	3,500	
Grant and Other	-	731	731	
<u>Posts</u>	<u>6</u>	<u>6</u>	<u>5</u>	
Medical Officer, P4 .0582	PM	1	1	1
Health Educator, P4 .0583	PM	1	1	1
Malaria Eradication Specialist, P3 .0584, .0585	PM	2	2	2
Entomologist, P3 .0586	PM	1	1	-
Sanitarian, P1 .0587	PM	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>Fellowships</u>	<u>-</u>	<u>1</u>	<u>1</u>	
Short	-	1	1	
Estimated Government Contribution	(298,000)	(300,000)	(300,000)	
<u>SURINAM-2200, Water Supplies</u> (For text see page 40)				
Total - All Funds	<u>1,600</u>	<u>9,800</u>	<u>9,800</u>	
Subtotal - WR	<u>1,600</u>	<u>-</u>	<u>-</u>	
Personnel Costs	1,600	-	-	
Subtotal - PW	<u>-</u>	<u>9,800</u>	<u>6,600</u>	
Personnel Costs	-	6,400	3,200	
Fellowships	-	3,400	3,400	
Subtotal - PR	<u>-</u>	<u>-</u>	<u>3,200</u>	
Personnel Costs	-	-	3,200	



<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>SURINAM-2200, (continued)</u>			
<u>Consultant Months</u>	1	4	4
<u>Fellowships</u>	-	2	2
Short	-	2	2
Estimated Government Contribution	-	(60,000)	(60,000)

SURINAM-2300, Aedes aegypti Eradication  
(For text see page 40)

Total - WT	<u>13,012</u>	<u>12,989</u>	<u>15,011</u>
Personnel Costs	12,132	10,624	12,643
Duty Travel	680	2,365	2,368
Supplies and Equipment	200	-	-
<u>Posts</u>	<u>1</u>	<u>1</u>	<u>1</u>
Sanitarian, P2 4.0588	WT 1	1	1
Estimated Government Contribution	(107,526)	(120,000)	(120,000)

SURINAM-3100, Health Services  
(For text see page 40)

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
Total - PR	<u>1,350</u>	-	<u>11,700</u>
Personnel Costs	1,350	-	6,400
Fellowships	-	-	4,300
Supplies and Equipment	-	-	1,000
<u>Consultant Months</u>	<u>1</u>	-	<u>4</u>
<u>Fellowships</u>	-	-	<u>1</u>
Academic	-	-	1

SURINAM-3101, Fellowships for Health Services  
(For text see page 40)

Total - PR	<u>4,300</u>	<u>4,300</u>	<u>5,100</u>
Fellowships	4,300	4,300	5,100
<u>Fellowships</u>	<u>1</u>	<u>1</u>	<u>3</u>
Academic	1	1	-
Short	-	-	3

SUMMARY - TRINIDAD AND TOBAGO

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>43,082</u>	<u>73,682</u>	<u>73,288</u>
PAHO Regular (PR)	3,200	20,600	31,200
PAHO Community Water Supply (PW)	8,200	20,780	22,990
PAHO Grants (PG)	21,713	19,400	-
WHO Regular (WR)	4,300	-	4,300
WHO Technical Assistance (WT)	5,669	12,902	10,798
<u>Number of Posts:</u>	<u>1</u>	<u>2</u>	<u>2</u>
Professional	1	2	2
<u>Consultant Months:</u>	<u>5</u>	<u>3</u>	<u>11</u>
<u>Number of Fellowships:</u>	<u>3</u>	<u>8</u>	<u>9</u>
Academic	1	4	3
Short	2	4	6

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>Detail - TRINIDAD AND TOBAGO</u>			
<u>TRINIDAD AND TOBAGO-0600, Venereal Diseases</u> (For text see page 40)			
Total - PR	-	-	<u>1,600</u>
Personnel Costs	-	-	1,600
<u>Consultant Months</u>	-	-	<u>1</u>

TRINIDAD AND TOBAGO-2200, Water Supplies  
(For text see page 40)

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
Total - PW	<u>8,200</u>	<u>20,780</u>	<u>22,990</u>
Personnel Costs	4,800	15,880	18,090
Duty Travel	-	1,500	1,500
Fellowships	3,400	3,400	3,400
<u>Posts</u>	-	<u>1</u>	<u>1</u>
Sanitary Engineer, P4 .0965	PW -	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>TRINIDAD AND TOBAGO-2200, (continued)</u>				
Consultant Months		3	3	3
Fellowships		2	2	2
Short		2	2	2
<u>TRINIDAD AND TOBAGO-3101, Public Health Legislation</u> (For text see page 40)				
Total - PR		3,200	-	-
Personnel Costs		3,200	-	-
Consultant Months		2	-	-
<u>TRINIDAD AND TOBAGO-3102, Fellowships for Health Services</u> (For text see page 41)				
Total - WR		4,300	-	4,300
Fellowships		4,300	-	4,300
Fellowships		1	-	1
Academic		1	-	1
<u>TRINIDAD AND TOBAGO-3103, Fellowships for Health Services</u> (For text see page 41)				
Total - PR		-	10,300	6,000
Fellowships		-	10,300	6,000
Fellowships		-	3	2
Academic		-	2	1
Short		-	1	1
<u>TRINIDAD AND TOBAGO-3200, Nursing Services</u> (For text see page 41)				
Total - All Funds		5,669	-	7,400
Subtotal - WT		5,669	-	-
Personnel Costs		5,069	-	-
Duty Travel		600	-	-
Subtotal - PR		-	-	7,400
Personnel Costs		-	-	6,400
Supplies and Equipment		-	-	1,000
Posts		1	-	-
Public Health Nurse, P3 4.0589	WT	1	-	-
Consultant Months		-	-	4
Estimated Government Contribution		(100,000)	(100,000)	(100,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>TRINIDAD AND TOBAGO-3300, Laboratory Services</u> (For text see page 41)				
Total - PR		-	4,300	-
Fellowships		-	4,300	-
Fellowships		-	1	-
Academic		-	1	-
<u>TRINIDAD AND TOBAGO-4200, Nutrition</u> (For text see page 41)				
Total - PR		-	6,000	6,000
Fellowships		-	6,000	6,000
Fellowships		-	2	2
Academic		-	1	1
Short		-	1	1
<u>TRINIDAD AND TOBAGO-4201, Pathogenesis and Prevention of Anemia</u> (For text see page 41)				
Total - PG *		21,713	19,400	-
Personnel Costs		12,900	12,900	-
Duty Travel		1,000	1,000	-
Supplies and Equipment		7,813	5,500	-
<u>TRINIDAD AND TOBAGO-4800, Hospital Administration and Medical Records</u> (For text see page 41)				
Total - All Funds		-	12,902	24,998
Subtotal - WT		-	12,902	14,798
Personnel Costs		-	12,902	14,798
Subtotal - PR		-	-	10,200
Personnel Costs		-	-	4,800
Fellowships		-	-	3,400
Supplies and Equipment		-	-	2,000
Posts		-	1	1
Hospital Administrator, P4 4.0952	WT	-	-	1
Medical Librarian, P3 4.0953	WT	-	1	-
Consultant Months		-	-	3
Fellowships		-	-	2
Short		-	-	2

\* Contribution from United States Public Health Service - National Institutes of Health.

<u>SUMMARY - UNITED KINGDOM</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>197,691</u>	<u>224,278</u>	<u>266,887</u>
PAHO Regular (PR)	37,235	28,451	55,567
PAHO Special Malaria (PM)	64,700	18,835	17,235
PAHO Community Water Supply (PW)	26,674	31,776	32,078
WHO Regular (WR)	52,775	65,521	77,877
WHO Technical Assistance (WT)	16,307	79,695	84,130
Number of Posts:	<u>9</u>	<u>10</u>	<u>10</u>
Professional	9	10	10
Consultant Months:	<u>8</u>	<u>12</u>	<u>17</u>
Number of Fellowships:	<u>8</u>	<u>13</u>	<u>22</u>
Academic	5	6	13
Short	3	7	9
Participants:	-	8	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Detail - UNITED KINGDOM</u>				
<u>BRITISH GUIANA-0200, Malaria Eradication</u> (For text see page 41)				
Total - PM		<u>50,930</u>	<u>18,700</u>	<u>17,235</u>
Personnel Costs		24,850	13,460	13,695
Duty Travel		6,080	3,040	3,040
Fellowships		-	1,700	-
Supplies and Equipment		20,000	500	500
<u>Posts</u>		<u>2</u>	<u>1</u>	<u>1</u>
Sanitarian, P2 .0380, .0381	PM	2	1	1
<u>Consultant Months</u>		<u>1</u>	<u>1</u>	<u>1</u>
<u>Fellowships</u>		<u>-</u>	<u>1</u>	<u>-</u>
Short		-	1	-
Estimated Government Contribution		(66,470)	(66,470)	(66,470)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRITISH GUIANA-3100, National Health Services</u> (For text see page 42)				
Total - All Funds		<u>36,536</u>	<u>36,358</u>	<u>47,062</u>
Subtotal - WR		<u>36,536</u>	<u>36,358</u>	<u>39,662</u>
Personnel Costs		26,216	27,338	28,942
Duty Travel		4,320	4,720	4,720
Fellowships		6,000	4,300	6,000
Subtotal - PR		<u>-</u>	<u>-</u>	<u>7,400</u>
Personnel Costs		-	-	6,400
Supplies and Equipment		-	-	1,000

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Posts</u>				
		<u>2</u>	<u>2</u>	<u>2</u>
Medical Officer, P4 4.0382	WR	1	1	1
Sanitary Engineer, P4 4.0383	WR	1	1	1
<u>Consultant Months</u>		<u>-</u>	<u>-</u>	<u>4</u>
<u>Fellowships</u>		<u>2</u>	<u>1</u>	<u>2</u>
Academic		1	1	1
Short		1	-	1
<u>BRITISH GUIANA-3200, Nursing Services</u> (For text see page 42)				
Total - WT		<u>-</u>	<u>6,400</u>	<u>6,400</u>
Personnel Costs		-	6,400	6,400
<u>Consultant Months</u>		<u>-</u>	<u>4</u>	<u>4</u>

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>WEST INDIES-0200, Malaria Eradication</u> (For text see page 42)				
Total - PM		<u>13,770</u>	<u>135</u>	<u>-</u>
Personnel Costs		11,625	-	-
Duty Travel		1,495	-	-
Supplies and Equipment		650	135	-
<u>Posts</u>		<u>1</u>	<u>-</u>	<u>-</u>
Sanitarian, P2 .0605	PM	1	-	-
Estimated Government Contribution		(11,000)	(10,000)	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>WEST INDIES-2200, Water Supplies</u> (For text see page 42)				
Total - All Funds		42,981	68,576	67,828
Subtotal - WT		16,307	36,800	35,750
Personnel Costs		13,907	30,356	30,578
Duty Travel		2,400	6,444	5,172
Subtotal - PW		26,674	31,776	32,078
Personnel Costs		20,394	25,496	25,798
Duty Travel		2,880	2,880	2,880
Fellowships		3,400	3,400	3,400
<u>Posts</u>		2	3	3
Sanitary Engineer, P4 4.0606	WT	1	1	1
Sanitary Engineer, P4 .0607	PW	1	1	1
4.1006	WT	-	1	1
<u>Consultant Months</u>		3	6	6
<u>Fellowships</u>		2	2	2
Short		2	2	2

<u>WEST INDIES-3101, Fellowships for Health Services</u> (For text see page 43)				
Total - PR		8,600	4,300	4,300
Fellowships		8,600	4,300	4,300
<u>Fellowships</u>		2	1	1
Academic		2	1	1

<u>WEST INDIES-3102, Fellowships for Health Services</u> (For text see page 43)				
Total - WR		4,300	3,400	7,700
Fellowships		4,300	3,400	7,700
<u>Fellowships</u>		1	2	3
Academic		1	-	1
Short		-	2	2

<u>WEST INDIES-3200, Nursing Services</u> (For text see page 43)				
Total - All Funds		16,239	21,463	34,815
Subtotal - WR		11,939	21,463	21,915
Personnel Costs		8,939	9,943	10,395
Duty Travel		3,000	2,920	2,920
Fellowships		-	8,600	8,600
Subtotal - PR		4,300	-	12,900
Fellowships		4,300	-	12,900

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Posts</u>				
		1	1	1
Public Health Nurse, P3 4.0603	WR	1	1	1
<u>Fellowships</u>				
		1	2	5
Academic		1	2	5
<u>WEST INDIES-4200, Nutrition</u> (For text see page 43)				
Total - WR		-	4,300	8,600
Fellowships		-	4,300	8,600
<u>Fellowships</u>				
		-	1	2
Academic		-	1	2
<u>WEST INDIES-4800, Medical Care Services</u> (For text see page 43)				
Total - PR		3,200	-	3,200
Personnel Costs		3,200	-	3,200
<u>Consultant Months</u>				
		2	-	2

<u>WEST INDIES-4801, Hospital Administration</u> <u>in Barbados</u> (For text see page 43)				
Total - WT		-	7,495	12,980
Personnel Costs		-	7,495	9,380
Fellowships		-	-	3,600
<u>Posts</u>				
		-	1	1
Hospital Administrator, P4 4.0961	WT	-	1	1
<u>Fellowships</u>				
		-	-	2
Short		-	-	2

<u>WEST INDIES-4802, Training in Hospital Administration</u> <u>(Eastern Caribbean)</u> (For text see page 43)				
Total - WT		-	29,000	29,000
Personnel Costs		-	14,006	14,406
Duty Travel		-	5,994	5,994
Fellowships		-	8,000	8,000
Supplies and Equipment		-	1,000	1,000
<u>Posts</u>				
		-	1	1
Medical Officer, P4 4.1007	WT	-	1	1
<u>Fellowships</u>				
		-	3	3
Academic		-	1	1
Short		-	2	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>WEST INDIES-6300, Nursing Education</u> (For text see page 43)				
Total - PR		21,135	24,151	27,267
Personnel Costs		18,115	17,131	16,147
Duty Travel		3,020	3,020	3,020
Fellowships		-	-	8,600
Seminars		-	4,000	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Posts</u>				
		1	1	1
<u>Nurse Educator, P3</u> .0604				
	PR	1	1	1
<u>Consultant Months</u>				
		2	1	-
<u>Fellowships</u>				
		-	-	2
<u>Academic</u>				
		-	-	2
<u>Participants</u>				
		-	8	-

<u>SUMMARY - VENEZUELA</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>Source of Funds:</u>			
Total - All Funds	373,241	544,631	571,296
PAHO Regular (PR)	125,646	148,642	160,378
PAHO Community Water Supply (PW)	40,494	45,596	45,898
WHO Regular (WR)	58,779	95,243	119,752
WHO Technical Assistance (WT)	18,410	33,671	35,029
United Nations Special Fund (WS)	129,912	221,479	210,239
<u>Number of Posts:</u>			
	11	19	17
Professional	11	19	17
<u>Consultant Months:</u>			
	32	29	53
<u>Number of Fellowships:</u>			
	28	37	42
Academic	12	15	17
Short	16	22	25

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Detail - VENEZUELA</u>				
<u>VENEZUELA-0900, Plague Investigation</u> (For text see page 44)				
Total - PR		8,100	4,800	-
Personnel Costs		5,400	4,800	-
Fellowships		1,700	-	-
<u>Consultant Months</u>		4	3	-
<u>Fellowships</u>		1	-	-
Short		1	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>VENEZUELA-0901, Helminthiasis</u> (For text see page 44)				
Total - PR		-	-	4,900
Personnel Costs		-	-	3,200
Fellowships		-	-	1,700
<u>Consultant Months</u>		-	-	2
<u>Fellowships</u>		-	-	1
Short		-	-	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>VENEZUELA-2200, Community Water Supplies</u> (For text see page 44)				
Total - PW		19,400	19,400	19,400
Personnel Costs		16,000	16,000	16,000
Fellowships		3,400	3,400	3,400
<u>Consultant Months</u>		10	10	10
<u>Fellowships</u>		2	2	2
Short		2	2	2
Estimated Government Contribution		(21,428,571)	(21,428,571)	(21,428,571)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>VENEZUELA-2201, Rural Water Supplies</u> (For text see page 44)				
Total - PW		21,094	26,196	26,498
Personnel Costs		15,594	20,696	20,998
Duty Travel		2,100	2,100	2,100
Fellowships		3,400	3,400	3,400
<u>Posts</u>		1	1	1
Sanitary Engineer, P4 .0601	PW	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>VENEZUELA-2201, (continued)</u>				
<u>Consultant Months</u>		-	3	3
<u>Fellowships</u>		2	2	2
Short		2	2	2
Estimated Government Contribution		(837,053)	(837,053)	(837,053)

VENEZUELA-2300, Aedes aegypti Eradication  
(For text see page 44)

Total - PR		51,746	53,592	52,018
Personnel Costs		41,486	43,332	45,178
Duty Travel		10,260	10,260	6,840
<u>Posts</u>		3	3	3
Medical Officer, P4 .0595	PR	1	1	1
Sanitarian, P2 .0596, .0597	PR	2	2	2
Estimated Government Contribution		(1,004,464)	(1,004,464)	(1,004,464)

VENEZUELA-2400, Rural Housing  
(For text see page 45)

Total - All Funds		15,201	24,394	30,300
Subtotal - WR		13,501	19,294	25,200
Personnel Costs		9,559	15,694	19,200
Duty Travel		2,242	1,900	-
Fellowships		1,700	1,700	6,000
Subtotal - PR		1,700	5,100	5,100
<u>Fellowships</u>		1,700	5,100	5,100
<u>Posts</u>		1	1	-
Planning Expert, P4 4.0602	WR	1	1	-
<u>Consultant Months</u>		-	-	12
<u>Fellowships</u>		2	4	5
Academic Short		-	-	1
		2	4	4
Estimated Government Contribution		(446,428)	(446,428)	(446,428)

VENEZUELA-3100, Consultant Services in Health  
(For text see page 45)

Total - All Funds		6,400	1,600	9,600
Subtotal - WR		6,400	1,600	1,600
Personnel Costs		6,400	1,600	1,600
Subtotal - PR		-	-	8,000
Personnel Costs		-	-	8,000
<u>Consultant Months</u>		4	1	6

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>VENEZUELA-3101, Fellowships for Health Services</u> (For text see page 45)				
Total - PR		14,600	22,300	18,000
Fellowships		14,600	22,300	18,000
<u>Fellowships</u>		4	7	6
Academic Short		3	4	3
		1	3	3

VENEZUELA-3102, Fellowships for Health Services  
(For text see page 45)

Total - WR		8,600	4,300	8,600
Fellowships		8,600	4,300	8,600
<u>Fellowships</u>		2	1	2
Academic		2	1	2

VENEZUELA-3301, National Institute of Hygiene  
(For text see page 45)

Total - PR		7,500	5,900	5,900
Personnel Costs		3,200	1,600	1,600
Fellowships		4,300	4,300	4,300
<u>Consultant Months</u>		2	1	1
<u>Fellowships</u>		1	1	1
Academic		1	1	1
Estimated Government Contribution		(355,273)	(355,273)	(355,273)

VENEZUELA-4200, Nutrition  
(For text see page 45)

Total - PR		-	8,600	8,600
Fellowships		-	8,600	8,600
<u>Fellowships</u>		-	2	2
Academic		-	2	2

VENEZUELA-4300, Mental Health  
(For text see page 45)

Total - All Funds		6,000	35,568	41,322
Subtotal - PR		-	14,950	20,240
Personnel Costs		-	10,350	11,340
Duty Travel		-	300	300
Fellowships		-	4,300	8,600
Subtotal - WT		6,000	20,618	21,082
Personnel Costs		6,000	20,142	20,606
Duty Travel		-	476	476

	Fund	1964	1965	1966
		\$	\$	\$
<u>VENEZUELA-4300, (continued)</u>				
<u>Posts</u>		-	2	2
Medical Officer, P5 4.0994	WT	-	1	1
Nurse, P3 .0968	PR	-	1	1
<u>Consultant Months</u>		3	-	-
<u>Fellowships</u>		-	1	2
Academic		-	1	2

<u>VENEZUELA-4600, Industrial Hygiene</u> (For text see page 45)				
Total - PR		4,900	7,500	9,100
Personnel Costs		3,200	3,200	4,800
Fellowships		1,700	4,300	4,300
<u>Consultant Months</u>		2	2	3
<u>Fellowships</u>		1	1	1
Academic		-	1	1
Short		1	-	-
Estimated Government Contribution		(178,348)	(178,348)	(178,348)

<u>VENEZUELA-4800, Medical Care Services</u> (For text see page 46)				
Total - All Funds		14,999	23,390	24,640
Subtotal - WR		10,699	23,390	24,640
Personnel Costs		9,559	17,950	19,200
Duty Travel		1,140	1,140	-
Fellowships		-	4,300	5,440
Subtotal - PR		4,300	-	-
Fellowships		4,300	-	-
<u>Posts</u>		1	1	-
Medical Officer, P4 4.0600	WR	1	1	-
<u>Consultant Months</u>		-	-	12
<u>Fellowships</u>		1	1	2
Academic		1	1	1
Short		-	-	1

<u>VENEZUELA-4901, Rehabilitation</u> (For text see page 46)				
Total - WR		-	23,410	33,568
Personnel Costs		-	21,910	32,068
Duty Travel		-	1,500	1,500

	Fund	1964	1965	1966
		\$	\$	\$
<u>Posts</u>		-	2	2
Physiotherapist, P3 4.0969	WR	-	1	1
Occupational Therapist, P3 4.0970	WR	-	1	1
Estimated Government Contribution		(892,857)	(892,857)	(892,857)

<u>VENEZUELA-6100, School of Public Health</u> (For text see page 46)				
Total - All Funds		25,579	23,249	26,144
Subtotal - WR		19,579	23,249	26,144
Personnel Costs		18,979	17,779	19,574
Duty Travel		600	570	570
Fellowships		-	4,300	6,000
Supplies and Equipment		-	600	-
Subtotal - PR		6,000	-	-
Fellowships		6,000	-	-
<u>Posts</u>		1	1	1
Health Educator, P4 4.0598	WR	1	1	1
<u>Fellowships</u>		2	1	2
Academic		1	1	1
Short		1	-	1
Estimated Government Contribution		(246,052)	(246,052)	(246,052)

<u>VENEZUELA-6200, Medical Education</u> (For text see page 46)				
Total - PR		18,200	17,300	19,920
Personnel Costs		9,600	9,600	11,080
Duty Travel		-	-	1,140
Fellowships		8,600	7,700	7,700
<u>Posts</u>		-	-	1
Medical Educator, P4 .0971	PR	-	-	1
<u>Consultant Months</u>		6	6	-
<u>Fellowships</u>		2	3	3
Academic		2	1	1
Short		-	2	2

<u>VENEZUELA-6300, Nursing Education</u> (For text see page 46)				
Total - All Funds		21,010	21,653	22,547
Subtotal - WT		12,410	13,053	13,947
Personnel Costs		11,840	12,653	13,547
Duty Travel		570	400	400
Subtotal - PR		8,600	8,600	8,600
Fellowships		8,600	8,600	8,600

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>VENEZUELA-6300, (continued)</u>				
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Nurse Educator, P3 4.0594	WT	1	1	1
<u>Fellowships</u>		<u>2</u>	<u>2</u>	<u>2</u>
Academic		2	2	2
Estimated Government Contribution		(54,174)	(54,174)	(54,174)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>VENEZUELA-6400, Sanitary Engineering Education</u> (For text see page 46)				
Total - WS		<u>129,912</u>	<u>221,479</u>	<u>210,239</u>
Personnel Costs		31,922	73,312	92,796
Duty Travel		6,728	12,493	23,569
Fellowships		13,750	21,250	21,250
Supplies and Equipment		68,600	92,000	53,400
Grants and Other		8,912	22,424	19,224

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Posts</u>				
		<u>3</u>	<u>7</u>	<u>6</u>
Chief Technical Adviser, P5 4.1008	WS	1	1	1
Laboratory Consultant, P4 4.1009	WS	1	1	-
Professor of Sanitary Science, P4 4.1010, 4.1011, 4.1012, 4.1013, 4.1014, 4.1015	WS	1	5	5
<u>Consultant Months</u>				
		<u>1</u>	<u>3</u>	<u>4</u>
<u>Fellowships</u>				
		<u>6</u>	<u>9</u>	<u>9</u>
Short		6	9	9
Estimated Government Contribution		(447,223)	(132,098)	(186,012)

<u>SUMMARY - ZONE I INTERCOUNTRY PROJECTS</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>399,781</u>	<u>431,111</u>	<u>438,618</u>
PAHO Regular (PR)	174,627	195,923	245,514
PAHO Special Malaria (PM)	42,935	38,846	-
PAHO Grants (PG)	1,700	-	-
WHO Regular (WR)	35,769	60,604	57,186
WHO Technical Assistance (WT)	104,750	135,738	135,918
<u>Number of Posts:</u>	<u>22</u>	<u>22</u>	<u>19</u>
Professional	18	19	17
Local	4	3	2
<u>Consultant Months:</u>	<u>10</u>	<u>7</u>	<u>15</u>
<u>Number of Fellowships:</u>	<u>18</u>	<u>10</u>	<u>36</u>
Academic	13	8	12
Short	5	2	24
<u>Participants:</u>	<u>20</u>	<u>55</u>	<u>15</u>

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Detail - ZONE I INTERCOUNTRY PROJECTS</u>				
<u>AMRO-0201, Malaria Technical Advisory Services</u> (Zone I) (For text see page 47)				
Total - PM		<u>38,546</u>	<u>38,846</u>	<u>-</u>
Personnel Costs		31,750	32,550	-
Duty Travel		5,696	5,696	-
Supplies and Equipment		600	600	-
Common Services		500	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Posts</u>				
		<u>3</u>	<u>3</u>	<u>-</u>
Chief Zone Malaria Adviser, P5 .0826	PM	1	1	-
Laboratory Adviser (Scientist), P2 .0827	PM	1	1	-
Administrative Assistant, TL5 .0828	PM	1	1	-



	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-0207, Training Center for Malaria Eradication</u> (Kingston)				
(For text see page 47)				
Total - FM		4,389	-	-
Personnel Costs		3,889	-	-
Grants and Other		500	-	-
<u>Posts</u>		2	-	-
Chief, Training Center, P5				
.0836	FM	1	-	-
Secretary, JL5				
.0837	FM	1	-	-

	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-0701, Rabies Control (Zone I)</u> (For text see page 47)				
Total - PR		11,300	3,300	-
Personnel Costs		9,600	1,600	-
Fellowships		1,700	1,700	-
<u>Consultant Months</u>		6	1	-
<u>Fellowships</u>		1	1	-
Short		1	1	-

	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-2101, Sanitary Engineering (Zone I)</u> (For text see page 47)				
Total - PR		43,448	32,790	46,252
Personnel Costs		22,464	23,026	23,588
Duty Travel		3,784	3,764	3,764
Fellowships		17,200	6,000	18,900
<u>Posts</u>		2	2	2
Sanitary Engineer, P4				
.0862	PR	1	1	1
Secretary, CL6				
.0863	PR	1	1	1
<u>Fellowships</u>		4	2	5
Academic		4	1	4
Short		-	1	1

	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-2107, Environmental Sanitation (Caribbean)</u> (For text see page 47)				
Total - All Funds		55,476	61,694	59,756
Subtotal - PR		22,697	22,600	24,810
Personnel Costs		12,237	11,080	13,290
Duty Travel		1,860	2,920	2,920
Fellowships		8,600	8,600	8,600
Subtotal - WT		32,779	39,094	34,946
Personnel Costs		27,779	34,094	29,946
Duty Travel		5,000	5,000	5,000

	Fund	1964	1965	1966
		\$	\$	\$
<u>Posts</u>				
		3	3	3
Sanitary Engineer, P4				
.0964	PR	-	1	1
4.0822, 4.1017	WT	1	2	2
Sanitarian, P3				
.0824	PR	1	-	-
4.0823	WT	1	-	-
<u>Fellowships</u>		2	2	2
Academic		2	2	2

	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-2301, Aedes aegypti Eradication (Caribbean)</u> (For text see page 47)				
Total - All Funds		68,414	93,219	98,812
Subtotal - PR		3,000	18,080	21,290
Personnel Costs		-	11,080	13,290
Duty Travel		-	4,000	5,000
Supplies and Equipment		3,000	3,000	3,000
Subtotal - WT		65,414	75,139	77,522
Personnel Costs		59,144	62,639	65,022
Duty Travel		6,270	12,500	12,500
<u>Posts</u>		5	6	6
Medical Officer, P4				
.0966	PR	-	1	1
Medical Officer, P4				
4.0610	WT	1	1	1
Sanitarian, P2				
4.0611, 4.0612,				
4.0613, 4.0614	WT	4	4	4
<u>AMRO-3101, Planning (Zone I)</u> (For text see page 47)				
Total - WR		-	14,305	14,095
Seminars		-	14,305	14,095
<u>Participants</u>		-	15	15

	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-3107, Public Health Administration (Caribbean)</u> (For text see page 48)				
Total - All Funds		49,638	41,171	45,669
Subtotal - PR		34,361	18,301	29,803
Personnel Costs		15,594	15,896	17,798
Duty Travel		3,367	2,405	2,405
Fellowships		15,400	-	8,600
Supplies and Equipment		-	-	1,000
Subtotal - WR		15,277	22,870	15,866
Personnel Costs		13,277	16,570	13,866
Duty Travel		2,000	2,000	2,000
Fellowships		-	4,300	-

	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-3107, (continued)</u>				
<u>Posts</u>		2	2	2
Public Health Administrator, P4 4.0916	WR	1	1	1
Administrative Methods Consultant, P4 .0917	PR	1	1	1
<u>Consultant Months</u>		-	-	1
<u>Fellowships</u>		6	1	2
Academic		2	1	2
Short		4	-	-

	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-3201, Nursing (Zone I)</u> (For text see page 48)				
Total - PR		27,221	23,361	23,863
Personnel Costs		18,394	18,896	19,398
Duty Travel		4,027	3,965	3,965
Fellowships		4,300	-	-
Common Services		500	500	500
<u>Posts</u>		2	2	2
Nurse, P4 .0887	PR	1	1	1
Administrative Assistant, JLG .0888	PR	1	1	1
<u>Fellowships</u>		1	-	-
Academic		1	-	-

	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-3207, Course on Nursing Administration and Supervision (Zone I)</u> (For text see page 48)				
Total - PR		-	-	47,300
Personnel Costs		-	-	12,800
Fellowships		-	-	34,000
Supplies and Equipment		-	-	500
<u>Consultant Months</u>		-	-	8
<u>Fellowships</u>		-	-	20
Short		-	-	20

	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-3301, Laboratory Services (Caribbean)</u> (For text see page 48)				
Total - PR		7,500	13,400	13,400
Personnel Costs		3,200	4,800	4,800
Fellowships		4,300	8,600	8,600
<u>Consultant Months</u>		2	3	3
<u>Fellowships</u>		1	2	2
Academic		1	2	2

	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-3401, Health Education (Caribbean)</u> (For text see page 48)				
Total - WT		6,557	21,505	23,450
Personnel Costs		6,177	14,205	16,150
Duty Travel		380	2,500	2,500
Fellowships		-	4,800	4,800
<u>Posts</u>		1	1	1
Health Educator, P4 4.0918	WT	1	1	1
<u>Fellowships</u>		-	1	1
Academic		-	1	1

	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-3501, Health Statistics (Zone I)</u> (For text see page 48)				
Total - PR		21,900	19,966	21,586
Personnel Costs		11,080	13,290	14,910
Duty Travel		2,220	2,376	2,376
Fellowships		8,600	4,300	4,300
<u>Posts</u>		1	1	1
Statistician, P4 .0841	PR	1	1	1
<u>Fellowships</u>		2	1	1
Academic		2	1	1

	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-4201, Nutrition Advisory Services (Zone I)</u> (For text see page 49)				
Total - WR		20,492	23,429	27,225
Personnel Costs		12,942	20,179	18,875
Duty Travel		3,250	3,250	3,250
Fellowships		4,300	-	5,100
<u>Posts</u>		1	1	1
Nutrition Adviser, P4 4.0885	WR	1	1	1
<u>Consultant Months</u>		-	3	3
<u>Fellowships</u>		1	-	3
Academic		1	-	-
Short		-	-	3

	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-4207, Nutrition (Caribbean)</u> (For text see page 49)				
Total - PR		3,200	15,000	17,210
Personnel Costs		3,200	11,080	13,290
Duty Travel		-	3,920	3,920
<u>Posts</u>		-	1	1
Medical Nutritionist, P4 .0967	PR	-	1	1
<u>Consultant Months</u>		2	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4301, Mental Health (Zone I)</u>				
(For text see page 49)				
Total - PG *		<u>1,700</u>	-	-
Seminars		1,700	-	-
<u>Participants</u>		<u>20</u>	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4307, Seminar on Mental Health (Zone I)</u>				
(For text see page 49)				
Total - PR		-	<u>29,125</u>	-
Seminars		-	29,125	-
<u>Participants</u>		-	<u>40</u>	-

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\* Foundation for International Medical Services, Inc.

## PART III

## PAN AMERICAN HEALTH ORGANIZATION - FIELD AND OTHER PROGRAMS

<u>SUMMARY - ZONE II PROJECTS</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
<b>Total - All Funds</b>	<b>1,304,124</b>	<b>1,408,687</b>	<b>1,484,083</b>
PAHO Regular (PR)	441,926	398,443	454,974
PAHO Special Malaria (PM)	276,475	269,211	275,191
PAHO Community Water Supply (PW)	66,087	85,093	85,999
PAHO Grants (PG)	1,002	-	-
WHO Regular (WR)	266,115	301,088	310,015
WHO Technical Assistance (WT)	174,519	274,309	281,991
WHO Malaria Eradication Special Account (WM)	78,000	80,543	75,913
<b>Number of Posts:</b>	<b>72</b>	<b>72</b>	<b>71</b>
Professional	69	69	68
Local	3	3	3
<b>Consultant Months:</b>	<b>34</b>	<b>37</b>	<b>41</b>
<b>Number of Fellowships:</b>	<b>46</b>	<b>54</b>	<b>63</b>
Academic	35	35	45
Short	11	19	18

DETAIL - ZONE II PROJECTS

<u>SUMMARY - CUBA</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
<b>Total - All Funds</b>	<b>237,921</b>	<b>305,847</b>	<b>310,813</b>
PAHO Regular (PR)	91,944	90,956	100,648
WHO Regular (WR)	8,600	14,600	11,900
WHO Technical Assistance (WT)	59,377	119,748	122,352
WHO Malaria Eradication Special Account (WM)	78,000	80,543	75,913
<b>Number of Posts:</b>	<b>16</b>	<b>16</b>	<b>16</b>
Professional	16	16	16
<b>Consultant Months:</b>	<b>-</b>	<b>-</b>	<b>4</b>
<b>Number of Fellowships:</b>	<b>3</b>	<b>11</b>	<b>10</b>
Academic	3	10	9
Short	-	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Detail - CUBA</u>				
<u>CUBA-0200, Malaria Eradication</u> (For text see page 50)				
Total - WM		<u>78,000</u>	<u>80,543</u>	<u>75,913</u>
Personnel Costs		56,190	61,302	63,521
Duty Travel		7,510	4,941	5,000
Fellowships		4,300	4,300	-
Supplies and Equipment		10,000	10,000	7,392
<u>Posts</u>		<u>5</u>	<u>5</u>	<u>5</u>
Medical Officer, P4 4.0428	WM	1	1	1
Sanitary Engineer, P4 4.0429	WM	1	1	1
Entomologist, P3 4.0430	WM	1	1	1
Sanitarian, P2 4.0431, 4.0432	WM	2	2	2
<u>Fellowships</u>		<u>1</u>	<u>1</u>	<u>1</u>
Academic		1	1	1
Estimated Government Contribution		(1,818,000)	(1,250,000)	(1,778,000)

<u>CUBA-0600, Venereal Diseases</u> (For text see page 50)				
Total - WR		-	-	<u>1,600</u>
Personnel Costs		-	-	1,600
<u>Consultant Months</u>		<u>-</u>	<u>-</u>	<u>1</u>

<u>CUBA-2200, Water Supplies</u> (For text see page 50)				
Total - PR		-	-	<u>4,800</u>
Personnel Costs		-	-	4,800
<u>Consultant Months</u>		<u>-</u>	<u>-</u>	<u>3</u>

<u>CUBA-2300, Aedes aegypti Eradication</u> (For text see page 50)				
Total - PR		<u>88,944</u>	<u>90,956</u>	<u>94,848</u>
Personnel Costs		57,404	59,416	63,308
Duty Travel		10,790	10,790	10,790
Supplies and Equipment		20,000	20,000	20,000
Common Services		750	750	750
<u>Posts</u>		<u>5</u>	<u>5</u>	<u>5</u>
Medical Officer, P4 .0418	PR	1	1	1
Sanitarian, P2 .0419, .0420, .0421, .0422	PR	4	4	4
Estimated Government Contribution		(1,200,000)	(1,200,000)	(1,200,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>CUBA-3100, Public Health Services</u> (For text see page 50)				
Total - All Funds		<u>57,127</u>	<u>89,946</u>	<u>92,754</u>
Subtotal - WT		<u>54,127</u>	<u>89,946</u>	<u>91,754</u>
Personnel Costs		46,652	54,525	56,333
Duty Travel		6,875	4,621	4,621
Fellowships		-	28,800	28,800
Supplies and Equipment		600	2,000	2,000
Subtotal - PR		<u>3,000</u>	<u>-</u>	<u>1,000</u>
Supplies and Equipment		3,000	-	1,000
<u>Posts</u>		<u>4</u>	<u>4</u>	<u>4</u>
Chief Country Adviser, P5 4.0423	WT	1	1	1
Sanitary Engineer, P4 4.0424	WT	1	1	1
Nurse, P3 4.0425, 4.0426	WT	2	2	2
<u>Fellowships</u>		<u>-</u>	<u>6</u>	<u>6</u>
Academic		-	6	6
Estimated Government Contribution		(1,000,000)	(1,000,000)	(1,000,000)

<u>CUBA-3101, Fellowships for Health Services</u> (For text see page 50)				
Total - WR		<u>8,600</u>	<u>14,600</u>	<u>10,300</u>
Fellowships		8,600	14,600	10,300
<u>Fellowships</u>		<u>2</u>	<u>4</u>	<u>3</u>
Academic		2	3	2
Short		-	1	1

<u>CUBA-4200, Nutrition</u> (For text see page 50)				
Total - WT		<u>2,700</u>	<u>16,638</u>	<u>17,062</u>
Personnel Costs		2,594	13,298	15,222
Duty Travel		106	2,340	840
Supplies and Equipment		-	1,000	1,000
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Medical Officer, P4 4.0992	WT	1	1	1

<u>CUBA-6300, Nursing Education</u> (For text see page 50)				
Total - WT		<u>2,550</u>	<u>13,164</u>	<u>13,536</u>
Personnel Costs		2,450	11,414	13,286
Duty Travel		100	1,750	250
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Nurse Educator, P3 4.0427	WT	1	1	1
Estimated Government Contribution		(500,000)	(500,000)	(500,000)

<u>SUMMARY - DOMINICAN REPUBLIC</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>324,045</u>	<u>346,463</u>	<u>375,218</u>
PAHO Regular (PR)	118,068	114,569	128,570
PAHO Special Malaria (PM)	110,709	114,177	116,145
PAHO Community Water Supply (FW)	20,149	26,951	27,253
WHO Regular (WR)	58,169	65,297	74,719
WHO Technical Assistance (WT)	16,950	25,469	28,531
Number of Posts:	<u>18</u>	<u>20</u>	<u>19</u>
Professional	18	20	19
Consultant Months:	<u>6</u>	<u>3</u>	<u>3</u>
Number of Fellowships:	<u>11</u>	<u>13</u>	<u>18</u>
Academic	7	7	12
Short	4	6	6

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>Detail - DOMINICAN REPUBLIC</u>				
<u>DOMINICAN REPUBLIC-0200, Malaria Eradication</u> (For text see page 51)				
Total - PM		<u>110,709</u>	<u>114,177</u>	<u>116,145</u>
Personnel Costs		96,289	98,257	100,225
Duty Travel		10,920	10,920	10,920
Fellowships		-	1,700	1,700
Supplies and Equipment		3,500	3,000	3,000
Grants		-	300	300
<u>Posts</u>		<u>7</u>	<u>7</u>	<u>7</u>
Medical Officer, P5 .0433	PM	1	1	1
Medical Officer, P4 .0434	PM	1	1	1
Sanitary Engineer, P4 .0435	PM	1	1	1
Administrative Methods Officer, P3 .0436	PM	1	1	1
Sanitarian, P2 .0437, .0438, .0439	PM	3	3	3
<u>Fellowships</u>		<u>-</u>	<u>1</u>	<u>1</u>
Short		-	1	1
Estimated Government Contribution		(1,325,000)	(1,325,000)	(1,100,000)
<u>DOMINICAN REPUBLIC-0400, Tuberculosis Control</u> (For text see page 51)				
Total - WT		<u>11,500</u>	<u>15,000</u>	<u>15,000</u>
Personnel Costs		10,750	14,006	14,406
Duty Travel		750	994	594
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Medical Officer, P4 4.0955	WT	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>DOMINICAN REPUBLIC-0600, Yaws Eradication</u> (For text see page 51)				
Total - PR		<u>12,340</u>	<u>15,290</u>	<u>16,910</u>
Personnel Costs		11,080	13,290	14,910
Duty Travel		1,260	2,000	2,000
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Medical Officer, P4 .0449	PR	1	1	1
<u>DOMINICAN REPUBLIC-0900, Schistosomiasis</u> (For text see page 51)				
Total - PR		<u>1,700</u>	<u>1,700</u>	<u>1,700</u>
Fellowships		1,700	1,700	1,700
<u>Fellowships</u>		<u>1</u>	<u>1</u>	<u>1</u>
Short		1	1	1
<u>DOMINICAN REPUBLIC-2200, Water Supplies</u> (For text see page 51)				
Total - FW		<u>20,149</u>	<u>26,951</u>	<u>27,253</u>
Personnel Costs		15,594	20,696	20,998
Duty Travel		1,155	1,155	1,155
Fellowships		3,400	5,100	5,100
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Sanitary Engineer, P4 .0447	FW	1	1	1
<u>Consultant Months</u>		<u>-</u>	<u>3</u>	<u>3</u>
<u>Fellowships</u>		<u>2</u>	<u>3</u>	<u>3</u>
Short		2	3	3
Estimated Government Contribution		(407,500)	(400,000)	(400,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>DOMINICAN REPUBLIC-2300, Aedes aegypti Eradication</u> (For text see page 51)				
Total - PR		-	23,090	25,920
Personnel Costs		-	20,360	23,190
Duty Travel		-	2,730	2,730
<u>Posts</u>		-	2	2
Medical Officer, P4 .0949	PR	-	1	1
Sanitarian, P2 .0950	PR	-	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>DOMINICAN REPUBLIC-3100, Public Health Services</u> (For text see page 51)				
Total - All Funds		91,848	72,058	78,571
Subtotal - PR		72,228	61,589	65,140
Personnel Costs		65,770	58,131	60,682
Duty Travel		3,258	3,258	3,258
Supplies and Equipment		3,200	200	1,200
Subtotal - WR		19,620	-	-
Personnel Costs		19,120	-	-
Duty Travel		500	-	-
Subtotal - WT		-	10,469	13,531
Personnel Costs		-	9,557	12,531
Duty Travel		-	912	1,000
<u>Posts</u>		5	5	5

PAHO/WHO				
Representative, P5 .0441	PR	1	1	1
Sanitary Engineer, P4 .0442	PR	1	1	1
Health Educator, P4 4.0443	WR	1	-	-
Administrative Methods Officer, P3 .0445	PR	1	1	1
Public Health Nurse, P3 .0444	PR	1	1	1
Nurse, P3 4.0956	WT	-	1	1
<u>Consultant Months</u>		6	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>DOMINICAN REPUBLIC-3101, Fellowships for Health Services</u> (For text see page 52)				
Total - WR		-	4,300	4,300
Fellowships		-	4,300	4,300
<u>Fellowships</u>		-	1	1
Academic		-	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>DOMINICAN REPUBLIC-3102, Fellowships for Health Services</u> (For text see page 52)				
Total - PR		18,900	12,900	18,900
Fellowships		18,900	12,900	18,900
<u>Fellowships</u>		5	3	5
Academic		4	3	4
Short		1	-	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>DOMINICAN REPUBLIC-4200, Nutrition</u> (For text see page 52)				
Total - WR		-	12,629	17,200
Personnel Costs		-	10,229	-
Duty Travel		-	500	-
Fellowships		-	1,700	17,200
Supplies and Equipment		-	200	-
<u>Posts</u>		-	1	-
Dietician, P3 4.0954	WR	-	1	-
<u>Fellowships</u>		-	1	4
Academic		-	-	4
Short		-	1	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>DOMINICAN REPUBLIC-6200, Medical Education</u> (For text see page 52)				
Total - All Funds		29,170	25,191	30,335
Subtotal - WR		24,870	25,191	30,335
Personnel Costs		23,920	19,441	24,585
Duty Travel		950	950	950
Fellowships		-	4,300	4,300
Supplies and Equipment		-	500	500
Subtotal - PR		4,300	-	-
Fellowships		4,300	-	-
<u>Posts</u>		1	1	1
Professor of Physiology, P4 4.0446	WR	1	1	1
<u>Fellowships</u>		1	1	1
Academic		1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>DOMINICAN REPUBLIC-6300, Nursing Education</u> (For text see page 52)				
Total - All Funds		22,279	23,177	22,884
Subtotal - WR		13,679	23,177	22,884
Personnel Costs		12,179	13,077	12,784
Duty Travel		1,000	1,000	1,000
Fellowships		-	8,600	8,600
Supplies and Equipment		500	500	500
Subtotal - PR		8,600	-	-
Fellowships		8,600	-	-
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Nurse Educator, P3 4.0440	WR	1	1	1
<u>Fellowships</u>		<u>2</u>	<u>2</u>	<u>2</u>
Academic		2	2	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>DOMINICAN REPUBLIC-6500, Veterinary Medical Education</u> (For text see page 52)				
Total - WT		5,450	-	-
Personnel Costs		5,305	-	-
Duty Travel		145	-	-
<u>Posts</u>		<u>1</u>	<u>-</u>	<u>-</u>
Public Health Veterinarian, P4 4.0448	WT	1	-	-

SUMMARY - HAITI

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	208,586	222,243	234,240
PAHO Regular (PR)	63,745	54,915	56,719
PAHO Special Malaria (PM)	105,702	94,035	97,412
PAHO Community Water Supply (PW)	9,800	9,800	9,800
PAHO Grants (PG)	1,002	-	-
WHO Regular (WR)	14,687	18,001	19,001
WHO Technical Assistance (WT)	13,650	45,492	51,308
Number of Posts:	14	12	12
Professional	13	11	11
Local	1	1	1
Consultant Months:	4	4	4
Number of Fellowships:	6	8	8
Academic	3	4	4
Short	3	4	4

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Detail - HAITI</u>				
<u>HAITI-0200, Malaria Eradication</u> (For text see page 52)				
Total - PM		105,702	94,035	97,412
Personnel Costs		78,682	64,465	65,842
Duty Travel		11,520	9,870	9,870
Fellowships		-	1,700	1,700
Supplies and Equipment		5,500	18,000	20,000
Grants		10,000	-	-
<u>Posts</u>		<u>6</u>	<u>5</u>	<u>5</u>
Chief Country Malaria Adviser, P5 .0493	PM	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
Epidemiologist, P4 .0494	PM	1	-	-
Sanitary Engineer, P4 .0495	PM	1	1	1
Sanitarian, P1 .0496, .0497 .0498	PM	3	3	3
<u>Fellowships</u>		<u>-</u>	<u>1</u>	<u>1</u>
Short		-	1	1
Estimated Government Contribution		(50,000)	(50,000)	(50,000)



	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>HAITI-0600, Yaws Eradication</u> (For text see page 52)				
Total - WR		14,687	13,701	14,701
Personnel Costs		13,142	12,156	13,156
Duty Travel		1,545	1,545	1,545
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Sanitarian, P2 4.0492	WR	1	1	1
Estimated Government Contribution		(96,000)	(96,000)	(96,000)
<u>HAITI-2200, Water Supplies</u> (For text see page 53)				
Total - PW		9,800	9,800	9,800
Personnel Costs		6,400	6,400	6,400
Fellowships		3,400	3,400	3,400
<u>Consultant Months</u>		<u>4</u>	<u>4</u>	<u>4</u>
<u>Fellowships</u>		<u>2</u>	<u>2</u>	<u>2</u>
Short		2	2	2
<u>HAITI-3100, National Health Services</u> (For text see page 53)				
Total - All Funds		33,557	47,905	54,921
Subtotal - WT		13,650	45,492	51,308
Personnel Costs		8,150	42,902	48,718
Duty Travel		-	2,590	2,590
Fellowships		5,500	-	-
Subtotal - PR		19,907	2,413	3,613
Personnel Costs		17,807	2,413	2,613
Duty Travel		2,100	-	-
Supplies and Equipment		-	-	1,000
<u>Posts</u>		<u>5</u>	<u>4</u>	<u>4</u>
Chief Country Adviser, P5 4.0500	WT	1	1	1
Medical Officer, P4 .0501	PR	1	-	-
Sanitary Engineer, P4 4.0502	WT	1	1	1
Public Health Nurse, P3 4.0503	WT	1	1	1
Secretary, HL5 .0504	PR	1	1	1
<u>Fellowships</u>		<u>2</u>	<u>-</u>	<u>-</u>
Academic		1	-	-
Short		1	-	-
Estimated Government Contribution		(62,738)	(62,738)	(62,738)

\* Williams Waterman Fund.

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>HAITI-3101, Fellowships for Health Services</u> (For text see page 53)				
Total - PR		4,300	4,300	4,300
Fellowships		4,300	4,300	4,300
<u>Fellowships</u>		<u>1</u>	<u>1</u>	<u>1</u>
Academic		1	1	1
<u>HAITI-3102, Fellowships for Health Services</u> (For text see page 53)				
Total - WR		-	4,300	4,300
Fellowships		-	4,300	4,300
<u>Fellowships</u>		<u>-</u>	<u>1</u>	<u>1</u>
Academic		-	1	1
<u>HAITI-3300, Public Health Laboratory</u> (For text see page 53)				
Total - PR		18,544	24,846	25,148
Personnel Costs		15,594	15,896	16,198
Duty Travel		450	450	450
Fellowships		-	6,000	6,000
Supplies and Equipment		2,500	2,500	2,500
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Laboratory Adviser, P4 .0499	PR	1	1	1
<u>Fellowships</u>		<u>-</u>	<u>2</u>	<u>2</u>
Academic		-	1	1
Short		-	1	1
Estimated Government Contribution		(20,000)	(20,000)	(20,000)
<u>HAITI-4200, Nutrition</u> (For text see page 53)				
Total - All Funds		21,996	23,356	23,658
Subtotal - PR		20,994	23,356	23,658
Personnel Costs		15,594	15,896	16,198
Duty Travel		1,000	2,660	2,660
Fellowships		4,300	4,300	4,300
Supplies and Equipment		100	500	500
Subtotal - PG *		1,002	-	-
Supplies and Equipment		1,002	-	-
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Nutrition Adviser, P4 .0505	PR	1	1	1
<u>Fellowships</u>		<u>1</u>	<u>1</u>	<u>1</u>
Academic		1	1	1
Estimated Government Contribution		(8,000)	(8,000)	(8,000)

<u>SUMMARY - MEXICO</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	421,119	424,525	440,799
PAHO Regular (PR)	92,699	73,187	84,865
PAHO Special Malaria (PM)	60,064	60,999	61,634
PAHO Community Water Supply (PW)	36,138	48,342	48,946
WHO Regular (WR)	147,676	158,397	165,554
WHO Technical Assistance (WT)	84,542	83,600	79,800
Number of Posts:	18	18	18
Professional	18	18	18
Consultant Months:	20	22	22
Number of Fellowships:	20	18	21
Academic	16	13	15
Short	4	5	6

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$		\$	\$	\$
<u>Detail - MEXICO</u>				<u>Subtotal - WT</u>	2,275	5,000	5,000
<u>MEXICO-0200, Malaria Eradication</u> (For text see page 53)				<u>Fellowships</u>	2,275	5,000	5,000
Total - All Funds	124,406	128,599	125,434	<u>Posts</u>	1	1	1
Subtotal - WT	64,342	67,600	63,800	Medical Officer, P4 4.0527	WR	1	1
Personnel Costs	57,642	66,400	62,600	<u>Fellowships</u>	1	1	2
Duty Travel	6,700	1,200	1,200	Academic	-	1	1
Subtotal - PM	60,064	60,999	61,634	Short	1	-	1
Personnel Costs	27,824	28,459	29,094	Estimated Government Contribution		(250,000)	(250,000)
Duty Travel	2,240	2,240	2,240			(250,000)	(250,000)
Supplies and Equipment	30,000	30,000	30,000	<u>MEXICO-0500, Leprosy Control</u> (For text see page 54)			
Grants	-	300	300	Total - WR	15,190	14,734	16,253
<u>Posts</u>	6	6	6	Personnel Costs	15,090	14,634	16,153
Chief Country				Supplies and Equipment	100	100	100
Malaria Adviser, P5 .0920	PM	1	1	<u>Posts</u>	1	1	1
Medical Officer, P4 4.0529	WT	1	1	Medical Officer, P4 4.0526	WR	1	1
Malariologist, P4 4.0531	WT	1	1	Estimated Government Contribution		(300,000)	(300,000)
Sanitary Engineer, P4 4.0532	WT	1	1	<u>MEXICO-2200, Water Supplies</u> (For text see page 54)			
Sanitarian, P2 4.0533	WT	1	1	Total - All Funds	27,894	26,796	27,098
Sanitarian, P1 .0534	PM	1	1	Subtotal - PW	18,294	26,796	27,098
Estimated Government Contribution		(6,440,000)	(12,738,000)	Personnel Costs	15,594	20,696	20,998
			(12,154,000)	Duty Travel	2,700	2,700	2,700
<u>MEXICO-0400, Tuberculosis Control</u> (For text see page 53)				Fellowships	-	3,400	3,400
Total - All Funds	19,664	21,462	25,102	Subtotal - PR	9,600	-	-
Subtotal - WR	17,389	16,462	20,102	Personnel Costs	9,600	-	-
Personnel Costs	15,364	14,437	16,377				
Duty Travel	1,925	1,925	1,925				
Fellowships	-	-	1,700				
Supplies and Equipment	100	100	100				

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>MEXICO-2200, (continued)</u>				
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Sanitary Engineer, P4 .0528	PW	1	1	1
<u>Consultant Months</u>		<u>6</u>	<u>3</u>	<u>3</u>
<u>Fellowships</u>		<u>-</u>	<u>2</u>	<u>2</u>
Short		-	2	2
<u>MEXICO-3101, State Health Services</u> (For text see page 54)				
Total - All Funds		<u>112,151</u>	<u>123,557</u>	<u>128,447</u>
Subtotal - WR		<u>77,597</u>	<u>84,401</u>	<u>86,399</u>
Personnel Costs		70,747	77,551	79,549
Duty Travel		6,250	6,250	6,250
Supplies and Equipment		600	600	600
Subtotal - PR		<u>16,710</u>	<u>17,610</u>	<u>20,200</u>
Personnel Costs		10,350	11,350	12,940
Duty Travel		1,960	1,960	1,960
Fellowships		4,300	4,300	4,300
Supplies and Equipment		100	-	1,000
Subtotal - PW		<u>17,844</u>	<u>21,546</u>	<u>21,848</u>
Personnel Costs		15,594	15,896	16,198
Duty Travel		2,250	2,250	2,250
Fellowships		-	3,400	3,400
<u>Posts</u>		<u>7</u>	<u>7</u>	<u>7</u>
Medical Officer, P4 4.0519	WR	1	1	1
Sanitary Engineer, P4 4.0521	WR	1	1	1
Sanitary Engineer, P4 .0522	PW	1	1	1
Health Educator, P4 4.0520	WR	1	1	1
Public Health Nurse, P3 4.0524	WR	1	1	1
Public Health Nurse, P3 .0523	PR	1	1	1
Sanitarian, P2 4.0525	WR	1	1	1
<u>Fellowships</u>		<u>1</u>	<u>3</u>	<u>3</u>
Academic		1	1	1
Short		-	2	2
Estimated Government Contribution		(1,000,000)	(1,000,000)	(1,000,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>MEXICO-3102, Fellowships for Health Services</u> (For text see page 54)				
Total - WR		<u>4,300</u>	<u>4,300</u>	<u>4,300</u>
Fellowships		4,300	4,300	4,300
<u>Fellowships</u>		<u>1</u>	<u>1</u>	<u>1</u>
Academic		1	1	1
<u>MEXICO-3103, Fellowships for Health Services</u> (For text see page 54)				
Total - PR		<u>12,900</u>	<u>8,600</u>	<u>12,900</u>
Fellowships		12,900	8,600	12,900
<u>Fellowships</u>		<u>3</u>	<u>2</u>	<u>3</u>
Academic		3	2	3
<u>MEXICO-3104, Fellowships for Health Services</u> (For text see page 54)				
Total - WI		<u>8,725</u>	<u>-</u>	<u>-</u>
Fellowships		8,725	-	-
<u>Fellowships</u>		<u>3</u>	<u>-</u>	<u>-</u>
Academic		1	-	-
Short		2	-	-
<u>MEXICO-3300, Public Health Laboratory</u> (For text see page 54)				
Total - PR		<u>14,900</u>	<u>14,900</u>	<u>14,900</u>
Personnel Costs		4,800	4,800	4,800
Fellowships		8,600	8,600	8,600
Supplies and Equipment		1,500	1,500	1,500
<u>Consultant Months</u>		<u>3</u>	<u>3</u>	<u>3</u>
<u>Fellowships</u>		<u>2</u>	<u>2</u>	<u>2</u>
Academic		2	2	2
Estimated Government Contribution		(1,000,000)	(1,000,000)	(1,000,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>MEXICO-3500, Statistics</u> (For text see page 54)				
Total - WT	-	6,400	6,400	6,400
Personnel Costs	-	6,400	6,400	6,400
Consultant Months	-	4	4	4

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>MEXICO-4200, Nutrition</u> (For text see page 55)				
Total - WT	9,200	4,600	4,600	4,600
Fellowships	9,200	4,600	4,600	4,600
Fellowships	2	1	1	1
Academic	2	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>MEXICO-4600, Industrial Hygiene</u> (For text see page 55)				
Total - PR	-	1,600	1,600	1,600
Personnel Costs	-	1,600	1,600	1,600
Consultant Months	-	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>MEXICO-6100, School of Public Health</u> (For text see page 55)				
Total - All Funds	7,500	7,500	7,500	7,500
Subtotal - WR	3,200	7,500	7,500	7,500
Personnel Costs	3,200	3,200	3,200	3,200
Fellowships	-	4,300	4,300	4,300
Subtotal - PR	4,300	-	-	-
Fellowships	4,300	-	-	-
Consultant Months	2	2	2	2
Fellowships	1	1	1	1
Academic	1	1	1	1
Estimated Government Contribution	(150,000)	(150,000)	(150,000)	(150,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>MEXICO-6200, Medical Education</u> (For text see page 55)				
Total - WR	13,400	13,400	13,400	13,400
Personnel Costs	4,800	4,800	4,800	4,800
Fellowships	8,600	8,600	8,600	8,600

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Consultant Months</u>				
		3	3	3
<u>Fellowships</u>				
		2	2	2
Academic		2	2	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>MEXICO-6300, Nursing Education</u> (For text see page 55)				
Total - PR	29,989	30,477	35,265	35,265
Personnel Costs	24,474	24,962	25,450	25,450
Duty Travel	1,015	1,015	1,015	1,015
Fellowships	4,300	4,300	8,600	8,600
Supplies and Equipment	200	200	200	200
Posts	2	2	2	2
Nurse Educator, P3 .0517, .0518	PR 2	2	2	2
Fellowships	1	1	2	2
Academic	1	1	2	2
Estimated Government Contribution	(30,000)	(30,000)	(30,000)	(30,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>MEXICO-6400, Environmental Sanitation Training</u> (For text see page 55)				
Total - WR	5,900	6,900	6,900	6,900
Personnel Costs	3,200	3,200	3,200	3,200
Fellowships	1,700	1,700	1,700	1,700
Supplies and Equipment	1,000	2,000	2,000	2,000
Consultant Months	2	2	2	2
Fellowships	1	1	1	1
Short	1	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>MEXICO-6500, Teaching of Public Health in Schools of Veterinary Medicine</u> (For text see page 55)				
Total - All Funds	15,000	10,700	10,700	10,700
Subtotal - WR	10,700	10,700	10,700	10,700
Personnel Costs	6,400	6,400	6,400	6,400
Fellowships	4,300	4,300	4,300	4,300
Subtotal - PR	4,300	-	-	-
Fellowships	4,300	-	-	-
Consultant Months	4	4	4	4
Fellowships	2	1	1	1
Academic	2	1	1	1

## SUMMARY - ZONE II INTERCOUNTRY PROJECTS

	1964	1965	1966
Source of Funds:	\$	\$	\$
Total - All Funds	112,453	109,609	123,013
PAHO Regular (PR)	75,470	64,816	84,172
WHO Regular (WR)	36,983	44,793	38,841
Number of Posts:	6	6	6
Professional	4	4	4
Local	2	2	2
Consultant Months:	4	8	8
Number of Fellowships:	6	4	6
Academic	6	1	5
Short	-	3	1

	Fund	1964	1965	1966
		\$	\$	\$
<u>Detail - ZONE II INTERCOUNTRY PROJECTS</u>				
<u>AMRO-0102, Epidemiology (Zone II)</u> (For text see page 55)				
Total - PR		14,180	16,390	18,010
Personnel Costs		11,080	13,290	14,910
Duty Travel		3,000	3,000	3,000
Supplies and Equipment		100	100	100
Posts		1	1	1
Epidemiologist, P4 .0845	PR	1	1	1
<u>AMRO-0702, Veterinary Public Health (Zone II)</u> (For text see page 56)				
Total - PR		3,000	3,000	3,000
Duty Travel		3,000	3,000	3,000
<u>AMRO-2102, Sanitary Engineering (Zone II)</u> (For text see page 56)				
Total - All Funds		40,115	29,381	41,558
Subtotal - WR		19,117	25,466	20,326
Personnel Costs		16,552	19,715	17,761
Duty Travel		2,465	2,465	2,465
Fellowships		-	3,186	-
Supplies and Equipment		100	100	100
Subtotal - PR		20,998	3,915	21,232
Personnel Costs		3,798	3,915	4,032
Fellowships		17,200	-	17,200
Posts		2	2	2
Sanitary Engineer, P4 4.0864	WR	1	1	1
Clerk Stenographer, ML5 .0865	PR	1	1	1
Fellowships		4	2	4
Academic		4	-	4
Short		-	2	-

	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-3102, Planning (Zone II)</u> (For text see page 56)				
Total - PR		15,000	12,400	12,400
Personnel Costs		6,400	6,400	6,400
Fellowships		8,600	6,000	6,000
Consultant Months		4	4	4
Fellowships		2	2	2
Academic		2	1	1
Short		-	1	1
<u>AMRO-3202, Nursing (Zone II)</u> (For text see page 56)				
Total - PR		22,292	22,711	23,130
Personnel Costs		19,392	19,811	20,230
Duty Travel		2,800	2,800	2,800
Supplies and Equipment		100	100	100
Posts		2	2	2
Nurse, P4 .0889	PR	1	1	1
Clerk Stenographer, ML5 .0890	PR	1	1	1
<u>AMRO-3502, Health Statistics (Zone II)</u> (For text see page 56)				
Total - WR		17,866	19,327	18,515
Personnel Costs		15,766	17,227	16,415
Duty Travel		2,000	2,000	2,000
Supplies and Equipment		100	100	100
Posts		1	1	1
Statistician, P4 4.0839	WR	1	1	1
<u>AMRO-6202, Medical Education (Zone II)</u> (For text see page 56)				
Total - PR		-	6,400	6,400
Personnel Costs		-	6,400	6,400
Consultant Months		-	4	4

## PART III

## PAN AMERICAN HEALTH ORGANIZATION - FIELD AND OTHER PROGRAMS

<u>SUMMARY - ZONE III PROJECTS</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>2,491,305</u>	<u>2,645,737</u>	<u>2,757,708</u>
PAHO Regular (PR)	483,729	519,596	595,826
PAHO Special Malaria (PM)	713,756	706,031	669,902
PAHO Community Water Supply (PW)	111,807	124,613	121,719
PAHO Grants (PG)	589,850	636,820	678,100
Institute of Nutrition of Central America and Panama (PI)	150,000	195,000	240,000
WHO Regular (WR)	240,536	255,884	257,954
WHO Technical Assistance (WT)	201,627	207,793	194,207
Number of Posts:	<u>217</u>	<u>217</u>	<u>213</u>
Professional	123	120	113
Local	94	97	100
Consultant Months:	<u>52</u>	<u>76</u>	<u>87</u>
Number of Fellowships:	<u>94</u>	<u>97</u>	<u>104</u>
Academic	41	43	52
Short	53	54	52
Participants:	<u>41</u>	<u>27</u>	<u>17</u>

<u>DETAIL - ZONE III PROJECTS</u>			
<u>SUMMARY - BRITISH HONDURAS</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>61,920</u>	<u>69,404</u>	<u>54,293</u>
PAHO Regular (PR)	4,300	4,300	5,300
PAHO Special Malaria (PM)	19,534	19,436	-
PAHO Community Water Supply (PW)	8,200	8,200	8,200
WHO Regular (WR)	29,886	37,468	40,793
Number of Posts:	<u>3</u>	<u>3</u>	<u>2</u>
Professional	3	3	2
Consultant Months:	<u>3</u>	<u>3</u>	<u>3</u>
Number of Fellowships:	<u>4</u>	<u>5</u>	<u>5</u>
Academic	2	3	3
Short	2	2	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
Detail - <u>BRITISH HONDURAS</u>	\$	\$	\$	
<u>BRITISH HONDURAS-0200, Malaria Eradication</u> (For text see page 57)				
Total - PM		<u>19,534</u>	<u>19,436</u>	<u>-</u>
Personnel Costs		15,594	15,896	-
Duty Travel		3,040	3,040	-
Supplies and Equipment		900	500	-
Posts		<u>1</u>	<u>1</u>	<u>-</u>
Medical Officer, P4 0384	PM	1	1	-
Estimated Government Contribution		(34,000)	(40,428)	(40,428)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>BRITISH HONDURAS-2200, Water Supplies</u> (For text see page 57)				
Total - PW		<u>8,200</u>	<u>8,200</u>	<u>8,200</u>
Personnel Costs		4,800	4,800	4,800
Fellowships		3,400	3,400	3,400
Consultant Months		<u>3</u>	<u>3</u>	<u>3</u>
Fellowships		<u>2</u>	<u>2</u>	<u>2</u>
Short		2	2	2
Estimated Government Contribution		(22,750)	(22,750)	(22,750)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>BRITISH HONDURAS-3100, Health Services</u> (For text see page 57)				
Total - All Funds		21,495	20,299	22,772
Subtotal - WR		21,495	20,299	21,772
Personnel Costs		15,395	14,499	15,972
Duty Travel		1,100	1,100	1,100
Fellowships		4,300	4,300	4,300
Supplies and Equipment		700	400	400
Subtotal - PR		-	-	1,000
Supplies and Equipment		-	-	1,000
<u>Posts</u>		1	1	1
Sanitary Engineer, P4 4.0385	WR	1	1	1
<u>Fellowships</u>		1	1	1
Academic		1	1	1
Estimated Government Contribution		(17,200)	(22,200)	(25,200)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>BRITISH HONDURAS-3101, Fellowships for Health Services</u> (For text see page 57)				
Total - PR		4,300	4,300	4,300
Fellowships		4,300	4,300	4,300
<u>Fellowships</u>		1	1	1
Academic		1	1	1
<u>BRITISH HONDURAS-6300, Nursing Education</u> (For text see page 57)				
Total - WR		8,391	17,169	19,021
Personnel Costs		6,891	10,869	12,721
Duty Travel		500	1,000	1,000
Fellowships		-	4,300	4,300
Supplies and Equipment		1,000	1,000	1,000
<u>Posts</u>		1	1	1
Nurse Educator, P3 4.0386	WR	1	1	1
<u>Fellowships</u>		-	1	1
Academic		-	1	1

<u>SUMMARY - COSTA RICA</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	173,487	186,898	179,785
PAHO Regular (PR)	44,030	57,195	77,904
PAHO Special Malaria (PM)	91,363	66,666	37,173
PAHO Community Water Supply (PW)	20,994	24,496	24,798
WHO Regular (WR)	7,500	28,751	28,400
WHO Technical Assistance (WT)	9,600	9,790	11,510
Number of Posts:	7	9	6
Professional	7	9	6
Consultant Months:	8	7	15
Number of Fellowships:	9	14	16
Academic	2	7	8
Short	7	7	8

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>Detail - COSTA RICA</u>				
<u>COSTA RICA-0200, Malaria Eradication</u> (For text see page 57)				
Total - PM		91,363	66,666	37,173
Personnel Costs		46,889	47,866	26,473
Duty Travel		12,900	10,800	2,700
Fellowships		1,700	-	-
Supplies and Equipment		15,000	8,000	8,000
Grants		14,874	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>Posts</u>				
Medical Officer, P4 .0411	PM	1	1	1
Sanitarian, P2 .0412	PM	1	1	-
Sanitarian, P1 .0413, .0414	PM	2	2	1
<u>Fellowships</u>		1	-	-
Short		1	-	-
Estimated Government Contribution		(225,000)	(271,000)	(211,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>COSTA RICA-2200, Water Supplies</u> (For text see page 58)				
Total - PW		<u>20,994</u>	<u>24,496</u>	<u>24,798</u>
Personnel Costs		15,594	19,096	19,398
Duty Travel		2,000	2,000	2,000
Fellowships		3,400	3,400	3,400
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Sanitary Engineer, P4 .0416	PW	1	1	1
<u>Consultant Months</u>		<u>-</u>	<u>2</u>	<u>2</u>
<u>Fellowships</u>		<u>2</u>	<u>2</u>	<u>2</u>
Short		2	2	2
Estimated Government Contribution		(2,797,303)	(3,084,021)	(2,937,167)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>COSTA RICA-3100, National Health Services</u> (For text see page 58)				
Total - All Funds		<u>26,439</u>	<u>48,994</u>	<u>56,829</u>
Subtotal - PR		<u>26,439</u>	<u>39,204</u>	<u>45,319</u>
Personnel Costs		17,989	20,204	23,619
Duty Travel		1,650	1,000	1,000
Fellowships		6,800	18,000	19,700
Supplies and Equipment		-	-	1,000
Subtotal - WT		<u>-</u>	<u>9,790</u>	<u>11,510</u>
Personnel Costs		-	7,040	11,200
Duty Travel		-	150	310
Fellowships		-	2,600	-
<u>Posts</u>		<u>1</u>	<u>2</u>	<u>2</u>
PAHO/WHO Representative, P5 .0415	PR	1	1	1
Nurse, P3 4.0988	WT	-	1	1
<u>Consultant Months</u>		<u>-</u>	<u>3</u>	<u>3</u>
<u>Fellowships</u>		<u>4</u>	<u>7</u>	<u>7</u>
Academic		-	3	3
Short		4	4	4

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>COSTA RICA-3101, Fellowships for Health Services</u> (For text see page 58)				
Total - WR		<u>-</u>	<u>10,300</u>	<u>6,000</u>
Fellowships		-	10,300	6,000
<u>Fellowships</u>		<u>-</u>	<u>3</u>	<u>2</u>
Academic		-	2	1
Short		-	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>COSTA RICA-3301, Laboratory for Diagnosis of Viral Diseases</u> (For text see page 58)				
Total - WR		<u>7,500</u>	<u>18,451</u>	<u>22,400</u>
Personnel Costs		3,200	13,301	16,000
Duty Travel		-	500	-
Fellowships		4,300	4,300	4,300
Supplies and Equipment		-	350	2,100
<u>Posts</u>		<u>-</u>	<u>1</u>	<u>-</u>
Virologist, P4 4.0987	WR	-	1	-
<u>Consultant Months</u>		<u>2</u>	<u>2</u>	<u>10</u>
<u>Fellowships</u>		<u>1</u>	<u>1</u>	<u>1</u>
Academic		1	1	1
Estimated Government Contribution		(23,791)	(27,870)	(27,870)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>COSTA RICA-3400, Health Education</u> (For text see page 58)				
Total - WT		<u>9,600</u>	<u>-</u>	<u>-</u>
Personnel Costs		9,600	-	-
<u>Consultant Months</u>		<u>6</u>	<u>-</u>	<u>-</u>

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>COSTA RICA-6300, Advanced Nursing Education</u> (For text see page 59)				
Total - PR		<u>17,591</u>	<u>17,991</u>	<u>32,585</u>
Personnel Costs		12,237	12,481	12,725
Duty Travel		504	360	360
Fellowships		4,300	4,300	14,600
Supplies and Equipment		550	850	4,900
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Nurse Educator, P3 .0416	PR	1	1	1
<u>Fellowships</u>		<u>1</u>	<u>1</u>	<u>4</u>
Academic		1	1	3
Short		-	-	1
Estimated Government Contribution		(55,069)	(77,492)	(78,021)



## SUMMARY - EL SALVADOR

	1964	1965	1966
Source of Funds:	\$	\$	\$
Total - All Funds	246,185	273,262	283,908
PAHO Regular (PR)	38,740	36,618	52,310
PAHO Special Malaria (PM)	146,778	152,465	157,619
PAHO Community Water Supply (PW)	20,994	24,496	24,798
WHO Regular (WR)	9,309	25,864	16,300
WHO Technical Assistance (WT)	30,364	33,819	32,881
Number of Posts:	15	16	14
Professional	15	16	14
Consultant Months:	-	2	8
Number of Fellowships:	6	7	11
Academic	2	3	4
Short	4	4	7

	Fund	1964	1965	1966
		\$	\$	\$
<u>Detail - EL SALVADOR</u>				
<u>EL SALVADOR-0200, Malaria Eradication</u> (For text see page 59)				
Total - PM		146,778	152,465	157,619
Personnel Costs		113,878	116,205	119,892
Duty Travel		21,200	21,200	21,200
Fellowships		1,700	1,700	1,700
Supplies and Equipment		10,000	13,360	14,827

		9	9	9
<u>Posts</u>				
Medical Officer, P4				
.0466, .0467	PM	2	2	2
Sanitary Engineer, P4				
.0468	PM	1	1	1
Health Educator, P4				
.0469	PM	1	1	1
Entomologist, P3				
.0470	PM	1	1	1
Sanitarian, P2				
.0471	PM	1	1	1
Sanitarian, P1				
.0472, .0473	PM	2	2	2
Entomological Aide, P1				
.0474	PM	1	1	1
<u>Fellowships</u>				
Short		1	1	1

Estimated Government Contribution (728,000)(784,000)(413,000)

EL SALVADOR-2200, Water Supplies  
(For text see page 59)

		20,994	24,496	24,798
Total - PW				
Personnel Costs		15,594	19,096	19,398
Duty Travel		2,000	2,000	2,000
Fellowships		3,400	3,400	3,400
<u>Posts</u>				
Sanitary Engineer, P4				
.0475	PW	1	1	1

	Fund	1964	1965	1966
		\$	\$	\$
<u>Consultant Months</u>				
		-	2	2
<u>Fellowships</u>				
		2	2	2
Short		2	2	2
Estimated Government Contribution		(237,660)	(248,880)	(252,880)

EL SALVADOR-3100, National Health Services  
(For text see page 59)

		58,804	66,137	70,591
Total - All Funds				
Subtotal - PR		28,440	32,318	37,710
Personnel Costs		24,440	29,118	30,110
Duty Travel		1,000	1,500	1,500
Fellowships		-	1,700	5,100
Supplies and Equipment		3,000	-	1,000
Subtotal - WT		30,364	33,819	32,881
Personnel Costs		28,964	32,351	31,413
Duty Travel		1,000	1,468	1,468
Supplies and Equipment		400	-	-
<u>Posts</u>				
		4	5	4

		1	1	1
<u>PAHO/WHO</u>				
Representative, P5				
.0477	PR	1	1	1
Planning Officer, P4				
.0931	PR	1	1	-
Sanitary Engineer, P4				
4.0478	WT	1	1	1
Public Health Nurse, P3				
4.0479	WT	1	1	1
Public Health Nurse, P3				
.0985	PR	-	1	1
<u>Consultant Months</u>				
		-	-	1
<u>Fellowships</u>				
		-	1	3
Short		-	1	3

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>EL SALVADOR-3101, Fellowships for Health Services</u> (For text see page 59)				
Total - WR	-	4,300	4,300	
Fellowships	-	4,300	4,300	
<u>Fellowships</u>	-	1	1	
Academic	-	1	1	

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>EL SALVADOR-3102, Fellowships for Health Services</u> (For text see page 59)				
Total - PR	6,000	4,300	14,600	
Fellowships	6,000	4,300	14,600	
<u>Fellowships</u>	2	1	4	
Academic	1	1	3	
Short	1	-	1	

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>EL SALVADOR-3300, Public Health Laboratory</u> (For text see page 59)				
Total - All Funds	13,609	21,564	12,000	
Subtotal - WR	9,309	21,564	12,000	
Personnel Costs	8,559	14,264	8,000	
Duty Travel	500	1,000	-	
Fellowships	-	4,300	-	
Supplies and Equipment	250	2,000	4,000	
Subtotal - PR	4,300	-	-	
Fellowships	4,300	-	-	
<u>Posts</u>	1	1	-	
Medical Officer, P4 4.0476	WR	1	1	-
<u>Consultant Months</u>	-	-	5	
<u>Fellowships</u>	1	1	-	
Academic	1	1	-	

## SUMMARY - GUATEMALA

	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
Source of Funds:			
Total - All Funds	241,831	256,764	266,228
PAHO Regular (PR)	18,100	20,600	24,100
PAHO Special Malaria (PM)	103,553	122,238	125,396
PAHO Community Water Supply (PW)	8,200	13,000	13,000
WHO Regular (WR)	60,140	57,672	59,786
WHO Technical Assistance (WT)	51,838	43,254	43,946
Number of Posts:	13	12	12
Professional	13	12	12
Consultant Months:	5	8	9
Number of Fellowships:	13	12	11
Academic	8	5	6
Short	5	7	5

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>Detail - GUATEMALA</u>				
<u>GUATEMALA-0200, Malaria Eradication</u> (For text see page 60)				
Total - PM	103,553	122,238	125,396	
Personnel Costs	75,353	91,338	94,496	
Duty Travel	16,500	18,900	18,900	
Fellowships	1,700	-	-	
Supplies and Equipment	10,000	12,000	12,000	
<u>Posts</u>	6	7	7	
Medical Officer, P4 .0481, .0482	PM	2	2	2
Sanitary Engineer, P4 .0483	PM	1	1	1
Entomologist, P3 .0940	PM	-	1	1
Sanitarian, P2 .0484, .0485	PM	2	2	2
Sanitarian, P1 .0486	PM	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>Fellowships</u>				
Short	1	-	-	
Estimated Government Contribution	(1,602,000)	(1,105,000)	(1,602,000)	
<u>GUATEMALA-2101, Rural Sanitation</u> (For text see page 60)				
Total - WT	13,800	21,624	23,576	
Personnel Costs	7,372	14,234	16,176	
Duty Travel	128	2,590	2,600	
Fellowships	4,800	4,800	4,800	
Supplies and Equipment	1,500	-	-	
<u>Posts</u>	1	1	1	
Sanitary Engineer, P4 4.0990	WT	1	1	1
<u>Fellowships</u>	1	1	1	
Academic	1	1	1	

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>GUATEMALA-2200, Water Supplies</u> (For text see page 60)				
Total - PW		8,200	13,000	13,000
Personnel Costs		4,800	9,600	9,600
Fellowships		3,400	3,400	3,400
Consultant Months		3	6	6
Fellowships		2	2	2
Short		2	2	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>GUATEMALA-3100, National Health Services</u> (For text see page 60)				
Total - All Funds		60,140	65,372	70,086
Subtotal - WR		60,140	57,672	59,786
Personnel Costs		47,880	49,572	51,686
Duty Travel		1,660	1,800	1,800
Fellowships		8,600	4,300	4,300
Supplies and Equipment		2,000	2,000	2,000
Subtotal - PR		-	7,700	10,300
Personnel Costs		-	-	1,600
Fellowships		-	7,700	7,700
Supplies and Equipment		-	-	1,000
Posts		3	3	3

PAHO/WHO				
Representative, P5				
4.0489	WR	1	1	1
Sanitary Engineer, P4				
4.0490	WR	1	1	1
Public Health				
Nurse, P3				
4.0986	WR	-	1	1
Sanitarian, P2				
4.0491	WR	1	-	-
Consultant Months		-	-	1
Fellowships		2	4	4
Academic		2	2	2
Short		-	2	2

Estimated Government Contribution	(2,500,000)	(2,500,000)	(2,500,000)
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	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>GUATEMALA-3101, Fellowships for Health Services</u> (For text see page 61)				
Total - PR		6,000	5,100	6,000
Fellowships		6,000	5,100	6,000
Fellowships		2	3	2
Academic		1	-	1
Short		1	3	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>GUATEMALA-3102, Fellowships for Health Services</u> (For text see page 61)				
Total - WT		5,650	-	-
Fellowships		5,650	-	-
Fellowships		2	-	-
Academic		1	-	-
Short		1	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>GUATEMALA-3300, Public Health Laboratory</u> (For text see page 61)				
Total - WT		19,473	21,630	20,370
Personnel Costs		12,023	15,950	14,690
Duty Travel		1,000	880	880
Fellowships		4,300	4,800	4,800
Supplies and Equipment		2,150	-	-
Posts		1	1	1
Laboratory Adviser, P4				
4.0936	WT	1	1	1
Fellowships		1	1	1
Academic		1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>GUATEMALA-6300, Nursing Education</u> (For text see page 61)				
Total - WT		12,915	-	-
Personnel Costs		12,465	-	-
Duty Travel		450	-	-
Posts		2	-	-
Nurse Educator, P3				
4.0487, 4.0488	WT	2	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>GUATEMALA-6500, Teaching of Public Health in Schools of Veterinary Medicine</u> (For text see page 61)				
Total - PR		12,100	7,800	7,800
Personnel Costs		3,200	3,200	3,200
Fellowships		8,600	4,300	4,300
Supplies and Equipment		300	300	300
Consultant Months		2	2	2
Fellowships		2	1	1
Academic		2	1	1

<u>SUMMARY - HONDURAS</u>			
Source of Funds:	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
Total - All Funds	<u>175,123</u>	<u>137,248</u>	<u>152,956</u>
PAHO Regular (PR)	13,700	14,000	27,500
PAHO Special Malaria (PM)	81,726	51,866	52,638
PAHO Community Water Supply (PW)	8,200	13,000	13,000
WHO Regular (WR)	24,186	9,100	9,100
WHO Technical Assistance (WT)	47,311	49,282	50,718
Number of Posts:	<u>9</u>	<u>6</u>	<u>6</u>
Professional	9	6	6
Consultant Months:	<u>6</u>	<u>8</u>	<u>11</u>
Number of Fellowships:	<u>10</u>	<u>7</u>	<u>10</u>
Academic	4	4	5
Short	6	3	5

Fund	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>Detail - HONDURAS</u>			
<u>HONDURAS-0200, Malaria Eradication</u> (For text see page 61)			
Total - PM	<u>81,726</u>	<u>51,866</u>	<u>52,638</u>
Personnel Costs	62,161	39,616	40,388
Duty Travel	11,865	6,750	6,750
Fellowships	1,700	-	-
Supplies and Equipment	6,000	5,500	5,500
Posts	<u>5</u>	<u>3</u>	<u>3</u>
Medical Officer, P4 .0934	PM 1	1	1
Sanitary Engineer, P4 .0506	PM 1	-	-
Entomologist, P3 .0507	PM 1	-	-
Sanitarian, P2 .0508, .0509	PM 2	2	2
Fellowships	<u>1</u>	<u>-</u>	<u>-</u>
Short	1	-	-
Estimated Government Contribution	(200,000)	(1,220,000)	(1,220,000)

<u>HONDURAS-2200, Water Supplies</u> (For text see page 62)			
Total - All Funds	<u>8,200</u>	<u>13,000</u>	<u>17,800</u>
Subtotal - PW	<u>8,200</u>	<u>13,000</u>	<u>13,000</u>
Personnel Costs	4,800	9,600	9,600
Fellowships	3,400	3,400	3,400
Subtotal - PR	<u>-</u>	<u>-</u>	<u>4,800</u>
Personnel Costs	-	-	4,800

Fund	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>Consultant Months</u>			
	<u>3</u>	<u>6</u>	<u>9</u>
<u>Fellowships</u>			
	<u>2</u>	<u>2</u>	<u>2</u>
Short	2	2	2
Estimated Government Contribution	(43,340)	(65,010)	(86,680)
<u>HONDURAS-3100, National Health Services</u> (For text see page 62)			
Total - All Funds	<u>47,311</u>	<u>49,282</u>	<u>51,718</u>
Subtotal - WT	<u>47,311</u>	<u>49,282</u>	<u>50,718</u>
Personnel Costs	45,011	47,022	48,458
Duty Travel	2,100	2,260	2,260
Supplies and Equipment	200	-	-
Subtotal - PR	<u>-</u>	<u>-</u>	<u>1,000</u>
Supplies and Equipment	-	-	1,000
Posts	<u>3</u>	<u>3</u>	<u>3</u>
PAHO/WHO Representative, P5 4.0511	WT 1	1	1
Sanitary Engineer, P4 4.0512	WT 1	1	1
Public Health Nurse, P3 4.0513	WT 1	1	1
Estimated Government Contribution	(2,577,628)	(3,088,673)	(2,908,641)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>HONDURAS-3101, Fellowships for Health Services</u> (For text see page 62)				
Total - PR		13,700	6,000	13,700
Fellowships		13,700	6,000	13,700
<u>Fellowships</u>		5	2	5
Academic		2	1	2
Short		3	1	3

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>HONDURAS-3102, Fellowships for Health Services</u> (For text see page 62)				
Total - WR		4,300	4,300	4,300
Fellowships		4,300	4,300	4,300
<u>Fellowships</u>		1	1	1
Academic		1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>HONDURAS-3103, Health Legislation</u> (For text see page 62)				
Total - WR		4,800	-	-
Personnel Costs		4,800	-	-
<u>Consultant Months</u>		3	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>HONDURAS-3300, Public Health Laboratory</u> (For text see page 62)				
Total - PR		-	8,000	8,000
Personnel Costs		-	3,200	3,200
Fellowships		-	4,300	4,300
Supplies and Equipment		-	500	500
<u>Consultant Months</u>		-	2	2
<u>Fellowships</u>		-	1	1
Academic		-	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>HONDURAS-6300, Nursing Education</u> (For text see page 62)				
Total - WR		15,086	4,800	4,800
Personnel Costs		9,786	-	-
Duty Travel		500	-	-
Fellowships		4,300	4,800	4,800
Supplies and Equipment		500	-	-
<u>Posts</u>		1	-	-
Nurse Educator, P3 4.0514	WR	1	-	-
<u>Fellowships</u>		1	1	1
Academic		1	1	1
Estimated Government Contribution		-	(93,500)	(93,500)

SUMMARY - NICARAGUA

	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
Source of Funds:			
Total - All Funds	187,300	230,283	222,574
PAHO Regular (PR)	6,000	12,000	19,000
PAHO Special Malaria (PM)	118,395	130,733	134,281
PAHO Community Water Supply (PW)	21,119	24,621	24,923
WHO Regular (WR)	33,342	29,764	28,135
WHO Technical Assistance (WT)	8,444	33,165	16,235
Number of Posts:	11	11	10
Professional	11	11	10
Consultant Months:	3	5	5
Number of Fellowships:	7	8	10
Academic	3	3	4
Short	4	5	6

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Detail - NICARAGUA</u>				
<u>NICARAGUA-0200, Malaria Eradication</u> (For text see page 62)				
Total - FM		<u>118,395</u>	<u>130,733</u>	<u>134,281</u>
Personnel Costs		93,695	97,633	103,681
Duty Travel		18,700	18,900	18,900
Fellowships		-	1,700	1,700
Supplies and Equipment		6,000	12,500	10,000
<u>Posts</u>		<u>8</u>	<u>7</u>	<u>7</u>
Medical Officer, P4 .0535, .0536	PM	2	2	2
Sanitary Engineer, P4 .0537	PM	1	1	1
Entomologist, P3 .0538	PM	1	1	1
Sanitarian, P2 .0539, .0540	PM	2	2	2
Sanitarian, P1 .0541	PM	1	1	1
Entomological Aide, P1 .0542	PM	1	-	-
<u>Fellowships</u>		<u>-</u>	<u>1</u>	<u>1</u>
Short		-	1	1
Estimated Government Contribution		(485,000)	(1,107,000)	(1,107,000)
<u>NICARAGUA-2200, Water Supplies</u> (For text see page 63)				
Total - FW		<u>21,119</u>	<u>24,621</u>	<u>24,923</u>
Personnel Costs		15,594	19,096	19,398
Duty Travel		2,125	2,125	2,125
Fellowships		3,400	3,400	3,400
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Sanitary Engineer, P4 .0545	PW	1	1	1
<u>Consultant Months</u>		<u>-</u>	<u>2</u>	<u>2</u>
<u>Fellowships</u>		<u>2</u>	<u>2</u>	<u>2</u>
Short		2	2	2
Estimated Government Contribution		(657,143)	(1,478,569)	(985,713)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>NICARAGUA-3100, Public Health Services</u> (For text see page 63)				
Total - All Funds		<u>32,686</u>	<u>57,229</u>	<u>45,670</u>
Subtotal - WR		<u>24,242</u>	<u>20,664</u>	<u>19,035</u>
Personnel Costs		17,242	19,664	18,035
Duty Travel		1,000	1,000	1,000
Fellowships		6,000	-	-
Subtotal - WT		<u>8,444</u>	<u>33,165</u>	<u>16,235</u>
Personnel Costs		7,694	30,165	14,491
Duty Travel		750	3,000	1,744
Subtotal - PR		<u>-</u>	<u>3,400</u>	<u>10,400</u>
Fellowships		-	3,400	9,400
Supplies and Equipment		-	-	1,000
<u>Posts</u>		<u>2</u>	<u>3</u>	<u>2</u>
PAHO/WHO Representative, P5 4.0543	WR	1	1	1
Public Health Nurse, P3 4.0544	WT	1	1	1
Sanitary Engineer, P4 4.0973	WT	-	1	-
<u>Fellowships</u>		<u>2</u>	<u>2</u>	<u>4</u>
Academic		1	-	1
Short		1	2	3
Estimated Government Contribution		(2,802,213)	(4,031,185)	(3,362,655)

NICARAGUA-3101, Fellowships for Health Services  
(For text see page 63)

Total - PR		<u>6,000</u>	<u>8,600</u>	<u>8,600</u>
Fellowships		<u>6,000</u>	<u>8,600</u>	<u>8,600</u>
<u>Fellowships</u>		<u>2</u>	<u>2</u>	<u>2</u>
Academic		1	2	2
Short		1	-	-

NICARAGUA-6300, Nursing Education  
(For text see page 63)

Total - WR		<u>9,100</u>	<u>9,100</u>	<u>9,100</u>
Personnel Costs		4,800	4,800	4,800
Fellowships		4,300	4,300	4,300
<u>Consultant Months</u>		<u>3</u>	<u>3</u>	<u>3</u>
<u>Fellowships</u>		<u>1</u>	<u>1</u>	<u>1</u>
Academic		1	1	1
Estimated Government Contribution		(78,575)	(78,575)	(78,575)

## SUMMARY - PANAMA

	1964	1965	1966
Source of Funds:	\$	\$	\$
Total - All Funds	200,083	182,705	186,358
PAHO Regular (PR)	28,040	23,170	24,320
PAHO Special Malaria (PM)	96,373	103,752	101,521
PAHO Community Water Supply (PW)	13,000	13,000	13,000
WHO Regular (WR)	8,600	4,300	8,600
WHO Technical Assistance (WT)	54,070	38,483	38,917
Number of Posts:	11	9	9
Professional	11	9	9
Consultant Months:	6	6	6
Number of Fellowships:	7	10	7
Academic	2	2	3
Short	5	8	4

Fund	1964	1965	1966
	\$	\$	\$

Fund	1964	1965	1966
	\$	\$	\$

## Detail - PANAMA

PANAMA-0200, Malaria Eradication  
(For text see page 63)

Total - PM		96,373	103,752	101,521
Personnel Costs		72,833	75,112	77,981
Duty Travel		15,840	15,840	15,840
Fellowships		1,700	6,800	1,700
Supplies and Equipment		6,000	6,000	6,000
Posts		6	6	6
Medical Officer, P4 .0551	PM	1	1	1
Sanitary Engineer, P4 .0552	PM	1	1	1
Entomologist, P3 .0553	PM	1	1	1
Sanitarian, P2 .0554	PM	1	1	1
Sanitarian, P1 .0555, .0556	PM	2	2	2
Fellowships		1	4	1
Short		1	4	1
Estimated Government Contribution		(644,000)	(1,200,000)	(1,200,000)

PANAMA-2200, Water Supplies  
(For text see page 64)

Total - PW		13,000	13,000	13,000
Personnel Costs		9,600	9,600	9,600
Fellowships		3,400	3,400	3,400
Consultant Months		6	6	6
Fellowships		2	2	2
Short		2	2	2

PANAMA-3100, Public Health Services  
(For text see page 64)

Total - All Funds		82,110	61,653	63,237
Subtotal - PR		28,040	23,170	24,320
Personnel Costs		22,160	13,490	14,940
Duty Travel		1,980	1,980	1,980
Fellowships		3,400	7,700	6,400
Supplies and Equipment		500	-	1,000
Subtotal - WT		54,070	38,483	38,917
Personnel Costs		50,570	35,513	35,931
Duty Travel		3,300	2,770	2,786
Supplies and Equipment		200	200	200
Posts		5	3	3
PAHO/WHO Representative, P5 4.0546	WT	1	1	1
Public Health Veterinarian, P4 4.0548	WT	1	-	-
Sanitary Engineer, P4 4.0549	WT	1	1	1
Hospital Administrator, P4 .0547	PR	1	-	-
Administrative Methods Officer, P4 .0550	PR	1	1	1
Fellowships		2	3	2
Academic		-	1	1
Short		2	2	1

PANAMA-3101, Fellowships for Health Services  
(For text see page 64)

Total - WR		8,600	4,300	8,600
Fellowships		8,600	4,300	8,600
Fellowships		2	1	2
Academic		2	1	2

SUMMARY - ZONE III INTERCOUNTRY PROJECTS

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>1,205,376</u>	<u>1,309,173</u>	<u>1,411,606</u>
PAHO Regular (PR)	330,819	351,713	365,392
PAHO Special Malaria (PM)	56,034	58,875	61,274
PAHO Community Water Supply (PW)	11,100	3,800	-
PAHO Grants (PG)	589,850	636,820	678,100
Institute of Nutrition of Central America and Panama (PI)	150,000	195,000	240,000
WHO Regular (WR)	67,573	62,965	66,840
Number of Posts:	<u>148</u>	<u>151</u>	<u>154</u>
Professional	54	54	54
Local	94	97	100
Consultant Months:	<u>21</u>	<u>37</u>	<u>30</u>
Number of Fellowships:	<u>38</u>	<u>33</u>	<u>34</u>
Academic	18	16	19
Short	20	17	15
Participants:	<u>41</u>	<u>27</u>	<u>17</u>

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	

Detail - ZONE III INTERCOUNTRY PROJECTSAMRO-0103, Epidemiology (Zone III)  
(For text see page 54)

Total - PR	<u>19,494</u>	<u>19,796</u>	<u>20,101</u>
Personnel Costs	15,594	15,896	16,201
Duty Travel	3,800	3,800	3,800
Supplies and Equipment	100	100	100

	<u>1</u>	<u>1</u>	<u>1</u>
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Epidemiologist, P4 .0861	PR	1	1	1
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AMRO-0203, Malaria Technical Advisory Services (Zone III)  
(For text see page 54)

Total - PM	<u>56,034</u>	<u>58,875</u>	<u>61,274</u>
Personnel Costs	48,174	51,015	53,414
Duty Travel	6,660	6,660	6,660
Supplies and Equipment	1,200	1,200	1,200

	<u>4</u>	<u>4</u>	<u>4</u>
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Chief Zone Malaria Adviser, P5 .0829	PM	1	1	1
Administrative Methods Officer, P4 .0830	PM	1	1	1
Health Educator, P4 .0831	PM	1	1	1
Bilingual Secretary, GL6 .0832	PM	1	1	1

AMRO-0403, Tuberculosis Control (Zone III)  
(For text see page 65)

Total - All Funds	<u>17,594</u>	<u>28,208</u>	<u>32,784</u>
Subtotal - PR	<u>17,594</u>	<u>17,996</u>	<u>18,298</u>
Personnel Costs	15,594	15,896	16,198
Duty Travel	2,000	2,000	2,000
Supplies and Equipment	-	100	100

Subtotal - WR	<u>-</u>	<u>10,212</u>	<u>14,486</u>
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Personnel Costs	-	9,557	13,986
Duty Travel	-	655	500

	<u>1</u>	<u>2</u>	<u>2</u>
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Medical Officer, P4 .0873	PR	1	1	1
Nurse, P3 4.0982	WR	-	1	1

AMRO-0503, Leprosy Control (Zone III)  
(For text see page 65)

Total - PR	<u>23,194</u>	<u>18,396</u>	<u>23,798</u>
Personnel Costs	15,594	15,896	16,198
Duty Travel	2,500	2,500	2,500
Fellowships	5,100	-	5,100

	<u>1</u>	<u>1</u>	<u>1</u>
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Leprosy Adviser, P4 .0860	PR	1	1	1
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Fellowships	<u>3</u>	<u>-</u>	<u>3</u>
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Short	3	-	3
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<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>AMRO-0703, Veterinary Public Health (Zone III)</u> (For text see page 65)			
Total - All Funds	30,520	22,989	27,449
Subtotal - WR	21,920	22,989	23,149
Personnel Costs	17,100	20,369	18,229
Duty Travel	1,920	1,920	1,920
Seminars	2,300	-	2,300
Supplies and Equipment	600	700	700
Subtotal - PR	8,600	-	4,300
Fellowships	8,600	-	4,300
<u>Posts</u>	1	1	1
Public Health Veterinarian, P4 4.0853	WR	1	1
<u>Fellowships</u>	2	-	1
Academic	2	-	1
<u>Participants</u>	11	-	11

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>AMRO-2103, Sanitary Engineering (Zone III)</u> (For text see page 65)			
Total - All Funds	54,874	18,916	21,326
Subtotal - WR	26,838	-	-
Personnel Costs	23,238	-	-
Duty Travel	3,600	-	-
Subtotal - PR	16,936	18,916	21,326
Personnel Costs	4,036	15,316	17,726
Duty Travel	-	3,600	3,600
Fellowships	12,900	-	-
Subtotal - PW	11,100	-	-
Fellowships	11,100	-	-
<u>Posts</u>	2	2	2
Sanitary Engineer, P4 4.0866	WR	1	-
Sanitary Engineer, P4 .0983	PR	-	1
Secretary, GL6 .0867	PR	1	1
<u>Fellowships</u>	10	-	-
Academic	3	-	-
Short	7	-	-

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>AMRO-2108, Seminar on Sanitary Engineering (Zone III)</u> (For text see page 65)			
Total - PW	-	3,800	-
Seminars	-	3,800	-
<u>Participants</u>	-	10	-

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>AMRO-3103, Planning (Zone III)</u> (For text see page 66)			
Total - PR	3,200	6,400	6,400
Personnel Costs	3,200	6,400	6,400
<u>Consultant Months</u>	2	4	4

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>AMRO-3203, Nursing (Zone III)</u> (For text see page 66)			
Total - PR	22,180	22,682	23,184
Personnel Costs	19,630	20,132	20,634
Duty Travel	2,550	2,550	2,550
<u>Posts</u>	2	2	2
Nurse, P4 .0891	PR	1	1
Secretary, GL6 .0892	PR	1	1
<u>AMRO-3303, Laboratory Services (Zone III)</u> (For text see page 66)			
Total - PR	-	6,400	6,400
Personnel Costs	-	6,400	6,400
<u>Consultant Months</u>	-	4	4

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>AMRO-3503, Health Statistics (Zone III)</u> (For text see page 66)			
Total - WR	9,015	15,264	17,205
Personnel Costs	8,515	14,264	16,205
Duty Travel	500	1,000	1,000
<u>Posts</u>	1	1	1
Statistician, P4 4.0810	WR	1	1

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>AMRO-3603, Administrative Methods and Practices in Public Health (Zone III)</u> (For text see page 66)			
Total - PR	18,594	18,896	19,198
Personnel Costs	15,594	15,896	16,198
Duty Travel	3,000	3,000	3,000
<u>Posts</u>	1	1	1
Administrative Methods Officer, P4 .0874	PR	1	1

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>AMRO-4203, Institute of Nutrition of Central America and Panama</u> (For text see page 66)			
Total - All Funds	896,533	984,805	1,081,539
Subtotal - PR	156,683	152,985	163,439
Personnel Costs	103,586	110,685	116,139
Duty Travel	11,000	12,500	12,500
Hospitality	300	300	300
Assistance to Training	8,000	10,000	10,000
Vegetable Mixture Development	12,000	12,000	12,000
Supplies and Equipment	9,297	-	-
Council and Technical Advisory Committee	7,500	7,500	7,500
Grants	5,000	-	5,000

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4203, (continued)</u>				
Subtotal - PI 1/		150,000	195,000	240,000
Personnel Costs		114,000	148,200	182,400
Duty Travel		7,500	9,750	12,000
Fellowships		2,500	6,300	8,100
Seminars		-	1,500	1,500
Supplies and Equipment		12,000	15,600	19,200
Grants and Other		14,000	13,650	16,800
Subtotal - PG 2/		589,850	636,820	678,100
Personnel Costs		448,400	487,920	520,600
Duty Travel		32,450	32,100	34,250
Fellowships		20,500	20,500	20,500
Supplies and Equipment		47,200	51,360	54,800
Grants and Other		41,300	44,940	47,950
<u>Posts</u>		133	135	138
Director, P5				
.0615	PR	1	1	1
Medical Officer, P5				
.0616	PR	1	1	1
Nutrition Adviser, P4				
.0617	PR	1	1	1
Training Officer, P4				
.0989	PR	-	1	1
Administrative Officer, P4				
.0921	PR	1	1	1
Nutrition Educator, P3				
.0618	PR	1	1	1
Technical Assistant, P1				
.0619	PR	1	1	1
Editorial Assistant, P1				
.0620	PR	1	-	-
Professional Local				
	PI	10	14	18
	PI	9	9	9
Professional Local				
	PG	25	20	16
	PG	82	85	88
<u>Consultant Months</u>		7	9	6
<u>Fellowships</u>		19	21	22
Academic Short		11	13	14
		8	8	8
<u>Participants</u>		-	6	6
<u>AMRO-4703, Food and Drug Control (Zone III)</u> (For text see page 67)				
Total - WR		9,800	14,500	12,000
Personnel Costs		6,400	6,400	6,400
Fellowships		3,400	5,100	5,100
Seminars		-	2,500	-
Supplies and Equipment		-	500	500
<u>Consultant Months</u>		4	4	4
<u>Fellowships</u>		2	3	3
Short		2	3	3
<u>Participants</u>		-	11	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4803, Medical Care Services (Zone III)</u> (For text see page 67)				
Total - PR		18,144	18,446	23,048
Personnel Costs		15,594	15,896	16,198
Duty Travel		2,450	2,450	2,450
Fellowships		-	-	4,300
Supplies and Equipment		100	100	100
<u>Posts</u>		1	1	1
Medical Officer, P4 .0899	PR	1	1	1
<u>Fellowships</u>		-	-	1
Academic		-	-	1
<u>AMRO-6203, Medical Education (Zone III)</u> (For text see page 67)				
Total - PR		21,400	24,600	24,600
Personnel Costs		12,800	16,000	16,000
Fellowships		8,600	8,600	8,600
<u>Consultant Months</u>		8	10	10
<u>Fellowships</u>		2	2	2
Academic		2	2	2
<u>AMRO-6307, Seminar on Advanced Nursing Education (Zone III)</u> (For text see page 67)				
Total - PR		4,800	-	-
Seminars		4,800	-	-
<u>Participants</u>		30	-	-
<u>AMRO-6403, Teaching in Schools of Engineering (Zone III)</u> (For text see page 67)				
Total - PR		-	11,300	11,300
Personnel Costs		-	3,200	3,200
Fellowships		-	6,000	6,000
Supplies and Equipment		-	2,100	2,100
<u>Consultant Months</u>		-	2	2
<u>Fellowships</u>		-	2	2
Academic Short		-	1	1
		-	1	1
<u>AMRO-6407, Training of Sanitary Inspectors (Zone III)</u> (For text see page 67)				
Total - PR		-	14,900	-
Personnel Costs		-	6,400	-
Fellowships		-	8,500	-
<u>Consultant Months</u>		-	4	-
<u>Fellowships</u>		-	5	-
Short		-	5	-

1/ INCAP Operations - Financed by Member Governments.  
2/ INCAP Projects - Financed from contributions and grants.

## PART III

## PAN AMERICAN HEALTH ORGANIZATION - FIELD AND OTHER PROGRAMS

<u>SUMMARY - ZONE IV PROJECTS</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>1,530,179</u>	<u>1,546,571</u>	<u>1,423,567</u>
PAHO Regular (PR)	351,008	390,222	467,190
PAHO Special Malaria (PM)	539,676	486,696	350,133
PAHO Community Water Supply	92,598	93,056	97,978
PAHO Grants (PG)	72,379	33,398	-
WHO Regular (WR)	224,800	292,525	314,540
WHO Technical Assistance (WT)	249,718	250,674	193,726
Number of Posts:	<u>79</u>	<u>73</u>	<u>59</u>
Professional	76	70	57
Local	3	3	2
Consultant Months:	<u>40</u>	<u>72</u>	<u>90</u>
Number of Fellowships:	<u>60</u>	<u>82</u>	<u>91</u>
Academic	30	34	41
Short	30	48	50

DETAIL - ZONE IV PROJECTS

<u>SUMMARY - BOLIVIA</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>216,126</u>	<u>210,345</u>	<u>190,985</u>
PAHO Regular (PR)	63,820	52,400	55,217
PAHO Special Malaria (PM)	66,769	67,761	53,968
PAHO Community Water Supply	16,010	23,020	24,640
WHO Regular (WR)	25,069	23,680	25,044
WHO Technical Assistance	44,458	43,484	32,116
Number of Posts:	<u>12</u>	<u>11</u>	<u>9</u>
Professional	12	11	9
Consultant Months:	<u>-</u>	<u>3</u>	<u>3</u>
Number of Fellowships:	<u>10</u>	<u>8</u>	<u>9</u>
Academic	7	5	4
Short	3	3	5

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>		<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$			\$	\$	\$
<u>Detail - BOLIVIA</u>					<u>Posts</u>		<u>4</u>	<u>4</u>	<u>3</u>
<u>BOLIVIA-0200, Malaria Eradication</u>					Medical Officer, P4				
(For text see page 68)					.0334	PM	1	1	1
Total - PM		<u>66,769</u>	<u>67,761</u>	<u>53,968</u>	Sanitarian, P2				
Personnel Costs		48,679	49,671	38,568	.0335, .0336	PM	2	2	1
Duty Travel		13,090	13,090	10,400	Sanitarian, P1				
Supplies and Equipment		5,000	5,000	5,000	.0337	PM	1	1	1
					Estimated Government				
					Contribution		(440,000)	(532,000)	(400,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BOLIVIA-0300, Smallpox Vaccination</u> (For text see page 68)				
Total - WT		16,401	12,875	13,925
Personnel Costs		8,661	10,075	9,125
Duty Travel		3,740	2,800	2,800
Fellowships		1,000	-	-
Supplies and Equipment		3,000	-	2,000
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Sanitarian, P1 4.0340	WT	1	1	1
<u>Fellowships</u>		<u>1</u>	<u>-</u>	<u>-</u>
Short		1	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BOLIVIA-0400, Tuberculosis Control</u> (For text see page 68)				
Total - All Funds		13,711	14,300	1,700
Subtotal - WT		13,711	14,300	-
Personnel Costs		8,071	12,850	-
Duty Travel		840	1,450	-
Fellowships		4,800	-	-
Subtotal - PR		-	-	1,700
Fellowships		-	-	1,700
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>-</u>
Public Health Nurse, P3 4.0339	WT	1	1	-
<u>Fellowships</u>		<u>1</u>	<u>-</u>	<u>1</u>
Academic		1	-	-
Short		-	-	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BOLIVIA-2200, Water Supplies</u> (For text see page 68)				
Total - PW		16,010	23,020	24,640
Personnel Costs		11,080	18,090	19,710
Duty Travel		1,530	1,530	1,530
Fellowships		3,400	3,400	3,400
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Sanitary Engineer, P4 .0345	PW	1	1	1
<u>Consultant Months</u>		<u>-</u>	<u>3</u>	<u>3</u>
<u>Fellowships</u>		<u>2</u>	<u>2</u>	<u>2</u>
Short		2	2	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BOLIVIA-3100, National Health Services</u> (For text see page 68)				
Total - PR		63,820	52,400	53,517
Personnel Costs		45,820	34,300	35,017
Duty Travel		5,100	3,500	3,500
Fellowships		12,900	14,600	12,000
Supplies and Equipment		-	-	3,000
<u>Posts</u>		<u>3</u>	<u>2</u>	<u>2</u>
PAHO/WHO Representative, P5 .0341	PR	1	1	1
Sanitary Engineer, P4 .0342	PR	1	1	1
Public Health Nurse, P3 .0343	PR	1	-	-
<u>Fellowships</u>		<u>3</u>	<u>4</u>	<u>4</u>
Academic		3	3	2
Short		-	1	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BOLIVIA-3101, National Plan for Rural Development</u> (For text see page 69)				
Total - WT		14,346	16,309	18,191
Personnel Costs		7,921	13,059	14,964
Duty Travel		1,625	3,250	3,227
Fellowships		4,800	-	-
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Medical Officer, P4 4.0344	WT	1	1	1
<u>Fellowships</u>		<u>1</u>	<u>-</u>	<u>-</u>
Academic		1	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BOLIVIA-3102, Fellowships for Health Services</u> (For text see page 69)				
Total - WR		4,300	4,300	4,300
Fellowships		4,300	4,300	4,300
<u>Fellowships</u>		<u>1</u>	<u>1</u>	<u>1</u>
Academic		1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BOLIVIA-6300, Nursing Education</u> (For text see page 69)				
Total - WR		20,769	19,380	20,744
Personnel Costs		13,900	13,080	14,444
Duty Travel		569	500	500
Fellowships		4,300	4,300	4,300
Supplies and Equipment		2,000	1,500	1,500
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Nurse, P3 4.0338	WR	1	1	1
<u>Fellowships</u>		<u>1</u>	<u>1</u>	<u>1</u>
Academic		1	1	1

## SUMMARY - COLOMBIA

Source of Funds:	1964	1965	1966
	\$	\$	\$
Total - All Funds	417,659	442,138	401,286
PAHO Regular (PR)	100,725	100,260	100,600
PAHO Special Malaria (PM)	169,090	168,908	143,136
PAHO Community Water Supply (PW)	51,868	30,936	31,238
WHO Regular (WR)	24,561	59,234	57,612
WHO Technical Assistance (WT)	71,415	82,800	68,700
Number of Posts:	22	19	14
Professional	21	18	14
Local	1	1	-
Consultant Months:	17	34	32
Number of Fellowships:	19	29	31
Academic	7	9	12
Short	12	20	19

Fund	1964	1965	1966
	\$	\$	\$

Fund	1964	1965	1966
	\$	\$	\$

## Detail - COLOMBIA

COLOMBIA-0200, Malaria Eradication  
 (For text see page 69)

Total - PM		169,090	168,908	143,136
Personnel Costs		126,200	118,268	97,596
Duty Travel		31,790	29,240	24,140
Fellowships		5,100	3,400	3,400
Supplies and Equipment		6,000	18,000	18,000
Posts		11	10	8
Medical Officer, P4 .0396	PM	1	1	1
Sanitary Engineer, P4 .0397	PM	1	1	1
Statistician, P3 .0398	PM	1	-	-
Entomologist, P3 .0399	PM	1	1	1
Sanitarian, P2 .0400, .0401	PM	2	2	1
Sanitarian, P1 .0402, .0403, .0404, .0405	PM	4	4	3
Entomological Aide, P1 .0925	PM	1	1	1
Fellowships		3	2	2
Short		3	2	2
Estimated Government Contribution		(2,333,000)	(3,134,000)	(3,100,000)
<u>COLOMBIA-0500, Leprosy Control</u> (For text see page 69)				
Total - PR		-	1,700	6,000
Fellowships		-	1,700	6,000
Fellowships		-	1	2
Academic		-	-	1
Short		-	1	1

COLOMBIA-2200, Water Supplies  
 (For text see page 69)

Total - PW		51,868	30,936	31,238
Personnel Costs		39,188	25,496	25,798
Duty Travel		4,080	2,040	2,040
Fellowships		8,600	3,400	3,400
Posts		2	1	1
Consultant in Water Supply, P4 .0409	PW	1	1	1
Sanitary Engineer, P4 .0410	PW	1	-	-
Consultant Months		5	6	6
Fellowships		2	2	2
Academic		2	-	-
Short		-	2	2
Estimated Government Contribution		(22,000,000)	(22,000,000)	(22,000,000)

COLOMBIA-2300, Aedes aegypti Eradication  
 (For text see page 70)

Total - PR		12,525	12,760	-
Personnel Costs		11,625	11,860	-
Duty Travel		900	900	-
Posts		1	1	-
Sanitarian, P2 .0406	PR	1	1	-
Estimated Government Contribution		(30,000)	(40,000)	

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>COLOMBIA-3100, National Health Services</u> (For text see page 70)				
Total - All Funds		75,415	96,300	83,300
Subtotal - WT		71,415	82,800	68,700
Personnel Costs		63,745	78,623	66,591
Duty Travel		7,670	4,177	2,109
Subtotal - PR		4,000	13,500	14,600
Personnel Costs		4,000	5,800	1,600
Fellowships		-	7,700	12,000
Supplies and Equipment		-	-	1,000
<u>Posta</u>		6	6	4
PAHO/WHO				
Representative, P5				
4.0390	WT	1	1	1
Medical Officer				
(Medical Care), P4				
4.0391	WT	1	1	1
Sanitary Engineer, P4				
4.0392	WT	1	1	1
Public Health Nurse, P3				
4.0393	WT	1	1	1
Statistician, P3				
4.0394	WT	1	1	-
Administrative				
Assistant, CL6				
.0395	PR	1	1	-
<u>Consultant Months</u>		-	8	5
<u>Fellowships</u>		-	3	4
Academic		-	1	2
Short		-	2	2
Estimated Government Contribution		(2,900,000)	(3,206,890)	(2,917,241)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>COLOMBIA-3101, Fellowships for Health Services</u> (For text see page 70)				
Total - PR		16,300	16,300	24,000
Fellowships		16,300	16,300	24,000
<u>Fellowships</u>		5	5	8
Academic		3	3	4
Short		2	2	4
Estimated Government Contribution		(3,000)	(3,000)	(3,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>COLOMBIA-3102, Fellowships for Health Services</u> (For text see page 70)				
Total - WR		-	4,300	8,600
Fellowships		-	4,300	8,600
<u>Fellowships</u>		-	1	2
Academic		-	1	2
Estimated Government Contribution			(2,000)	(2,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>COLOMBIA-3301, National Institute of Health</u> (Carlos Finlay) (For text see page 70)				
Total - PR		25,000	38,000	38,000
Personnel Costs		-	9,600	9,600
Fellowships		-	3,400	3,400
Grants		25,000	25,000	25,000
<u>Consultants Months</u>		-	6	6
<u>Fellowships</u>		-	2	2
Short		-	2	2
Estimated Government Contribution		(50,000)	(50,000)	(50,000)
<u>COLOMBIA-3400, Health Education</u> (For text see page 70)				
Total - WR		-	8,600	8,600
Fellowships		-	8,600	8,600
<u>Fellowships</u>		-	2	2
Academic		-	2	2
Estimated Government Contribution		(40,000)	(40,000)	(40,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>COLOMBIA-4200, Nutrition</u> (For text see page 70)				
Total - PR		8,100	8,100	8,100
Fellowships		5,100	5,100	5,100
Grants		3,000	3,000	3,000
<u>Fellowships</u>		3	3	3
Short		3	3	3
Estimated Government Contribution		(75,000)	(100,000)	(100,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>COLOMBIA-6100, School of Public Health</u> (For text see page 71)				
Total - All Funds		44,461	46,334	40,412
Subtotal - PR		19,900	-	-
Personnel Costs		9,600	-	-
Fellowships		10,300	-	-
Subtotal - WR		24,561	46,334	40,412
Personnel Costs		21,711	31,484	34,962
Duty Travel		1,150	1,150	1,150
Fellowships		1,700	13,700	4,300

	Fund	1964	1965	1966
		\$	\$	\$
<u>COLOMBIA-6100, (continued)</u>				
<u>Posts</u>		2	1	1
Professor of Public Health Administration, P4 4.0407	WR	1	1	1
Nurse Educator, P3 4.0408	WR	1	-	-
<u>Consultant Months</u>		9	11	12
<u>Fellowships</u>		3	5	1
Academic		2	2	1
Short		1	3	-
Estimated Government Contribution		(250,000)	(270,000)	(280,000)

	Fund	1964	1965	1966
		\$	\$	\$
<u>COLOMBIA-6600, Teaching of Preventive Dentistry</u> (For text see page 71)				
Total - PR		14,900	9,900	9,900
Personnel Costs		4,800	4,800	4,800
Fellowships		5,100	5,100	5,100
Supplies and Equipment		5,000	-	-
<u>Consultant Months</u>		3	3	3
<u>Fellowships</u>		3	3	3
Short		3	3	3
Estimated Government Contribution		(50,000)	(60,000)	(60,000)

<u>SUMMARY - ECUADOR</u>			
	1964	1965	1966
	\$	\$	\$
Source of Funds:			
Total - All Funds	333,528	357,092	342,039
PAHO Regular (PR)	49,854	77,800	129,200
PAHO Special Malaria (PM)	104,325	100,002	53,123
PAHO Community Water Supply (PW)	16,520	29,300	32,300
PAHO Grants (PG)	22,200	-	-
WHO Regular (WR)	72,006	86,270	95,436
WHO Technical Assistance (WT)	68,623	63,720	31,980
Number of Posts:	18	16	11
Professional	18	16	11
Consultant Months:	10	16	25
Number of Fellowships:	14	28	39
Academic	7	12	18
Short	7	16	21

	Fund	1964	1965	1966
		\$	\$	\$
<u>Detail - ECUADOR</u>				
<u>ECUADOR-0200, Malaria Eradication</u> (For text see page 71)				
Total - All Funds		120,641	118,302	53,123
Subtotal - WT		16,316	18,300	-
Personnel Costs		14,916	17,100	-
Duty Travel		1,400	1,200	-
Subtotal - PM		104,325	100,002	53,123
Personnel Costs		80,900	70,127	36,748
Duty Travel		15,725	13,175	6,375
Fellowships		1,700	1,700	-
Supplies and Equipment		6,000	15,000	10,000

	Fund	1964	1965	1966
		\$	\$	\$
<u>Posts</u>				
		8	7	3
Medical Officer, P4 4.0453	WT	1	1	-
Medical Officer, P4 .0454	PM	1	1	1
Sanitary Engineer, P4 .0455	PM	1	1	-
Entomologist, P3 .0456	PM	1	-	-
Sanitarian, P1 .0457, .0458, .0459, .0460	PM	4	4	2
<u>Fellowships</u>		1	1	-
Short		1	1	-
Estimated Government Contribution		(1,085,000)	(1,085,000)	(860,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>ECUADOR-0300, Smallpox Eradication</u> (For text see page 71)				
Total - All Funds	26,268	-	-	-
Subtotal - PR	16,854	-	-	-
Personnel Costs	15,594	-	-	-
Duty Travel	1,260	-	-	-
Subtotal - WT	9,414	-	-	-
Personnel Costs	8,154	-	-	-
Duty Travel	1,260	-	-	-
<u>Posts</u>	2	-	-	-
Medical Officer, P4 .0462	PR	1	-	-
Sanitarian, P1 4.0463	WT	1	-	-
Estimated Government Contribution	(108,000)	-	-	-
<u>ECUADOR-0900, Plague Control</u> (For text see page 71)				
Total - All Funds	-	18,400	13,200	-
Subtotal - WT	-	18,400	3,600	-
Personnel Costs	-	14,800	-	-
Fellowships	-	3,600	3,600	-
Subtotal - PR	-	-	9,600	-
Personnel Costs	-	-	9,600	-
<u>Posts</u>	-	1	-	-
Medical Officer, P4 4.0984	WT	-	1	-
<u>Consultant Months</u>	-	-	6	-
<u>Fellowships</u>	-	2	2	-
Short	-	2	2	-
<u>ECUADOR-2200, Water Supplies</u> (For text see page 71)				
Total - All Funds	16,520	29,300	37,100	-
Subtotal - PW	16,520	29,300	32,300	-
Personnel Costs	11,080	23,860	26,860	-
Duty Travel	2,040	2,040	2,040	-
Fellowships	3,400	3,400	3,400	-
Subtotal - PR	-	-	4,800	-
Personnel Costs	-	-	4,800	-
<u>Posts</u>	1	1	1	-
Sanitary Engineer, P4 .0464	PW	1	1	1
<u>Consultant Months</u>	-	4	7	-
<u>Fellowships</u>	2	2	2	-
Short	2	2	2	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>ECUADOR-3100, National Health Services</u> (For text see page 72)				
Total - All Funds	79,029	118,506	139,564	-
Subtotal - WT	24,334	27,020	28,380	-
Personnel Costs	17,714	17,249	18,580	-
Duty Travel	1,290	771	800	-
Fellowships	5,330	9,000	9,000	-
Subtotal - WR	48,695	71,786	80,184	-
Personnel Costs	38,100	58,046	66,444	-
Duty Travel	6,295	8,640	8,640	-
Fellowships	4,300	5,100	5,100	-
Subtotal - PR	6,000	19,700	31,000	-
Fellowships	6,000	19,700	30,000	-
Supplies and Equipment	-	-	1,000	-
<u>Posts</u>	5	6	6	-
<u>PAHO/WHO</u>				
Representative, P5 4.0450	WT	1	1	1
Medical Officer, P4 4.0926	WR	1	1	1
Sanitary Engineer, P4 4.0451	WR	1	1	1
Public Health Nurse, P3 4.0452	WR	1	1	1
Sanitarian, P2 4.0927, 4.1018	WR	1	2	2
<u>Fellowships</u>	5	12	15	-
Academic	3	5	7	-
Short	2	7	8	-
Estimated Government Contribution	(270,270)	(425,578)	(508,075)	-
<u>ECUADOR-3101, Fellowships for Health Services</u> (For text see page 72)				
Total - PR	12,000	14,600	23,200	-
Fellowships	12,000	14,600	23,200	-
<u>Fellowships</u>	4	4	6	-
Academic	2	3	5	-
Short	2	1	1	-
<u>ECUADOR-3102, Rural Medical Services</u> (For text see page 72)				
Total - WT	18,559	-	-	-
Personnel Costs	16,184	-	-	-
Duty Travel	2,375	-	-	-
<u>Posts</u>	1	-	-	-
Medical Officer, P5 4.0465	WT	1	-	-
Estimated Government Contribution	(540,540)	(540,540)	(540,540)	-



	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>ECUADOR-3301, National Institute of Health</u> (For text see page 72)				
Total - PR	10,700	25,200	25,200	
Personnel Costs	6,400	19,200	19,200	
Fellowships	4,300	6,000	6,000	
Consultant Months	4	12	12	
Fellowships	1	2	2	
Academic	1	1	1	
Short	-	1	1	
Estimated Government Contribution	(608,432)	(608,432)	(608,432)	

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>ECUADOR-4200, National Institute of Nutrition</u> (For text see page 72)				
Total - All Funds	22,200	8,000	19,100	
Subtotal - PR	-	8,000	19,100	
Fellowships	-	6,000	17,100	
Supplies and Equipment	-	2,000	2,000	
Subtotal - PG*	22,200	-	-	
Personnel Costs	11,220	-	-	
Supplies and Equipment	6,980	-	-	
Training Grants	4,000	-	-	

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>Fellowships</u>				
	-	2	7	
Academic	-	1	2	
Short	-	1	5	
Estimated Government Contribution	(5,405)	(5,405)	(5,405)	

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>ECUADOR-6300, Nursing Education</u> (For text see page 72)				
Total - All Funds	27,611	24,784	31,552	
Subtotal - WR	23,311	14,484	15,252	
Personnel Costs	21,391	11,564	12,332	
Duty Travel	1,920	1,920	1,920	
Supplies and Equipment	-	1,000	1,000	
Subtotal - PR	4,300	10,300	16,300	
Fellowships	4,300	10,300	16,300	

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>Posts</u>				
	1	1	1	
Nurse Educator, P3 4,0461	WR	1	1	1
Consultant Months	6	-	-	
Fellowships	1	3	5	
Academic	1	2	3	
Short	-	1	2	
Estimated Government Contribution	(22,702)	(22,702)	(22,702)	

<u>SUMMARY - PERU</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	316,500	324,886	270,651
PAHO Regular (PR)	31,020	54,500	73,180
PAHO Special Malaria (PM)	143,142	128,547	78,013
PAHO Community Water Supply (PW)	8,200	9,800	9,800
PAHO Grants (PG)	50,179	33,398	-
WHO Regular (WR)	18,737	37,971	48,728
WHO Technical Assistance (WT)	65,222	60,670	60,930
Number of Posts:	13	14	12
Professional	13	14	12
Consultant Months:	11	13	24
Number of Fellowships:	10	17	12
Academic	5	8	7
Short	5	9	5

\* Williams Waterman Fund.

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Detail - PERU</u>				
<u>PERU-0200, Malaria Eradication</u> (For text see page 73)				
Total - FM		<u>143,142</u>	<u>128,547</u>	<u>78,013</u>
Personnel Costs		101,932	85,677	50,663
Duty Travel		24,510	21,470	12,350
Fellowships		1,700	3,400	-
Supplies and Equipment		15,000	18,000	15,000
<u>Posts</u>		<u>8</u>	<u>7</u>	<u>4</u>
Chief Country Malaria Adviser, P5 .0569	PM	1	-	-
Medical Officer, P4 .0570	PM	1	1	1
Sanitary Engineer, P4 .0571	PM	1	1	-
Sanitarian, P2 .0572, .0573	PM	2	2	2
Sanitarian, P1 .0574, .0575, .0576	PM	3	3	1
<u>Fellowships</u>		<u>1</u>	<u>2</u>	<u>-</u>
Short		1	2	-
Estimated Government Contribution		(962,000)	(1,000,000)	(1,000,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>PERU-0900, Plague Control</u> (For text see page 73)				
Total - All Funds		<u>-</u>	<u>16,594</u>	<u>19,432</u>
Subtotal - PR		<u>-</u>	<u>4,800</u>	<u>4,800</u>
Personnel Costs		-	4,800	4,800
Subtotal - WR		<u>-</u>	<u>11,794</u>	<u>14,632</u>
Personnel Costs		-	11,294	14,132
Duty Travel		-	500	500
<u>Posts</u>		<u>-</u>	<u>1</u>	<u>1</u>
Sanitarian, P1 4.1021	WR	-	1	1
<u>Consultant Months</u>		<u>-</u>	<u>3</u>	<u>3</u>

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>PERU-2200, Water Supplies</u> (For text see page 73)				
Total - All Funds		<u>22,980</u>	<u>25,794</u>	<u>24,906</u>
Subtotal - WT		<u>14,780</u>	<u>15,994</u>	<u>15,106</u>
Personnel Costs		13,760	15,744	14,849
Duty Travel		1,020	250	257
Subtotal - PW		<u>8,200</u>	<u>9,800</u>	<u>9,800</u>
Personnel Costs		4,800	6,400	6,400
Fellowships		3,400	3,400	3,400

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Posts</u>				
		<u>1</u>	<u>1</u>	<u>1</u>
Sanitary Engineer, P4 4.0581	WT	1	1	1
<u>Consultant Months</u>		<u>3</u>	<u>4</u>	<u>4</u>
<u>Fellowships</u>		<u>2</u>	<u>2</u>	<u>2</u>
Short		2	2	2
Estimated Government Contribution		(3,055,654)	(3,055,654)	(3,055,654)
<u>PERU-2201, Rural Water Supplies</u> (For text see page 73)				
Total - PR		<u>-</u>	<u>-</u>	<u>13,080</u>
Personnel Costs		-	-	11,080
Duty Travel		-	-	2,000
<u>Posts</u>		<u>-</u>	<u>-</u>	<u>1</u>
Sanitary Engineer, P4 .0957	PR	-	-	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>PERU-3100, National Health Services</u> (For text see page 73)				
Total - All Funds		<u>53,742</u>	<u>43,176</u>	<u>45,924</u>
Subtotal - WT		<u>48,942</u>	<u>43,176</u>	<u>44,324</u>
Personnel Costs		42,002	42,115	43,262
Duty Travel		6,840	1,061	1,062
Supplies and Equipment		100	-	-
Subtotal - PR		<u>4,800</u>	<u>-</u>	<u>1,600</u>
Personnel Costs		4,800	-	1,600
<u>Posts</u>		<u>3</u>	<u>3</u>	<u>3</u>
Medical Officer, P4 4.0578	WT	1	1	1
Sanitary Engineer, P4 4.0579	WT	1	1	1
Public Health Nurse, P3 4.0580	WT	1	1	1
<u>Consultant Months</u>		<u>3</u>	<u>-</u>	<u>1</u>
Estimated Government Contribution		(1,372,263)	(1,372,263)	(1,372,263)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>PERU-3101, Fellowships for Health Services</u> (For text see page 74)				
Total - WR		<u>4,300</u>	<u>4,300</u>	<u>8,600</u>
Fellowships		4,300	4,300	8,600
<u>Fellowships</u>		<u>1</u>	<u>1</u>	<u>2</u>
Academic		1	1	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>PERU-3102, Joint Field Mission on Indigenous Populations</u> (For text see page 74)				
Total - WT	<u>1,500</u>	<u>1,500</u>	<u>1,500</u>	
Duty Travel	1,500	1,500	1,500	
Estimated Government Contribution	(345,766)	(345,766)	(345,766)	

	<u>12,900</u>	<u>28,300</u>	<u>16,300</u>
<u>PERU-3103, Fellowships for Health Services</u> (For text see page 74)			
Total - PR	<u>12,900</u>	<u>28,300</u>	<u>16,300</u>
Fellowships	12,900	28,300	16,300
<u>Fellowships</u>	<u>3</u>	<u>9</u>	<u>5</u>
Academic	3	5	3
Short	-	4	2

	<u>50,179</u>	<u>33,398</u>	<u>-</u>
<u>PERU-4101, Infantile Diarrhea and Malnutrition</u> (For text see page 74)			
Total - PG*	<u>50,179</u>	<u>33,398</u>	<u>-</u>
Personnel Costs	48,537	31,798	-
Duty Travel	800	800	-
Supplies and Equipment	842	800	-

	<u>7,500</u>	<u>11,300</u>	<u>11,300</u>
<u>PERU-6100, Training of Health Workers</u> (For text see page 74)			
Total - PR	<u>7,500</u>	<u>11,300</u>	<u>11,300</u>
Personnel Costs	3,200	9,600	9,600
Fellowships	4,300	1,700	1,700
<u>Consultant Months</u>	<u>2</u>	<u>6</u>	<u>6</u>
<u>Fellowships</u>	<u>1</u>	<u>1</u>	<u>1</u>
Academic	1	-	-
Short	-	1	1
Estimated Government Contribution	(155,860)	(155,860)	(155,860)

	<u>5,820</u>	<u>-</u>	<u>-</u>
<u>PERU-6200, Medical Education</u> (For text see page 74)			
Total - PR	<u>5,820</u>	<u>-</u>	<u>-</u>
Personnel Costs	2,760	-	-
Fellowships	3,060	-	-
<u>Consultant Months</u>	<u>1</u>	<u>-</u>	<u>-</u>
<u>Fellowships</u>	<u>2</u>	<u>-</u>	<u>-</u>
Short	2	-	-

	<u>12,037</u>	<u>31,977</u>	<u>51,596</u>
<u>PERU-6300, Nursing Education</u> (For text see page 74)			
Total - All Funds	<u>12,037</u>	<u>31,977</u>	<u>51,596</u>
Subtotal - PR	-	10,100	26,100
Personnel Costs	-	-	16,000
Fellowships	-	8,600	8,600
Supplies and Equipment	-	1,500	1,500
Subtotal - WR	<u>12,037</u>	<u>21,877</u>	<u>25,496</u>
Personnel Costs	11,146	20,877	24,496
Duty Travel	891	1,000	1,000

	<u>1</u>	<u>2</u>	<u>2</u>
<u>Posts</u>			
Nurse Educator, P3 4.0577	WR	1	1
Nurse Educator, P3 4.1019	WR	-	1
<u>Consultant Months</u>	<u>-</u>	<u>-</u>	<u>10</u>
<u>Fellowships</u>	<u>-</u>	<u>2</u>	<u>2</u>
Academic	-	2	2

	<u>2,400</u>	<u>-</u>	<u>-</u>
<u>PERU-6500, Veterinary Medicine Education</u> (For text see page 75)			
Total - WR	<u>2,400</u>	<u>-</u>	<u>-</u>
Personnel Costs	2,400	-	-
<u>Consultant Months</u>	<u>2</u>	<u>-</u>	<u>-</u>

\* Contribution from United States Public Health Service - National Institutes of Health.

## SUMMARY - ZONE IV INTERCOUNTRY PROJECTS

	1964	1965	1966
Source of Funds:	\$	\$	\$
Total - All Funds	246,366	212,110	218,606
PAHO Regular (PR)	105,589	105,262	108,993
PAHO Special Malaria (PM)	56,350	21,478	21,893
WHO Regular (WR)	84,427	85,370	87,720
Number of Posts:	14	13	13
Professional	12	11	11
Local	2	2	2
Consultant Months:	2	6	6
Number of Fellowships:	7	-	-
Academic	4	-	-
Short	3	-	-

	Fund	1964	1965	1966
		\$	\$	\$
<u>Detail - ZONE IV INTERCOUNTRY PROJECTS</u>				
<u>AMRO-D2D4, Malaria Technical Advisory Services (Zone IV)</u> (For text see page 75)				
Total - PM		56,350	21,478	21,893
Personnel Costs		49,177	18,404	18,819
Duty Travel		7,128	3,074	3,074
Supplies and Equipment		45	-	-
Posts		3	1	1
Chief Zone Malaria Adviser, P5 .0833	PM	1	1	1
Administrative Methods Officer, P4 .0834	PM	1	-	-
Sanitary Engineer, P4 .0835	PM	1	-	-

	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-0404, Tuberculosis Control (Zone IV)</u> (For text see page 75)				
Total - All Funds		34,573	32,816	32,730
Subtotal - WR		30,273	32,816	32,730
Personnel Costs		27,330	29,466	29,380
Duty Travel		2,943	3,350	3,350
Subtotal - PR		4,300	-	-
Fellowships		4,300	-	-
Posts		2	2	2
Medical Officer, P4 4.0909	WR	1	1	1
Public Health Nurse, P3 4.0910	WR	1	1	1
Fellowships		1	-	-
Academic		1	-	-

	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-0504, Leprosy Control (Zone IV)</u> (For text see page 75)				
Total - WR		17,477	16,813	18,147
Personnel Costs		14,977	14,313	15,647
Duty Travel		2,500	2,500	2,500
Posts		1	1	1
Medical Officer, P4 4.0878	WR	1	1	1
Estimated Government Contribution		(141,081)	(141,081)	(141,081)

	Fund	1964	1965	1966
		\$	\$	\$
<u>AMRO-2104, Sanitary Engineering (Zone IV)</u> (For text see page 75)				
Total - PR		33,367	21,146	21,548
Personnel Costs		17,894	18,296	18,698
Duty Travel		2,573	2,850	2,850
Fellowships		12,900	-	-
Posts		2	2	2
Sanitary Engineer, P4 .0868	PR	1	1	1
Clerk Stenographer, LL4 .0869	PR	1	1	1
Fellowships		3	-	-
Academic		3	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-3104, Planning (Zone IV)</u> (For text see page 75)				
Total - PR		<u>23,111</u>	<u>19,734</u>	<u>20,149</u>
Personnel Costs		17,989	18,404	18,819
Duty Travel		1,722	1,330	1,330
Fellowships		3,400	-	-
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Medical Officer, P5 .0912	PR	1	1	1
<u>Fellowships</u>		<u>2</u>	<u>-</u>	<u>-</u>
Short		2	-	-

AMRO-3204, Nursing (Zone IV)  
(For text see page 76)

Total - PR		<u>21,309</u>	<u>22,046</u>	<u>22,448</u>
Personnel Costs		18,794	19,196	19,598
Duty Travel		2,515	2,850	2,850
<u>Posts</u>		<u>2</u>	<u>2</u>	<u>2</u>
Nurse, P4 .0893	PR	1	1	1
Secretary, LL5 .0894	PR	1	1	1

AMRO-3504, Health Statistics (Zone IV)  
(For text see page 76)

Total - WR		<u>20,473</u>	<u>18,202</u>	<u>20,724</u>
Personnel Costs		17,173	15,302	17,824
Duty Travel		3,000	2,600	2,600
Supplies and Equipment		300	300	300
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Statistician, P4 4.0838	WR	1	1	1

AMRO-3604, Administrative Methods and Practices  
in Public Health (Zone IV)  
(For text see page 76)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
Total - PR		-	<u>13,570</u>	<u>15,780</u>
Personnel Costs		-	11,080	13,290
Duty Travel		-	2,490	2,490
<u>Posts</u>		<u>-</u>	<u>1</u>	<u>1</u>
Administrative Methods Consultant, P4 .0958	PR	-	1	1

AMRO-4204, Nutrition Advisory Services (Zone IV)  
(For text see page 76)

Total - WR		<u>16,204</u>	<u>17,539</u>	<u>16,119</u>
Personnel Costs		13,004	15,019	13,599
Duty Travel		3,200	2,520	2,520

<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Medical Nutritionist, P4 4.0877	WR	1	1	1

AMRO-4804, Medical Care Services (Zone IV)  
(For text see page 76)

Total - PR		<u>18,602</u>	<u>19,166</u>	<u>19,468</u>
Personnel Costs		15,594	15,896	16,198
Duty Travel		3,008	3,270	3,270

<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Medical Officer, P4 .0911	PR	1	1	1

AMRO-6204, Medical Education (Zone IV)  
(For text see page 76)

Total - PR		<u>4,900</u>	<u>9,600</u>	<u>9,600</u>
Personnel Costs		3,200	9,600	9,600
Fellowships		1,700	-	-
<u>Consultant Months</u>		<u>2</u>	<u>6</u>	<u>6</u>
<u>Fellowships</u>		<u>1</u>	<u>-</u>	<u>-</u>
Short		1	-	-

## PART III

## PAN AMERICAN HEALTH ORGANIZATION - FIELD AND OTHER PROGRAMS

<u>SUMMARY - ZONE V PROJECTS</u>			
<u>SUMMARY - BRAZIL</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>880,225</u>	<u>1,156,679</u>	<u>1,010,682</u>
PAHO Regular (PR)	255,284	321,776	319,590
PAHO Special Malaria (PM)	309,415	327,733	341,901
PAHO Community Water Supply (FW)	19,000	22,600	22,600
WHO Regular (WR)	183,570	210,350	201,144
WHO Technical Assistance (WT)	25,956	43,220	31,147
United Nations Special Fund (WS)	87,000	231,000	94,300
Number of Posts:	<u>36</u>	<u>35</u>	<u>34</u>
Professional	34	33	32
Local	2	2	2
Consultant Months:	<u>45</u>	<u>91</u>	<u>62</u>
Number of Fellowships:	<u>53</u>	<u>64</u>	<u>64</u>
Academic	33	38	43
Short	20	26	21

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>Detail - BRAZIL</u>			
<u>BRAZIL-0200, Malaria Eradication</u>			
(For text see page 77)			
Total - FM	<u>265,186</u>	<u>290,232</u>	<u>303,908</u>
Personnel Costs	174,486	183,732	197,408
Duty Travel	32,100	33,100	33,100
Fellowships	8,600	3,400	3,400
Supplies and Equipment	50,000	70,000	70,000
Posts	<u>13</u>	<u>13</u>	<u>13</u>
Chief Country Malaria Adviser, P5 .0353	PM 1	1	1
Medical Officer, P4 .0354, .0355, .0356, .0357	PM 4	4	4
Sanitary Engineer, P4 .0358, .0359, .0360	PM 3	3	3
Administrative Methods Officer, P4 .0361	PM 1	1	1
Assistant Engineer, P3 .0362	PM 1	1	1
Sanitarian, P2 .0363, .0364	PM 2	2	2
Sanitarian, P1 .0365	PM 1	1	1
Fellowships	<u>2</u>	<u>2</u>	<u>2</u>
Academic	2	-	-
Short	-	2	2
Estimated Government Contribution	(11,667,000)	(16,600,000)	(16,300,000)

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>BRAZIL-0201, Malaria Eradication (Sao Paulo)</u>			
(For text see page 77)			
Total - PM	<u>39,229</u>	<u>32,501</u>	<u>32,993</u>
Personnel Costs	25,429	25,951	26,473
Duty Travel	5,400	6,400	6,400
Fellowships	3,400	-	-
Supplies and Equipment	5,000	150	120
Posts	<u>2</u>	<u>2</u>	<u>2</u>
Sanitary Engineer, P4 .0373	PM 1	-	-
Medical Officer, P4 .0942	PM -	1	1
Sanitarian, P1 .0374	PM 1	1	1
Fellowships	<u>2</u>	<u>-</u>	<u>-</u>
Short	2	-	-
Estimated Government Contribution	(1,569,000)	(800,000)	(1,012,000)
<u>BRAZIL-0202, Training Center for Malaria Eradication (Sao Paulo)</u>			
(For text see page 77)			
Total - PM	<u>5,000</u>	<u>5,000</u>	<u>5,000</u>
Grants	5,000	5,000	5,000

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-0300, Smallpox Eradication</u> (For text see page 77)				
Total - PR		2,000	2,000	2,000
Supplies and Equipment		2,000	2,000	2,000
Estimated Government Contribution		(59,322)	(59,322)	(59,322)

BRAZIL-0700, Veterinary Public Health  
(For text see page 78)

Total - WR		19,022	-	-
Personnel Costs		17,312	-	-
Duty Travel		1,710	-	-
Posts		1	-	-
Public Health Veterinarian, P4 4.0854	WR	1	-	-

BRAZIL-0701, Rabies Control  
(For text see page 78)

Total - WR		3,200	11,900	3,700
Personnel Costs		3,200	3,200	-
Fellowships		-	1,700	1,700
Supplies and Equipment		-	7,000	2,000
Consultant Months		2	2	-
Fellowships		-	1	1
Short		-	1	1
Estimated Government Contribution		(10,169)	(10,169)	(10,169)

BRAZIL-0900, Schistosomiasis  
(For text see page 78)

Total - PR		2,700	2,700	2,700
Fellowships		1,700	1,700	1,700
Supplies and Equipment		1,000	1,000	1,000
Fellowships		1	1	1
Short		1	1	1
Estimated Government Contribution		(1,131,355)	(1,131,355)	(1,131,355)

BRAZIL-2100, Sanitary Engineering  
(For text see page 78)

Total - PR		28,294	26,196	29,898
Personnel Costs		17,594	18,096	21,798
Duty Travel		2,100	2,100	2,100
Fellowships		8,600	6,000	6,000
Posts		2	2	2
Sanitary Engineer, P4 .0366	PR	1	1	1
Secretary, RL5 .0367	PR	1	1	1

Consultant Months

Fellowships

Academic	2	1	1
Short	-	1	1

BRAZIL-2101, Air and Water Pollution Control  
(For text see page 78)

Total - WT	9,600	19,800	19,800
Personnel Costs	9,600	14,400	14,400
Supplies and Equipment	-	5,400	5,400
Consultant Months	6	9	9

BRAZIL-2200, Water Supplies  
(For text see page 78)

Total - PW	19,000	22,600	22,600
Personnel Costs	9,600	19,200	19,200
Fellowships	9,400	3,400	3,400
Consultant Months	6	12	12
Fellowships	4	2	2

Academic	1	-	-
Short	3	2	2

BRAZIL-3100, Planning  
(For text see page 79)

Total - PR	-	8,300	8,300
Personnel Costs	-	3,200	3,200
Fellowships	-	5,100	5,100
Consultant Months	-	2	2
Fellowships	-	3	3
Short	-	3	3

BRAZIL-3101, Health Services in Nine Northeast States  
(For text see page 79)

Total - All Funds		96,768	128,670	134,767
Subtotal - WR		90,649	98,989	98,302
Personnel Costs		50,939	75,379	75,492
Duty Travel		3,610	5,610	5,610
Fellowships		36,100	18,000	17,200
Subtotal - PR		6,119	29,681	36,465
Personnel Costs		6,119	12,481	14,265
Fellowships		-	17,200	22,200
Posts		5	5	5
Medical Officer, P5 4.0346	WR	1	1	1
Medical Officer, P4 4.0349, 4.0350	WR	2	2	2
Sanitary Engineer, P4 4.0348	WR	1	1	1
Statistician, P3 .0928	PR	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-3101, (continued)</u>				
<u>Consultant Months</u>		-	6	7
<u>Fellowships</u>		9	8	11
Academic		8	8	8
Short		1	-	3
Estimated Government Contribution		(1,525,423)	(1,525,423)	(1,525,423)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-3102, Fellowships for Health Services</u> (For text see page 79)				
Total - PR		12,900	12,900	17,200
Fellowships		12,900	12,900	17,200
<u>Fellowships</u>		3	3	4
Academic		3	3	4

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-3103, Health Services (Mato Grosso)</u> (For text see page 79)				
Total - PR		57,229	54,167	56,393
Personnel Costs		45,029	41,667	43,893
Duty Travel		3,600	3,900	3,900
Fellowships		8,600	8,600	8,600
<u>Posts</u>		4	3	3
Medical Officer, P4 .0370	PR	1	1	1
Sanitary Engineer, P4 .0371	PR	1	1	1
Public Health Nurse, P3 .0372	PR	1	1	1
Statistician, P3 .0928	PR	1	-	-
<u>Fellowships</u>		2	2	2
Academic		2	2	2
Estimated Government Contribution		(194,502)	(406,118)	(649,789)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-3104, Health Services (Sao Paulo)</u> (For text see page 79)				
Total - PR		4,400	-	-
Personnel Costs		4,400	-	-
<u>Consultant Months</u>		2	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Brazil-3105, Fellowships for Health Services</u> (For text see page 79)				
Total - WR		-	4,300	4,300
Fellowships		-	4,300	4,300
<u>Fellowships</u>		-	1	1
Academic		-	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-3200, Nursing</u> (For text see page 79)				
Total - PR		19,413	31,121	33,489
Personnel Costs		17,513	21,081	21,449
Duty Travel		1,900	1,440	1,440
Fellowships		-	8,600	8,600
Supplies and Equipment		-	-	2,000
<u>Posts</u>		2	2	2
Nurse, P4 .0378	PR	1	1	1
Clerk Stenographer, RI4 .0379	PR	1	1	1
<u>Consultant Months</u>		-	2	2
<u>Fellowships</u>		-	2	2
Academic		-	2	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-3301, National Virus Laboratory Services</u> (For text see page 80)				
Total - WT		7,923	13,952	7,329
Personnel Costs		7,723	13,222	7,029
Duty Travel		200	730	300
<u>Posts</u>		1	1	1
Virologist, P4 4.0352	WT	1	1	1
Estimated Government Contribution		(50,847)	(50,847)	(50,847)
<u>BRAZIL-3302, Yellow Fever Laboratory</u> (For text see page 80)				
Total - PR		5,434	6,000	6,000
Grant		5,434	6,000	6,000
Estimated Government Contribution		(59,322)	(59,322)	(59,322)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-3500, Health Statistics</u> (For text see page 80)				
Total - WR		23,120	18,571	23,646
Personnel Costs		18,520	13,971	19,046
Duty Travel		300	300	300
Fellowships		4,300	4,300	4,300
<u>Posts</u>		1	1	1
Statistician, P4 4.0369	WR	1	1	1
<u>Fellowships</u>		1	1	1
Academic		1	1	1
Estimated Government Contribution		(143,084)	(143,084)	(143,084)



	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-4200, Nutrition</u> (For text see page 80)				
Total - All Funds		<u>31,795</u>	<u>28,021</u>	<u>34,096</u>
Subtotal - WR		<u>23,195</u>	<u>28,021</u>	<u>34,096</u>
Personnel Costs		19,995	14,521	20,596
Duty Travel		3,200	3,200	3,200
Fellowships		-	10,300	10,300
Subtotal - PR		<u>8,600</u>	-	-
Fellowships		8,600	-	-
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Medical Officer, P4 4.0351	WR	1	1	1
<u>Fellowships</u>		<u>2</u>	<u>3</u>	<u>3</u>
Academic		2	2	2
Short		-	1	1
Estimated Government Contribution		(30,000)	(30,000)	(30,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-4201, Nutrition Courses</u> (For text see page 80)				
Total - PR		<u>5,000</u>	<u>11,000</u>	<u>15,300</u>
Fellowships		-	6,000	10,300
Grant		5,000	5,000	5,000
<u>Fellowships</u>		<u>-</u>	<u>2</u>	<u>3</u>
Academic		-	1	2
Short		-	1	1
Estimated Government Contribution		(4,237)	(4,237)	(4,237)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-4202, Nutrition (Sao Paulo)</u> (For text see page 81)				
Total - PR		<u>4,000</u>	<u>12,900</u>	<u>14,000</u>
Personnel Costs		-	3,200	-
Fellowships		-	1,700	6,000
Grant		4,000	8,000	8,000
<u>Consultant Months</u>		<u>-</u>	<u>2</u>	<u>-</u>
<u>Fellowships</u>		<u>-</u>	<u>1</u>	<u>2</u>
Academic		-	-	1
Short		-	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-4203, Institute of Nutrition (Recife)</u> (For text see page 81)				
Total - PR		<u>6,000</u>	<u>27,560</u>	<u>25,470</u>
Personnel Costs		-	11,080	13,290
Duty Travel		-	1,080	1,080
Fellowships		6,000	12,900	8,600
Grant		-	2,500	2,500

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Posts</u>				
		-	1	1
Nutrition Adviser, P4 .0962	PR	-	1	1
<u>Fellowships</u>		<u>2</u>	<u>3</u>	<u>2</u>
Academic		1	3	2
Short		1	-	-
<u>BRAZIL-4700, National Food and Drug Services</u> (For text see page 81)				
Total - PR		<u>6,700</u>	<u>1,700</u>	<u>-</u>
Personnel Costs		1,600	-	-
Fellowships		5,100	1,700	-
<u>Consultant Months</u>		<u>1</u>	<u>-</u>	<u>-</u>
<u>Fellowships</u>		<u>3</u>	<u>1</u>	<u>-</u>
Short		3	1	-
Estimated Government Contribution		(21,186)	(21,186)	(21,186)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-4801, Rehabilitation</u> (For text see page 81)				
Total - WT		<u>8,433</u>	<u>9,468</u>	<u>4,018</u>
Personnel Costs		7,433	8,159	3,668
Duty Travel		1,000	1,309	350
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Occupational Therapist, P2 4.0368	WT	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-6100, School of Public Health in Rio de Janeiro</u> (For text see page 81)				
Total - PR		<u>-</u>	<u>8,900</u>	<u>8,900</u>
Personnel Costs		-	3,200	3,200
Fellowships		-	1,700	1,700
Supplies and Equipment		-	4,000	4,000
<u>Consultant Months</u>		<u>-</u>	<u>2</u>	<u>2</u>
<u>Fellowships</u>		<u>-</u>	<u>1</u>	<u>1</u>
Short		-	1	1
Estimated Government Contribution		(183,898)	(183,898)	(183,898)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-6101, School of Public Health (Sao Paulo)</u> (For text see page 81)				
Total - WR		<u>15,200</u>	<u>15,200</u>	<u>15,200</u>
Personnel Costs		3,200	3,200	3,200
Fellowships		6,000	6,000	6,000
Grant		6,000	6,000	6,000

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-6101, (continued)</u>				
Consultant Months		2	2	2
Fellowships		2	2	2
Academic		1	1	1
Short		1	1	1
Estimated Government Contribution		(677,966)	(677,966)	(677,966)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-6201, Teaching of Preventive Medicine</u> <u>(University of Ceara)</u> (For text see page 81)				
Total - PR		23,897	24,141	4,485
Personnel Costs		17,037	17,281	-
Duty Travel		360	360	-
Fellowships		6,000	6,000	4,485
Supplies and Equipment		500	500	-
Posts		1	1	-
Public Health Nurse, P3 .0375	PR	1	1	-
Consultant Months		3	3	-
Fellowships		2	2	1
Academic		1	1	1
Short		1	1	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-6202, Pediatric Education (Recife)</u> (For text see page 82)				
Total - PR		20,348	21,860	4,300
Personnel Costs		4,800	4,800	-
Fellowships		12,400	12,400	4,300
Grant		3,148	4,660	-
Consultant Months		3	3	-
Fellowships		6	6	1
Academic		1	1	1
Short		5	5	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-6301, Nursing Education (Recife)</u> (For text see page 82)				
Total - All Funds		22,084	41,969	45,150
Subtotal - PR		12,900	8,600	23,250
Personnel Costs		-	-	10,350
Fellowships		12,900	8,600	12,900
Subtotal - WR		9,184	33,369	21,900
Personnel Costs		6,854	20,469	9,600
Duty Travel		330	600	-
Fellowships		-	10,300	10,300
Supplies and Equipment		2,000	2,000	2,000
Posts		1	1	1
Nurse, P3 4.0376	WR	1	1	-
Nurse Educator, P3 .0963	PR	-	-	1
Consultant Months		-	6	6
Fellowships		3	5	6
Academic		3	4	5
Short		-	1	1
Estimated Government Contribution		(25,424)	(25,424)	(25,424)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-6302, Training of Nursing Auxiliaries</u> (For text see page 82)				
Total - PR		20,150	22,850	24,940
Personnel Costs		10,350	11,350	12,940
Duty Travel		1,200	1,200	1,200
Fellowships		8,600	10,300	10,300
Supplies and Equipment		-	-	500
Posts		1	1	1
Nurse, P3 .0377	PR	1	1	1
Fellowships		2	3	3
Academic		2	2	2
Short		-	1	1
Estimated Government Contribution		(25,424)	(25,424)	(25,424)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-6400, Institute of Sanitary Engineering</u> (For text see page 82)				
Total - WS		87,000	231,000	94,300
Personnel Costs		35,000	70,000	30,000
Fellowships		10,000	20,000	30,000
Supplies and Equipment		30,000	130,000	25,000
Grants and Other		12,000	11,000	9,300
Consultant Months		20	40	18
Fellowships		2	4	6
Academic		2	4	6

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-6500, Teaching of Public Health in Schools of Veterinary Medicine</u> (For text see page 82)				
Total - PR		2,200	2,200	2,200
Fellowships		1,700	1,700	1,700
Supplies and Equipment		500	500	500
Fellowships		1	1	1
Short		1	1	1
Estimated Government Contribution		(4,237)	(4,237)	(4,237)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-6600, Teaching of Preventive Dentistry</u> (For text see page 82)				
Total - PR		2,700	2,700	-
Fellowships		1,700	1,700	-
Supplies and Equipment		1,000	1,000	-
Fellowships		1	1	-
Short		1	1	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>BRAZIL-6601, Dental Health Education</u> (For text see page 83)				
Total - PR		4,300	4,300	4,300
Fellowships		4,300	4,300	4,300
Fellowships		1	1	1
Academic		1	1	1
Estimated Government Contribution		(4,237)	(4,237)	(4,237)

PART III

PAN AMERICAN HEALTH ORGANIZATION - FIELD AND OTHER PROGRAMS

<u>SUMMARY - ZONE VI PROJECTS</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>1,146,709</u>	<u>1,175,336</u>	<u>1,322,187</u>
PAHO Regular (PR)	430,809	538,331	660,626
PAHO Special Malaria (PM)	111,138	119,300	124,742
PAHO Community Water Supply (PW)	44,000	44,000	44,000
WHO Regular (WR)	163,638	187,180	243,623
WHO Technical Assistance (WT)	227,124	237,145	225,196
United Nations Special Fund (WS)	170,000	49,400	24,000
Number of Posts:	<u>42</u>	<u>44</u>	<u>41</u>
Professional	40	42	39
Local	2	2	2
Consultant Months:	<u>118</u>	<u>126</u>	<u>172</u>
Number of Fellowships:	<u>72</u>	<u>101</u>	<u>133</u>
Academic	41	39	55
Short	31	62	78

DETAIL - ZONE VI PROJECTS

<u>SUMMARY - ARGENTINA</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>336,195</u>	<u>414,176</u>	<u>500,122</u>
PAHO Regular (PR)	147,402	191,750	247,446
PAHO Special Malaria (PM)	35,949	36,564	35,139
PAHO Community Water Supply (PW)	13,000	13,000	13,000
WHO Regular (WR)	83,225	101,710	132,600
WHO Technical Assistance (WT)	56,619	71,152	71,937
Number of Posts:	<u>12</u>	<u>13</u>	<u>13</u>
Professional	12	13	13
Consultant Months:	<u>56</u>	<u>58</u>	<u>89</u>
Number of Fellowships:	<u>27</u>	<u>40</u>	<u>53</u>
Academic	15	17	23
Short	12	23	30

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>		<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$			\$	\$	\$	
Detail - ARGENTINA					Posts		2	2	2
ARGENTINA-0200, Malaria Eradication					Chief Country Malaria				
(For text see page 84)					Adviser, P5				
					.0327	PM	1	1	1
					Sanitarian, P1				
					.0328	PM	1	1	1
Total - PM		<u>35,949</u>	<u>36,564</u>	<u>35,139</u>	Fellowships		<u>2</u>	<u>2</u>	<u>-</u>
Personnel Costs	25,959	26,574	28,549	Short		2	2	-	
Duty Travel	3,090	3,090	3,090	Estimated Government		(892,000)	(1,100,000)		
Fellowships	3,400	3,400	-	Contribution		(1,000,000)			
Supplies and Equipment	3,500	3,500	3,500						

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-0400, Tuberculosis Control</u> (For text see page 84)				
Total - All Funds		23,500	24,300	24,300
Subtotal - WR		23,500	19,200	19,200
Personnel Costs		19,200	19,200	19,200
Fellowships		4,300	-	-
Subtotal - PR		-	5,100	5,100
Fellowships		-	5,100	5,100
Consultant Months		12	12	12
Fellowships		1	3	3
Academic		1	-	-
Short		-	3	3
Estimated Government Contribution		(323,000)	(323,000)	(323,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-0500, Leprosy Control</u> (For text see page 84)				
Total - All Funds		6,500	6,500	8,200
Subtotal - WR		-	6,500	8,200
Personnel Costs		-	4,800	4,800
Fellowships		-	1,700	3,400
Subtotal - PR		6,500	-	-
Personnel Costs		4,800	-	-
Fellowships		1,700	-	-
Consultant Months		3	3	3
Fellowships		1	1	2
Short		1	1	2
Estimated Government Contribution		(1,000,000)	(1,000,000)	(1,000,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-2200, Water Supplies</u> (For text see page 85)				
Total - PW		13,000	13,000	13,000
Personnel Costs		9,600	9,600	9,600
Fellowships		3,400	3,400	3,400
Consultant Months		6	6	6
Fellowships		2	2	2
Short		2	2	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-2300, Aedes aegypti Eradication</u> (For text see page 85)				
Total - PR		9,600	-	-
Personnel Costs		9,600	-	-
Consultant Months		6	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-3100, Planning</u> (For text see page 85)				
Total - PR		3,200	6,600	9,800
Personnel Costs		3,200	3,200	6,400
Fellowships		-	3,400	3,400
Consultant Months		2	2	4
Fellowships		-	2	2
Short		-	2	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-3101, Fellowships for Health Services</u> (For text see page 85)				
Total - WR		4,300	4,300	12,900
Fellowships		4,300	4,300	12,900
Fellowships		1	1	3
Academic		1	1	3

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-3102, Health Services</u> (For text see page 85)				
Total - WT		34,747	46,229	44,431
Personnel Costs		33,797	45,260	43,462
Duty Travel		950	969	969
Posts		3	3	3
Medical Officer, P4 4.0324	WT	1	1	1
Sanitary Engineer, P4 4.0325	WT	1	1	1
Public Health Nurse, P3 4.0326	WT	1	1	1
Estimated Government Contribution		(4,500,000)	(4,800,000)	(5,000,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-3103, Fellowships for Health Services</u> (For text see page 85)				
Total - PR		10,300	10,300	10,300
Fellowships		10,300	10,300	10,300
Fellowships		3	3	3
Academic		2	2	2
Short		1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-3104, Health Services (San Juan and Mendoza)</u> (For text see page 85)				
Total - PR		53,145	59,673	60,521
Personnel Costs		43,425	44,273	45,121
Duty Travel		1,120	5,100	5,100
Fellowships		8,600	10,300	10,300

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-3104, (continued)</u>				
<u>Posts</u>		<u>3</u>	<u>3</u>	<u>3</u>
Medical Officer, P4 .0331	PR	1	1	1
Sanitary Engineer, P4 .0332	PR	1	1	1
Public Health Nurse, P3 .0333	PR	1	1	1
<u>Fellowships</u>		<u>2</u>	<u>3</u>	<u>3</u>
Academic		2	2	2
Short		-	1	1
Estimated Government Contribution		(2,300,000)	(2,300,000)	(2,300,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-3105, Health Services (Municipality of Buenos Aires)</u> (For text see page 86)				
Total - PR		-	18,935	54,135
Personnel Costs		-	12,680	36,440
Duty Travel		-	255	595
Fellowships		-	6,000	17,100
<u>Posts</u>		<u>-</u>	<u>1</u>	<u>2</u>
Public Health Administrator, P4 .0946	PR	-	1	1
Public Health Nurse, P3 .0947	PR	-	-	1
<u>Consultant Months</u>		<u>-</u>	<u>1</u>	<u>8</u>
<u>Fellowships</u>		<u>-</u>	<u>2</u>	<u>7</u>
Academic		-	1	2
Short		-	1	5

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-3301, National Institute of Microbiology</u> (For text see page 86)				
Total - All Funds		<u>23,100</u>	<u>18,800</u>	<u>33,800</u>
Subtotal - WR		<u>12,800</u>	<u>18,800</u>	<u>25,200</u>
Personnel Costs		12,800	12,800	19,200
Fellowships		-	6,000	6,000
Subtotal - PR		<u>10,300</u>	<u>-</u>	<u>8,600</u>
Fellowships		10,300	-	8,600
<u>Consultant Months</u>		<u>8</u>	<u>8</u>	<u>12</u>
<u>Fellowships</u>		<u>3</u>	<u>2</u>	<u>4</u>
Academic		2	1	3
Short		1	1	1
Estimated Government Contribution		(1,400,000)	(1,400,000)	(1,400,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-3500, Health Statistics</u> (For text see page 86)				
Total - PR		<u>7,500</u>	<u>-</u>	<u>-</u>
Personnel Costs		3,200	-	-
Fellowships		4,300	-	-
<u>Consultant Months</u>		<u>2</u>	<u>-</u>	<u>-</u>
<u>Fellowships</u>		<u>1</u>	<u>-</u>	<u>-</u>
Academic		1	-	-
Estimated Government Contribution		(10,000)	(10,000)	(10,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-4100, Maternal and Child Health</u> (For text see page 86)				
Total - WR		<u>-</u>	<u>-</u>	<u>13,900</u>
Personnel Costs		-	-	9,600
Fellowships		-	-	4,300
<u>Consultant Months</u>		<u>-</u>	<u>-</u>	<u>6</u>
<u>Fellowships</u>		<u>-</u>	<u>-</u>	<u>1</u>
Academic		-	-	1
<u>ARGENTINA-4101, Survey of Nursing and Midwifery</u> (For text see page 86)				
Total - PR		<u>-</u>	<u>9,286</u>	<u>9,700</u>
Personnel Costs		-	7,586	8,000
Fellowships		-	1,700	1,700
<u>Consultant Months</u>		<u>-</u>	<u>5</u>	<u>5</u>
<u>Fellowships</u>		<u>-</u>	<u>1</u>	<u>1</u>
Short		-	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-4300, Mental Health</u> (For text see page 86)				
Total - PR		<u>13,400</u>	<u>9,100</u>	<u>9,100</u>
Personnel Costs		4,800	4,800	4,800
Fellowships		8,600	4,300	4,300
<u>Consultant Months</u>		<u>3</u>	<u>3</u>	<u>3</u>
<u>Fellowships</u>		<u>2</u>	<u>1</u>	<u>1</u>
Academic		2	1	1
Estimated Government Contribution		(3,750,000)	(3,750,000)	(3,750,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-4800, Medical Care Services</u> (For text see page 87)				
Total - PR		6,000	12,500	12,500
Fellowships		6,000	12,000	12,000
Supplies and Equipment		-	500	500
<u>Fellowships</u>		<u>2</u>	<u>4</u>	<u>4</u>
Academic		1	2	2
Short		1	2	2
Estimated Government Contribution		(2,300,000)	(2,300,000)	(2,300,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-6100, School of Public Health</u> (For text see page 87)				
Total - WR		29,625	35,610	36,800
Personnel Costs		21,325	25,145	25,600
Duty Travel		500	965	-
Fellowships		6,000	7,700	9,400
Supplies and Equipment		1,800	1,800	1,800
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>-</u>
Professor of Public Health, P4 4.0329	WR	1	1	-
<u>Consultant Months</u>		<u>6</u>	<u>6</u>	<u>16</u>
<u>Fellowships</u>		<u>2</u>	<u>3</u>	<u>4</u>
Academic		1	1	1
Short		1	2	3
Estimated Government Contribution		(1,000,000)	(1,000,000)	(1,000,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-6200, Medical Education</u> (For text see page 87)				
Total - WR		13,000	17,300	16,400
Personnel Costs		9,600	9,600	9,600
Fellowships		3,400	7,700	6,800
<u>Consultant Months</u>		<u>6</u>	<u>6</u>	<u>6</u>
<u>Fellowships</u>		<u>2</u>	<u>3</u>	<u>4</u>
Academic		-	1	-
Short		2	2	4
Estimated Government Contribution		(300,000)	(300,000)	(300,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-6300, Nursing Education</u> (For text see page 87)				
Total - All Funds		21,872	39,323	46,206
Subtotal - WT		21,872	24,923	27,506
Personnel Costs		21,232	24,153	26,729
Duty Travel		640	770	777

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
Subtotal - PR				
		-	14,400	18,700
Fellowships		-	12,900	17,200
Supplies and Equipment		-	1,500	1,500
<u>Posts</u>		<u>2</u>	<u>2</u>	<u>2</u>
Nurse Educator, P3 4.0322, 4.0323	WT	2	2	2
<u>Fellowships</u>		<u>-</u>	<u>3</u>	<u>4</u>
Academic		-	3	4
Estimated Government Contribution		(387,000)	(387,000)	(387,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-6301, Training of Nursing Personnel</u> (For text see page 87)				
Total - PR		19,957	29,256	29,490
Personnel Costs		12,237	18,891	19,125
Duty Travel		720	765	765
Fellowships		6,000	8,600	8,600
Supplies and Equipment		1,000	1,000	1,000
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Nurse Educator, P3 .0330	PR	1	1	1
<u>Consultant Months</u>		<u>-</u>	<u>4</u>	<u>4</u>
<u>Fellowships</u>		<u>2</u>	<u>2</u>	<u>2</u>
Academic		1	2	2
Short		1	-	-
Estimated Government Contribution		(150,000)	(150,000)	(150,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-6400, Sanitary Engineering Education</u> (For text see page 88)				
Total - PR		7,500	16,600	14,600
Personnel Costs		3,200	3,200	3,200
Fellowships		4,300	3,400	3,400
Supplies and Equipment		-	10,000	8,000
<u>Consultant Months</u>		<u>2</u>	<u>2</u>	<u>2</u>
<u>Fellowships</u>		<u>1</u>	<u>2</u>	<u>2</u>
Academic		1	-	-
Short		-	2	2
Estimated Government Contribution		(500,000)	(500,000)	(500,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>ARGENTINA-6700, Training Statistical Personnel</u> (For text see page 88)				
Total - PR		-	-	4,900
Personnel Costs		-	-	3,200
Fellowships		-	-	1,700
<u>Consultant Months</u>		<u>-</u>	<u>-</u>	<u>2</u>
<u>Fellowships</u>		<u>-</u>	<u>-</u>	<u>1</u>
Short		-	-	1

SUMMARY - CHILE

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>327,924</u>	<u>244,174</u>	<u>238,570</u>
PAHO Regular (PR)	49,200	93,940	114,120
PAHO Community Water Supply (PW)	9,800	9,800	9,800
WHO Regular (WR)	46,507	48,134	59,550
WHO Technical Assistance (WT)	52,417	42,900	31,100
United Nations Special Fund (WS)	170,000	49,400	24,000
Number of Posts:	<u>4</u>	<u>5</u>	<u>3</u>
Professional	4	5	3
Consultant Months:	<u>40</u>	<u>44</u>	<u>53</u>
Number of Fellowships:	<u>20</u>	<u>28</u>	<u>30</u>
Academic	12	12	13
Short	8	16	17

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$

Detail - CHILECHILE-0400, Tuberculosis Control  
(For text see page 88)

Total - PR	-	<u>6,600</u>	<u>6,600</u>
Personnel Costs	-	3,200	3,200
Fellowships	-	3,400	3,400
<u>Consultant Months</u>	-	<u>2</u>	<u>2</u>
<u>Fellowships</u>	-	<u>2</u>	<u>2</u>
Short	-	2	2

CHILE-0600, Venereal Disease Control  
(For text see page 88)

Total - PR	-	<u>13,200</u>	<u>14,800</u>
Personnel Costs	-	6,400	8,000
Fellowships	-	6,800	6,800
<u>Consultant Months</u>	-	<u>4</u>	<u>5</u>
<u>Fellowships</u>	-	<u>4</u>	<u>4</u>
Short	-	4	4

CHILE-2200, Water Supplies  
(For text see page 88)

Total - PW	<u>9,800</u>	<u>9,800</u>	<u>9,800</u>
Personnel Costs	6,400	6,400	6,400
Fellowships	3,400	3,400	3,400
<u>Consultant Months</u>	<u>4</u>	<u>4</u>	<u>4</u>
<u>Fellowships</u>	<u>2</u>	<u>2</u>	<u>2</u>
Short	2	2	2

CHILE-3100, Health Services  
(For text see page 88)

Total - All Funds	<u>30,385</u>	<u>51,340</u>	<u>49,620</u>
Subtotal - WT	<u>12,785</u>	<u>14,400</u>	<u>9,600</u>
Personnel Costs	-	4,800	4,800
Fellowships	12,785	9,600	4,800
Subtotal - PR	<u>17,600</u>	<u>36,940</u>	<u>40,020</u>
Personnel Costs	17,600	23,040	25,120
Duty Travel	-	1,000	1,000
Fellowships	-	12,900	12,900
Supplies and Equipment	-	-	1,000

Posts

	-	<u>1</u>	<u>1</u>
PAHO/WHO Representative, P5 .0944	PR	-	1
<u>Consultant Months</u>	<u>11</u>	<u>9</u>	<u>9</u>
<u>Fellowships</u>	<u>3</u>	<u>5</u>	<u>4</u>
Academic	3	5	4

CHILE-3101, Fellowships for Health Services  
(For text see page 89)

Total - WR	<u>4,300</u>	<u>4,300</u>	<u>4,300</u>
Fellowships	4,300	4,300	4,300
<u>Fellowships</u>	<u>1</u>	<u>1</u>	<u>1</u>
Academic	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>CHILE-3102, Fellowships for Health Services</u> (For text see page 89)				
Total - PR	<u>12,000</u>	<u>8,600</u>	<u>8,600</u>	
Fellowships	<u>12,000</u>	<u>8,600</u>	<u>8,600</u>	
Fellowships	<u>4</u>	<u>2</u>	<u>2</u>	
Academic	2	2	2	
Short	2	-	-	

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>CHILE-3103, Health Services (Ovalle-Copiapo)</u> (For text see page 89)				
Total - PR	<u>-</u>	<u>-</u>	<u>6,500</u>	
Personnel Costs	-	-	4,800	
Fellowships	-	-	1,700	
Consultant Months	-	-	3	
Fellowships	-	-	1	
Short	-	-	1	

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>CHILE-3200, National Planning for Nursing</u> (For text see page 89)				
Total - All Funds	<u>32,407</u>	<u>19,534</u>	<u>23,450</u>	
Subtotal - WR	<u>22,807</u>	<u>19,534</u>	<u>23,450</u>	
Personnel Costs	13,227	14,234	13,850	
Duty Travel	480	500	500	
Fellowships	8,600	4,300	8,600	
Supplies and Equipment	500	500	500	
Subtotal - WT	<u>9,600</u>	<u>-</u>	<u>-</u>	
Personnel Costs	9,600	-	-	
Posts	<u>1</u>	<u>1</u>	<u>1</u>	
Nurse Educator, P4 4.0389	WR	1	1	1
Consultant Months	<u>6</u>	<u>-</u>	<u>-</u>	
Fellowships	<u>2</u>	<u>1</u>	<u>2</u>	
Academic	2	1	2	

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>CHILE-3301, Microbiology Center</u> (For text see page 89)				
Total - WR	<u>-</u>	<u>4,900</u>	<u>12,400</u>	
Personnel Costs	-	3,200	6,400	
Fellowships	-	1,700	6,000	
Consultant Months	-	2	4	
Fellowships	-	1	2	
Academic	-	-	1	
Short	-	1	1	

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>CHILE-3400, Health Teaching in Schools</u> (For text see page 89)				
Total - PR	<u>-</u>	<u>6,000</u>	<u>6,000</u>	
Fellowships	-	6,000	6,000	
Fellowships	-	2	2	
Academic	-	1	1	
Short	-	1	1	

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>CHILE-4200, Nutrition</u> (For text see page 90)				
Total - WR	<u>6,000</u>	<u>6,000</u>	<u>6,000</u>	
Fellowships	6,000	6,000	6,000	
Fellowships	<u>2</u>	<u>2</u>	<u>2</u>	
Academic	1	1	1	
Short	1	1	1	

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>CHILE-4601, Institute of Occupational Health</u> (For text see page 90)				
Total - WS	<u>170,000</u>	<u>49,400</u>	<u>24,000</u>	
Personnel Costs	34,270	40,686	18,000	
Duty Travel	2,130	1,714	-	
Fellowships	5,000	-	-	
Supplies and Equipment	120,000	-	-	
Grants and Other	8,600	7,000	6,000	
Posts	<u>1</u>	<u>1</u>	<u>-</u>	
Project Manager, P5 4.1016	WS	1	1	-
Consultant Months	<u>9</u>	<u>12</u>	<u>9</u>	
Fellowships	<u>2</u>	<u>-</u>	<u>-</u>	
Short	2	-	-	
Estimated Government Contribution	(144,283)	(66,717)	(66,413)	

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>CHILE-4801, Rehabilitation</u> (For text see page 90)				
Total - WT	<u>30,032</u>	<u>28,500</u>	<u>21,500</u>	
Personnel Costs	25,232	21,996	20,432	
Duty Travel	1,500	904	1,068	
Supplies and Equipment	3,300	5,600	-	
Posts	<u>2</u>	<u>2</u>	<u>1</u>	
Prosthetics Technician, P3 4.0387	WT	1	1	-
Occupational Therapist, P2 4.0388	WT	1	1	1
Consultant Months	<u>2</u>	<u>-</u>	<u>6</u>	
Estimated Government Contribution	(200,000)	(200,000)	(240,000)	



	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>CHILE-4802, Cancer</u> (For text see page 90)				
Total - PR		-	8,200	8,200
Personnel Costs		-	4,800	4,800
Fellowships		-	3,400	3,400
Consultant Months		-	3	3
Fellowships		-	2	2
Short		-	2	2
<u>CHILE-6100, School for Public Health</u> (For text see page 91)				
Total - WR		13,400	13,400	13,400
Personnel Costs		6,400	6,400	6,400
Fellowships		6,000	6,000	6,000
Supplies and Equipment		1,000	1,000	1,000
Consultant Months		4	4	4
Fellowships		2	2	2
Academic		1	1	1
Short		1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>CHILE-6200, Medical Education</u> (For text see page 91)				
Total - PR		18,000	12,800	21,800
Personnel Costs		6,400	6,400	6,400
Fellowships		8,600	3,400	3,400
Supplies and Equipment		3,000	3,000	12,000
Consultant Months		4	4	4
Fellowships		2	2	2
Academic		2	-	-
Short		-	2	2
Estimated Government Contribution		(200,000)	(200,000)	(200,000)
<u>CHILE-6201, Training in Medical Use of Radioisotopes</u> (For text see page 91)				
Total - PR		1,600	1,600	1,600
Supplies and Equipment		1,600	1,600	1,600
Estimated Government Contribution		(200,000)	(200,000)	(200,000)

<u>SUMMARY - PARAGUAY</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	186,209	214,391	213,368
PAHO Regular (PR)	28,000	37,255	42,165
PAHO Special Malaria (PM)	75,189	82,736	89,603
PAHO Community Water Supply (PW)	13,000	13,000	13,000
WHO Regular (WR)	8,600	4,300	12,900
WHO Technical Assistance (WT)	61,420	77,100	55,700
Number of Posts:	11	12	10
Professional	11	12	10
Consultant Months:	9	9	9
Number of Fellowships:	11	13	17
Academic	7	4	7
Short	4	9	10

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Detail - PARAGUAY</u>				
<u>PARAGUAY-0200, Malaria Eradication</u> (For text see page 91)				
Total - PM		75,189	82,736	89,603
Personnel Costs		64,589	68,736	75,603
Duty Travel		5,400	5,400	5,400
Fellowships		1,700	5,100	5,100
Supplies and Equipment		3,500	3,500	3,500
Posts		6	6	6
Malaria Adviser, P4 .0557	PM	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
Sanitary Engineer, P4 .0558	PM	1	1	1
Entomologist, P3 .0559	PM	1	1	1
Sanitarian, P2 .0560	PM	1	1	1
Sanitarian, P1 .0561, .0562	PM	2	2	2
Fellowships		1	3	3
Short		1	3	3
Estimated Government Contribution		(279,000)	(700,000)	(775,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>PARAGUAY-0500, Leprosy Control</u> (For text see page 91)				
Total - All Funds		<u>8,600</u>	<u>4,300</u>	<u>8,600</u>
Subtotal - WR		<u>4,300</u>	-	<u>4,300</u>
Fellowships		<u>4,300</u>	-	<u>4,300</u>
Subtotal - PR		<u>4,300</u>	<u>4,300</u>	<u>4,300</u>
Fellowships		<u>4,300</u>	<u>4,300</u>	<u>4,300</u>
Fellowships		<u>2</u>	<u>1</u>	<u>2</u>
Academic		<u>2</u>	<u>1</u>	<u>2</u>
Estimated Government Contribution		(73,000)	(73,000)	(81,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>PARAGUAY-2200, Water Supplies</u> (For text see page 92)				
Total - PW		<u>13,000</u>	<u>13,000</u>	<u>13,000</u>
Personnel Costs		<u>9,600</u>	<u>9,600</u>	<u>9,600</u>
Fellowships		<u>3,400</u>	<u>3,400</u>	<u>3,400</u>
Consultant Months		<u>6</u>	<u>6</u>	<u>6</u>
Fellowships		<u>2</u>	<u>2</u>	<u>2</u>
Short		<u>2</u>	<u>2</u>	<u>2</u>
Estimated Government Contribution		(28,000)	(28,000)	(28,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>PARAGUAY-3100, Health Services</u> (For text see page 92)				
Total - All Funds		<u>61,420</u>	<u>88,855</u>	<u>70,665</u>
Subtotal - WT		<u>61,420</u>	<u>77,100</u>	<u>55,700</u>
Personnel Costs		<u>58,870</u>	<u>74,053</u>	<u>49,836</u>
Duty Travel		<u>2,550</u>	<u>3,047</u>	<u>1,064</u>
Fellowships		-	-	<u>4,800</u>
Subtotal - PR		-	<u>11,755</u>	<u>14,965</u>
Personnel Costs		-	<u>11,080</u>	<u>13,290</u>
Duty Travel		-	<u>675</u>	<u>675</u>
Supplies and Equipment		-	-	<u>1,000</u>
Posts		<u>5</u>	<u>6</u>	<u>4</u>

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
PAHO/WHO				
Representative, P5	WT	1	1	1
4.0563				
Hospital				
Administrator, P4	PR	-	1	1
.0945				
Sanitary Engineer, P4	WT	1	1	1
4.0564				
Public Health				
Nurse, P3	WT	1	1	1
4.0565				
Nurse Midwife, P3	WT	1	1	-
4.0567				
Statistician, P3	WT	1	1	-
4.0566				

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>Fellowships</u>				
		-	-	<u>1</u>
Academic		-	-	<u>1</u>
Estimated Government Contribution		(4,000,000)	(4,000,000)	(4,000,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>PARAGUAY-3101, Fellowships for Health Services</u> (For text see page 92)				
Total - WR		<u>4,300</u>	<u>4,300</u>	<u>8,600</u>
Fellowships		<u>4,300</u>	<u>4,300</u>	<u>8,600</u>
Fellowships		<u>1</u>	<u>1</u>	<u>2</u>
Academic		<u>1</u>	<u>1</u>	<u>2</u>

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>PARAGUAY-3102, Fellowships for Health Services</u> (For text see page 92)				
Total - PR		<u>17,200</u>	<u>8,600</u>	<u>10,300</u>
Fellowships		<u>17,200</u>	<u>8,600</u>	<u>10,300</u>
Fellowships		<u>4</u>	<u>2</u>	<u>3</u>
Academic		<u>4</u>	<u>2</u>	<u>2</u>
Short		-	-	<u>1</u>

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>PARAGUAY-4200, Nutrition</u> (For text see page 92)				
Total - PR		-	<u>3,400</u>	<u>3,400</u>
Fellowships		-	<u>3,400</u>	<u>3,400</u>
Fellowships		-	<u>2</u>	<u>2</u>
Short		-	<u>2</u>	<u>2</u>
Estimated Government Contribution		-	(254,000)	(254,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	
<u>PARAGUAY, 6200, Medical Education</u> (For text see page 92)				
Total - PR		<u>6,500</u>	<u>9,200</u>	<u>9,200</u>
Personnel Costs		<u>4,800</u>	<u>4,800</u>	<u>4,800</u>
Fellowships		<u>1,700</u>	<u>3,400</u>	<u>3,400</u>
Supplies and Equipment		-	<u>1,000</u>	<u>1,000</u>
Consultant Months		<u>3</u>	<u>3</u>	<u>3</u>
Fellowships		<u>1</u>	<u>2</u>	<u>2</u>
Short		<u>1</u>	<u>2</u>	<u>2</u>

<u>SUMMARY - URUGUAY</u>			
Source of Funds:	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
Total - All Funds	102,968	101,708	149,759
PAHO Regular (PR)	33,800	41,600	58,200
PAHO Community Water Supply (PW)	8,200	8,200	8,200
WHO Regular (WR)	4,300	5,915	16,900
WHO Technical Assistance (WT)	56,668	45,993	66,459
Number of Posts:	4	3	4
Professional	4	3	4
Consultant Months:	11	15	17
Number of Fellowships:	9	12	19
Academic	4	4	8
Short	5	8	11

Fund	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>Detail - URUGUAY</u>			
<u>URUGUAY-0500, Leprosy</u> (For text see page 93)			
Total - WR	-	1,615	1,700
Fellowships	-	1,615	1,700
<u>Fellowships</u>	-	1	1
Short	-	1	1

Fund	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>URUGUAY-0900, Chagas' Disease</u> (For text see page 93)			
Total - PR	3,200	4,900	4,900
Personnel Costs	3,200	3,200	3,200
Fellowships	-	1,700	1,700
<u>Consultant Months</u>	2	2	2
<u>Fellowships</u>	-	1	1
Short	-	1	1

Fund	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>URUGUAY-2200, Water Supplies</u> (For text see page 93)			
Total - PW	8,200	8,200	8,200
Personnel Costs	4,800	4,800	4,800
Fellowships	3,400	3,400	3,400
<u>Consultant Months</u>	3	3	3
<u>Fellowships</u>	2	2	2
Short	2	2	2

Fund	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>URUGUAY-3100, National Health Services</u> (For text see page 93)			
Total - All Funds	56,668	45,993	50,059
Subtotal - WT	56,668	45,993	45,059
Personnel Costs	55,623	44,948	48,014
Duty Travel	1,045	1,045	1,045
Subtotal - PR	-	-	1,000
Supplies and Equipment	-	-	1,000
<u>Posts</u>	4	3	3
PAHO/WHO			
Representative, P5 4.0590	WT	1	1
Sanitary Engineer, P4 4.0591	WT	1	1
Hospital Administrator, P4 4.0592	WT	1	-
Public Health Nurse, P3 4.0593	WT	1	1
Estimated Government Contribution	(1,500,000)	(1,800,000)	(1,500,000)

Fund	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>URUGUAY-3101, Fellowships for Health Services</u> (For text see page 93)			
Total - WR	4,300	4,300	4,300
Fellowships	4,300	4,300	4,300
<u>Fellowships</u>	1	1	1
Academic	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>URUGUAY-3102, Fellowships for Health Services</u> (For text see page 94)				
Total - PR		10,300	10,300	21,500
Fellowships		10,300	10,300	21,500
<u>Fellowships</u>		3	3	5
Academic		2	2	5
Short		1	1	-

URUGUAY-3500, Health Statistics  
(For text see page 94)

Total - WR		-	-	10,900
Personnel Costs		-	-	3,200
Fellowships		-	-	7,700
<u>Consultant Months</u>		-	-	2
<u>Fellowships</u>		-	-	3
Academic		-	-	1
Short		-	-	2

URUGUAY-4801, Chronic Diseases  
(For text see page 94)

Total - PR		8,500	6,500	9,900
Personnel Costs		4,800	4,800	4,800
Fellowships		1,700	1,700	5,100
Supplies and Equipment		2,000	-	-
<u>Consultant Months</u>		3	3	3
<u>Fellowships</u>		1	1	3
Short		1	1	3
Estimated Government Contribution		(50,000)	(50,000)	(50,000)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>URUGUAY-4802, Rehabilitation</u> (For text see page 94)				
Total - WT		-	-	17,400
Personnel Costs		-	-	12,242
Duty Travel		-	-	1,158
Supplies and Equipment		-	-	4,000
<u>Posts</u>		-	-	1
Prosthetics Technician, P3 4.0991	WT	-	-	1

URUGUAY-6100, Training of Health Personnel  
(For text see page 94)

Total - PR		5,300	11,700	11,700
Personnel Costs		-	6,400	6,400
Fellowships		4,300	4,300	4,300
Supplies and Equipment		1,000	1,000	1,000
<u>Consultant Months</u>		-	4	4
<u>Fellowships</u>		1	1	1
Academic		1	1	1
Estimated Government Contribution		(350,000)	(350,000)	(350,000)

URUGUAY-6200, Medical Education (For text see page 94)

Total - PR		6,500	8,200	9,200
Personnel Costs		4,800	4,800	4,800
Fellowships		1,700	3,400	3,400
Supplies and Equipment		-	-	1,000
<u>Consultant Months</u>		3	3	3
<u>Fellowships</u>		1	2	2
Short		1	2	2

SUMMARY - ZONE VI INTERCOUNTRY PROJECTS

	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
Source of Funds:			
Total - All Funds	193,413	200,887	220,368
PAHO Regular (PR)	172,407	173,766	198,695
WHO Regular (WR)	21,006	27,121	21,673
Number of Posts:	11	11	11
Professional	9	9	9
Local	2	2	2
Consultant Months:	2	-	4
Number of Fellowships:	5	8	14
Academic	3	2	4
Short	2	6	10

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Detail - ZONE VI INTERCOUNTRY PROJECTS</u>				
<u>AMRO-0106, Epidemiology (Zone VI)</u> (For text see page 94)				
Total - PR		21,894	17,936	22,538
Personnel Costs		15,594	15,896	16,198
Duty Travel		2,000	2,040	2,040
Fellowships		4,300	-	4,300

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>Posts</u>				
Epidemiologist, P4 .0846	PR	1	1	1
<u>Fellowships</u>				
Academic		1	-	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-0506, Leprosy Control (Zone VI)</u> (For text see page 95)				
Total - WR		<u>21,006</u>	<u>27,121</u>	<u>21,673</u>
Personnel Costs		18,006	24,121	18,673
Duty Travel		3,000	3,000	3,000
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Leprosy Adviser, P4 4.0901	WR	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-2106, Sanitary Engineering (Zone VI)</u> (For text see page 95)				
Total - PR		<u>29,494</u>	<u>29,896</u>	<u>33,698</u>
Personnel Costs		18,394	18,796	19,198
Duty Travel		2,500	2,500	2,500
Fellowships		8,600	8,600	12,000
<u>Posts</u>		<u>2</u>	<u>2</u>	<u>2</u>
Sanitary Engineer, P4 .0870	PR	1	1	1
Clerk Stenographer, BALS .0871	PR	1	1	1
<u>Fellowships</u>		<u>2</u>	<u>2</u>	<u>4</u>
Academic		2	2	2
Short		-	-	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-3106, Planning (Zone VI)</u> (For text see page 95)				
Total - PR		<u>23,389</u>	<u>26,804</u>	<u>27,619</u>
Personnel Costs		17,989	18,404	18,819
Duty Travel		2,000	2,000	2,000
Fellowships		3,400	6,400	6,800
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Planning Officer, P5 .0915	PR	1	1	1
<u>Fellowships</u>		<u>2</u>	<u>4</u>	<u>4</u>
Short		2	4	4

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-3206, Nursing (Zone VI)</u> (For text see page 95)				
Total - PR		<u>21,594</u>	<u>21,996</u>	<u>22,398</u>
Personnel Costs		18,394	18,796	19,198
Duty Travel		3,000	3,000	3,000
Supplies and Equipment		200	200	200
<u>Posts</u>		<u>2</u>	<u>2</u>	<u>2</u>
Nurse, P4 .0895	PR	1	1	1
Clerk Stenographer, BALS .0896	PR	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-3506, Health Statistics (Zone VI)</u> (For text see page 95)				
Total - PR		<u>18,454</u>	<u>18,746</u>	<u>19,048</u>
Personnel Costs		15,594	15,896	16,198
Duty Travel		2,560	2,550	2,550
Supplies and Equipment		300	300	300
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Statistician, P4 .0842	PR	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-3606, Administrative Methods and Practices in Public Health (Zone VI)</u> (For text see page 95)				
Total - PR		<u>18,094</u>	<u>21,796</u>	<u>22,098</u>
Personnel Costs		15,594	15,896	16,198
Duty Travel		2,500	2,500	2,500
Fellowships		-	3,400	3,400
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Administrative Methods Officer, P4 .0913	PR	1	1	1
<u>Fellowships</u>		<u>-</u>	<u>2</u>	<u>2</u>
Short		-	2	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4206, Nutrition Advisory Services (Zone VI)</u> (For text see page 96)				
Total - PR		<u>18,594</u>	<u>18,196</u>	<u>21,898</u>
Personnel Costs		15,594	15,896	16,198
Duty Travel		3,000	2,300	2,300
Fellowships		-	-	3,400
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Nutritionist, P4 .0914	PR	1	1	1
<u>Fellowships</u>		<u>-</u>	<u>-</u>	<u>2</u>
Short		-	-	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4806, Medical Care Services (Zone VI)</u> (For text see page 96)				
Total - PR		<u>17,694</u>	<u>18,396</u>	<u>22,998</u>
Personnel Costs		15,594	15,896	16,198
Duty Travel		1,600	2,000	2,000
Fellowships		-	-	4,300
Supplies and Equipment		500	500	500
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Hospital Administrator, P4 .0900	PR	1	1	1
<u>Fellowships</u>		<u>-</u>	<u>-</u>	<u>1</u>
Academic		-	-	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-6206, Medical Education (Zone VI)</u> (For text see page 96)				
Total - PR		<u>3,200</u>	<u>-</u>	<u>6,400</u>
Personnel Costs		3,200	-	6,400
<u>Consultant Months</u>		<u>2</u>	<u>-</u>	<u>4</u>

PART III

PAN AMERICAN HEALTH ORGANIZATION - FIELD AND OTHER PROGRAMS

<u>SUMMARY - WASHINGTON OFFICE PROJECTS</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>168,221</u>	<u>182,068</u>	<u>189,720</u>
PAHO Regular (PR)	130,621	144,468	152,120
WHO Regular (WR)	37,600	37,600	37,600
Number of Posts:	<u>7</u>	<u>7</u>	<u>7</u>
Professional	4	4	4
Local	3	3	3
Consultant Months:	<u>12</u>	<u>17</u>	<u>17</u>
Number of Fellowships:	<u>14</u>	<u>14</u>	<u>14</u>
Academic	8	8	8
Short	6	6	6

DETAIL - WASHINGTON OFFICE PROJECTS

<u>SUMMARY - CANADA</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>13,200</u>	<u>13,200</u>	<u>13,200</u>
WHO Regular (WR)	13,200	13,200	13,200
Consultant Months:	<u>2</u>	<u>2</u>	<u>2</u>
Number of Fellowships:	<u>3</u>	<u>3</u>	<u>3</u>
Academic	2	2	2
Short	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
Detail - CANADA				
<u>CANADA-3100, Consultants in Specialized Fields of Public Health</u> (For text see page 97)				
Total - WR		<u>3,200</u>	<u>3,200</u>	<u>3,200</u>
Personnel Costs		3,200	3,200	3,200
<u>Consultant Months</u>		<u>2</u>	<u>2</u>	<u>2</u>

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>CANADA-3101, Fellowships for Health Services</u> (For text see page 97)				
Total - WR		<u>10,000</u>	<u>10,000</u>	<u>10,000</u>
Fellowships		10,000	10,000	10,000
<u>Fellowships</u>		<u>3</u>	<u>3</u>	<u>3</u>
Academic		2	2	2
Short		1	1	1

SUMMARY - UNITED STATES OF AMERICA

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>54,400</u>	<u>68,480</u>	<u>70,690</u>
PAHO Regular (PR)	30,000	44,080	46,290
WHO Regular (WR)	24,400	24,400	24,400
Number of Posts:	<u>-</u>	<u>1</u>	<u>1</u>
Professional	-	1	1
Consultant Months:	<u>9</u>	<u>9</u>	<u>9</u>
Number of Fellowships:	<u>11</u>	<u>11</u>	<u>11</u>
Academic	6	6	6
Short	5	5	5

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$

Detail - UNITED STATES OF AMERICAUNITED STATES OF AMERICA-2300, Aedes aegyptiEradication

(For text see page 97)

Total - PR	-	<u>14,080</u>	<u>16,290</u>
Personnel Costs	-	11,080	13,290
Duty Travel	-	3,000	3,000

Posts

-	<u>1</u>	<u>1</u>
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Medical Officer, P4  
.1033

PR	-	1	1
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UNITED STATES OF AMERICA-3100, Consultants in SpecializedFields of Public Health

(For text see page 97)

Total - WR	<u>14,400</u>	<u>14,400</u>	<u>14,400</u>
Personnel Costs	14,400	14,400	14,400
<u>Consultant Months</u>	<u>9</u>	<u>9</u>	<u>9</u>

UNITED STATES OF AMERICA-3101, Fellowships forHealth Services

(For text see page 97)

Total - PR	<u>25,000</u>	<u>25,000</u>	<u>25,000</u>
Fellowships	25,000	25,000	25,000

Fellowships

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>7</u>	<u>7</u>	<u>7</u>	

## Academic

5	5	5
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## Short

2	2	2
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UNITED STATES OF AMERICA-3102, Medical and PublicHealth Training

(For text see page 97)

Total - PR	<u>5,000</u>	<u>5,000</u>	<u>5,000</u>
Training Grants	5,000	5,000	5,000

UNITED STATES OF AMERICA-3103, Fellowships forHealth Services

(For text see page 97)

Total - WR	<u>10,000</u>	<u>10,000</u>	<u>10,000</u>
Fellowships	10,000	10,000	10,000
<u>Fellowships</u>	<u>4</u>	<u>4</u>	<u>4</u>
Academic	1	1	1
Short	3	3	3

<u>SUMMARY - WASHINGTON OFFICE INTERCOUNTRY PROJECTS</u>			
	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - All Funds	<u>100,621</u>	<u>100,388</u>	<u>105,830</u>
PAHO Regular (PR)	100,621	100,388	105,830
Number of Posts:	<u>7</u>	<u>6</u>	<u>6</u>
Professional	4	3	3
Local	3	3	3
Consultant Months:	<u>1</u>	<u>6</u>	<u>6</u>

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$

Detail - WASHINGTON OFFICE INTERCOUNTRY PROJECTS

AMRO-3108, Field Office - El Paso  
(For text see page 97)

Total - PR	<u>100,621</u>	<u>100,388</u>	<u>105,830</u>
Personnel Costs	81,486	82,052	83,640
Duty Travel	10,200	9,200	9,200
Hospitality	200	200	200
Supplies and Equipment	1,700	1,801	5,625
Grants	7,035	7,135	7,165
<u>Posts</u>	<u>7</u>	<u>6</u>	<u>6</u>
Chief, Field Office, P5 .0902	PR 1	1	1
Sanitary Engineer, P4 .0903	PR 1	1	1
Veterinary Public Health Adviser, P4 .0904	PR 1	1	1
Nurse, P3 .0905	PR 1	-	-
Clerk Stenographer, EPL3 .0906, .0907, .0908	PR 3	3	3
<u>Consultant Months</u>	<u>1</u>	<u>6</u>	<u>6</u>



## PART III

## PAN AMERICAN HEALTH ORGANIZATION - FIELD AND OTHER PROGRAMS

<u>SUMMARY - INTERZONE PROJECTS</u>			
Source of Funds:	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
Total - All Funds	3,021,612	2,901,568	3,114,418
PAHO Regular (PR)	859,246	1,028,112	1,161,852
PAHO Special Malaria (PM)	356,972	342,706	295,092
PAHO Community Water Supply (PW)	194,470	156,006	159,020
PAHO Grants (PG)	573,771	239,392	143,405
Organization of American States/ Technical Cooperation Program (PA)	690,163	781,797	852,694
WHO Regular (WR)	250,167	248,255	394,664
WHO Technical Assistance (WP)	96,823	105,300	107,691
Number of Posts:	236	213	212
Professional	57	56	59
Local	179	157	153
Consultant Months:	275	306	326
Number of Fellowships:	165	278	279
Academic	45	45	53
Short	120	233	226
Participants	337	190	291

Fund	<u>1964</u>	<u>1965</u>	<u>1966</u>	Fund	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$		\$	\$	\$
<u>Detail - INTERZONE PROJECTS</u>							
<u>AMRO-0107, Parasitology</u> (For text see page 98)							
Total - PR	-	-	13,080	Assistant Regional Parasitologist, P4 .0816	PM	1	1
Personnel Costs	-	-	11,080	Administrative Officer, P3 .0817	PM	1	1
Duty Travel	-	-	2,000	Translator-Reviser, P3 .0818	PM	1	-
Posts	-	-	1	Clerk Typist, WL3 .0819	PM	1	1
Parasitologist, P4 .0975	PR	-	1	Consultant Months		4	4
<u>AMRO-0200, Malaria Technical Advisory Services</u> (For text see page 98)							
Total - All Funds	122,992	116,033	118,981	<u>AMRO-0209, Insecticide Testing Teams</u> (For text see page 98)			
Subtotal - WR	10,000	-	-	Total - PM	134,871	138,182	140,803
Publications	10,000	-	-	Personnel Costs	60,271	63,582	66,203
Subtotal - PM	112,992	116,033	118,981	Duty Travel	19,000	19,000	19,000
Personnel Costs	93,992	87,033	89,981	Supplies and Equipment	15,600	15,600	15,600
Duty Travel	17,700	17,700	17,700	Grants	40,000	40,000	40,000
Publications	-	10,000	10,000	Posts	5	5	5
Supplies and Equipment	1,000	1,000	1,000	Scientist (Senior Entomologist), P4 .0855	PM	1	1
Grants and Other	300	300	300	Sanitary Engineer, P4 .0856	PM	1	1
Posts	7	6	6	Entomologist, P3 .0857	PM	1	1
Medical Officer, P5 .0813	PM	1	1	Assistant Entomologist, P2 .0858	PM	1	1
Regional Entomologist, P4 .0814	PM	1	1	Entomological Aide, P1 .0859	PM	1	1
Administrative Officer, P4 .0815	PM	1	1				

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-0210, Malaria Eradication Epidemiology Teams</u> (For text see page 98)				
Total - PM		30,984	33,366	35,308
Personnel Costs		29,034	31,416	33,358
Duty Travel		1,950	1,950	1,950
<u>Posts</u>		2	2	2
Epidemiologist, P5 .0872	PM	1	1	1
Medical Officer, P4 .0935	PM	1	1	1

AMRO-0211, Seminars on the Role of Local Health Services  
in the Malaria Eradication Programs  
(For text see page 98)

Total - PM		55,825	32,825	-
Seminars		55,825	32,825	-
<u>Participants</u>		69	30	-

AMRO-0212, Resistance of Malaria Plasmodia Strains  
to Drugs  
(For text see page 99)

Total - PM		22,300	22,300	-
Supplies and Equipment		500	500	-
Contractual Services		21,800	21,800	-

AMRO-0300, Smallpox Eradication  
(For text see page 99)

Total - PR		10,050	5,200	5,200
Personnel Costs		3,200	3,200	3,200
Supplies and Equipment		5,850	1,000	1,000
Grants and Other		1,000	1,000	1,000
<u>Consultant Months</u>		2	2	2

AMRO-0400, Tuberculosis Control  
(For text see page 99)

Total - All Funds		25,760	11,200	11,200
Subtotal - WR		21,460	11,200	4,300
Personnel Costs		6,400	6,400	-
Fellowships		-	4,300	4,300
Seminars		15,060	-	-
Supplies and Equipment		-	500	-
Subtotal - PR		4,300	-	6,900
Personnel Costs		-	-	6,400
Fellowships		4,300	-	-
Supplies and Equipment		-	-	500
<u>Consultant Months</u>		4	4	4
<u>Fellowships</u>		1	1	1
Academic		1	1	1
<u>Participants</u>		30	-	-

AMRO-0500, Leprosy Control  
(For text see page 99)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
Total - PR		16,100	11,200	11,200
Personnel Costs		3,200	11,200	11,200
Fellowships		12,900	-	-
<u>Consultant Months</u>		2	7	7
<u>Fellowships</u>		3	-	-
Academic		3	-	-

AMRO-0507, Course on Rehabilitation and Prevention  
of Deformities (Leprosy)  
(For text see page 99)

Total - PR		-	27,000	-
Fellowships		-	24,000	-
Supplies and Equipment		-	1,500	-
Grants and Other		-	1,500	-
<u>Fellowships</u>		-	15	-
Short		-	15	-

AMRO-0600, Yaws Eradication and Venereal Disease  
Control  
(For text see page 100)

Total - All Funds		31,685	37,880	33,762
Subtotal - WR		11,335	15,330	16,022
Personnel Costs		10,835	14,330	13,022
Duty Travel		500	1,000	1,000
Supplies and Equipment		-	-	2,000
Subtotal - PR		20,350	22,550	17,740
Personnel Costs		13,550	17,750	12,940
Duty Travel		4,800	4,800	4,800
Supplies and Equipment		2,000	-	-

<u>Posts</u>		2	2	2
Medical Officer, P4 4.0843	WR	1	1	1
Laboratory Technician, P3 .0844	PR	1	1	1
<u>Consultant Months</u>		2	4	-

AMRO-0607, Seminar on Venereal Diseases  
(For text see page 100)

Total - PR		-	-	23,000
Seminars		-	-	23,000
<u>Participants</u>		-	-	30

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-0700, Pan American Zoonoses Center</u> (For text see page 100)				
Total - All Funds		<u>217,611</u>	<u>230,000</u>	<u>235,788</u>
Subtotal - PR		<u>68,561</u>	<u>80,492</u>	<u>81,027</u>
Personnel Costs		33,583	37,682	38,217
Duty Travel		5,518	7,553	7,553
Hospitality		150	150	150
Supplies and Equipment		9,800	12,342	12,342
Grants and Other		19,510	22,765	22,765
Subtotal - WT		<u>52,623</u>	<u>54,545</u>	<u>55,036</u>
Personnel Costs		47,823	49,745	50,236
Duty Travel		4,800	4,800	4,800
Subtotal - PG *		<u>96,427</u>	<u>94,963</u>	<u>99,725</u>
Personnel Costs		72,808	76,408	80,170
Supplies and Equipment		12,480	6,555	6,555
Common Services		11,139	12,000	13,000
Posts		<u>42</u>	<u>42</u>	<u>42</u>
Director, P5 .0768	PR	1	1	1
Chief of Laboratory, P4 4.0769	WT	1	1	1
Zoonoses Specialist, P4 .0771	PR	1	1	1
Zoonoses Specialist, P4 4.0770	WT	1	1	1
Administrative Officer, P2 4.0772	WT	1	1	1
Accounting Assistant, AL8 .0773	PG	1	1	1
Laboratory Assistant, AL8 .0774	PG	1	1	1
Junior Administrative Assistant, AL8 .0775	PG	1	1	1
Library Technician, AL7 .0776	PG	1	1	1
Laboratory Technician, AL7 .0777	PG	1	1	1
Secretary, AL7 .0778	PG	1	1	1
Field Technician, AL6 .0779	PG	1	1	1
Laboratory Technician, AL6 .0780	PG	1	1	1
Clerk Stenographer, AL6 .0781, .0782	PG	2	2	2
Foreman, AL6 .0783, .0786	PG	2	2	2
Property and Accounting Clerk, AL6 .0784	PG	1	1	1
Laboratory Animal Technician, AL6 .0785	PG	1	1	1
Laboratory Aide, AL5 .0787, .0788	PG	2	2	2
Clerk Typist, AL5 .0789	PG	1	1	1
Mechanic-Electrician, AL5 .0790	PG	1	1	1
Carpenter, AL5 .0791	PG	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
Animal Colony Aide, AL4 .0792, .0796	PG	2	2	2
Laboratory Aide, AL4 .0793, .0794	PG	2	2	2
Chauffeur, AL4 .0795	PG	1	1	1
Animal Caretaker, AL4 .0797	PG	1	1	1
Animal Caretaker, AL3 .0798, .0799	PG	2	2	2
Farm Caretaker, AL3 .0800	PG	1	1	1
Laborer, AL2 .0801, .0803, .0804	PG	3	3	3
Messenger, AL2 .0802	PG	1	1	1
Night Watchman, AL1 .0805	PG	1	1	1
Janitor, AL1 .0806	PG	1	1	1
Laborer, AL1 .0807, .0808, .0809	PG	3	3	3
Consultant Months		<u>2</u>	<u>4</u>	<u>4</u>

AMRO-0800, Pan American Foot-and-Mouth Disease Center  
(For text see page 100)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
Total - All Funds		<u>757,209</u>	<u>668,197</u>	<u>735,014</u>
Subtotal - PA **		<u>632,105</u>	<u>668,197</u>	<u>735,014</u>
Personnel Costs		458,161	460,273	506,300
Duty Travel		28,452	31,072	33,000
Fellowships		16,386	16,794	17,294
Common Services		8,500	7,800	8,000
Supplies and Equipment		106,465	131,090	148,420
Contractual Services		4,800	11,293	12,000
Contingencies		9,341	9,875	10,000
Subtotal - PG ***		<u>125,104</u>	-	-
Personnel Costs		23,032	-	-
Duty Travel		2,902	-	-
Supplies and Equipment		98,820	-	-
Common Services		350	-	-
Posts		<u>149</u>	<u>128</u>	<u>128</u>
Director, P6 .0623	PA	1	1	1
Assistant Director, P5 .0932	PA	1	1	1
Chief of Laboratory Services, P5 .0624	PA	1	1	1
Chief of Field Services, P4 .0625	PA	1	1	1
Virologist, P4 .0626	PA	1	1	1
Field Officer (Veterinarian), P4 .0627, .0628	PA	2	2	2
Field Officer, P4 .0629	PA	1	1	1
Country Consultant, P4 .0630, .0631	PA	2	2	2
Serologist, P4 .0632	PA	1	1	1

\* Government of Argentina: \$80,293, \$84,612, \$89,242.  
U. S. Public Health Services: \$10,409, \$10,351, \$10,483.  
Wellcome Research Laboratories: \$5,725, -, -.

\*\* Organization of American States - Technical  
Cooperation Program.

\*\*\* Agency for International Development.

	Fund	1964	1965	1966		Fund	1964	1965	1966
		\$	\$	\$			\$	\$	\$
<u>AMRO-0800</u> , (continued)					Senior Carpenter, RL3				
Research Officer, P3					.0670	PA	1	1	1
.0633, .0634,					Laboratory Aide, RL2				
.0635	PA	3	3	3	.0753, .0754, .0755	PG	3	-	-
Administrative					Messenger, RL2				
Officer, P3					.0699	PA	1	1	1
.0636	PA	1	1	1	Telephone Operator, RL2				
Technical Officer, P3					.0692	PA	1	1	1
.0637	PA	1	1	1	Storekeeper, RL2				
Assistant Serologist, P2					.0674	PA	1	1	1
.0638	PA	1	1	1	Chauffeur, RL2				
Senior Research					.0675, .0676, .0677,				
Associate, RL10					.0700, .0701	PA	5	5	5
.0639	PA	1	1	1	Laboratory Aide, RL2				
Research Associate, RL9					.0673, .0680, .0681,				
.0640	PA	1	1	1	.0682, .0683, .0686,				
Research Assistant, RL8					.0697, .0698	PA	8	8	8
.0641	PA	1	1	1	Laundry Operator-				
.0744	PG	1	-	-	Seamstress, RL2				
Accountant, RL7					.0678	PA	1	1	1
.0642	PA	1	1	1	Janitor-Office Boy, RL2				
Accounting Assistant, WL6					.0679	PA	1	1	1
.0179	PA	1	1	1	Field Aide, RL2				
Assistant Administrative					.0687, .0688	PA	2	2	2
Officer, RL6					Guard (Watchman), RL2				
.0643	PA	1	1	1	.0684, .0689, .0691,				
Librarian Editor, RL6					.0693, .0694, .0695	PA	6	6	6
.0644	PA	1	1	1	Carpenter, RL2				
Accounting Clerk, RL6					.0685	PA	1	1	1
.0645	PA	1	1	1	Auxiliary Clerk				
Administrative					(Library), RL2				
Assistant, RL6					.0999	PA	-	1	1
.0646	PA	1	1	1	Dispatcher, RL2				
Bilingual Secretary, RL5					.1000	PA	-	1	1
.0648, .0649					Mason-Painter, RL2				
.0650, .0651	PA	4	4	4	.0690	PA	1	1	1
Laboratory Technician, RL5					Laborer, Cattle Attendant				
.0652	PA	1	1	1	(Sr.), RL2				
.0745, .0746,					.0696, .0702, .0703,				
.0747, .0748	PG	4	-	-	.1001, .1002	PA	5	5	5
General Maintenance					Assistant Animal				
Officer, RL5					Caretaker, RL2				
.0653	PA	1	1	1	.0997	PA	1	1	1
Property and Supply					Laborer, Cattle				
Clerk, RL5					Attendant, RL2				
.0654	PA	1	1	1	.0704, .0705,				
Accounting Clerk, RL5					.0706, .1003	PA	4	4	4
.0647	PA	1	1	1	Laborer, Cattle				
Senior Clerk, RL4					Attendant, RL1				
.0656	PA	1	1	1	.0707, .0708,				
Clerk Typist, RL4					.0709, .0710	PA	4	4	4
.0658, .0660	PA	2	2	2	Laborer, RL1				
Laboratory Technician, RL4					.0712, .0713, .0714,				
.0655, .0657, .0659	PA	3	3	3	.0715, .0716, .0717,				
Laboratory Assistant, RL4					.0718, .0719, .0720,				
.0750, .0751, .0752	PG	3	-	-	.0721, .0722, .0723,				
Animal Caretaker, RL3					.0724, .0725, .0726,				
.0996	PA	1	1	1	.0727, .0728, .0729,				
Laboratory Assistant, RL3					.0730, .0731, .0732,				
.0661, .0663, .0665,					.0733, .0734, .0736,				
.0667, .0668, .0669	PA	6	6	6	.0737, .0738, .0739,				
Laboratory Clerk, RL3					.0740	PA	28	28	28
.0998	PA	1	1	1	.0756, .0757, .0758,				
Auxiliary Clerk, RL3					.0759, .0760, .0761,				
.0672	PA	1	1	1	.0762, .0763, .0764,				
Assistant Maintenance					.0765, .0766, .0767	PG	12	-	-
Officer, RL3					Auxiliary Guard				
.0666	PA	1	1	1	(Watchman), RL1				
Plumber-Fitter, RL3					.0711	PA	1	1	1
.0664	PA	1	1	1	Laundry Assistant, RL1				
Electrician, RL3					.0735	PA	1	1	1
.0662	PA	1	1	1					
General Fitter, RL3									
.0671	PA	1	1	1					
					<u>Fellowships</u>				
					Academic		3	3	3
					Short		16	22	24
							<u>19</u>	<u>25</u>	<u>27</u>

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>AMRO-0900, Plague Investigations</u> (For text see page 100)			
Total - PR	6,900	-	-
Personnel Costs	6,400	-	-
Supplies and Equipment	500	-	-
<u>Consultant Months</u>	<u>4</u>	<u>-</u>	<u>-</u>

<u>AMRO-0901, Schistosomiasis Control</u> (For text see page 101)			
Total - PR	3,200	22,600	22,600
Personnel Costs	3,200	19,200	19,200
Fellowships	-	3,400	3,400
<u>Consultant Months</u>	<u>2</u>	<u>12</u>	<u>12</u>
<u>Fellowships</u>	<u>-</u>	<u>2</u>	<u>2</u>
Short	-	2	2

<u>AMRO-0902, Chagas' Disease</u> (For text see page 101)			
Total - PR	5,500	12,600	12,600
Personnel Costs	-	6,400	6,400
Fellowships	-	1,700	1,700
Grants and Other	5,500	4,500	4,500
<u>Consultant Months</u>	<u>-</u>	<u>4</u>	<u>4</u>
<u>Fellowships</u>	<u>-</u>	<u>1</u>	<u>1</u>
Short	-	1	1

<u>AMRO-2100, Environmental Sanitation (Advisory Committee and Consultants)</u> (For text see page 101)			
Total - PR	3,400	3,400	3,400
Personnel Costs	3,200	3,200	3,200
Supplies and Equipment	200	200	200
<u>Consultant Months</u>	<u>2</u>	<u>2</u>	<u>2</u>

<u>AMRO-2109, Sewage Disposal and Water Pollution Control</u> (For text see page 101)			
Total - PR	11,200	8,000	14,400
Personnel Costs	11,200	8,000	14,400
<u>Consultant Months</u>	<u>7</u>	<u>5</u>	<u>9</u>

<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>AMRO-2110, Refuse and Garbage Disposal</u> (For text see page 101)			
Total - WR	9,900	9,900	5,100
Personnel Costs	4,800	4,800	-
Fellowships	5,100	5,100	5,100
<u>Consultant Months</u>	<u>3</u>	<u>3</u>	<u>-</u>
<u>Fellowships</u>	<u>3</u>	<u>3</u>	<u>3</u>
Short	3	3	3

<u>AMRO-2111, Manual on School Sanitation</u> (For text see page 102)			
Total - PR	5,000	-	-
Personnel Costs	4,800	-	-
Supplies and Equipment	200	-	-
<u>Consultant Months</u>	<u>3</u>	<u>-</u>	<u>-</u>

<u>AMRO-2200, Water Supplies</u> (For text see page 102)			
Total - All Funds	195,670	205,206	206,420
Subtotal - PR*	16,000	64,000	64,000
Personnel Costs	16,000	64,000	64,000
Subtotal - PW	179,670	141,206	142,420
Personnel Costs	161,270	122,806	124,020
Duty Travel	18,400	18,400	18,400
<u>Posts</u>	<u>5</u>	<u>5</u>	<u>5</u>

Administration and Finance Water Supply Consultant, P4 .0849, .0850			
PW	2	2	2
Regional Adviser in Water Supply Design, P4 .0851			
PW	1	1	1
Clerk Stenographer, WL3 .0852, .0930			
PW	2	2	2
<u>Consultant Months</u>	<u>75</u>	<u>80</u>	<u>80</u>

<u>AMRO-2207, Waterworks Operators Course</u> (For text see page 102)			
Total - PW	8,400	8,400	8,400
Personnel Costs	3,200	3,200	3,200
Supplies and Equipment	1,100	1,100	1,100
Participants	4,100	4,100	4,100
<u>Consultant Months</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Participants</u>	<u>10</u>	<u>10</u>	<u>10</u>

\* Special Fund for Health Promotion (See Annex 5).

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-2208, Water Fluoridation</u> (For text see page 102)				
Total - PR		-	5,200	8,000
Personnel Costs		-	3,200	8,000
Supplies and Equipment		-	2,000	-
<u>Consultant Months</u>		-	2	5

AMRO-2209, Courses on Design of Water Supply Systems  
(For text see page 102)

Total - PA		<u>58,058</u>	<u>77,000</u>	<u>79,680</u>
Personnel Costs		20,000	31,848	34,680
Duty Travel		-	1,000	1,000
Fellowships		13,200	19,000	19,000
Supplies and Equipment		24,858	25,152	25,000
<u>Posts</u>		-	1	1
Sanitary Engineer, P4 .1023	PA	-	1	1
<u>Consultant Months</u>		<u>10</u>	<u>10</u>	<u>10</u>
<u>Fellowships</u>		<u>24</u>	<u>50</u>	<u>50</u>
Short		24	50	50

AMRO-2210, Regional Conference on Rural Water

<u>Supplies</u> (For text see page 103)				
Total - WR		<u>34,480</u>	-	-
Seminars		<u>34,480</u>	-	-
<u>Participants</u>		<u>42</u>	-	-

AMRO-2211, Production of Materials for Water

<u>Supply Systems</u> (For text see page 103)				
Total - PW		<u>6,400</u>	<u>6,400</u>	<u>8,200</u>
Personnel Costs		6,400	6,400	3,200
Seminars		-	-	5,000
<u>Consultant Months</u>		<u>4</u>	<u>4</u>	<u>2</u>
<u>Participants</u>		-	-	<u>11</u>

AMRO-2213, Studies and Investigations of Water Resources

<u>Resources</u> (For text see page 103)				
Total - WT		<u>9,900</u>	<u>16,500</u>	<u>18,400</u>
Personnel Costs		8,887	14,928	16,844
Duty Travel		1,013	1,572	1,556
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Sanitary Engineer, P5 4.0943	WT	1	1	1

AMRO-2300, Aedes aegypti Eradication  
(For text see page 103)

Total - PR		<u>54,431</u>	<u>63,037</u>	<u>63,583</u>
Personnel Costs		27,831	28,377	28,923
Duty Travel		9,600	9,660	9,660
Supplies and Equipment		17,000	25,000	25,000
<u>Posts</u>		<u>2</u>	<u>2</u>	<u>2</u>
Medical Officer, P4 .0811	PR	1	1	1
Entomologist, P3 .0812	PR	1	1	1

AMRO-2400, Public Health Aspects of Housing and Urbanization

<u>Urbanization</u> (For text see page 103)				
Total - PR		<u>29,134</u>	<u>30,599</u>	<u>33,041</u>
Personnel Costs		24,404	25,659	28,301
Duty Travel		4,730	4,140	4,140
Supplies and Equipment		-	800	600
<u>Posts</u>		<u>2</u>	<u>2</u>	<u>2</u>
Housing Specialist, P4 .0621	PR	1	1	1
Clerk, WL4 .0622	PR	1	1	1
<u>Consultant Months</u>		<u>3</u>	<u>3</u>	<u>3</u>

AMRO-2407, Seminar on Public Health Aspects of Housing and Urbanization  
(For text see page 104)

Total - PR		-	-	<u>20,000</u>
Seminars		-	-	20,000
<u>Participants</u>		-	-	<u>26</u>

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-3100, Planning</u> (For text see page 104)				
Total - PR		<u>63,100</u>	<u>61,700</u>	<u>61,700</u>
Personnel Costs		17,600	12,800	12,800
Fellowships		42,500	45,900	45,900
Supplies and Equipment		3,000	3,000	3,000
<u>Consultant Months</u>		<u>11</u>	<u>8</u>	<u>8</u>
<u>Fellowships</u>		<u>25</u>	<u>27</u>	<u>27</u>
Short		25	27	27

AMRO-3109, Fellowships for Health Services  
(For text see page 104)

Total - PR		<u>10,678</u>	-	-
Fellowships		10,678	-	-
<u>Fellowships</u>		<u>3</u>	-	-
Academic		2	-	-
Short		1	-	-

AMRO-3110, Coordination of International Research  
(For text see page 104)

Total - All Funds		<u>36,019</u>	<u>38,450</u>	<u>29,550</u>
Subtotal - PR		<u>29,550</u>	<u>38,450</u>	<u>29,550</u>
Personnel Costs		16,000	24,900	16,000
Seminars		13,550	13,550	13,550
Total - PG*		<u>6,469</u>	-	-
Personnel Costs		6,469	-	-
<u>Consultant Months</u>		<u>14</u>	<u>16</u>	<u>10</u>
<u>Participants</u>		<u>15</u>	<u>15</u>	<u>15</u>

AMRO-3111, Studies on the Promotion of Rural Health and Agriculture  
(For text see page 104)

Total - PG**		<u>16,480</u>	-	-
Personnel Costs		16,480	-	-
<u>Consultant Months</u>		<u>10</u>	-	-

AMRO-3208, Seminar on Public Health Nursing Services  
(For text see page 104)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
Total - PR		<u>25,666</u>	-	-
Seminars		25,666	-	-
<u>Participants</u>		<u>47</u>	-	-

AMRO-3300, Laboratory Services  
(For text see page 105)

Total - All Funds		<u>12,000</u>	<u>12,600</u>	<u>15,800</u>
Subtotal - WR		<u>12,000</u>	<u>12,600</u>	<u>12,600</u>
Personnel Costs		3,200	9,600	9,600
Fellowships		6,000	-	-
Supplies and Equipment		2,800	3,000	3,000
Subtotal - PR		-	-	<u>3,200</u>
Personnel Costs		-	-	3,200
<u>Consultant Months</u>		<u>2</u>	<u>6</u>	<u>8</u>
<u>Fellowships</u>		<u>2</u>	-	-
Academic		1	-	-
Short		1	-	-

AMRO-3307, Vaccine Production and Testing  
(For text see page 105)

Total - WR		<u>12,200</u>	<u>13,200</u>	<u>16,400</u>
Personnel Costs		3,200	3,200	6,400
Grants and Other		9,000	10,000	10,000
<u>Consultant Months</u>		<u>2</u>	<u>2</u>	<u>4</u>

AMRO-3308, Seminar on Laboratory Services  
(For text see page 105)

Total - WR		-	-	<u>25,560</u>
Seminars		-	-	25,560
<u>Participants</u>		-	-	<u>34</u>

AMRO-3407, Community Development Training Center  
(For text see page 105)

Total - WR		<u>11,753</u>	<u>14,400</u>	<u>16,000</u>
Personnel Costs		11,753	14,400	16,000
<u>Posts</u>		<u>1</u>	-	-
Medical Officer, P4 4.0825	WR	1	-	-
<u>Consultant Months</u>		-	<u>9</u>	<u>10</u>

\* Contribution from United States Public Health Service - National Institutes of Health.  
\*\* Inter-American Development Bank.

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-3500, Advisory Committee on Statistics</u> (For text see page 105)				
Total - PR		<u>6,810</u>	<u>-</u>	<u>6,950</u>
Personnel Costs		3,020	-	3,020
Duty Travel		3,130	-	3,130
Supplies and Equipment		660	-	800
<u>Consultant Months</u>		<u>2</u>	<u>-</u>	<u>2</u>

AMRO-3507, Regional Development of Epidemiological Studies  
(For text see page 105)

Total - PG *		<u>219,388</u>	<u>85,159</u>	<u>-</u>
Personnel Costs		40,258	53,296	-
Duty Travel		5,660	3,900	-
Seminars		-	7,500	-
Supplies and Equipment		2,812	7,600	-
Grants and Other		170,658	12,863	-
<u>Posts</u>		<u>3</u>	<u>3</u>	<u>-</u>
Epidemiologist, P4 .0879	PG	1	1	-
Statistician, P2 .0880	PG	1	1	-
Clerk Stenographer, WI4 .0882	PG	1	1	-
<u>Consultant Months</u>		<u>3</u>	<u>9</u>	<u>-</u>
<u>Participants</u>		<u>-</u>	<u>15</u>	<u>-</u>

AMRO-3508, Demographic Research  
(For text see page 106)

Total - WR		<u>-</u>	<u>3,200</u>	<u>3,200</u>
Personnel Costs		-	3,200	3,200
<u>Consultant Months</u>		<u>-</u>	<u>2</u>	<u>2</u>

AMRO-3509, Chronic Disease Statistics  
(For text see page 106)

Total - PR		<u>-</u>	<u>4,800</u>	<u>4,800</u>
Personnel Costs		-	4,800	4,800
<u>Consultant Months</u>		<u>-</u>	<u>3</u>	<u>3</u>

AMRO-3600, Administrative Methods and Practices in Public Health  
(For text see page 106)

Total - PR		<u>4,920</u>	<u>19,360</u>	<u>19,360</u>
Fellowships		-	10,200	10,200
Seminars		4,920	9,160	9,160
<u>Fellowships</u>		<u>-</u>	<u>6</u>	<u>6</u>
Short		<u>-</u>	<u>6</u>	<u>6</u>
<u>Participants</u>		<u>14</u>	<u>20</u>	<u>20</u>

AMRO-4100, Maternal and Child Health Program Planning and Service Norms  
(For text see page 106)

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
Total - PR		<u>15,710</u>	<u>23,100</u>	<u>16,200</u>
Personnel Costs		11,210	16,000	9,600
Fellowships		-	5,100	5,100
Supplies and Equipment		4,500	2,000	1,500
<u>Consultant Months</u>		<u>7</u>	<u>10</u>	<u>6</u>
<u>Fellowships</u>		<u>-</u>	<u>3</u>	<u>3</u>
Short		<u>-</u>	<u>3</u>	<u>3</u>

AMRO-4107, Diarrheal Diseases in Childhood  
(For text see page 106)

Total - PR		<u>27,831</u>	<u>29,377</u>	<u>29,923</u>
Personnel Costs		27,831	28,377	28,923
Supplies and Equipment		-	1,000	1,000
<u>Posts</u>		<u>2</u>	<u>2</u>	<u>2</u>
Medical Officer, P4 .0820	PR	1	1	1
Health Statistician, P3 .0821	PR	1	1	1

AMRO-4108, Clinical and Social Pediatric Courses  
(For text see page 107)

Total - WR		<u>6,800</u>	<u>20,400</u>	<u>30,600</u>
Fellowships		6,800	20,400	30,600
<u>Fellowships</u>		<u>4</u>	<u>12</u>	<u>18</u>
Short		<u>4</u>	<u>12</u>	<u>18</u>

AMRO-4109, Nursing Midwifery  
(For text see page 107)

Total - PR**		<u>43,174</u>	<u>54,386</u>	<u>56,208</u>
Personnel Costs		26,674	29,286	31,108
Duty Travel		7,200	7,200	7,200
Fellowships		8,600	17,200	17,200
Supplies and Equipment		700	700	700
<u>Posts</u>		<u>2</u>	<u>2</u>	<u>2</u>
Nurse Midwife, P4 .0847, .0848	PR	2	2	2
<u>Fellowships</u>		<u>2</u>	<u>4</u>	<u>4</u>
Academic		<u>2</u>	<u>4</u>	<u>4</u>

\* Contribution from United States Public Health Service - National Institutes of Health.

\*\* Special Fund for Health Promotion (See Annex 5).



	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4110, Etiology of Congenital Malformations</u> (For text see page 107)				
Total - PG *		5,165	-	-
Personnel Costs		5,165	-	-
<u>Consultant Months</u>		3	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4200, Nutrition Advisory Services</u> (For text see page 107)				
Total - All Funds		55,800	38,560	56,300
Subtotal - PR**		55,800	23,000	18,200
Personnel Costs		12,800	12,800	8,000
Fellowships		43,000	10,200	10,200
Subtotal - WR		-	15,560	38,100
Personnel Costs		-	-	8,000
Fellowships		-	15,560	30,100
<u>Consultant Months</u>		8	8	10
<u>Fellowships</u>		10	10	13
Academic Short		10	4	7
		-	6	6

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4209, Endemic Goiter Prevention</u> (For text see page 107)				
Total - PR		3,200	-	-
Personnel Costs		3,200	-	-
<u>Consultant Months</u>		2	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4210, Evaluation of Applied Nutrition Programs</u> (For text see page 107)				
Total - PR		13,580	23,590	17,670
Personnel Costs		11,080	13,290	14,910
Duty Travel		2,500	4,600	2,760
Grants and Other		-	5,700	-
<u>Posts</u>		1	1	1
Nutrition Adviser, P4 .0886	PR	1	1	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4211, Research in Protein-Calorie Malnutrition</u> (For text see page 108)				
Total - PG ***		10,000	-	-
Seminars		10,000	-	-
<u>Participants</u>		17	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4300, Mental Health</u> (For text see page 108)				
Total - PR		-	-	18,583
Personnel Costs		-	-	16,000
Supplies and Equipment		-	-	2,583
<u>Consultant Months</u>		-	-	10

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4308, Mental Health Center on Latin America</u> (For text see page 108)				
Total - PG *		34,166	6,834	-
Personnel Costs		30,689	5,134	-
Supplies and Equipment		2,000	500	-
Grants and Other		1,477	1,200	-
<u>Posts</u>		4	4	-
Scientific Research Analyst, P1 .0897, .1024	PG	2	2	-
Technical Assistant, WL5 .0898	PG	1	1	-
Clerk Typist, WL3 .1025	PG	1	1	-
<u>Consultant Months</u>		9	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4400, Dental Health</u> (For text see page 108)				
Total - PR **		14,100	35,400	35,400
Personnel Costs		8,000	12,800	12,800
Fellowships		5,100	20,600	20,600
Supplies and Equipment		1,000	2,000	2,000
<u>Consultant Months</u>		5	8	8
<u>Fellowships</u>		3	6	6
Academic Short		-	4	4
		3	2	2

\* Contribution from United States Public Health Service - National Institutes of Health.

\*\* Special Fund for Health Promotion (See Annex 5).  
\*\*\* Williams Waterman Fund of Research Corporation.

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4407, Dental Epidemiology</u> (For text see page 108)				
Total - PR		-	14,900	14,900
Personnel Costs		-	6,400	6,400
Fellowships		-	8,500	8,500
<u>Consultant Months</u>		-	4	4
<u>Fellowships</u>		-	5	5
Short		-	5	5

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4500, Health Aspects of Radiation</u> (For text see page 108)				
Total - All Funds		24,250	25,250	32,750
Subtotal - PR		24,250	20,950	16,150
Personnel Costs		11,200	8,000	3,200
Fellowships		10,300	10,200	10,200
Supplies and Equipment		2,750	2,750	2,750
Subtotal - WR		-	4,300	16,600
Personnel Costs		-	-	8,000
Fellowships		-	4,300	8,600
<u>Consultant Months</u>		7	5	7
<u>Fellowships</u>		3	7	8
Academic		2	1	2
Short		1	6	6

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4600, Industrial Hygiene</u> (For text see page 109)				
Total - PR		6,050	6,200	34,150
Personnel Costs		3,250	3,400	22,750
Duty Travel		2,000	2,000	2,000
Fellowships		-	-	8,600
Grants and Other		800	800	800
<u>Posts</u>		1	1	1
Secretary, SL6 .0875	PR	1	1	1
<u>Consultant Months</u>		-	-	12
<u>Fellowships</u>		-	-	2
Academic		-	-	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4607, Symposium on Industrial Hygiene</u> (For text see page 109)				
Total - PR		18,040	-	-
Personnel Costs		6,400	-	-
Seminars		11,640	-	-
<u>Consultant Months</u>		4	-	-
<u>Participants</u>		20	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4608, Manganese Poisoning</u> (For text see page 109)				
Total - PG *		40,530	40,530	40,530
Personnel Costs		19,400	19,400	19,400
Duty Travel		2,500	2,500	2,500
Supplies and Equipment		17,630	17,630	17,630
Grants and Other		1,000	1,000	1,000

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4700, Food and Drug Services</u> (For text see page 109)				
Total - PR		14,000	17,300	32,500
Personnel Costs		9,600	9,600	15,800
Duty Travel		-	-	3,000
Fellowships		3,400	7,700	13,700
Supplies and Equipment		1,000	-	-
<u>Posts</u>		-	-	1
Consultant, P4 .0976	PR	-	-	1
<u>Consultant Months</u>		6	6	3
<u>Fellowships</u>		2	3	5
Academic		-	1	2
Short		2	2	3

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4707, Food Sanitation</u> (For text see page 109)				
Total - PR		4,000	5,200	-
Personnel Costs		3,200	3,200	-
Supplies and Equipment		800	2,000	-
<u>Consultant Months</u>		2	2	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4800, Medical Care Services</u> (For text see page 109)				
Total - All Funds		37,200	32,274	53,780
Subtotal - PR**		37,200	26,274	22,680
Personnel Costs		19,200	19,200	20,680
Duty Travel		-	-	2,000
Fellowships		12,000	7,074	-
Supplies and Equipment		6,000	-	-
Subtotal - WR		-	6,000	31,100
Personnel Costs		-	-	9,600
Fellowships		-	6,000	21,500
<u>Posts</u>		-	-	1
Medical Officer, P4 .0977	PR	-	-	1
<u>Consultant Months</u>		12	12	12
<u>Fellowships</u>		4	4	5
Academic		2	3	5
Short		2	1	-

\* Contribution from United States Public Health Service - National Institutes of Health.

\*\* Special Fund For Health Promotion in 1964 only (See Annex 5).

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-4807, Rehabilitation</u> (For text see page 110)				
Total - PR		18,764	19,366	19,668
Personnel Costs		15,594	15,896	16,198
Duty Travel		3,170	3,470	3,470
<u>Posts</u>		<u>1</u>	<u>1</u>	<u>1</u>
Medical Officer, P4 .0609	PR	1	1	1

<u>AMRO-4808, Seminar on Medical Care Services</u> (For text see page 110)				
Total - PR		-	42,160	39,276
Seminars		-	42,160	39,276
<u>Participants</u>		<u>-</u>	<u>60</u>	<u>72</u>

<u>AMRO-4810, Chronic Diseases</u> (For text see page 110)				
Total - PR		-	-	13,080
Personnel Costs		-	-	11,080
Duty Travel		-	-	2,000
<u>Posts</u>		<u>-</u>	<u>-</u>	<u>1</u>
Medical Officer, P4 .0974	PR	-	-	1

<u>AMRO-6100, Schools of Public Health</u> (For text see page 110)				
Total - All Funds		21,000	22,500	17,800
Subtotal - WR		21,000	11,500	17,800
Personnel Costs		6,400	3,200	3,200
Fellowships		8,600	4,300	8,600
Supplies and Equipment		6,000	4,000	6,000
Subtotal - PR		-	11,000	-
Seminars		-	11,000	-
<u>Consultant Months</u>		<u>4</u>	<u>2</u>	<u>2</u>
<u>Fellowships</u>		<u>2</u>	<u>1</u>	<u>2</u>
Academic		2	1	2
<u>Participants</u>		<u>-</u>	<u>13</u>	<u>-</u>

<u>AMRO-6107, Seminars on Schools of Public Health</u> (For text see page 110)				
Total - PR		-	21,590	-
Seminars		-	21,590	-
<u>Participants</u>		<u>-</u>	<u>27</u>	<u>-</u>

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-6108, Seminar on Integration of Teaching of Public Health and Preventive Medicine</u> (For text see page 110)				
Total - PR		-	-	17,400
Seminars		-	-	17,400
<u>Participants</u>		<u>-</u>	<u>-</u>	<u>20</u>

<u>AMRO-6200, Medical Education</u> (For text see page 110)				
Total - All Funds		61,600	48,400	82,600
Subtotal - WR		10,000	6,000	44,200
Fellowships		10,000	6,000	29,200
Supplies and Equipment		-	-	10,000
Grants and Other		-	-	5,000
Subtotal - PR*		42,300	42,400	38,400
Personnel Costs		3,200	3,200	17,800
Fellowships		29,100	29,200	20,600
Supplies and Equipment		10,000	10,000	-
Subtotal - PG**		9,300	-	-
Personnel Costs		9,300	-	-
<u>Posts</u>		<u>2</u>	<u>-</u>	<u>-</u>
Medical Officer, P5 .0032	PG	1	-	-
Secretary, WL4 .0034	PG	1	-	-
<u>Consultant Months</u>		<u>2</u>	<u>2</u>	<u>11</u>
<u>Fellowships</u>		<u>14</u>	<u>10</u>	<u>14</u>
Academic		6	7	10
Short		8	3	4

<u>AMRO-6207, Training of Medical Librarians</u> (For text see page 111)				
Total - PR		6,800	11,900	11,900
Fellowships		6,800	11,900	11,900
<u>Fellowships</u>		<u>4</u>	<u>7</u>	<u>7</u>
Short		4	7	7

<u>AMRO-6208, Teaching of Statistics in Medical Schools</u> (For text see page 111)				
Total - PR		3,200	3,200	3,200
Personnel Costs		3,200	3,200	3,200
<u>Consultant Months</u>		<u>2</u>	<u>2</u>	<u>2</u>

\* Special Fund for Health Promotion in 1964 only (See Annex 5).  
\*\* Contribution from Milbank Memorial Fund.

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>AMRO-6209, Group Study of Medical School Organization</u> (For text see page 111)				
Total - PR		21,320	-	17,618
Seminars		21,320	-	17,618
<u>Participants</u>		13	-	13

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>AMRO-6210, Teaching Methods and Administrative Organization of Medical Schools</u> (For text see page 111)				
Total - All Funds		9,600	23,940	34,520
Subtotal - WR		9,600	16,440	21,440
Personnel Costs		9,600	9,600	9,600
Fellowships		-	6,840	6,840
Supplies and Equipment		-	-	5,000
Subtotal - PR		-	7,500	13,080
Personnel Costs		-	-	11,080
Duty Travel		-	-	2,000
Supplies and Equipment		-	7,500	-
<u>Posts</u>		-	-	1
Medical Educator, P4 .0978	PR	-	-	1
<u>Consultant Months</u>		6	6	6
<u>Fellowships</u>		-	4	4
Short		-	4	4

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>AMRO-6300, Schools of Nursing</u> (For text see page 111)				
Total - All Funds		11,800	11,800	11,800
Subtotal - WR		11,800	11,800	8,400
Personnel Costs		6,400	6,400	6,400
Fellowships		3,400	3,400	-
Supplies and Equipment		2,000	2,000	2,000
Subtotal - PR		-	-	3,400
Fellowships		-	-	3,400
<u>Consultant Months</u>		4	4	4
<u>Fellowships</u>		2	2	2
Short		2	2	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>AMRO-6308, Advanced Nursing Education</u> (For text see page 111)				
Total - All Funds		23,000	29,700	10,117
Subtotal - PR		23,000	-	-
Fellowships		23,000	-	-
Subtotal - WR		-	29,700	10,117
Fellowships		-	29,700	10,117
<u>Fellowships</u>		6	8	3
Academic		5	6	2
Short		1	2	1

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>AMRO-6309, Seminar on Nursing Education</u> (For text see page 112)				
Total - WR		21,114	-	-
Seminars		21,114	-	-
<u>Participants</u>		20	-	-

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>AMRO-6310, Programmed Instruction for Nursing Auxiliaries</u> (For text see page 112)				
Total - All Funds		-	36,600	49,580
Subtotal - PR*		-	-	11,580
Personnel Costs		-	-	11,080
Duty Travel		-	-	500
Subtotal - PA		-	36,600	38,000
Personnel Costs		-	8,300	8,300
Fellowships		-	20,760	22,100
Supplies and Equipment		-	7,540	7,600
<u>Posts</u>		-	-	1
Nurse Educator, P4 .0979	PR	-	-	1
<u>Consultant Months</u>		-	4	4
<u>Fellowships</u>		-	20	20
Short		-	20	20

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$
<u>AMRO-6400, Sanitary Engineering Training</u> (For text see page 112)				
Total - All Funds		27,600	59,500	60,800
Subtotal - PR*		27,600	55,200	48,500
Personnel Costs		8,000	16,000	8,000
Fellowships		14,600	34,200	20,500
Supplies and Equipment		5,000	5,000	20,000
Subtotal - WR		-	4,300	12,300
Personnel Costs		-	-	8,000
Fellowships		-	4,300	4,300

\* Special Fund for Health Promotion (See Annex 5).

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-6400, (continued)</u>				
<u>Consultant Months</u>		5	10	10
<u>Fellowships</u>		4	15	10
Academic		3	5	3
Short		1	10	7

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-6500, Teaching of Public Health in Schools of Veterinary Medicine</u> (For text see page 112)				
Total - WR		3,200	3,200	6,400
Personnel Costs		3,200	3,200	6,400
<u>Consultant Months</u>		2	2	4

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-6600, Dental Education</u> (For text see page 112)				
Total - All Funds		16,100	24,700	31,000
Subtotal - WR		16,100	11,800	31,000
Personnel Costs		6,400	6,400	6,400
Fellowships		7,700	3,400	20,600
Supplies and Equipment		2,000	2,000	4,000
Subtotal - PR		-	12,900	-
Fellowships		-	12,900	-
<u>Consultant Months</u>		4	4	4
<u>Fellowships</u>		3	5	6
Academic		1	3	4
Short		2	2	2

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-6607, Seminars on Dental Education</u> (For text see page 113)				
Total - All Funds		25,302	11,906	23,150
Subtotal - PR		14,560	-	20,000
Seminars		14,560	-	20,000
Subtotal - PG *		10,742	11,906	3,150
Personnel Costs		9,742	10,906	3,150
Supplies and Equipment		1,000	1,000	-
<u>Posts</u>		1	1	-
Secretary, WL4 .0876	PG	1	1	-
<u>Consultant Months</u>		2	4	2
<u>Participants</u>		40	-	40

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-6608, Training Auxiliary Dental Personnel</u> (For text see page 113)				
Total - PR		-	-	11,500
Personnel Costs		-	-	6,400
Fellowships		-	-	5,100
<u>Consultant Months</u>		-	-	4
<u>Fellowships</u>		-	-	3
Short		-	-	3

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-6700, Program for Biostatistics Education</u> (For text see page 113)				
Total - WT		34,300	34,255	34,255
Fellowships		19,300	19,255	19,255
Grants and Other		15,000	15,000	15,000
<u>Fellowships</u>		10	10	10
Short		10	10	10

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-6707, Latin American Center for Classification of Diseases</u> (For text see page 113)				
Total - WR		27,425	27,425	27,425
Personnel Costs		3,200	3,200	3,200
Fellowships		9,225	9,225	9,225
Grants and Other		15,000	15,000	15,000
<u>Consultant Months</u>		2	2	2
<u>Fellowships</u>		8	8	8
Short		8	8	8

	<u>Fund</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
		\$	\$	\$
<u>AMRO-6708, Training Program in Hospital Statistics</u> (For text see page 114)				
Total - PR **		29,917	41,031	55,355
Personnel Costs		15,437	26,031	38,355
Duty Travel		1,480	2,000	4,000
Fellowships		12,000	12,000	12,000
Supplies and Equipment		1,000	1,000	1,000
<u>Posts</u>		1	2	3
Hospital Statistician, P4 .0980	PR	-	-	1
Medical Records Librarian, P3 .0840, .0981	PR	1	2	2
<u>Consultant Months</u>		2	2	2
<u>Fellowships</u>		4	4	4
Academic		2	2	2
Short		2	2	2

\* W. K. Kellogg Foundation.

\*\* Special Fund for Health Promotion (See Annex 5).

## PART IV

PAN AMERICAN HEALTH ORGANIZATION  
SPECIAL FUND FOR HEALTH PROMOTION

SUMMARY AND DETAIL  
(For text see page 115)

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - PR	<u>*250,000</u>	<u>*250,000</u>	<u>*250,000</u>
PAHO Regular (PR)	250,000	250,000	250,000

## PART V

PAN AMERICAN HEALTH ORGANIZATION  
INCREASE TO ASSETS

SUMMARY AND DETAIL  
(For text see page 115)

	<u>1964</u>	<u>1965</u>	<u>1966</u>
Source of Funds:	\$	\$	\$
Total - PR	<u>300,000</u>	<u>325,000</u>	<u>300,000</u>
Sec. 1. Amount for Increasing the Working Capital Fund	300,000	300,000	300,000
Sec. 2. Amount for Increasing the Emergency Revolving Fund	-	25,000	-

\*See page 115 for explanation of projects which are displayed by country in Part III and listed in Annex 5.

## **A N N E X E S**





## ANNEX 1

## METHOD OF PREPARATION

Form of PresentationGeneral

The budget document is presented with a new format as approved by the 50th Executive Committee, which affects the detailed schedules. By eliminating the "funds columns" a great deal of space has been saved and more detailed information is given on specific sources of funds, as well as consultant months and fellowships. The narrative portion of the program analysis is presented in greater detail with summary budget information for each subject. Annexes have been expanded as necessary to provide more information.

In general, the material in the budget document is self-explanatory. However, some elaboration may be helpful with respect to the portion of the document entitled: "Narrative Explanations" and "Detailed Schedules".

Narrative Explanations

In this portion are the narrative explanations for all Parts of the program and budget. These are followed by the detailed schedules of budget estimates. The narrative explanations and the corresponding detailed schedules are cross-referenced.

Detailed Schedules

All the schedules include estimates over a three-year period. The first schedule is the "All Parts - All Funds" which 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. A change from the previous budget document will be found in Section 1, wherein all Zone Offices are presented together. In Section 2 will be found the country projects and the intercountry projects operating within the Zone. After the Zones there are presented the schedules for country projects administered by the Washington Office, and the Interzone Programs. Section 3 covers Editorial Services and Publications as in previous documents.

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. These projects are identified by footnotes, and the cost estimates are excluded from the totals for Part III. There is also a schedule presented as Annex 5 giving a list and estimated cost of all projects to be financed under Part IV.

In Part V, Increase to Assets, the amount for increasing the Working Capital Fund is displayed in accordance

with a decision of the XI Directing Council (Resolution VII) as is the amount for increasing the Emergency Revolving Fund in accordance with Resolution VII of the 48th Meeting of the Executive Committee.

\*  
\* \* \*

Method of Computation

All estimates are expressed in U.S. dollars.

For the year 1964 the latest allotment analyses completed prior to completion of this document serve as a basis for the estimates.

The situation as of 1 January 1964 has been used for projecting salaries and common staff costs for all established positions in Parts I and II and Sections 1 and 3 of Part III of the budget for the years 1965 and 1966. Posts are costed for the full year except for:

- a) new posts, if any, on PAHO Regular and PAHO Other Funds which are costed from 1 April of the year in which they are budgeted;
- b) new posts on WHO Regular projects, in which case a delay factor estimated at four months is applied;
- c) vacant posts on continuing Technical Assistance projects, which are costed from the dates they are expected to be filled;
- d) posts on new Technical Assistance projects, which are costed from the estimated starting date of the project;
- e) posts planned to be discontinued before the year-end, which are costed through the projected termination date.

A simplified system of averages has been used for costing of posts financed from PAHO Regular and PAHO Other Funds. The averages, which comprise statutory entitlements, were developed to provide figures for filled or vacant posts in the Washington Office or in field activities, by grade of 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 at 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. The average system has not been applied to posts funded by WHO; these posts are costed on a uniform system in all regions. Under the WHO system, filled posts are costed individually on the basis of actual entitlements for the incumbent.



## ANNEX 2

## SUMMARY OF PROFESSIONAL AND LOCAL PERSONNEL

Part and Source of Funds	Number of Posts			Number of Posts			Number of Posts		
	T o t a l			Professional			Local		
	1964	1965	1966	1964	1965	1966	1964	1965	1966
<b>All Parts - All Funds - Total</b>	<b>1,049</b>	<b>1,034</b>	<b>1,004</b>	<b>577</b>	<b>580</b>	<b>553</b>	<b>472</b>	<b>454</b>	<b>451</b>
PAHO Regular (PR)	331	340	347	181	188	196	150	152	151
PAHO Special Malaria (PM)	145	133	117	138	127	112	7	6	5
PAHO Community Water Supply (PW)	18	18	18	15	15	15	3	3	3
PAHO Grants (PG)	177	150	141	30	24	16	147	126	125
PAHO Organization of American States - Technical Cooperation Program (PA)	126	129	129	17	18	18	109	111	111
PAHO Institute of Nutrition of Central America and Panama (PI)	19	23	27	10	14	18	9	9	9
WHO Regular (WR)	145	147	140	98	100	93	47	47	47
WHO Technical Assistance (WT)	79	81	74	79	81	74	-	-	-
WHO Malaria Eradication Special Account (WM)	5	5	5	5	5	5	-	-	-
WHO United Nations Special Fund (WS)	4	8	6	4	8	6	-	-	-
<b>PART I - Organizational Meetings - Total</b>	<b>17</b>	<b>17</b>	<b>17</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>8</b>	<b>8</b>	<b>8</b>
PAHO Regular	12	12	12	5	5	5	7	7	7
WHO Regular	5	5	5	4	4	4	1	1	1
<b>PART II - Headquarters - Total</b>	<b>227</b>	<b>228</b>	<b>228</b>	<b>96</b>	<b>95</b>	<b>95</b>	<b>131</b>	<b>133</b>	<b>133</b>
PAHO Regular	150	151	151	65	64	64	85	87	87
PAHO Community Water Supply	1	1	1	-	-	-	1	1	1
WHO Regular	76	76	76	31	31	31	45	45	45
<b>PART III - Field and Other Programs - Total</b>	<b>805</b>	<b>789</b>	<b>759</b>	<b>472</b>	<b>476</b>	<b>449</b>	<b>333</b>	<b>313</b>	<b>310</b>
<b>Zone Offices - Subtotal</b>	<b>47</b>	<b>47</b>	<b>47</b>	<b>11</b>	<b>11</b>	<b>11</b>	<b>36</b>	<b>36</b>	<b>36</b>
PAHO Regular	43	43	43	10	10	10	33	33	33
PAHO Special Malaria	3	3	3	-	-	-	3	3	3
WHO Regular	1	1	1	1	1	1	-	-	-
<b>Projects - Subtotal</b>	<b>743</b>	<b>727</b>	<b>697</b>	<b>453</b>	<b>457</b>	<b>430</b>	<b>290</b>	<b>270</b>	<b>267</b>
PAHO Regular	113	121	128	94	102	110	19	19	18
PAHO Special Malaria	142	130	114	138	127	112	4	3	2
PAHO Community Water Supply	17	17	17	15	15	15	2	2	2
PAHO Grants	177	150	141	30	24	16	147	126	125
PAHO Organization of American States - Technical Cooperation Program	126	129	129	17	18	18	109	111	111
PAHO Institute of Nutrition of Central America and Panama	19	23	27	10	14	18	9	9	9
WHO Regular	61	63	56	61	63	56	-	-	-
WHO Technical Assistance	79	81	74	79	81	74	-	-	-
WHO Malaria Eradication Special Account	5	5	5	5	5	5	-	-	-
WHO United Nations Special Fund	4	8	6	4	8	6	-	-	-
<b>Editorial Services and Publications - Subtotal</b>	<b>15</b>	<b>15</b>	<b>15</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>7</b>
PAHO Regular	13	13	13	7	7	7	6	6	6
WHO Regular	2	2	2	1	1	1	1	1	1

## ANNEX 3

SUMMARY OF PROJECTS  
BY  
FUND AND MAJOR SUBJECT

	Number of Posts			Estimated Expenditures		
	1964	1965	1966	1964	1965	1966
<u>By Fund:</u>				\$	\$	\$
<b>Total - All Funds</b>	<b>743</b>	<b>727</b>	<b>697</b>	<b>11,760,836</b>	<b>12,566,099</b>	<b>12,946,093</b>
PR PAHO Regular Budget	113	121	128	3,330,931	3,788,804	4,381,287
PM PAHO Special Malaria	142	130	114	2,536,411	2,424,419	2,176,158
PW PAHO Community Water Supply	17	17	17	603,330	641,520	647,082
PG PAHO Grants	177	150	141	1,260,415	929,010	821,505
PA Organization of American States - Technical Cooperation Program	126	129	129	690,163	781,797	852,694
PI Institute of Nutrition of Central America and Panama	19	23	27	150,000	195,000	240,000
WR WHO Regular Budget	61	63	56	1,574,166	1,800,982	2,072,880
WT WHO Technical Assistance Program	79	81	74	1,150,508	1,422,145	1,350,035
WM WHO Malaria Eradication Special Account	5	5	5	78,000	80,543	75,913
WS United Nations Special Fund	4	8	6	386,912	501,879	328,539
 <u>By Major Subject:</u>						
<b>MALARIA - Total - All Funds</b>	<b>152</b>	<b>140</b>	<b>123</b>	<b>2,705,069</b>	<b>2,590,862</b>	<b>2,315,871</b>
Total - PM	142	130	114	2,536,411	2,424,419	2,176,158
Total - WR	-	-	-	10,000	-	-
Total - WT	5	5	4	80,658	85,900	63,800
Total - WM	5	5	5	78,000	80,543	75,913
 PM Argentina-0200, Malaria Eradication	2	2	2	35,949	36,564	35,139
PM Bolivia-0200, Malaria Eradication	4	4	3	66,769	67,761	53,968
PM Brazil-0200, Malaria Eradication	13	13	13	265,186	290,232	303,908
PM Brazil-0201, Malaria Eradication (Sao Paulo)	2	2	2	39,229	32,501	32,993
PM Brazil-0202, Training Center for Malaria Eradication (Sao Paulo)	-	-	-	5,000	5,000	5,000
PM British Guiana-0200, Malaria Eradication	2	1	1	50,930	18,700	17,235
PM British Honduras-0200, Malaria Eradication	1	1	-	19,534	19,436	-
PM Colombia-0200, Malaria Eradication	11	10	8	169,090	168,908	143,136
PM Costa Rica-0200, Malaria Eradication	4	4	2	91,363	66,666	37,173
WM Cuba-0200, Malaria Eradication	5	5	5	78,000	80,543	75,913
PM Dominican Republic-0200, Malaria Eradication	7	7	7	110,709	114,177	116,145
WT Ecuador-0200, Malaria Eradication	1	1	-	16,316	18,300	-
PM Ecuador-0200, Malaria Eradication	7	6	3	104,325	100,002	53,123
PM El Salvador-0200, Malaria Eradication	9	9	9	146,778	152,465	157,619
PM French Antilles and Guiana-0200, Malaria Eradication	-	1	1	19,700	12,780	13,400
PM Guatemala-0200, Malaria Eradication	6	7	7	103,553	122,238	125,396
PM Haiti-0200, Malaria Eradication	6	5	5	105,702	94,035	97,412
PM Honduras-0200, Malaria Eradication	5	3	3	81,726	51,866	52,638
PM Jamaica-0200, Malaria Eradication	-	-	-	350	-	-
WT Mexico-0200, Malaria Eradication	4	4	4	64,342	67,600	63,800
PM Mexico-0200, Malaria Eradication	2	2	2	60,064	60,999	61,634
PM Nicaragua-0200, Malaria Eradication	8	7	7	118,395	130,733	134,281
PM Panama-0200, Malaria Eradication	6	6	6	96,373	103,752	101,521
PM Paraguay-0200, Malaria Eradication	6	6	6	75,189	82,736	89,603
PM Peru-0200, Malaria Eradication	8	7	4	143,142	128,547	78,013

	Number of Posts			Estimated Expenditures		
	1964	1965	1966	1964	1965	1966
				\$	\$	\$
<b>MALARIA (continued)</b>						
PM Surinam-0200, Malaria Eradication	6	6	5	101,294	102,281	88,562
PM West Indies-0200, Malaria Eradication	1	-	-	13,770	135	-
WR AMRO-0200, Malaria Technical Advisory Services	-	-	-	10,000	-	-
PM AMRO-0200, Malaria Technical Advisory Services	7	6	6	112,992	116,033	118,981
PM AMRO-0201, Malaria Technical Advisory Services (Zone I)	3	3	-	38,546	38,846	-
PM AMRO-0203, Malaria Technical Advisory Services (Zone III)	4	4	4	56,034	58,875	61,274
PM AMRO-0204, Malaria Technical Advisory Services (Zone IV)	3	1	1	56,350	21,478	21,893
PM AMRO-0207, Training Center for Malaria Eradication (Kingston)	2	-	-	4,389	-	-
PM AMRO-0209, Insecticide Testing Teams	5	5	5	134,871	138,182	140,803
PM AMRO-0210, Malaria Eradication Epidemiology Teams	2	2	2	30,984	33,366	35,308
PM AMRO-0211, Seminars on the Role of Local Health Services in the Malaria Eradication Programs	-	-	-	55,825	32,825	-
PM AMRO-0212, Resistance of Malaria Plasmodia Strains to Drugs	-	-	-	22,300	22,300	-
<b>TUBERCULOSIS - Total - All Funds</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>146,302</b>	<b>153,886</b>	<b>149,416</b>
Total - PR	1	1	1	26,194	29,696	38,598
Total - WR	3	4	4	92,622	89,890	90,818
Total - WT	2	2	1	27,486	34,300	20,000
WR Argentina-0400, Tuberculosis Control	-	-	-	23,500	19,200	19,200
PR Argentina-0400, Tuberculosis Control	-	-	-	-	5,100	5,100
WT Bolivia-0400, Tuberculosis Control	1	1	-	13,711	14,300	-
PR Bolivia-0400, Tuberculosis Control	-	-	-	-	-	1,700
PR Chile-0400, Tuberculosis Control	-	-	-	-	6,600	6,600
WT Dominican Republic-0400, Tuberculosis Control	1	1	1	11,500	15,000	15,000
WR Mexico-0400, Tuberculosis Control	1	1	1	17,389	16,462	20,102
WT Mexico-0400, Tuberculosis Control	-	-	-	2,275	5,000	5,000
WR AMRO-0400, Tuberculosis Control	-	-	-	21,460	11,200	4,300
PR AMRO-0400, Tuberculosis Control	-	-	-	4,300	-	6,900
PR AMRO-0403, Tuberculosis Control (Zone III)	1	1	1	17,594	17,996	18,298
WR AMRO-0403, Tuberculosis Control (Zone III)	-	1	1	-	10,212	14,486
WR AMRO-0404, Tuberculosis Control (Zone IV)	2	2	2	30,273	32,816	32,730
PR AMRO-0404, Tuberculosis Control (Zone IV)	-	-	-	4,300	-	-
<b>VENEREAL DISEASES AND TREPONEMATOSIS - Total - All Funds</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>58,712</b>	<b>80,071</b>	<b>106,373</b>
Total - PR	2	2	2	32,690	51,040	74,050
Total - WR	2	2	2	26,022	29,031	32,323
PR Chile-0600, Venereal Disease Control	-	-	-	-	13,200	14,800
WR Cuba-0600, Venereal Diseases	-	-	-	-	-	1,600
PR Dominican Republic-0600, Yaws Eradication	1	1	1	12,340	15,290	16,910
WR Haiti-0600, Yaws Eradication	1	1	1	14,687	13,701	14,701
PR Trinidad and Tobago-0600, Venereal Diseases	-	-	-	-	-	1,600
WR AMRO-0600, Yaws Eradication and Venereal Disease Control	1	1	1	11,335	15,330	16,022
PR AMRO-0600, Yaws Eradication and Venereal Disease Control	1	1	1	20,350	22,550	17,740
PR AMRO-0607, Seminar on Venereal Diseases	-	-	-	-	-	23,000

	Number of Posts			Estimated Expenditures		
	1964	1965	1966	1964	1965	1966
				\$	\$	\$
<b>BACTERIAL DISEASES - Total - All Funds</b>	<b>2</b>	<b>1</b>		<b>15,000</b>	<b>39,794</b>	<b>32,632</b>
Total - PR	-	-	-	15,000	9,600	14,400
Total - WR	-	1	1	-	11,794	14,632
Total - WT	-	1	-	-	18,400	3,600
WT Ecuador-0900, Plague Control	-	1	-	-	18,400	3,600
PR Ecuador-0900, Plague Control	-	-	-	-	-	9,600
PR Peru-0900, Plague Control	-	-	-	-	4,800	4,800
WR Peru-0900, Plague Control	-	1	1	-	11,794	14,632
PR Venezuela-0900, Plague Investigations	-	-	-	8,100	4,800	-
PR AMRO-0900, Plague Investigations	-	-	-	6,900	-	-
<b>PARASITIC DISEASES - Total - PR</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>16,300</b>	<b>44,500</b>	<b>62,480</b>
PR Brazil-0900, Schistosomiasis	-	-	-	2,700	2,700	2,700
PR Dominican Republic-0900, Schistosomiasis	-	-	-	1,700	1,700	1,700
PR Uruguay-0900, Chagas' Disease	-	-	-	3,200	4,900	4,900
PR Venezuela-0901, Helminthiasis	-	-	-	-	-	4,900
PR AMRO-0107, Parasitology	-	-	1	-	-	13,080
PR AMRO-0901, Schistosomiasis Control	-	-	-	3,200	22,600	22,600
PR AMRO-0902, Chagas' Disease	-	-	-	5,500	12,600	12,600
<b>VIRUS DISEASES - Total - All Funds</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>69,219</b>	<b>35,275</b>	<b>24,825</b>
Total - PR	1	-	-	40,204	10,500	7,200
Total - WR	-	-	-	3,200	11,900	3,700
Total - WT	2	1	1	25,815	12,875	13,925
WT Bolivia-0300, Smallpox Vaccination	1	1	1	16,401	12,875	13,925
PR Brazil-0300, Smallpox Eradication	-	-	-	2,000	2,000	2,000
WR Brazil-0701, Rabies Control	-	-	-	3,200	11,900	3,700
PR Ecuador-0300, Smallpox Eradication	1	-	-	16,854	-	-
WT Ecuador-0300, Smallpox Eradication	1	-	-	9,414	-	-
PR AMRO-0300, Smallpox Eradication	-	-	-	10,050	5,200	5,200
PR AMRO-0701, Rabies Control (Zone I)	-	-	-	11,300	3,300	-
<b>LEPROSY - Total - All Funds</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>108,067</b>	<b>129,379</b>	<b>115,571</b>
Total - PR	1	1	1	50,094	62,596	45,298
Total - WR	3	3	3	57,973	66,783	70,273
WR Argentina-0500, Leprosy Control	-	-	-	-	6,500	8,200
PR Argentina-0500, Leprosy Control	-	-	-	6,500	-	-
PR Colombia-0500, Leprosy Control	-	-	-	-	1,700	6,000
WR Mexico-0500, Leprosy Control	1	1	1	15,190	14,734	16,253
WR Paraguay-0500, Leprosy Control	-	-	-	4,300	-	4,300
PR Paraguay-0500, Leprosy Control	-	-	-	4,300	4,300	4,300
WR Uruguay-0500, Leprosy	-	-	-	-	1,615	1,700
PR AMRO-0500, Leprosy Control	-	-	-	16,100	11,200	11,200
PR AMRO-0503, Leprosy Control (Zone III)	1	1	1	23,194	18,396	23,798
WR AMRO-0504, Leprosy Control (Zone IV)	1	1	1	17,477	16,813	18,147
WR AMRO-0506, Leprosy Control (Zone VI)	1	1	1	21,006	27,121	21,673
PR AMRO-0507, Course on Rehabilitation and Prevention of Deformities (Leprosy)	-	-	-	-	27,000	-

	Number of Posts			Estimated Expenditures		
	1964	1965	1966	1964	1965	1966
				\$	\$	\$
<b>PUBLIC HEALTH ADMINISTRATION - Total - All Funds</b>	<b>113</b>	<b>115</b>	<b>109</b>	<b>2,605,119</b>	<b>2,988,925</b>	<b>3,305,375</b>
Total - PR	43	43	44	1,302,781	1,467,114	1,713,222
Total - PG	-	-	-	16,480	-	-
Total - PW	1	1	1	17,844	21,546	21,848
Total - WR	27	27	24	663,411	750,313	855,489
Total - WT	42	44	40	604,603	749,952	714,816
PR Argentina-3100, Planning	-	-	-	3,200	6,600	9,800
WR Argentina-3101, Fellowships for Health Services	-	-	-	4,300	4,300	12,900
WT Argentina-3102, Health Services	3	3	3	34,747	46,229	44,431
PR Argentina-3103, Fellowships for Health Services	-	-	-	10,300	10,300	10,300
PR Argentina-3104, Health Services (San Juan and Mendoza)	3	3	3	53,145	59,673	60,521
PR Argentina-3105, Health Services (Municipality of Buenos Aires)	-	1	2	-	18,935	54,135
WR Argentina-3301, National Institute of Microbiology	-	-	-	12,800	18,800	25,200
PR Argentina-3301, National Institute of Microbiology	-	-	-	10,300	-	8,600
PR Argentina-4800, Medical Care Services	-	-	-	6,000	12,500	12,500
PR Bolivia-3100, National Health Services	3	2	2	63,820	52,400	53,517
WT Bolivia-3101, National Plan for Rural Development	1	1	1	14,346	16,309	18,191
WR Bolivia-3102, Fellowships for Health Services	-	-	-	4,300	4,300	4,300
WR Brazil-0700, Veterinary Public Health	1	-	-	19,022	-	-
PR Brazil-3100, Planning	-	-	-	-	8,300	8,300
WR Brazil-3101, Health Services in Nine Northeast States	4	4	4	90,649	98,989	98,302
PR Brazil-3101, Health Services in Nine Northeast States	1	1	1	6,119	29,681	36,465
PR Brazil-3102, Fellowships for Health Services	-	-	-	12,900	12,900	17,200
PR Brazil-3103, Health Services (Mato Grosso)	4	3	3	57,229	54,167	56,393
PR Brazil-3104, Health Services (Sao Paulo)	-	-	-	4,400	-	-
WR Brazil-3105, Fellowships for Health Services	-	-	-	-	4,300	4,300
WT Brazil-3301, National Virus Laboratory Services	1	1	1	7,923	13,952	7,329
PR Brazil-3302, Yellow Fever Laboratory	-	-	-	5,434	6,000	6,000
PR Brazil-4700, National Food and Drug Services	-	-	-	6,700	1,700	-
PR Brazil-6500, Teaching of Public Health in Schools of Veterinary Medicine	-	-	-	2,200	2,200	2,200
WR British Guiana-3100, National Health Services	2	2	2	36,536	36,358	39,662
PR British Guiana-3100, National Health Services	-	-	-	-	-	7,400
WR British Honduras-3100, Health Services	1	1	1	21,495	20,299	21,772
PR British Honduras-3100, Health Services	-	-	-	-	-	1,000
PR British Honduras-3101, Fellowships for Health Services	-	-	-	4,300	4,300	4,300
WR Canada-3100, Consultants in Specialized Fields of Public Health	-	-	-	3,200	3,200	3,200
WR Canada-3101, Fellowships for Health Services	-	-	-	10,000	10,000	10,000
WT Chile-3100, Health Services	-	-	-	12,785	14,400	9,600
PR Chile-3100, Health Services	-	1	1	17,600	36,940	40,020
WR Chile-3101, Fellowships for Health Services	-	-	-	4,300	4,300	4,300
PR Chile-3102, Fellowships for Health Services	-	-	-	12,000	8,600	8,600
PR Chile-3103, Health Services (Ovalle-Copiapo)	-	-	-	-	-	6,500
WR Chile-3301, Microbiology Center	-	-	-	-	4,900	12,400
WT Colombia-3100, National Health Services	5	5	4	71,415	82,800	68,700
PR Colombia-3100, National Health Services	1	1	-	4,000	13,500	14,600
PR Colombia-3101, Fellowships for Health Services	-	-	-	16,300	16,300	24,000
WR Colombia-3102, Fellowships for Health Services	-	-	-	-	4,300	8,600
PR Colombia-3301, National Institute of Health (Carlos Finlay)	-	-	-	25,000	38,000	38,000
PR Costa Rica-3100, National Health Services	1	1	1	26,439	39,204	45,319
WT Costa Rica-3100, National Health Services	-	1	1	-	9,790	11,510
WR Costa Rica-3101, Fellowships for Health Services	-	-	-	-	10,300	6,000

	Number of Posts			Estimated Expenditures		
	1964	1965	1966	1964	1965	1966
				\$	\$	\$
PUBLIC HEALTH ADMINISTRATION (continued)						
WR Costa Rica-3301, Laboratory for Diagnosis of Viral Diseases	-	1	-	7,500	18,451	22,400
WT Cuba-3100, Public Health Services	4	4	4	54,127	89,946	91,754
PR Cuba-3100, Public Health Services	-	-	-	3,000	-	1,000
WR Cuba-3101, Fellowships for Health Services	-	-	-	8,600	14,600	10,300
PR Dominican Republic-3100, Public Health Services	4	4	4	72,228	61,589	65,140
WR Dominican Republic-3100, Public Health Services	1	-	-	19,620	-	-
WT Dominican Republic-3100, Public Health Services	-	1	1	-	10,469	13,531
WR Dominican Republic-3101, Fellowships for Health Services	-	-	-	-	4,300	4,300
PR Dominican Republic-3102, Fellowships for Health Services	-	-	-	18,900	12,900	18,900
WT Dominican Republic-6500, Veterinary Medical Education	1	-	-	5,450	-	-
WT Ecuador-3100, National Health Services	1	1	1	24,334	27,020	28,380
WR Ecuador-3100, National Health Services	4	5	5	48,695	71,786	80,184
PR Ecuador-3100, National Health Services	-	-	-	6,000	19,700	31,000
PR Ecuador-3101, Fellowships for Health Services	-	-	-	12,000	14,600	23,200
WT Ecuador-3102, Rural Medical Services	1	-	-	18,559	-	-
PR Ecuador-3301, National Institute of Health	-	-	-	10,700	25,200	25,200
PR El Salvador-3100, National Health Services	2	3	2	28,440	32,318	37,710
WT El Salvador-3100, National Health Services	2	2	2	30,364	33,819	32,881
WR El Salvador-3101, Fellowships for Health Services	-	-	-	-	4,300	4,300
PR El Salvador-3102, Fellowships for Health Services	-	-	-	6,000	4,300	14,600
WR El Salvador-3300, Public Health Laboratory	1	1	-	9,309	21,564	12,000
PR El Salvador-3300, Public Health Laboratory	-	-	-	4,300	-	-
WT French Antilles and Guiana-3101, Fellowships for Health Services	-	-	-	3,100	-	3,600
PR French Antilles and Guiana-3102, Fellowships for Health Services	-	-	-	1,700	4,300	4,300
WR Guatemala-3100, National Health Services	3	3	3	60,140	57,672	59,786
PR Guatemala-3100, National Health Services	-	-	-	-	7,700	10,300
PR Guatemala-3101, Fellowships for Health Services	-	-	-	6,000	5,100	6,000
WT Guatemala-3102, Fellowships for Health Services	-	-	-	5,650	-	-
WT Guatemala-3300, Public Health Laboratory	1	1	1	19,473	21,630	20,370
PR Guatemala-6500, Teaching of Public Health in Schools of Veterinary Medicine	-	-	-	12,100	7,800	7,800
WT Haiti-3100, National Health Services	3	3	3	13,650	45,492	51,308
PR Haiti-3100, National Health Services	2	1	1	19,907	2,413	3,613
PR Haiti-3101, Fellowships for Health Services	-	-	-	4,300	4,300	4,300
WR Haiti-3102, Fellowships for Health Services	-	-	-	-	4,300	4,300
PR Haiti-3300, Public Health Laboratory	1	1	1	18,544	24,846	25,148
WT Honduras-3100, National Health Services	3	3	3	47,311	49,282	50,718
PR Honduras-3100, National Health Services	-	-	-	-	-	1,000
PR Honduras-3101, Fellowships for Health Services	-	-	-	13,700	6,000	13,700
WR Honduras-3102, Fellowships for Health Services	-	-	-	4,300	4,300	4,300
WR Honduras-3103, Health Legislation	-	-	-	4,800	-	-
PR Honduras-3300, Public Health Laboratory	-	-	-	-	8,000	8,000
WR Jamaica-3100, Public Health Services	1	1	1	20,010	20,675	19,439
PR Jamaica-3100, Public Health Services	-	-	-	-	10,300	8,700
PR Jamaica-3101, Health Legislation	-	-	-	-	1,600	-
WT Jamaica-3101, Health Legislation	-	-	-	1,600	-	-
WR Mexico-3101, State Health Services	5	5	5	77,597	84,401	86,399
PR Mexico-3101, State Health Services	1	1	1	16,710	17,610	20,200
PW Mexico-3101, State Health Services	1	1	1	17,844	21,546	21,848
WR Mexico-3102, Fellowships for Health Services	-	-	-	4,300	4,300	4,300



	Number of Posts			Estimated Expenditures		
	1964	1965	1966	1964	1965	1966
PUBLIC HEALTH ADMINISTRATION (continued)				\$	\$	\$
PR Mexico-3103, Fellowships for Health Services	-	-	-	12,900	8,600	12,900
WT Mexico-3104, Fellowships for Health Services	-	-	-	8,725	-	-
PR Mexico-3300, Public Health Laboratory	-	-	-	14,900	14,900	14,900
WR Mexico-6500, Teaching of Public Health in Schools of Veterinary Medicine	-	-	-	10,700	10,700	10,700
PR Mexico-6500, Teaching of Public Health in Schools of Veterinary Medicine	-	-	-	4,300	-	-
PR Netherlands Antilles-3101, Fellowships for Health Services	-	-	-	4,300	4,300	4,300
WR Netherlands Antilles-3102, Fellowships for Health Services	-	-	-	-	-	4,300
WR Nicaragua-3100, Public Health Services	1	1	1	24,242	20,664	19,035
WT Nicaragua-3100, Public Health Services	1	2	1	8,444	33,165	16,235
PR Nicaragua-3100, Public Health Services	-	-	-	-	3,400	10,400
PR Nicaragua-3101, Fellowships for Health Services	-	-	-	6,000	8,600	8,600
PR Panama-3100, Public Health Services	2	1	1	28,040	23,170	24,320
WT Panama-3100, Public Health Services	3	2	2	54,070	38,483	38,917
WR Panama-3101, Fellowships for Health Services	-	-	-	8,600	4,300	8,600
WT Paraguay-3100, Health Services	5	5	3	61,420	77,100	55,700
PR Paraguay-3100, Health Services	-	1	1	-	11,755	14,965
WR Paraguay-3101, Fellowships for Health Services	-	-	-	4,300	4,300	8,600
PR Paraguay-3102, Fellowships for Health Services	-	-	-	17,200	8,600	10,300
WT Peru-3100, National Health Services	3	3	3	48,942	43,176	44,324
PR Peru-3100, National Health Services	-	-	-	4,800	-	1,600
WR Peru-3101, Fellowships for Health Services	-	-	-	4,300	4,300	8,600
WT Peru-3102, Joint Field Mission on Indigenous Populations	-	-	-	1,500	1,500	1,500
PR Peru-3103, Fellowships for Health Services	-	-	-	12,900	28,300	16,300
PR Peru-6100, Training of Health Workers	-	-	-	7,500	11,300	11,300
WR Peru-6500, Veterinary Medicine Education	-	-	-	2,400	-	-
PR Surinam-3100, Health Services	-	-	-	1,350	-	11,700
PR Surinam-3101, Fellowships for Health Services	-	-	-	4,300	4,300	5,100
PR Trinidad and Tobago-3101, Public Health Legislation	-	-	-	3,200	-	-
WR Trinidad and Tobago-3102, Fellowships for Health Services	-	-	-	4,300	-	4,300
PR Trinidad and Tobago-3103, Fellowships for Health Services	-	-	-	-	10,300	6,000
PR Trinidad and Tobago-3300, Laboratory Services	-	-	-	-	4,300	-
WT Trinidad and Tobago-4800, Hospital Administration and Medical Records	-	1	1	-	12,902	14,798
PR Trinidad and Tobago-4800, Hospital Administration and Medical Records	-	-	-	-	-	10,200
WR United States of America-3100, Consultants in Specialized Fields of Public Health	-	-	-	14,400	14,400	14,400
PR United States of America-3101, Fellowships for Health Services	-	-	-	25,000	25,000	25,000
PR United States of America-3102, Medical and Public Health Training	-	-	-	5,000	5,000	5,000
WR United States of America-3103, Fellowships for Health Services	-	-	-	10,000	10,000	10,000
WT Uruguay-3100, National Health Services	4	3	3	56,668	45,993	49,059
PR Uruguay-3100, National Health Services	-	-	-	-	-	1,000
WR Uruguay-3101, Fellowships for Health Services	-	-	-	4,300	4,300	4,300
PR Uruguay-3102, Fellowships for Health Services	-	-	-	10,300	10,300	21,500
PR Uruguay-6100, Training of Health Personnel	-	-	-	5,300	11,700	11,700
WR Venezuela-3100, Consultant Services in Health	-	-	-	6,400	1,600	1,600
PR Venezuela-3100, Consultant Services in Health	-	-	-	-	-	8,000

	Number of Posts			Estimated Expenditures		
	1964	1965	1966	1964	1965	1966
PUBLIC HEALTH ADMINISTRATION (continued)						
PR Venezuela-3101, Fellowships for Health Services	-	-	-	14,600	22,300	18,000
WR Venezuela-3102, Fellowships for Health Services	-	-	-	8,600	4,300	8,600
PR Venezuela-3301, National Institute of Hygiene	-	-	-	7,500	5,900	5,900
WR Venezuela-4800, Medical Care Services	1	1	-	10,699	23,390	24,640
PR Venezuela-4800, Medical Care Services	-	-	-	4,300	-	-
PR West Indies-3101, Fellowships for Health Services	-	-	-	8,600	4,300	4,300
WR West Indies-3102, Fellowships for Health Services	-	-	-	4,300	3,400	7,700
PR West Indies-4800, Medical Care Services	-	-	-	3,200	-	3,200
WT West Indies-4801, Hospital Administration in Barbados	-	1	1	-	7,495	12,980
WT West Indies-4802, Training in Hospital Administration (Eastern Caribbean)	-	1	1	-	29,000	29,000
PR AMRO-0102, Epidemiology (Zone II)	1	1	1	14,180	16,390	18,010
PR AMRO-0103, Epidemiology (Zone III)	1	1	1	19,494	19,796	20,101
PR AMRO-0106, Epidemiology (Zone VI)	1	1	1	21,894	17,936	22,538
PR AMRO-0702, Veterinary Public Health (Zone II)	-	-	-	3,000	3,000	3,000
WR AMRO-0703, Veterinary Public Health (Zone III)	1	1	1	21,920	22,989	23,149
PR AMRO-0703, Veterinary Public Health (Zone III)	-	-	-	8,600	-	4,300
PR AMRO-3100, Planning	-	-	-	63,100	61,700	61,700
WR AMRO-3101, Planning (Zone I)	-	-	-	-	14,305	14,095
PR AMRO-3102, Planning (Zone II)	-	-	-	15,000	12,400	12,400
PR AMRO-3103, Planning (Zone III)	-	-	-	3,200	6,400	6,400
PR AMRO-3104, Planning (Zone IV)	1	1	1	23,111	19,734	20,149
PR AMRO-3106, Planning (Zone VI)	1	1	1	23,389	26,804	27,619
PR AMRO-3107, Public Health Administration (Caribbean)	1	1	1	34,361	18,301	29,803
WR AMRO-3107, Public Health Administration (Caribbean)	1	1	1	15,277	22,870	15,866
PR AMRO-3108, Field Office - El Paso	7	6	6	100,621	100,388	105,830
PR AMRO-3109, Fellowships for Health Services	-	-	-	10,678	-	-
PG AMRO-3111, Studies on the Promotion of Rural Health and Agriculture	-	-	-	16,480	-	-
WR AMRO-3300, Laboratory Services	-	-	-	12,000	12,600	12,600
PR AMRO-3300, Laboratory Services	-	-	-	-	-	3,200
PR AMRO-3301, Laboratory Services (Caribbean)	-	-	-	7,500	13,400	13,400
PR AMRO-3303, Laboratory Services (Zone III)	-	-	-	-	6,400	6,400
WR AMRO-3307, Vaccine Production and Testing	-	-	-	12,200	13,200	16,400
WR AMRO-3308, Seminar on Laboratory Services	-	-	-	-	-	25,560
PR AMRO-3600, Administrative Methods and Practices in Public Health	-	-	-	4,920	19,360	19,360
PR AMRO-3603, Administrative Methods and Practices in Public Health (Zone III)	1	1	1	18,594	18,896	19,198
PR AMRO-3604, Administrative Methods and Practices in Public Health (Zone IV)	-	1	1	-	13,570	15,780
PR AMRO-3606, Administrative Methods and Practices in Public Health (Zone VI)	1	1	1	18,094	21,796	22,098
PR AMRO-4700, Food and Drug Services	-	-	1	14,000	17,300	32,500
WR AMRO-4703, Food and Drug Control (Zone III)	-	-	-	9,800	14,500	12,000
PR AMRO-4800, Medical Care Services	-	-	1	37,300	26,274	22,680
WR AMRO-4800, Medical Care Services	-	-	-	-	6,000	31,100
PR AMRO-4803, Medical Care Services (Zone III)	1	1	1	18,144	18,446	23,048
PR AMRO-4804, Medical Care Services (Zone IV)	1	1	1	18,602	19,166	19,468
PR AMRO-4806, Medical Care Services (Zone VI)	1	1	1	17,694	18,396	22,998
PR AMRO-4808, Seminar on Medical Care Services	-	-	-	-	42,160	39,276
WR AMRO-6500, Teaching of Public Health in Schools of Veterinary Medicine	-	-	-	3,200	3,200	6,400

	<u>Number of Posts</u>			<u>Estimated Expenditures</u>		
	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$	\$	\$	\$
<b>VITAL AND HEALTH STATISTICS - Total - All Funds</b>	<b>10</b>	<b>11</b>	<b>9</b>	<b>439,368</b>	<b>315,546</b>	<b>278,109</b>
Total - PR	3	4	5	87,781	87,743	115,839
Total - PG	3	3	-	219,388	85,159	-
Total - WR	4	4	4	97,899	101,989	121,615
Total - WT	-	-	-	34,300	40,655	40,655
PR Argentina-3500, Health Statistics	-	-	-	7,500	-	-
PR Argentina-6700, Training Statistical Personnel	-	-	-	-	-	4,900
WR Brazil-3500, Health Statistics	1	1	1	23,120	18,571	23,646
WT Mexico-3500, Statistics	-	-	-	-	6,400	6,400
WR Uruguay-3500, Health Statistics	-	-	-	-	-	10,900
PR AMRO-3500, Advisory Committee on Statistics	-	-	-	6,810	-	6,950
PR AMRO-3501, Health Statistics (Zone I)	1	1	1	21,900	19,966	21,586
WR AMRO-3502, Health Statistics (Zone II)	1	1	1	17,866	19,327	18,515
WR AMRO-3503, Health Statistics (Zone III)	1	1	1	9,015	15,264	17,205
WR AMRO-3504, Health Statistics (Zone IV)	1	1	1	20,473	18,202	20,724
PR AMRO-3506, Health Statistics (Zone VI)	1	1	1	18,454	18,746	19,048
PG AMRO-3507, Regional Development of Epidemiological Studies	3	3	-	219,388	85,159	-
WR AMRO-3508, Demographic Research	-	-	-	-	3,200	3,200
PR AMRO-3509, Chronic Disease Statistics	-	-	-	-	4,800	4,800
PR AMRO-6208, Teaching of Statistics in Medical Schools	-	-	-	3,200	3,200	3,200
WT AMRO-6700, Program for Biostatistics Education	-	-	-	34,300	34,255	34,255
WR AMRO-6707, Latin American Center for Classification of Diseases	-	-	-	27,425	27,425	27,425
PR AMRO-6708, Training Program in Hospital Statistics	1	2	3	29,917	41,031	55,355
<b>DENTAL HEALTH - Total - All Funds</b>	<b>1</b>	<b>1</b>	<b>-</b>	<b>77,402</b>	<b>103,806</b>	<b>130,150</b>
Total - PR	-	-	-	50,560	80,100	96,000
Total - WR	-	-	-	16,100	11,800	31,000
Total - PG	1	1	-	10,742	11,906	3,150
PR Brazil-6600, Teaching of Preventive Dentistry	-	-	-	2,700	2,700	-
PR Brazil-6601, Dental Health Education	-	-	-	4,300	4,300	4,300
PR Colombia-6600, Teaching of Preventive Dentistry	-	-	-	14,900	9,900	9,900
PR AMRO-4400, Dental Health	-	-	-	14,100	35,400	35,400
PR AMRO-4407, Dental Epidemiology	-	-	-	-	14,900	14,900
WR AMRO-6600, Dental Education	-	-	-	16,100	11,800	31,000
PR AMRO-6600, Dental Education	-	-	-	-	12,900	-
PG AMRO-6607, Seminar on Dental Education	1	1	-	10,742	11,906	3,150
PR AMRO-6607, Seminar on Dental Education	-	-	-	14,560	-	20,000
PR AMRO-6608, Training Auxiliary Dental Personnel	-	-	-	-	-	11,500
<b>NURSING - Total - All Funds</b>	<b>35</b>	<b>33</b>	<b>34</b>	<b>594,880</b>	<b>671,552</b>	<b>813,493</b>
Total - PR	19	19	21	350,647	341,502	496,539
Total - PA	-	-	-	-	36,600	38,000
Total - WR	9	10	9	179,217	235,910	217,565
Total - WT	7	4	4	65,016	57,540	61,389
WT Argentina-6300, Nursing Education	2	2	2	21,872	24,923	27,506
PR Argentina-6300, Nursing Education	-	-	-	-	14,400	18,700
PR Argentina-6301, Training of Nursing Personnel	1	1	1	19,957	29,256	29,490
WR Bolivia-6300, Nursing Education	1	1	1	20,769	19,380	20,744
PR Brazil-3200, Nursing	2	2	2	19,413	31,121	33,489

	Number of Posts			Estimated Expenditures		
	1964	1965	1966	1964	1965	1966
				\$	\$	\$
<b>NURSING (continued)</b>						
PR Brazil-6301, Nursing Education (Recife)	-	-	1	12,900	8,600	23,250
WR Brazil-6301, Nursing Education (Recife)	1	1	-	9,184	33,369	21,900
PR Brazil-6302, Training of Nursing Auxiliaries	1	1	1	20,150	22,850	24,940
WT British Guiana-3200, Nursing Services	-	-	-	-	6,400	6,400
WR British Honduras-6300, Nursing Education	1	1	1	8,391	17,169	19,021
WR Chile-3200, National Planning for Nursing	1	1	1	22,807	19,534	23,450
WT Chile-3200, National Planning for Nursing	-	-	-	9,600	-	-
PR Costa Rica-6300, Advanced Nursing Education	1	1	1	17,591	17,991	32,585
WT Cuba-6300, Nursing Education	1	1	1	2,550	13,164	13,536
WR Dominican Republic-6300, Nursing Education	1	1	1	13,679	23,177	22,884
PR Dominican Republic-6300, Nursing Education	-	-	-	8,600	-	-
WR Ecuador-6300, Nursing Education	1	1	1	23,311	14,484	15,252
PR Ecuador-6300, Nursing Education	-	-	-	4,300	10,300	16,300
WT Guatemala-6300, Nursing Education	2	-	-	12,915	-	-
WR Honduras-6300, Nursing Education	1	-	-	15,086	4,800	4,800
PR Jamaica-6300, Nursing Education	1	1	1	15,650	20,860	22,450
WR Jamaica-6300, Nursing Education	-	1	1	-	10,057	14,486
PR Mexico-6300, Nursing Education	2	2	2	29,989	30,477	35,265
WR Nicaragua-6300, Nursing Education	-	-	-	9,100	9,100	9,100
PR Peru-6300, Nursing Education	-	-	-	-	10,100	26,100
WR Peru-6300, Nursing Education	1	2	2	12,037	21,877	25,496
WT Trinidad and Tobago-3200, Nursing Services	1	-	-	5,669	-	-
PR Trinidad and Tobago-3200, Nursing Services	-	-	-	-	-	7,400
WT Venezuela-6300, Nursing Education	1	1	1	12,410	13,053	13,947
PR Venezuela-6300, Nursing Education	-	-	-	8,600	8,600	8,600
WR West Indies-3200, Nursing Services	1	1	1	11,939	21,463	21,915
PR West Indies-3200, Nursing Services	-	-	-	4,300	-	12,900
PR West Indies-6300, Nursing Education	1	1	1	21,135	24,151	27,767
PR AMRO-3201, Nursing (Zone I)	2	2	2	27,221	23,361	23,863
PR AMRO-3202, Nursing (Zone II)	2	2	2	22,292	22,711	23,130
PR AMRO-3203, Nursing (Zone III)	2	2	2	22,180	22,682	23,184
PR AMRO-3204, Nursing (Zone IV)	2	2	2	21,309	22,046	22,448
PR AMRO-3206, Nursing (Zone VI)	2	2	2	21,594	21,996	22,398
PR AMRO-3207, Course on Nursing Administration and Supervision (Zone I)	-	-	-	-	-	47,300
PR AMRO-3208, Seminar on Public Health Nursing Services	-	-	-	25,666	-	-
WR AMRO-6300, Schools of Nursing	-	-	-	11,800	11,800	8,400
PR AMRO-6300, Schools of Nursing	-	-	-	-	-	3,400
PR AMRO-6307, Seminar on Advanced Nursing Education (Zone III)	-	-	-	4,800	-	-
PR AMRO-6308, Advanced Nursing Education	-	-	-	23,000	-	-
WR AMRO-6308, Advanced Nursing Education	-	-	-	-	29,700	10,117
WR AMRO-6309, Seminar on Nursing Education	-	-	-	21,114	-	-
PR AMRO-6310, Programmed Instruction for Nursing Auxiliaries	-	-	1	-	-	11,580
PA AMRO-6310, Programmed Instruction for Nursing Auxiliaries	-	-	-	-	36,600	38,000

	Number of Posts			Estimated Expenditures		
	1964	1965	1966	1964	1965	1966
				\$	\$	\$
<b>SOCIAL AND OCCUPATIONAL HEALTH - Total - All Funds</b>	<b>6</b>	<b>8</b>	<b>7</b>	<b>296,749</b>	<b>185,974</b>	<b>205,534</b>
Total - PR	2	2	2	47,754	34,666	64,518
Total - PG	-	-	-	40,530	40,530	40,530
Total - WR	-	2	2	-	23,410	33,568
Total - WF	3	3	3	38,465	37,968	42,918
Total - WS	1	1	-	170,000	49,400	24,000
WT Brazil-4801, Rehabilitation	1	1	1	8,433	9,468	4,018
WS Chile-4601, Institute of Occupational Health	1	1	-	170,000	49,400	24,000
WT Chile-4801, Rehabilitation	2	2	1	30,032	28,500	21,500
PR Mexico-4600, Industrial Hygiene	-	-	-	-	1,600	1,600
WT Uruguay-4802, Rehabilitation	-	-	1	-	-	17,400
PR Venezuela-4600, Industrial Hygiene	-	-	-	4,900	7,500	9,100
WR Venezuela-4801, Rehabilitation	-	2	2	-	23,410	33,568
PR AMRO-4600, Industrial Hygiene	1	1	1	6,050	6,200	34,150
PR AMRO-4607, Symposium on Industrial Hygiene	-	-	-	18,040	-	-
PG AMRO-4608, Manganese Poisoning	-	-	-	40,530	40,530	40,530
PR AMRO-4807, Rehabilitation	1	1	1	18,764	19,366	19,668
<b>CHRONIC AND DEGENERATIVE DISEASES - Total - PR</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>8,500</b>	<b>14,700</b>	<b>31,180</b>
PR Chile-4802, Cancer	-	-	-	-	8,200	8,200
PR Uruguay-4801, Chronic Diseases	-	-	-	8,500	6,500	9,900
PR AMRO-4810, Chronic Diseases	-	-	1	-	-	13,080
<b>HEALTH EDUCATION - Total - All Funds</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>27,910</b>	<b>50,505</b>	<b>54,050</b>
Total - PR	-	-	-	-	6,000	6,000
Total - WR	1	-	-	11,753	23,000	24,600
Total - WF	1	1	1	16,157	21,505	23,450
PR Chile-3400, Health Teaching in Schools	-	-	-	-	6,000	6,000
WR Colombia-3400, Health Education	-	-	-	-	8,600	8,600
WT Costa Rica-3400, Health Education	-	-	-	9,600	-	-
WT AMRO-3401, Health Education (Caribbean)	1	1	1	6,557	21,505	23,450
WR AMRO-3407, Community Development Training Center	1	-	-	11,753	14,400	16,000
<b>MATERNAL AND CHILD HEALTH - Total - All Funds</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>169,207</b>	<b>191,807</b>	<b>160,831</b>
Total - PR	4	4	4	107,063	138,009	116,331
Total - PG	-	-	-	55,344	33,398	-
Total - WR	-	-	-	6,800	20,400	44,500
WR Argentina-4100, Maternal and Child Health	-	-	-	-	-	13,900
PR Argentina-4101, Survey of Nursing and Midwifery	-	-	-	-	9,286	9,700
PR Brazil-6202, Pediatric Education (Recife)	-	-	-	20,348	21,860	4,300
PG Peru-4101, Infantile Diarrhea and Malnutrition	-	-	-	50,179	33,398	-
PR AMRO-4100, Maternal and Child Health Program Planning and Service Norms	-	-	-	15,710	23,100	16,200
PR AMRO-4107, Diarrheal Diseases in Childhood	2	2	2	27,831	29,377	29,923
WR AMRO-4108, Clinical and Social Pediatric Courses	-	-	-	6,800	20,400	30,600
PR AMRO-4109, Nursing Midwifery	2	2	2	43,174	54,386	56,208
PG AMRO-4110, Etiology of Congenital Malformations	-	-	-	5,165	-	-

	Number of Posts			Estimated Expenditures		
	1964	1965	1966	1964	1965	1966
				\$	\$	\$
<b>MENTAL HEALTH - Total - All Funds</b>	<b>4</b>	<b>6</b>	<b>2</b>	<b>55,266</b>	<b>80,627</b>	<b>79,705</b>
Total - PR	-	1	1	13,400	53,175	58,623
Total - PG	4	4	-	35,866	6,834	-
Total - WT	-	1	1	6,000	20,618	21,082
PR Argentina-4300, Mental Health	-	-	-	13,400	9,100	9,100
PR Jamaica-4300, Mental Health	-	-	-	-	-	10,700
PR Venezuela-4300, Mental Health	-	1	1	-	14,950	20,240
WT Venezuela-4300, Mental Health	-	1	1	6,000	20,618	21,082
PR AMRO-4300, Mental Health	-	-	-	-	-	18,583
PG AMRO-4301, Mental Health (Zone I)	-	-	-	1,700	-	-
PR AMRO-4307, Seminar on Mental Health (Zone I)	-	-	-	-	29,125	-
PG AMRO-4308, Mental Health on Latin America	4	4	-	34,166	6,834	-
<b>NUTRITION - Total - All Funds</b>	<b>140</b>	<b>145</b>	<b>147</b>	<b>1,176,307</b>	<b>1,321,623</b>	<b>1,449,147</b>
Total - PR	10	12	12	303,751	341,687	362,045
Total - PG	107	105	104	644,765	656,220	678,100
Total - PI	19	23	27	150,000	195,000	240,000
Total - WR	3	4	3	65,891	107,478	147,340
Total - WT	1	1	1	11,900	21,238	21,662
WR Brazil-4200, Nutrition	1	1	1	23,195	28,021	34,096
PR Brazil-4200, Nutrition	-	-	-	8,600	-	-
PR Brazil-4201, Nutrition Courses	-	-	-	5,000	11,000	15,300
PR Brazil-4202, Nutrition (Sao Paulo)	-	-	-	4,000	12,900	14,000
PR Brazil-4203, Institute of Nutrition (Recife)	-	1	1	6,000	27,560	25,470
WR Chile-4200, Nutrition	-	-	-	6,000	6,000	6,000
PR Colombia-4200, Nutrition	-	-	-	8,100	8,100	8,100
WT Cuba-4200, Nutrition	1	1	1	2,700	16,638	17,062
WR Dominican Republic-4200, Nutrition	-	1	-	-	12,629	17,200
PR Ecuador-4200, National Institute of Nutrition	-	-	-	-	8,000	19,100
PG Ecuador-4200, National Institute of Nutrition	-	-	-	22,200	-	-
PR Haiti-4200, Nutrition	1	1	1	20,994	23,356	23,658
PG Haiti-4200, Nutrition	-	-	-	1,002	-	-
WT Mexico-4200, Nutrition	-	-	-	9,200	4,600	4,600
PR Paraguay-4200, Nutrition	-	-	-	-	3,400	3,400
PR Trinidad and Tobago-4200, Nutrition	-	-	-	-	6,000	6,000
PG Trinidad and Tobago-4201, Pathogenesis and Prevention of Anemia	-	-	-	21,713	19,400	-
PR Venezuela-4200, Nutrition	-	-	-	-	8,600	8,600
WR West Indies-4200, Nutrition	-	-	-	-	4,300	8,600
PR AMRO-4200, Nutrition Advisory Services	-	-	-	55,800	23,000	18,200
WR AMRO-4200, Nutrition Advisory Services	-	-	-	-	15,560	38,100
WR AMRO-4201, Nutrition Advisory Services (Zone I)	1	1	1	20,492	23,429	27,225
PR AMRO-4203, Institute of Nutrition of Central America and Panama	7	7	7	156,683	152,985	163,439
PI AMRO-4203, Institute of Nutrition of Central America and Panama	19	23	27	150,000	195,000	240,000
PG AMRO-4203, Institute of Nutrition of Central America and Panama	107	105	104	589,850	636,820	678,100
WR AMRO-4204, Nutrition Advisory Services (Zone IV)	1	1	1	16,204	17,539	16,119
PR AMRO-4205, Nutrition Advisory Services (Zone VI)	1	1	1	18,594	18,196	21,898
PR AMRO-4207, Nutrition (Caribbean)	-	1	1	3,200	15,000	17,210

	Number of Posts			Estimated Expenditures		
	1964	1965	1966	1964	1965	1966
				\$	\$	\$
<b>NUTRITION (continued)</b>						
PR AMRO-4209, Endemic Goiter Prevention	-	-	-	3,200	-	-
PR AMRO-4210, Evaluation of Nutrition Programs	1	1	1	13,580	23,590	17,670
PG AMRO-4211, Research in Protein-Calorie Malnutrition	-	-	-	10,000	-	-
<b>RADIATION AND ISOTOPES - Total - All Funds</b>						
	-	-	-	25,850	26,850	34,350
Total - PR	-	-	-	25,850	22,550	17,750
Total - WR	-	-	-	-	4,300	16,600
<b>ENVIRONMENTAL HEALTH - Total - All Funds</b>						
	60	70	68	1,708,798	2,132,515	2,072,715
Total - PR	24	29	29	530,614	650,553	725,734
Total - PW	16	16	16	585,486	619,974	625,234
Total - PA	-	1	1	58,058	77,000	79,680
Total - WR	4	2	1	130,243	65,860	69,826
Total - WT	13	15	15	187,485	266,649	267,702
Total - WS	3	7	7	216,912	452,479	304,539
PW Argentina-2200, Water Supplies	-	-	-	13,000	13,000	13,000
PR Argentina-2300, <u>Aedes aegypti</u> Eradication	-	-	-	9,600	-	-
PR Argentina-6400, Sanitary Engineering Education	-	-	-	7,500	16,600	14,600
PW Bolivia-2200, Water Supplies	1	1	1	16,010	23,020	24,640
PR Brazil-2100, Sanitary Engineering	2	2	2	28,294	26,196	29,898
WT Brazil-2101, Air and Water Pollution Control	-	-	-	9,600	19,800	19,800
PW Brazil-2200, Water Supplies	-	-	-	19,000	22,600	22,600
WS Brazil-6400, Institute of Sanitary Engineering	-	-	-	87,000	231,000	94,300
PW British Honduras-2200, Water Supplies	-	-	-	8,200	8,200	8,200
PW Chile-2200, Water Supplies	-	-	-	9,800	9,800	9,800
PW Colombia-2200, Water Supplies	2	1	1	51,868	30,936	31,238
PR Colombia-2300, <u>Aedes aegypti</u> Eradication	1	1	-	12,525	12,760	-
PW Costa Rica-2200, Water Supplies	1	1	1	20,994	24,496	24,798
PR Cuba-2200, Water Supplies	-	-	-	-	-	4,800
PR Cuba-2300, <u>Aedes aegypti</u> Eradication	5	5	5	88,944	90,956	94,848
PW Dominican Republic-2200, Water Supplies	1	1	1	20,149	26,951	27,253
PR Dominican Republic-2300, <u>Aedes aegypti</u> Eradication	-	2	2	-	23,090	25,920
PW Ecuador-2200, Water Supplies	1	1	1	16,520	29,300	32,300
PR Ecuador-2200, Water Supplies	-	-	-	-	-	4,800
PW El Salvador-2200, Water Supplies	1	1	1	20,994	24,496	24,798

	Number of Posts			Estimated Expenditures		
	1964	1965	1966	1964	1965	1966
				\$	\$	\$
ENVIRONMENTAL HEALTH (continued)						
WT French Antilles and Guiana-2300, <u>Aedes aegypti</u> Eradication	1	1	1	7,793	13,100	11,700
WT Guatemala-2101, Rural Sanitation	1	1	1	13,800	21,624	23,576
PW Guatemala-2200, Water Supplies	-	-	-	8,200	13,000	13,000
PW Haiti-2200, Water Supplies	-	-	-	9,800	9,800	9,800
PW Honduras-2200, Water Supplies	-	-	-	8,200	13,000	13,000
PR Honduras-2200, Water Supplies	-	-	-	-	-	4,800
WR Jamaica-2200, Water Supplies	1	-	-	18,907	-	-
WT Jamaica-2200, Water Supplies	-	1	1	-	15,609	15,891
PW Jamaica-2200, Water Supplies	-	-	-	-	8,200	8,200
PW Mexico-2200, Water Supplies	1	1	1	18,294	26,796	27,098
PR Mexico-2200, Water Supplies	-	-	-	9,600	-	-
WR Mexico-6400, Environmental Sanitation Training	-	-	-	5,900	6,900	6,900
WT Netherlands Antilles-2100, Environmental Sanitation	-	-	-	4,100	-	-
PW Nicaragua-2200, Water Supplies	1	1	1	21,119	24,621	24,923
PW Panama-2200, Water Supplies	-	-	-	13,000	13,000	13,000
PW Paraguay-2200, Water Supplies	-	-	-	13,000	13,000	13,000
WT Peru-2200, Water Supplies	1	1	1	14,780	15,994	15,106
PW Peru-2200, Water Supplies	-	-	-	8,200	9,800	9,800
PR Peru-2201, Rural Water Supplies	-	-	1	-	-	13,080
WR Surinam-2200, Water Supplies	-	-	-	1,600	-	-
PW Surinam-2200, Water Supplies	-	-	-	-	9,800	6,600
PR Surinam-2200, Water Supplies	-	-	-	-	-	3,200
WT Surinam-2300, <u>Aedes aegypti</u> Eradication	1	1	1	13,012	12,989	15,011
PW Trinidad and Tobago-2200, Water Supplies	-	1	1	8,200	20,780	22,990
PR United States of America-2300, <u>Aedes aegypti</u> Eradication	-	1	1	-	14,080	16,290
PW Uruguay-2200, Water Supplies	-	-	-	8,200	8,200	8,200
PW Venezuela-2200, Community Water Supplies	-	-	-	19,400	19,400	19,400
PW Venezuela-2201, Rural Water Supplies	1	1	1	21,094	26,196	26,498
PR Venezuela-2300, <u>Aedes aegypti</u> Eradication	3	3	3	51,746	53,592	52,018
WR Venezuela-2400, Rural Housing	1	1	-	13,501	19,294	25,200
PR Venezuela-2400, Rural Housing	-	-	-	1,700	5,100	5,100
WS Venezuela-6400, Sanitary Engineering Education	3	7	6	129,912	221,479	210,239
WT West Indies-2200, Water Supplies	1	2	2	16,307	36,800	35,750
PW West Indies-2200, Water Supplies	1	1	1	26,674	31,776	32,078
PR AMRO-2100, Environmental Sanitation (Advisory Committee and Consultants)	-	-	-	3,400	3,400	3,400
PR AMRO-2101, Sanitary Engineering (Zone I)	2	2	2	43,448	32,790	46,252
WR AMRO-2102, Sanitary Engineering (Zone II)	1	1	1	19,117	25,466	20,326
PR AMRO-2102, Sanitary Engineering (Zone II)	1	1	1	20,998	3,915	21,232
WR AMRO-2103, Sanitary Engineering (Zone III)	1	-	-	26,838	-	-
PR AMRO-2103, Sanitary Engineering (Zone III)	1	2	2	16,936	18,916	21,326
PW AMRO-2103, Sanitary Engineering (Zone III)	-	-	-	11,100	-	-
PR AMRO-2104, Sanitary Engineering (Zone IV)	2	2	2	33,367	21,146	21,548
PR AMRO-2106, Sanitary Engineering (Zone VI)	2	2	2	29,494	29,896	33,698
PR AMRO-2107, Environmental Sanitation (Caribbean)	1	1	1	22,697	22,600	24,810
WT AMRO-2107, Environmental Sanitation (Caribbean)	2	2	2	32,779	39,094	34,946
PW AMRO-2108, Seminar on Sanitary Engineering (Zone III)	-	-	-	-	3,800	-
PR AMRO-2109, Sewage Disposal and Water Pollution Control	-	-	-	11,200	8,000	14,400
WR AMRO-2110, Refuse and Garbage Disposal	-	-	-	9,900	9,900	5,100
PR AMRO-2111, Manual on School Sanitation	-	-	-	5,000	-	-
PW AMRO-2200, Water Supplies	5	5	5	179,670	141,206	142,420



	Number of Posts			Estimated Expenditures		
	1964	1965	1966	1964	1965	1966
ENVIRONMENTAL HEALTH (continued)				\$	\$	\$
PR AMRO-2200, Water Supplies	-	-	-	16,000	64,000	64,000
PW AMRO-2207, Waterworks Operators Course	-	-	-	8,400	8,400	8,400
PR AMRO-2208, Water Fluoridation	-	-	-	-	5,200	8,000
PA AMRO-2209, Courses on Design of Water Supply Systems	-	1	1	58,058	77,000	79,680
WR AMRO-2210, Regional Conference on Rural Water Supplies	-	-	-	34,480	-	-
PW AMRO-2211, Production of Materials for Water Supply Systems	-	-	-	6,400	6,400	8,200
WT AMRO-2213, Studies and Investigations of Water Resources	1	1	1	9,900	16,500	18,400
PR AMRO-2300, <u>Aedes aegypti</u> Eradication	2	2	2	54,431	63,037	63,583
PR AMRO-2301, <u>Aedes aegypti</u> Eradication (Caribbean)	-	1	1	3,000	18,080	21,290
WT AMRO-2301, <u>Aedes aegypti</u> Eradication (Caribbean)	5	5	5	65,414	75,139	77,522
PR AMRO-2400, Public Health Aspects of Housing and Urbanization	2	2	2	29,134	30,599	33,041
PR AMRO-2407, Seminar on Public Health Aspects of Housing and Urbanization	-	-	-	-	-	20,000
PR AMRO-4707, Food Sanitation	-	-	-	4,000	5,200	-
PR AMRO-6400, Sanitary Engineering Training	-	-	-	27,600	55,200	48,500
WR AMRO-6400, Sanitary Engineering Training	-	-	-	-	4,300	12,300
PR AMRO-6403, Teaching in Schools of Engineering (Zone III)	-	-	-	-	11,300	11,300
PR AMRO-6407, Training of Sanitary Inspectors (Zone III)	-	-	-	-	14,900	-
EDUCATION AND TRAINING - Total - All Funds	8	5	5	445,972	471,255	523,934
Total - PR	1	1	2	223,637	224,131	224,903
Total - PG	2	-	-	9,300	-	-
Total - WR	5	4	3	213,035	247,124	299,031
WR Argentina-6100, School of Public Health	1	1	-	29,625	35,610	36,800
WR Argentina-6200, Medical Education	-	-	-	13,000	17,300	16,400
PR Brazil-6100, School of Public Health in Rio de Janeiro	-	-	-	-	8,900	8,900
WR Brazil-6101, School of Public Health in Sao Paulo	-	-	-	15,200	15,200	15,200
PR Brazil-6201, Teaching of Preventive Medicine (University of Ceara)	1	1	-	23,897	24,141	4,485
WR Chile-6100, School of Public Health	-	-	-	13,400	13,400	13,400
PR Chile-6200, Medical Education	-	-	-	18,000	12,800	21,800
PR Colombia-6100, School of Public Health	-	-	-	19,900	-	-
WR Colombia-6100, School of Public Health	2	1	1	24,561	46,334	40,412
WR Dominican Republic-6200, Medical Education	1	1	1	24,870	25,191	30,335
PR Dominican Republic-6200, Medical Education	-	-	-	4,300	-	-
WR Jamaica-6201, Department of Preventive Medicine (UWI)	-	-	-	15,600	16,000	16,000
PR Jamaica-6201, Department of Preventive Medicine (UWI)	-	-	-	10,300	8,600	6,000
WR Mexico-6100, School of Public Health	-	-	-	3,200	7,500	7,500
PR Mexico-6100, School of Public Health	-	-	-	4,300	-	-

	Number of Posts			Estimated Expenditures		
	1964	1965	1966	1964	1965	1966
				\$	\$	\$
<b>EDUCATION AND TRAINING (continued)</b>						
WR Mexico-6200, Medical Education	-	-	-	13,400	13,400	13,400
PR Paraguay-6200, Medical Education	-	-	-	6,500	9,200	9,200
PR Peru-6200, Medical Education	-	-	-	5,820	-	-
PR Uruguay-6200, Medical Education	-	-	-	6,500	8,200	9,200
WR Venezuela-6100, School of Public Health	1	1	1	19,579	23,249	26,144
PR Venezuela-6100, School of Public Health	-	-	-	6,000	-	-
PR Venezuela-6200, Medical Education	-	-	1	18,200	17,300	19,920
WR AMRO-6100, Schools of Public Health	-	-	-	21,000	11,500	17,800
PR AMRO-6100, Schools of Public Health	-	-	-	-	11,000	-
PR AMRO-6107, Seminars on Schools of Public Health	-	-	-	-	21,590	-
PR AMRO-6108, Seminar on Integration of Teaching of Public Health and Preventive Medicine	-	-	-	-	-	17,400
WR AMRO-6200, Medical Education	-	-	-	10,000	6,000	44,200
PR AMRO-6200, Medical Education	-	-	-	42,300	42,400	38,400
PG AMRO-6200, Medical Education	2	-	-	9,300	-	-
PR AMRO-6202, Medical Education (Zone II)	-	-	-	-	6,400	6,400
PR AMRO-6203, Medical Education (Zone III)	-	-	-	21,400	24,600	24,600
PR AMRO-6204, Medical Education (Zone IV)	-	-	-	4,900	9,600	9,600
PR AMRO-6206, Medical Education (Zone VI)	-	-	-	3,200	-	6,400
PR AMRO-6207, Training of Medical Librarians	-	-	-	6,800	11,900	11,900
PR AMRO-6209, Group Study of Medical School Organization	-	-	-	21,320	-	17,618
WR AMRO-6210, Teaching of Methods and Administrative Organization of Medical Schools	-	-	-	9,600	16,440	21,440
PR AMRO-6210, Teaching of Methods and Administrative Organization of Medical Schools	-	-	1	-	7,500	13,080
<b>OTHER ACTIVITIES - Total - All Funds</b>	<b>191</b>	<b>170</b>	<b>170</b>	<b>1,010,839</b>	<b>936,647</b>	<b>1,000,352</b>
Total - PR	2	2	2	98,111	118,942	110,577
Total - PA	126	128	128	632,105	668,197	735,014
Total - PG	60	37	37	228,000	94,963	99,725
Total - WT	3	3	3	52,623	54,545	55,036
PR AMRO-0700, Pan American Zoonoses Center	2	2	2	68,561	80,492	81,027
PG AMRO-0700, Pan American Zoonoses Center	37	37	37	96,427	94,963	99,725
WT AMRO-0700, Pan American Zoonoses Center	3	3	3	52,623	54,545	55,036
PA AMRO-0800, Pan American Foot-and-Mouth Disease Center	126	128	128	632,105	668,197	735,014
PG AMRO-0800, Pan American Foot-and-Mouth Disease Center	23	-	-	125,104	-	-
PR AMRO-3110, Coordination of International Research	-	-	-	29,550	38,450	29,550
PG AMRO-3110, Coordination of International Research	-	-	-	6,469	-	-

## ANNEX 4

PAN AMERICAN HEALTH ORGANIZATION - WORLD HEALTH ORGANIZATION  
OTHER FUNDS

By Source of Fund and By Program

	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
a) <u>By Source of Fund</u>			
<u>PAHO Grants - Total</u>	<u>5,285,523</u>	<u>4,996,982</u>	<u>4,759,085</u>
Agency for International Development	125,104	-	-
Community Water Supply Fund	608,574	647,079	652,795
Foundation for International Medical Services, Inc.	1,700	-	-
Government of Argentina (Zoonoses Center)	80,293	84,612	89,242
Government of Venezuela (Zone I Office)	25,088	4,290	-
INCAP - Regular Budget	150,000	195,000	240,000
INCAP - Grants and Other Contributions	589,850	636,820	678,100
Inter-American Development Bank	16,480	-	-
Milbank Memorial Fund	9,300	-	-
Organization of American States - Technical Cooperation Program	690,163	781,797	852,694
Special Malaria Fund	2,551,283	2,439,806	2,192,091
U.S.P.H.S. - National Institutes of Health	388,019	195,672	51,013
W. K. Kellogg Foundation	10,742	11,906	3,150
Wellcome Research Laboratories	5,725	-	-
Williams Waterman Fund	33,202	-	-
<u>WHO - Total</u>	<u>464,912</u>	<u>582,422</u>	<u>404,452</u>
Malaria Eradication Special Account	78,000	80,543	75,913
United Nations Special Fund	386,912	501,879	328,539
GRAND TOTAL	<u>5,750,435</u>	<u>5,579,404</u>	<u>5,163,537</u>
b) <u>By Program</u>			
<u>Protection of Health - Total</u>	<u>4,134,679</u>	<u>3,992,201</u>	<u>3,819,285</u>
<u>Malaria</u>	<u>2,614,411</u>	<u>2,504,962</u>	<u>2,252,071</u>
Special Malaria Fund	2,536,411	2,424,419	2,176,158
Malaria Eradication Special Account	78,000	80,543	75,913
<u>Zoonoses</u>	<u>96,427</u>	<u>94,963</u>	<u>99,725</u>
Government of Argentina (Zoonoses Center)	80,293	84,612	89,242
U.S.P.H.S. - National Institutes of Health	10,409	10,351	10,483
Wellcome Research Laboratories	5,725	-	-
<u>Foot-and-Mouth Disease</u>	<u>757,209</u>	<u>668,197</u>	<u>735,014</u>
Agency for International Development	125,104	-	-
Organization of American States - Technical Cooperation Program	632,105	668,197	735,014
<u>Water Supply</u>	<u>666,632</u>	<u>724,079</u>	<u>732,475</u>
Community Water Supply Fund	608,574	647,079	652,795
Organization of American States - Technical Cooperation Program	58,058	77,000	79,680

	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>Promotion of Health - Total</u>	<u>1,338,842</u>	<u>1,066,541</u>	<u>982,630</u>
General Public Health	22,949	-	-
U.S.P.H.S. - National Institutes of Health	6,469	-	-
Inter-American Development Bank	16,480	-	-
Statistics	219,388	85,159	-
U.S.P.H.S. - National Institutes of Health	219,388	85,159	-
Maternal and Child Health	55,344	33,398	-
U.S.P.H.S. - National Institutes of Health	55,344	33,398	-
Nutrition	794,765	851,220	918,100
INCAP - Regular Budget	150,000	195,000	240,000
INCAP - Grants and Other Contributions	589,850	636,820	678,100
U.S.P.H.S. - National Institutes of Health	21,713	19,400	-
Williams Waterman Fund	33,202	-	-
Mental Health	35,866	6,834	-
Foundation for International Medical Services, Inc.	1,700	-	-
U.S.P.H.S. - National Institutes of Health	34,166	6,834	-
Occupational Health	210,530	89,930	64,530
United Nations Special Fund	170,000	49,400	24,000
U.S.P.H.S. - National Institutes of Health	40,530	40,530	40,530
<u>Education and Training - Total</u>	<u>236,954</u>	<u>500,985</u>	<u>345,689</u>
Medicine	9,300	-	-
Milbank Memorial Fund	9,300	-	-
Nursing	-	36,600	38,000
Organization of American States - Technical Cooperation Program	-	36,600	38,000
Dentistry	10,742	11,906	3,150
W. K. Kellogg Foundation	10,742	11,906	3,150
Sanitation	216,912	452,479	304,539
United Nations Special Fund	216,912	452,479	304,539
<u>Administrative Direction - Total</u>	<u>39,960</u>	<u>19,677</u>	<u>15,923</u>
Government of Venezuela (Zone I Office)	25,088	4,290	-
Special Malaria Fund	14,872	15,387	15,923
GRAND TOTAL	<u>5,750,435</u>	<u>5,579,404</u>	<u>5,163,527</u>

## ANNEX 5

## SPECIAL FUND FOR HEALTH PROMOTION

As indicated in the narrative for Part IV, Pan American Health Organization - Special Fund for Health Promotion, this Annex lists all projects comprising of Special Fund, details of which may be found by reference to the Index of Projects. Individual projects are footnoted throughout this document.

All figures represent the complete project unless indicated as "partial".

<u>Project</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
	\$	\$	\$
<u>WATER SUPPLIES</u>			
AMRO-2200, Water Supplies (Partial)	16,000	40,983	24,757
<u>MATERNAL AND CHILD HEALTH</u>			
AMRO-4109, Nursing Midwifery	43,174	54,386	56,208
<u>NUTRITION</u>			
AMRO-4200, Nutrition Advisory Services	55,800	23,000	18,200
<u>DENTAL HEALTH</u>			
AMRO-4400, Dental Health	14,100	35,400	35,400
<u>MEDICAL CARE</u>			
AMRO-4800, Medical Care Services	37,200	-	-
<u>EDUCATION AND TRAINING</u>			
AMRO-6200, Medical Education (Partial)	26,209	-	-
AMRO-6310, Programed Instruction for Nursing Auxiliaries	-	-	11,580
AMRO-6400, Sanitary Engineering Training	27,600	55,200	48,500
AMRO-6708, Training Program in Hospital Statistics	29,917	41,031	55,355
TOTAL	<u>250,000</u>	<u>250,000</u>	<u>250,000</u>

ANNEX 6  
HEADQUARTERS BUILDING

Estimated Costs

Building <sup>1/</sup>	\$ 5,797,290	
Land	1,092,150	
Contingencies	794,156	
	\$ 7,683,596	\$ 7,683,596

Resources

Building Fund

The W. K. Kellogg Foundation (Loan for repayment through Special Fund Program)	\$ 5,000,000 <sup>2/</sup>	
Other Sources (Transfers authorized by the Directing Council, interest and other income)	341,446	
	5,341,446	5,341,446
Estimated Sale of Real Estate	1,250,000	
Donation of land by the Government of the United States of America	1,092,150	
	\$ 7,683,596	\$ 7,683,596

<sup>1/</sup> Including preparatory costs, architect's fees, legal fees, insurance, and miscellaneous.

<sup>2/</sup> Expended as of 1 January 1964 - \$496,280.

## ANNEX 7

ESTIMATES FOR  
PROGRAMS IN THE AMERICAS AIDED BY THE UNITED NATIONS CHILDREN'S FUND  
(UNICEF) FOR THE PERIOD COMMENCING 1964

	1964	1965	1966		1964	1965	1966
	\$	\$	\$		\$	\$	\$
	(in thousands)				(in thousands)		
Argentina-0200, Malaria Eradication	96	172	-	Guatemala-3100, National Health Services	-	64	-
Argentina-3102, Health Services	-	163	-	Haiti-0200, Malaria Eradication	318	228	93
Argentina-4100, Maternal and Child Health	-	43	13	Honduras-0200, Malaria Eradication	171	48	-
Bolivia-0200, Malaria Eradication	60	30	-	Honduras-3100, National Health Services	-	-	46
Brazil-0400, Tuberculosis Control	80	-	-	Jamaica-6401, Training of Sanitary Inspectors	113	-	95
Brazil-3101, Health Services in Nine Northeast States	725	1,250	2,106	Mexico-0200, Malaria Eradication	1,435	890	-
Brazil-4200, Nutrition	-	-	28.4	Mexico-0400, Tuberculosis Control	-	55	-
Brazil-4802, Training in Orthopedic Brace Making	-	8	13	Mexico-3101, State Health Services	256	-	-
Brazil-6202, Pediatric Education (Recife)	-	15	36	Nicaragua-0200, Malaria Eradication	-	467	-
British Guiana-0200, Malaria Eradication	13	6	-	Nicaragua-3100, Public Health Services	-	164	-
Chile-0400, Tuberculosis Control	85	-	-	Nicaragua-4200, Nutrition	39	-	-
Chile-3100, Health Services	473	64	413	Panama-0200, Malaria Eradication	150	58	-
Chile-4200, Nutrition	-	16	-	Paraguay-3100, National Health Services	-	244	-
Colombia-0200, Malaria Eradication	234	252	-	Peru-0200, Malaria Eradication	209	278	-
Colombia-3100, National Health Services	219	375	-	Peru-3100, National Health Services	84	32	-
Colombia-4200, Nutrition	-	77	-	Peru-4200, Nutrition	-	66	-
Costa Rica-0200, Malaria Eradication	36	42	-	Peru-6100, Training of Health Workers	152	-	134
Costa Rica-0400, Tuberculosis Control	73	-	-	Surinam-0200, Malaria Eradication	25	7	-
Costa Rica-3100, National Health Services	197	-	-	Uruguay-3100, National Health Services	150	-	-
Costa Rica-4200, Nutrition	91	-	-	Venezuela-2100, Environmental Sanitation	241	-	-
Cuba-0200, Malaria Eradication	-	125	-	West Indies-3101, Health Services in St. Lucia	57	-	-
Dominican Republic-0200, Malaria Eradication	278	152	-	West Indies-4101, Maternal and Child Health in Grenada	24	-	-
Dominican Republic-3100, Public Health Services	-	39	10.6	AMRO-4200, Nutrition Advisory Services	183	-	-
Ecuador-0200, Malaria Eradication	256	80	-	AMRO-4203, Institute of Nutrition of Central America and Panama	156	-	125
Ecuador-0500, Leprosy Control	14	-	-	AMRO-6109, Training of Health Personnel (Caribbean)	40	-	-
Ecuador-3102, Rural Medical Services	50	26	-	AMRO-6211, Social Pediatrics	-	21	62
El Salvador-0200, Malaria Eradication	226	153	-				
El Salvador-3100, National Health Services	-	128	-				
El Salvador-4200, Nutrition	53	-	-				
Guatemala-0200, Malaria Eradication	136	407	-	<u>Total</u>	7,198	6,245	3,175

## ANNEX 8

PROJECTS DESIRED BY GOVERNMENTS AND NOT INCLUDED WITHIN PAHO/WHO PROGRAM  
AND BUDGET ESTIMATES FOR 1966, INCLUDING TECHNICAL ASSISTANCE CATEGORY II  
PROGRAMS, DISPLAYED BY SUBJECT AND MAJOR EXPENSE ITEM

	Personnel Costs	Supplies and Other	Fellowships and Participants	Total
	\$	\$	\$	\$
<u>MALARIA</u>				
* Ecuador-0200, Malaria Eradication	15,800	-	-	15,800
Subtotal	15,800	-	-	15,800
<u>TUBERCULOSIS</u>				
* Argentina-0400, Tuberculosis Control	4,800	-	4,300	9,100
* Bolivia-0400, Tuberculosis Control	13,725	-	4,300	18,025
* Dominican Republic-0400, Tuberculosis Control	19,200	-	-	19,200
* AMRO-0400, Tuberculosis Control	24,150	-	11,100	35,250
* AMRO-0403, Tuberculosis Control (Zone III)	-	-	4,300	4,300
* AMRO-0404, Tuberculosis Control (Zone IV)	-	-	8,600	8,600
Subtotal	61,875	-	32,600	94,475
<u>BACTERIAL DISEASES</u>				
* Ecuador-0900, Plague Control	-	20,000	-	20,000
* Peru-0900, Plague Control	17,198	-	-	17,198
AMRO-0900, Plague Investigation	9,600	500	5,100	15,200
AMRO-0904, Plague Control (Zone IV)	27,540	-	1,700	29,240
Subtotal	54,338	20,500	6,800	81,638
<u>VIRUS DISEASES</u>				
AMRO-0708, Rabies Control	3,200	-	3,400	6,600
Subtotal	3,200	-	3,400	6,600
<u>LEPROSY</u>				
* Uruguay-0500, Leprosy	-	-	2,600	2,600
* AMRO-0504, Leprosy Control (Zone IV)	-	-	4,300	4,300
Subtotal	-	-	6,900	6,900
<u>PUBLIC HEALTH ADMINISTRATION</u>				
* Argentina-3102, Health Services	12,080	-	-	12,080
* Argentina-3104, Health Services (San Juan and Mendoza)	6,400	-	-	6,400
* Argentina-4800, Medical Care Services	1,600	-	-	1,600
Argentina-4801, Rehabilitation	26,580	-	-	26,580
* Bolivia-3100, National Health Services	12,080	-	4,300	16,380
Brazil-0700, Veterinary Public Health	17,198	-	-	17,198
* Brazil-3301, National Virus Laboratory Services	-	2,000	4,300	6,300
* Chile-3100, Health Services	4,800	-	14,400	19,200
* Chile-3102, Fellowships for Health Services	-	-	4,300	4,300
* Colombia-3100, National Health Services	30,226	-	19,200	49,426



	Personnel Costs	Supplies and Other	Fellowships and Participants	Total
	\$	\$	\$	\$
<b>PUBLIC HEALTH ADMINISTRATION (continued)</b>				
* Costa Rica-3100, National Health Services	13,559	-	4,800	18,359
* Costa Rica-3102, Fellowships for Health Services	-	-	8,600	8,600
* Cuba-3100, Public Health Services	-	-	28,800	28,800
* Dominican Republic-3100, Public Health Services	-	3,000	-	3,000
* Ecuador-3100, National Health Services	-	-	4,800	4,800
Ecuador-3102, Rural Medical Services	17,310	-	4,200	21,510
* El Salvador-3100, National Health Services	11,350	-	19,200	30,550
* El Salvador-3300, Public Health Laboratory Services	12,080	-	-	12,080
* Guatemala-3300, Public Health Laboratory	-	2,150	-	2,150
* Haiti-3100, National Health Services	12,080	-	4,300	16,380
* Haiti-3101, Fellowships for Health Services	-	-	4,300	4,300
* Honduras-3100, National Health Services	-	-	19,200	19,200
* Mexico-3102, Fellowships for Health Services	-	-	14,400	14,400
Netherlands Antilles-3102, Fellowships for Health Services	-	-	4,800	4,800
* Nicaragua-3100, Public Health Services	23,430	-	12,900	36,330
* Panama-3100, Public Health Services	12,080	-	4,800	16,880
* Paraguay-3100, Health Services	27,900	-	12,900	40,800
* Peru-3100, National Health Services	22,750	-	9,400	32,150
* Surinam-3100, Health Services	-	-	4,300	4,300
* Trinidad and Tobago-3100, Health Services	-	-	4,300	4,300
Trinidad and Tobago-3300, Laboratory Services	12,080	-	-	12,080
* Uruguay-3100, National Health Services	23,430	-	17,200	40,630
* Uruguay-4802, Rehabilitation	-	-	4,300	4,300
* Venezuela-3100, Fellowships for Health Services	-	-	4,300	4,300
Venezuela-4801, Rehabilitation	4,800	-	1,700	6,500
* West Indies-4801, Hospital Administration in Barbados	3,572	-	-	3,572
* AMRO-3103, Planning (Zone III)	-	-	6,800	6,800
* AMRO-3104, Planning (Zone IV)	-	-	3,400	3,400
* AMRO-3106, Planning (Zone VI)	9,600	-	-	9,600
* AMRO-3107, Public Health Administration (Caribbean)	12,080	-	14,600	26,680
* AMRO-3108, Field Office - El Paso	13,725	-	-	13,725
* AMRO-3110, Coordination of International Research	16,000	-	-	16,000
* AMRO-3600, Administrative Methods and Practices in Public Health	19,200	-	-	19,200
* AMRO-3604, Administrative Methods and Practices in Public Health (Zone IV)	-	-	3,400	3,400
* AMRO-3606, Administrative Methods and Practices in Public Health (Zone VI)	6,400	-	-	6,400
* AMRO-4800, Medical Care Services	19,200	6,000	-	25,200
* AMRO-4804, Medical Care Services (Zone IV)	-	-	4,300	4,300
Subtotal	403,590	13,150	272,500	689,240
<b>VITAL AND HEALTH STATISTICS</b>				
* Argentina-6700, Training of Statistical Personnel	-	-	4,300	4,300
* AMRO-3503, Health Statistics (Zone III)	-	-	4,300	4,300
* AMRO-3508, Demographic Research	12,080	-	-	12,080
* AMRO-3509, Chronic Disease Statistics	12,080	-	-	12,080
AMRO-3510, Epidemiological Research in Cancer	23,430	-	3,400	26,830
AMRO-3511, Cardiovascular Disease Studies	6,400	-	-	6,400
AMRO-3512, Civil Registries of Births and Deaths	12,080	-	-	12,080
* AMRO-6208, Teaching of Statistics in Medical Schools	6,400	-	21,500	27,900
* AMRO-6700, Program for Biostatistics Education	-	-	38,700	38,700
* AMRO-6707, Latin American Center for Classification of Diseases	23,430	-	11,900	35,330
* AMRO-6708, Training Program in Hospital Statistics	-	3,000	22,200	25,200
Subtotal	95,900	3,000	106,300	205,200

	Personnel Costs	Supplies and Other	Fellowships and Participants	Total
	\$	\$	\$	\$
<u>DENTAL HEALTH</u>				
* AMRO-4407, Dental Epidemiology	3,200	5,000	-	8,200
* AMRO-6608, Training Auxiliary Dental Personnel	3,200	5,000	-	8,200
Subtotal	6,400	10,000	-	16,400
<u>NURSING</u>				
* Argentina-6300, Nursing Education	11,350	-	-	11,350
* Chile-3200, National Planning for Nursing	9,600	-	-	9,600
* Costa Rica-6300, Advanced Nursing Education	-	5,110	-	5,110
* Honduras-6300, Nursing Education	11,350	500	4,300	16,150
* Trinidad and Tobago-3200, Nursing Services	-	-	4,300	4,300
* Venezuela-6300, Nursing Education	-	-	17,200	17,200
* AMRO-3201, Nursing (Zone I)	-	-	12,900	12,900
AMRO-3209, Journal of Nursing	5,000	8,100	-	13,100
AMRO-6307, Seminar on Advanced Nursing Education	-	-	4,800	4,800
Subtotal	37,300	13,710	43,500	94,510
<u>HEALTH EDUCATION</u>				
* AMRO-3401, Health Education (Caribbean)	-	-	4,800	4,800
AMRO-3406, Health Education (Zone VI)	12,080	-	4,300	16,380
Subtotal	12,080	-	9,100	21,180
<u>MATERNAL AND CHILD HEALTH</u>				
* Argentina-4101, Survey of Nursing and Midwifery	12,080	-	8,600	20,680
Subtotal	12,080	-	8,600	20,680
<u>MENTAL HEALTH</u>				
* Argentina-4300, Mental Health	11,350	1,000	-	12,350
* Jamaica-4300, Mental Health	14,440	-	1,700	16,140
AMRO-6212, Seminar on Teaching Psychiatry	-	-	41,040	41,040
Subtotal	25,790	1,000	42,740	69,530
<u>NUTRITION</u>				
British Guiana-4200, Nutrition	38,800	-	4,800	43,600
* Cuba-4200, Nutrition	16,062	2,000	-	18,062
* Trinidad and Tobago-4200, Nutrition	12,080	-	-	12,080
* Venezuela-4200, Nutrition	17,774	-	-	17,774
* AMRO-4201, Nutrition Advisory Services (Zone I)	34,780	-	12,900	47,680
* AMRO-4204, Nutrition Advisory Services (Zone IV)	-	-	4,300	4,300
* AMRO-4207, Nutrition (Caribbean)	15,200	-	9,600	24,800
Subtotal	134,696	2,000	31,600	168,296
<u>RADIATION AND ISOTOPES</u>				
* AMRO-4500, Health Aspects of Radiation	16,880	1,000	47,500	65,380
Subtotal	16,880	1,000	47,500	65,380

	Personnel Costs	Supplies and Other	Fellowships and Participants	Total
	\$	\$	\$	\$
<u>ENVIRONMENTAL HEALTH</u>				
* Argentina-2200, Water Supplies	-	-	1,700	1,700
* Brazil-2101, Air and Water Pollution Control	-	-	1,700	1,700
* British Honduras-2200, Water Supplies	-	650	-	650
* Colombia-2200, Water Supplies	17,198	-	4,300	21,498
Colombia-2300, <u>Aedes aegypti</u> Eradication	13,095	-	-	13,095
* Costa Rica-2200, Water Supplies	1,600	6,350	4,300	12,250
* Dominican Republic-2200, Water Supplies	11,350	-	-	11,350
* Ecuador-2200, Water Supplies	-	-	4,300	4,300
* El Salvador-2200, Water Supplies	-	1,200	4,300	5,500
* Guatemala-2101, Rural Sanitation	-	1,500	-	1,500
* Guatemala-2200, Water Supplies	12,080	2,000	4,300	18,380
* Honduras-2200, Water Supplies	12,080	-	-	12,080
Netherlands Antilles-2300, <u>Aedes aegypti</u> Eradication	10,280	-	-	10,280
* Nicaragua-2200, Water Supplies	12,080	250	4,300	16,630
* Panama-2200, Water Supplies	12,080	-	4,300	16,380
* Paraguay-2200, Water Supplies	12,080	400	-	12,480
* Peru-2200, Water Supplies	7,450	-	7,200	14,650
* Peru-2201, Rural Water Supplies	6,400	-	3,400	9,800
* Venezuela-2200, Community Water Supplies	-	-	8,600	8,600
* Venezuela-2201, Rural Water Supplies	23,759	-	25,800	49,559
* West Indies-2200, Water Supplies	-	1,000	10,200	11,200
* AMRO-2103, Sanitary Engineering (Zone III)	-	-	21,500	21,500
* AMRO-2104, Sanitary Engineering (Zone IV)	-	-	12,900	12,900
* AMRO-2107, Environmental Sanitation (Caribbean)	-	-	8,600	8,600
AMRO-2210, Regional Conference on Rural Water Supplies	3,200	-	32,000	35,200
AMRO-2212, Rural Water Supplies	34,000	-	-	34,000
* AMRO-2300, <u>Aedes aegypti</u> Eradication	12,558	15,000	-	27,558
Subtotal	201,290	28,350	163,700	393,340
<u>EDUCATION AND TRAINING</u>				
* Argentina-6100, School of Public Health	3,200	-	-	3,200
Dominican Republic-6500, Veterinary Medical Education	12,080	-	-	12,080
* AMRO-6200, Medical Education	6,400	10,000	31,700	48,100
* AMRO-6204, Medical Education (Zone IV)	-	-	3,400	3,400
Subtotal	21,680	10,000	35,100	66,780
TOTAL	1,102,899	102,710	810,340	2,015,949

\* Indicates part of project exceeding budget.